

**Task Force on Department of Health Facilities**

**Report to the Joint Appropriations Interim Committee and  
Joint Labor, Health and Social Services Committee**

# **Final Report on Activities**

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## **Section 1. Executive Summary**

During the 2014 Budget Session, the Wyoming Legislature established a Joint Executive and Legislative Task Force on Wyoming Department of Health Facilities (Task Force). During the 2015 General Session, the establishing language was amended to require that the Task Force provide a final report on its activities to the Joint Labor, Health and Social Services Interim Committee and the Joint Appropriations Interim Committee by June 30<sup>th</sup>, 2016.

The Task Force met eleven (11) times in 2015 and early 2016. Consistent with legislative directive, the priorities in the meetings were as follows:

- Hiring and working with an architectural firm to complete Level I/II feasibility studies for substantial improvements to the Wyoming State Hospital (WSH) and the Wyoming Life Resource Center (WLRC);
- Recommending statutory changes to accommodate a revised mission for the Wyoming Life Resource Center (WLRC);
- Studying alternative uses of the Wyoming Retirement Center (WRC).

All priorities have been completed. The completed Level I/II study and proposed statutory changes are attached as Exhibits A and B, respectively. With regard to the Wyoming Retirement Center, the Task Force recommends that the Center not be closed, but that alternative operating arrangements be explored. The Center currently is operating without the need for state General Fund support and so no immediate action is required.

Moving forward, the Task Force recommends that it should be reauthorized in 2016 for the following purposes:

- To procure and supervise a Level III design study for the WSH and WLRC;
- To evaluate the feasibility of operating the Retirement Center according to the various options discussed later in this report.

## **Section 2. Specific Statutory Requirements**

The Supplemental Government Appropriation Bill passed by the Legislature during the 2015 General Session, Senate Enrolled Act 56, amended Section 329 of the 2014 Budget Bill to read:

(a) There is created the joint legislative and executive task force on department of health facilities.

(b) The task force shall be comprised of:

(i) ~~Two (2)~~ Three (3) members of the senate, appointed by the president of the senate;

(ii) ~~Two (2)~~ Three (3) members of the house of representatives, appointed by the speaker of the house;

(iii) ~~Four (4)~~ Two (2) members appointed by the governor. In considering appointments to the task force who are not members of the legislature, the governor shall consider the expertise required to produce timelines, outlines, deliverables and recommendations as provided in this section.

~~(c) The governor shall appoint a chairman from among the voting members of the task force to preside over meetings.~~

(d) The task force shall develop findings, strategies and recommendations on the use, populations served, services offered, capital construction requirements, consolidation or closure of individual buildings or facilities, financing and proposed timeline for facility demolition, ~~or~~ improvements or construction of department of health institutional facilities. ~~While developing the findings and recommendations required under this subsection, the task force shall meet at least once in Buffalo, Evanston and Lander. These meetings shall be open to the public. The task force shall meet as necessary to timely accomplish the following assignments and shall:~~

~~(i) On or before May 15, 2014, provide the joint appropriations interim committee and the joint labor, health and social services interim committee an outline of the objectives, timelines and deliverables of the task force;~~

~~(ii)~~ (i) Provide an interim report on the activities of the task force to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, ~~2014~~ 2015;

~~(iii)~~ (ii) Provide recommendations for legislative action as provided in subsection (g) of this section.

(e) ~~[The task force shall be staffed by the legislative service office.]~~ The department of administration and

information shall serve in an advisory capacity to the task force and shall provide technical and other relevant information as requested. [BRACKETED LANGUAGE SHOWN IN BOLD AND AS STRICKEN WAS VETOED BY GOVERNOR MARCH 5, 2014.]

(f) The task force shall terminate on ~~December 1, 2015~~ June 30, 2016.

(g) Recommendations of the task force created by this section shall be submitted for legislative action to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than ~~November 1, 2015~~ June 30, 2016.

(h) The task force may contract with experts as necessary to fulfill the duties assigned under this section upon majority vote of the task force and with the approval of the governor. No contract under this subsection shall be subject to the procurement provisions of W.S. 9-2-1016.

(j)

(i) There is appropriated ~~twenty-five thousand dollars (\$25,000.00)~~ thirty-five thousand dollars (\$35,000.00) from the general fund to the legislative service office. This appropriation shall be for the period beginning with the effective date of this section and ending ~~December 1, 2015~~ June 30, 2016. This appropriation shall only be expended for the purpose of funding salary, mileage and per diem of legislative members of the task force. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2016;

(ii) There is appropriated two hundred twenty-five thousand dollars (\$225,000.00) from the general fund to the governor's office for the purposes of this section. This appropriation shall only be expended for mileage and per diem expenses of the non-legislative members of the task force and to contract with experts as provided in this section. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this

appropriation shall revert as provided by law on June 30, 2016.

