

A silhouette of a person with a backpack and a hat, climbing a large rock formation against a sunset sky. The person is positioned on the left side of the cover, with their back to the viewer as they ascend the rock. The sky transitions from a deep blue at the top to a warm orange and pink near the horizon.

# WYOMING Medicine

## Gaining Ground

Wyoming combats high suicide rates, but there's still a big climb ahead

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## Gun-Free Zones

What almost was and what remains after the veto of HB125

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## The City and the Psychiatric Hospital

The city of Evanston and the Wyoming State Hospital are linked by staff, patients, and resources

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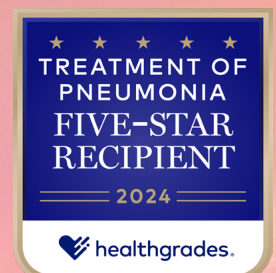
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# WYOMING Medicine

## SPRING 2024

The Wyoming Medical Society (WMS) is the premier membership organization dedicated to promoting the interests of Wyoming physicians and PAs through advocacy, education and member services. **WYOMING MEDICINE** (ISSN-2154-1681) is published bi-annually by WMS at 122 East 17th Street, Cheyenne, Wyoming 82001. Contact WMS at 307-635-2424 or [info@wyomed.org](mailto:info@wyomed.org).

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### ABOUT THE COVER

Wyoming is taking measures to combat suicide rates.

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# Prioritizing Mental Health and Well-Being

BY SHEILA BUSH



**T**he Wyoming Medical Society's mission states that we were founded to provide representation, advocacy, and service to Wyoming physicians. We recognize that the success of our mission to strengthen and support Wyoming's physicians directly impacts the health of the greater healthcare community and the ability of that community to care for the patients and families living throughout this great state.

Wyoming's physicians are all too familiar with the physical ailments that afflict patients and are increasingly aware of the significant impact of mental health on overall wellness. In our beautiful state, where rugged landscapes meet vast skies, mental health concerns often remain hidden beneath the surface, yet they are no less prevalent or pressing. While Wyoming boasts breathtaking natural scenery and a strong sense of community, our residents face unique challenges that can exacerbate mental health issues. From the isolation of rural living to the economic stresses of agriculture and energy industries, many individuals in our state grapple with feelings of loneliness, anxiety, and depression. Coupling those challenges with a proud cowboy tough culture makes breaking down long-held stigmas surrounding mental illness all the more difficult. Tough conversations around mental health lay ahead in which the inclusion of physician expertise, experience, and insights will be imperative. It's time for us to all come together and wrestle with issues of access to care and breaking down barriers preventing patients from seeking the support and treatment they desperately need.

In this edition of Wyoming Medicine readers will get an in-depth look at our state's standing in the national suicide rankings and what experts believe has contributed to us thankfully stepping out of that first-place spotlight for the first time in many years. This edition also takes us to the western edge of our state inside the Wyoming State Hospital to learn more about the services it provides, the patients it serves, and the impacts, both positive and negative, it has throughout the community of Evanston.

In addition to these two theme articles, readers can look forward to important updates on the physician license renewal forms with the State Board of Medicine! WMS is proud of our advocacy work in stressing the importance of updating the physician license applications to limit mental health questions to current diagnoses impairing an applicant's ability to perform professional duties. WMS has relied heavily on several resources to inform and support our work including the Lorna

Breen Heroes' Foundation and a 2018 Federation of State Medical Boards report recommending that medical license boards limit application questions to only asking about current impairments, including supportive language normalizing physician wellness and allowing for safe haven nonreporting.

Finally, in this mental-health-themed issue of Wyoming Medicine, our esteemed legal partners at Husch Blackwell will educate readers about the 2024 legislation on firearm regulation, the bills that passed, failed, and were ultimately vetoed. Readers will better understand what the laws were before legislative activity this year and what some of the changes will mean for individuals seeking to own firearms, exemptions for mental health, and the history and current status of state laws on gun-free zones as well as the ability, or lack thereof, for certain entities, including many Wyoming hospitals, to establish or enforce gun-free zones.

I'm excited for you to read this edition of Wyoming Medicine.

