

State Report – Wyoming

By Shawn Humberson, State Coordinator

Guardians and advocates have several concerns regarding our only ICF-IID in the state. Although we were successful in keeping it open and our loved ones protected from forced transitions, the move toward the facility' new mission has proven detrimental to the safety and well-being of individuals living there. This is a precautionary tale for other states.

The past year has been stressful and overwhelming. After a scathing report from CMS survey and the threat of losing their license, the Department of Health hired a consultant to come in and make necessary corrections. The deficits were the result, in part, of staffing issues exacerbated by a tunnel vision focus on a new program for individuals with dual diagnosis (developmental disabilities and psychiatric conditions). The "corrections" were made and the licensure remained intact. Those "corrections" were both superficial and temporary.

The Department of Health continues to assert they are fully staffed and within ratio. Guardians and direct care staff know this to be untrue. For example, one cottage with 9 profoundly disabled residents typically has 1 DSP, 1 supervisor, and 1 med aide on second shift. With staffing ratios already non-compliant with regulations, DSPs were pulled from the existing program to staff the program for dual diagnosis, further reducing available staff.

There have been numerous concerns regarding medical care. The most concerning is the mortality rate. There were 110 people residing at the Life Resource Center just 5 years ago. Currently, there are fewer than 70. In the past 20 months, we've lost 10 individuals. According to the Department, this is to be expected with "our aging population." We are currently past a 100% turnover in nursing from only 20 months ago.

In anticipation of demolition and new construction, residents are being moved around without regard to compatibility or their well-being. People who have lived together for decades are being split up. Others are being forced into an isolationist setting which was formerly the health care center. We experienced a similar situation 3 years ago and the overcrowding resulted in increased employee injuries, putting residents at increased risk.

Residents have lost the ability to go on outings as well as some services. The indoor arena for equine or hippotherapy is now a garage and the horses have been removed from the property. Horticulture therapy has been discontinued; the greenhouse has been abandoned with no plans to reactivate it. Behavioral specialists have been tasked with identifying individuals who have one-on-one staff and which of those don't really require a one-on-one. The focus of the psychologist is the transfer of dual diagnosis patients from the state psychiatric hospital to the ICF.

Overall, the compromise made in order to keep ICF-IID services available to those who benefit from them – using the facility for additional services – is a back door closure. The ultimate goal is to turn our facility into a "hybrid" skilled nursing facility serving primarily individuals with dual diagnosis or those who've been involuntarily committed, on a short-term basis. Theoretically, it will still serve individuals with profound disabilities who are medically fragile or have difficult behaviors until they are stable and can transition back to the community, family home, or nursing home.