(k) There is appropriated up to one million five hundred thousand dollars (\$1,500,000.00) from the state facilities construction account created in 2014 Wyoming Session Laws, Chapter 26, Section 300(h) to the department of administration and information under the direction of the department of health for level I and level II planning and design for facility improvements at the state hospital and the Wyoming life resource center consistent with option 1(a) in the November 1, 2014 facilities task force interim report on file with the legislative service office. This appropriation shall remain in effect until the level I and level II planning and design are completed. The department of administration and information in consultation with the department of health and the task force shall proceed on the development of level I and level II planning and design authorized under this subsection not later than August 1, 2015. Appropriated funds under this subsection shall be expended only on the project specified and any unexpended, unobligated funds remaining at completion of the project shall revert to the state facilities construction account. The department of administration and information and department of health shall submit the final design to the governor, the department of health facilities task force and the joint appropriations interim committee upon completion.

(m) Notwithstanding the recommendations in option 1(a) of the November 1, 2014 facilities task force interim report on file with the legislative service office, the task force and the department of health shall study and recommend the possibility of alternative uses for the Wyoming retirement center. The task force shall include the results and recommendations of the study of possible alternative uses of the retirement center in the final report submitted to the joint appropriations interim committee and the joint labor, health and social services interim committee pursuant to subsection (g) of this section.

~~(k)~~ (n) This section is effective immediately.

## **Section 3. Action on Specific Requirements of Statute**

### **Background - Task Force Objectives**

The Task Force's legislative directives contained in Section 329 of the Budget Bill can be separated logically into two sequential phases:

Phase I: Determining the missions for each state-run healthcare facility. Missions must specify the “use, populations served [and] services offered” for each facility, as specified in Section 329(d).

Phase II: Develop a work plan; that is, a plan on how to allocate resources to ensure that the missions developed in Phase I can be accomplished. This “how” includes the “capital construction requirements, consolidation or closure of individual buildings, financing, and proposed timeline for facility demolition or improvements” as specified by Section 329(d).

### **Phase I**

#### **Role of the State**

As a result of the Task Force's work during the 2014 interim, the Task Force categorized services offered at each of the State's health care facilities into three broad types of care:

- Acute - Intended for crisis stabilization. Generally short-term;
- Intermediate - Post-acute rehabilitation. Discharge plan to the community in place;
- Long-term - Extended services to maintain functional level. Transition to less-restrictive facility as appropriate.

After categorizing the types of services offered, the Task Force determined that the role of the State should be that of a “safety net” provider; i.e. the State should not compete with the private sector for care provision outside of the “safety net.”

The “safety net” concept refers to the State’s obligation to ensure access as a provider of last resort to facility-level services for those individuals who would otherwise be critically endangered or a threat to public health and safety.

Within this framework, the Task Force recommended that the State should have a role in providing facility-level services to the following populations:

- Individuals with Acquired Brain Injuries or Developmental Disabilities who manifest exceptionally-difficult behaviors;
- Title 25 involuntary civil commitments;

- Title 7 forensic psychiatric cases;
- Geriatric-psychiatric clients;
- Clients with high medical needs;
- “Hard to place”<sup>1</sup> clients; and
- Emergency placements.

A more detailed matrix by population and type of care can be seen below. Dark shaded boxes indicate that the State should maintain a facility for that population at that type of care.

**Table 1:** Recommended role of the State

	Type of Care		
	Acute	Intermediate	Long-term
Acquired Brain Injury			
Adult Developmental Disability			
Child Developmental Disability			
Dual-diagnosed (MH/DD-ABI)			
ABI/DD with exceptionally difficult behaviors			
Severe and Persistent Mental Illness (SPMI)			
Non-SPMI			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
Medium Medical			
Low Medical			
“Hard to place”			
Emergency placements			

\*Note in the table above that the Task Force believed the State should not play a role in providing direct facility-based services to ABI, DD, or dually-diagnosed individuals who do not manifest exceptionally difficult behaviors. Similarly, the State should not provide direct facility-based services to individuals with mental illness who have not been involuntarily committed under Title 25, Title 7 or a court order. All of these populations are better served by providers in the community. While the State should continue its financial support for these populations, it is not the role of the State to run a facility for their care.