**WMS will continue to advocate for a comprehensive approach to healthcare that includes mental health as a fundamental component.**

I couldn't be more proud of this publication and the team that works to publish it. Each publication and new edition brings a level of excitement and anticipation as we wait to hear your feedback and thoughts. Mental health is a big topic and as wonderful as the content in this edition is, we recognize there are a multitude of other stories in need of being told. We would have loved to have shared the unique challenges of emergency medical services in small-town Wyoming where transporting a titled mental health patient has dramatic community impact. Imagine living in a community where safely and appropriately transporting a mental health patient means that your community goes without EMS services for the duration of that patient's transport because only one ambulance exists. We also wanted to tell the story of mental health patients in




rural hospitals who often wait in emergency departments until a mental health bed opens in a neighboring community where they can be transferred.

WMS will continue to advocate for a comprehensive approach to healthcare that includes mental health as a fundamental component. Just as our members diligently monitor blood pressure and cholesterol levels, they must also routinely screen for signs of depression, anxiety, and other mental health disorders. This vision requires building a system within the policy infrastructure to best support that work. WMS will prioritize partnerships that work to increase access to mental health services in underserved areas, promote mental health education and awareness, and combat the stigma associated with mental illness. We will prioritize collaboration and communication among the various organizations and groups including the Governor's Health Taskforce and Mental Health Roundtable as well as individual healthcare providers and their professional associations. We will continue our advocacy work in protecting the roles of various healthcare providers among the care team for optimal patient outcomes and educate about the negative impacts of succumbing to the temptations of inappropriately opening the scope of practice for non-physician providers with the belief that it will somehow enhance access to care. Our work will support establishing partnerships with the Wyoming Association of Mental Health and Substance Abuse Centers and other mental health professional advocacy groups, helping to facilitate improved referral systems, and advocating for policy changes that support interdisciplinary care teams such as Collaborative Care Models. By working together, we can address the complex needs of Wyoming patients and improve outcomes across the board.

Finally, and in many ways of highest importance, WMS will prioritize the mental health and well-being of our members as physicians and PAs shoulder the responsibility of caring and providing for the health of our state. The well-known speech provided by flight attendants prior to flight reiterating the importance of taking care of your own oxygen mask before helping others in the case of an emergency always comes to mind for me in these conversations. The demands of the medical profession can be overwhelming, and I believe it is essential that WMS forever remain mindful of the need to support our members in prioritizing their own self-care and seeking support when needed. Whether through peer support groups, counseling services, or simply taking time for rest and

relaxation, physicians must prioritize their own well-being so that they can continue to serve Wyoming's patients effectively.

In conclusion, the importance of mental health in Wyoming cannot be overstated. I hope this magazine provides everyone with some insights and knowledge you might not have already had and offers an opportunity to take a closer look at some exciting and innovative efforts being made to try and address our state's unique challenges in mental health. I also hope our spring magazine gives you all an excuse to relax a bit as you turn the pages of this edition. Together we can collectively work to recognize, address, and advocate for the mental health needs of each other, our patients, and the greater communities in which we all live, work, and play. By working together, we can create a healthier, more resilient Wyoming for generations to come. Happy reading. 



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# Mental Health Care and the Ability to Practice Safe Medicine

BY KEVIN BOHNENBLUST, JD

Executive Director, Wyoming Board of Medicine



Simply put, physicians and physician assistants have stressful jobs, and this can take a toll on their physical and mental health. The stress, however, intensified during the COVID-19 pandemic.

Sadly, this caused increased mental health issues, and even suicide, among physicians and PAs. In turn, this led to intense discussions about whether fear of negative license actions causes providers to not disclose mental health issues on license applications and renewal forms. Even worse, does that fear cause physicians and PAs to not seek mental health care for themselves?

The primary responsibility of the Wyoming Board of Medicine is to protect the public and patients. Mental and physical health conditions sometimes impair physicians' and PAs' ability to safely and skillfully practice. This creates a dilemma: Just how much information about licensees' health does the board really need to ensure patient safety?