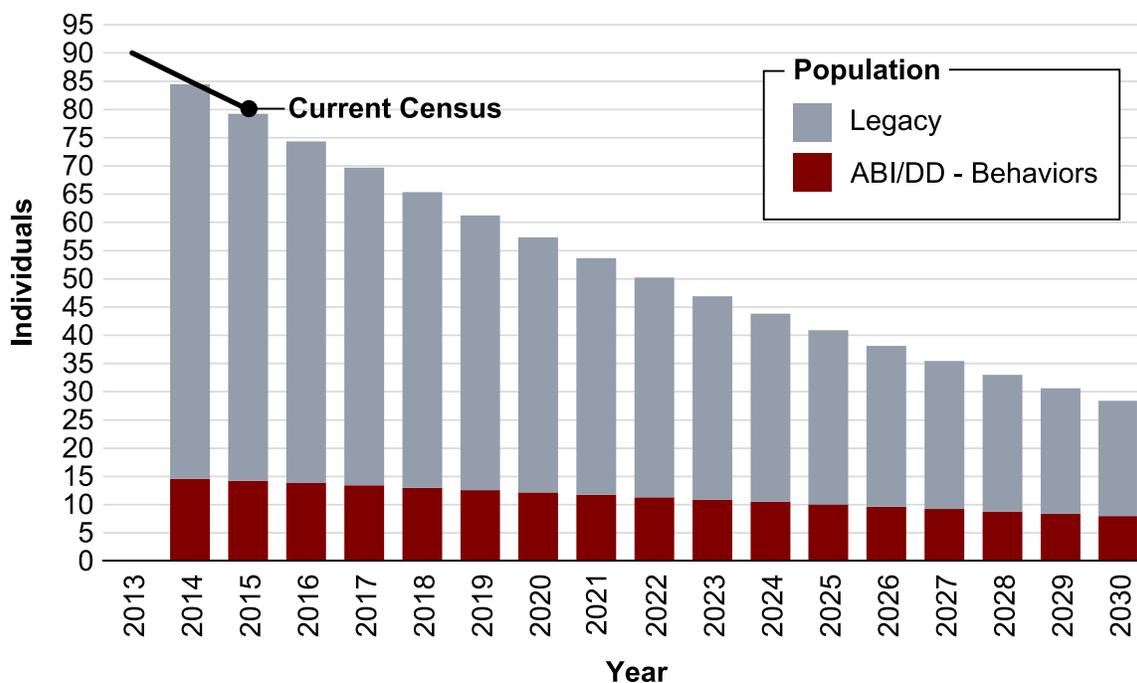
<sup>1</sup> An example of a “hard to place” client would be an individual in need of Skilled Nursing services, but is rejected from private nursing homes due to a history of sex offenses.

## Legacy Population

As part of its Phase I work, in 2014 and continuing into the 2015 interim, the Task Force considered the “legacy population” at the Wyoming Life Resource Center. The legacy population constitutes the current residents of the Wyoming Life Resource Center. Where clients in other facilities could be transfer between facilities (e.g. Retirement Center to WLRC) during a transition, WLRC clients are too fragile to transfer. As a result, the Task Force concluded that the WLRC's legacy population should not be forced to transfer away from the WRLC.

Figure 1, below, shows how the current census at the Life Resource Center has declined since 2013, and is projected to decline to approximately 25-30 individuals by 2030.

**Figure 1: Projected census for current clients - WLRC**



## Facility Missions – Option 1(a)

As a result of its work during the 2014 interim, the Task Force presented the Legislature with several mission options that could be applied to the State's healthcare facilities. In 2015, the Legislature directed the Task Force to proceed with "Option 1(a)." This option integrates acute, intermediate and long-term care across the Wyoming State Hospital and the Wyoming Life Resource Center. Pursuant to this option, the Wyoming State Hospital focuses on acute crisis stabilization and the Wyoming Life Resource Center focuses on intermediate and long-term care. This option embraces the “safety net” approach discussed above and prioritizes care for the populations listed on pages 7 and 8 of this report.

The table below demonstrates how Option 1(a) impacts the populations served and types of care provided at the WRLC and WSH:

**Table 2: Populations and Settings under Option 1(a)**

	Type of Care		
	Acute	Intermediate	Long-term
ABI/DD with exceptionally difficult behaviors			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
"Hard to Place"			
"Emergency Placements"			

**Key**

- The Wyoming State Hospital
- The Wyoming Life Resource Center

In 2014, the Task Force noted that the Wyoming Retirement Center does not serve a "safety net" purpose and may not be critical to the State's defined mission under Option 1(a).

For the Veteran's Home in Buffalo, the Task Force recommended that the historic buildings on the campus be kept for posterity, but that a new domiciliary-level and skilled nursing facility (SNF) be constructed based upon the Veterans' Administration Community Living Center concept. Once constructed, existing non-historic buildings would be demolished.