In recent years, the Wyoming Board of Medicine has taken a nuanced approach. Three years ago I wrote:

*The board takes the approach that if a physician or PA has a health or wellness issue, but it doesn't impair or limit licensee's ability to safely and skillfully practice, the licensee doesn't need to disclose it. Simply put, the board generally doesn't inquire into matters that don't adversely affect the licensee's skills or patient safety.*

That assurance carries little weight against the fear of losing one's license, employment, and career if it becomes known that the PA or physician is dealing with a mental health issue. That fear can lead to answers to application questions that falsely paint a picture of good health. Disclosure, or nondisclosure, can then contribute to added anxiety and stress for the physician or PA, and does nothing to promote the safe and skillful practice of medicine.

The passionate discussions on this topic, and the urging of the Wyoming Medical Society, led the Board of Medicine late last year to undertake a comprehensive review of the questions it asks regarding physicians' and PAs' mental and physical health. Beyond forms for initial applications for and renewal of licenses, the form for recommendations from physicians and

PAs in support of license applicants was scrutinized. At the suggestion of the WMS, the board also examined the order in which questions are arranged on application forms.

As this is written, the revised forms are rolling out, beginning with the Physician License Renewal form for 2024-2025. Before the licensee is asked any questions, though, the following statement and definition appear:

*The Wyoming Board of Medicine encourages all applicants and licensees to properly care for their physical and behavioral health needs, for both their own well-being and that of their patients. The independent Wyoming Professional Assistance Program is available to provide assistance on a confidential basis (<http://wpapro.org>).*

"Ability to practice medicine" includes all of the following:

- The cognitive capacity to make appropriate clinical diagnoses and exercise reasonable medical judgments and to learn and keep abreast of medical developments.
- The ability to communicate those judgments and medical information to patients and other healthcare providers with or without the use of aids and devices such as voice amplifiers; and
- The physical capability to perform medical tasks such as physical examination and surgical procedures with or without the use of aids or devices such as corrective lenses or hearing aids.

The multiple questions that were historically asked – in great detail – about the applicant's physical and mental health were boiled down to just one:

**Do you have any condition that currently adversely affects your ability to practice medicine in a safe, competent, ethical and professional manner?**

The "safe harbor" remains, letting applicants answer "no" if they have a fully executed monitoring agreement with the Wyoming Professional Assistance Program. The application also asks about the licensee having been "ordered, required, or mandated to participate in any other state's Professional Assistance Program," but again gives the safe harbor if the applicant is participating in WPAP. Notably, this question

How much information about licensees' health does the board really need?



does not, however, pertain to voluntary participation in another state's program.

All remaining questions pertain solely to the practice of medicine (investigation, discipline or denial of an application by other licensing boards, hospitals, training programs; professional liability claims; liability insurance coverage termination; etc.) and felony criminal convictions.

The board hopes that with the application health question – singular – narrowly focused on “the ability to practice medicine in a safe, competent, ethical and professional manner,” licensees and applicants will feel more able to seek mental and physical

**The board hopes that ... applicants will feel more able to seek mental and physical health assistance and treatment.**

health assistance and treatment. It also hopes that these changes will demonstrate the board's long-standing desire to only regulate matters that affect the licensee's ability to safely and skillfully practice, and not those that have no relevance to medicine.

The Board of Medicine greatly appreciates the encouragement and assistance of the Wyoming

Medical Society, and especially Executive Director Sheila Bush, in bringing these changes about.

*Physicians and PAs in need of mental health care can reach out to the Wyoming Professional Assistance Program (WPAP) for confidential services. [wpapro.org](http://wpapro.org) or (307) 472-1222.*



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## Concealed Carry Law

# Gun-Free Zones

What almost was and what remains after the veto of HB125

BY NICK HEALEY AND CLAIRE POSTMAN  
HUSCH BLACKWELL LLP, DENVER, CO

During its 2024 session, the Wyoming Legislature passed HB125, the “Wyoming Repeal Gun Free Zones Act,” a bill amending Wyoming’s concealed carry laws. While Governor Mark Gordon ultimately vetoed the bill and it did not go into effect, many healthcare providers were left wondering about the current state of Wyoming’s firearms laws, how they apply to healthcare providers, and how HB125 would have changed the landscape. To help answer those questions, the following is a summary of current Wyoming laws regulating open and concealed carry in healthcare settings, what restrictions healthcare providers may set on firearms, and what impact HB125 would have had on healthcare providers.