**Phase II - Facility Task Force Actions - 2015 Interim**

Since the close of the 2015 General Session, the Task Force has met eleven (11) times as follows:

**Table 3: Facilities Task Force meetings, YTD**

Date	Location	Topics
6/10/2015	Cheyenne	Introductions, background, scheduling.
6/23/2015	Cheyenne	Statement of Work (SOW) review for Level I/II contract
7/13/2015	Lander/Evanston	Facility tours (WSH/WLRC)
7/24/2015	Cheyenne	SOW finalization, statute changes
8/17/2015	Buffalo	Facility tours (VH/Green House in Sheridan), statute changes
9/3/2015	Basin	Facility tour (WRC), Level I/II firm selection, statute changes
10/8/2015	Cheyenne	Level I/II firm introduction, initial guidance

10/16/2015	Cheyenne	Level I/II firm preliminary models (WSH)
12/1/2015	Cheyenne	Level I/II progress report, WRC options
12/15/2015	Online	Level I/II progress report
1/4/2016	Cheyenne	Level I/II presentation, recommendations

The results of these meetings have been: (1) Finalization of a Level I/II planning and design study for the State Hospital and Life Resource Center; (2) Completion of draft legislation outlining proposed statute changes to the missions of the Life Resource Center; and (3) Development of potential options for the Wyoming Retirement Center.

With the completion of the Level I/II study, the Task Force is at the midpoint of Phase II of its legislative assignment.

### **1. Level I/II Study Procurement**

In 2015, the Legislature specified that the Task Force “shall proceed on the development of level I and level II planning and design authorized under this subsection not later than August 1, 2015.” This task was the Task Force's highest priority.

Following a competitive interview and bidding process, a selection committee recommended retention of a St. Louis-based architectural firm, HOK, for Level I/II planning and design. This recommendation was adopted by the larger Task Force in executive session on 9/3/2015. The final contract with HOK was signed on 9/30/2015. Of the \$1,500,000 appropriated for the Level I/II study, HOK’s contract amount was \$862,110 (57% of the appropriation).

The Task Force worked with HOK to complete the Level I/II study by January 4<sup>th</sup>, 2016. The study is enclosed as Exhibit A.

### **2. Statute changes**

Pursuant to the Legislature's direction, the second priority for the Task Force was to develop proposed statutory changes to accommodate the revised "safety net" mission for the State's healthcare facilities. After significant review by the Department of Health, the Attorney General’s Office, the Legislative Service Office and members of the public (most notably, the Friends of the Wyoming Life Resource Center), legislation proposing specific statutory changes was delivered to the Joint Labor, Health and Social Services Interim Committee (JtLHSS) for consideration at its August 24<sup>th</sup> meeting. The Labor Committee considered the legislation and moved it forward for further consideration and amendment at its January 7-8<sup>th</sup> meeting. The draft legislation is included as Exhibit B.

### **3. Alternative uses of the Wyoming Retirement Center**

In 2015, the Legislature directed the Task Force to “study and recommend the possibility of alternative uses for the Wyoming retirement center.”

The Task Force makes the following recommendations and observations:

(1) The State of Wyoming's mission in operating its health-related facilities is to provide a safety net for Wyoming citizens. As part of this mission, the State should strive to accommodate citizens who need long-term care but who cannot be accepted into traditional long-term care facilities. The State must provide these services in an economically feasible fashion.

The Retirement Center is currently operating without the need for State General Fund support. Therefore, no immediate action is needed with regard to the Retirement Center. Nevertheless, the Center is not providing services critical to the State's healthcare facility "safety net" mission.

The Task Force recommends that the Retirement Center not be closed. However, the following options should be studied in more depth:

- (a) Continuing to operate the Retirement Center as a State facility, using an enterprise funding model to quantify and minimize any General Fund subsidy;
- (b) Leasing the facility to another entity such as:
  - (i) A hospital or hospital district;
  - (ii) A private non-profit provider;
  - (iii) A private for-profit provider;
  - (iv) A local municipality.
- (c) Selling the facility to one of the entities listed in paragraph (b), above.

### **Recommendation for Further Work of the Task Force**

The Task Force recommends that the Legislature make all appropriate appropriations and reauthorize the Task Force to conduct the following work in 2016:

- Procure and supervise a Level III design study for the WSH and WLRC utilizing the Level I/II study issued on January 4, 2015. A critical role for the Task Force should be to ensure that the Level III work be executed with full consideration of programmatic and design elements which might impact federal financial reimbursement and participation;
- Evaluating the feasibility of the Retirement Center options listed in this report.