### Open and concealed carry under Wyoming law

Wyoming allows both open and concealed carry, with no general prohibitions on carrying open or concealed weapons in healthcare settings. With respect to open carry, there are few restrictions under Wyoming law. While it is a felony to bring a deadly weapon into the Wyoming State Hospital,<sup>1</sup> there are no

Wyoming laws that generally prohibit individuals from open carrying in other healthcare facilities.

Compared to open carry, concealed carry is relatively more limited. While the Wyoming constitution prohibits the government from denying citizens the right “to bear arms in defense of themselves and of the state,”<sup>2</sup> the Wyoming Supreme Court has explicitly stated that this right “does not translate into the right to carry a concealed weapon,” and that “a statute prohibiting the carrying of concealed weapons is constitutional under Wyoming’s right to bear arms provision.”<sup>3</sup> Nonetheless, Wyoming does not outright prohibit concealed carry and in fact allows for (effectively) permitless concealed carry by individuals who meet certain criteria.<sup>4</sup>

That said, there are some limitations on where an individual may carry a concealed weapon. Specifically, it is illegal to carry a concealed weapon in certain locations, including:

- Jails and prisons;
- Courtrooms, unless authorized by the presiding judge;
- Any meeting of a governmental entity;

<sup>1</sup> See W.S. § 6-5-209.

<sup>2</sup> Wyo. Const. art. 1, § 24. The Second Amendment to the U.S. Constitution also enshrines a right to keep and bear arms.

<sup>3</sup> King v. Wyoming Div. of Crim. Investigation, 89 P.3d 341, 351-52 (Wyo. 2004).

<sup>4</sup> W.S. § 6-8-104(a)(iv).



- Any meeting of the Legislature;
- Any school, college or professional athletic event not related to firearms, except as provided in W.S. 21-3-132;
- Bars;
- Any elementary or secondary school facility, except as provided in W.S. 21-3-132;
- Any college or university facility without the written consent of the security service of the college or university; or
- Any place where the carrying of firearms is prohibited by federal law or regulation or state law.<sup>5</sup>

Notably, healthcare settings are not explicitly included on the list of places where concealed carry is prohibited. However, if a healthcare facility is also a “governmental entity,” then concealed carry may not be permitted at meetings of its governing body (although open carry is not prohibited).

### Firearms restrictions by private and public healthcare providers

No Wyoming law prohibits private healthcare providers from setting their own restrictions when it comes to firearms on private property. Moreover, if a healthcare provider gives the public notice that firearms are not permitted on the property and that violators will be considered trespassers, then an individual who brings a firearm onto the property could be committing criminal trespass.<sup>6</sup>

The state of the law for public healthcare providers is more complicated and nebulous, due to the Wyoming Firearms Freedom Act, which applies to “firearms, firearm accessories and ammunition that are manufactured in Wyoming.”<sup>7</sup> The WFFA states that “no city, town, county, political subdivision or any other entity shall . . . regulate or prohibit the . . . carrying or possession of firearms, weapons, accessories, components or ammunition except as specifically provided” under state law.<sup>8</sup>

Because many Wyoming public hospitals are special hospital districts, rural healthcare districts or county memorial hospitals (and thus political subdivisions or governmental entities), the WFFA could impact those entities’ ability to

regulate firearms on site. There is an exception to the WFFA that allows for the regulation of “conduct which disturbs or jeopardizes the public health, safety, peace or morality, in any public or private place;” however, this exception is contained in a section of the law that applies to “[t]he governing bodies of . . . cities and towns.”<sup>9</sup> Wyoming courts have not defined the bounds of this exception, and it is therefore unclear whether it can be used by public healthcare providers to set restrictions on firearms in healthcare settings. Additionally, in HB125, the Legislature implied that a governmental entity currently has the ability to “prohibit[] the open carry . . . of a firearm into a meeting of that governmental entity,” which perhaps suggests that the Legislature did not intend for the WFFA to ban all regulation of firearms by governmental entities.<sup>10</sup> Given the



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<sup>5</sup> W.S. § 6-8-104(t)

<sup>6</sup> W.S. § 6-3-303. Notice can be given by either personal communication or “[p]osting of signs reasonably likely to come to the attention of intruders.” Id.

<sup>7</sup> W.S. 6-8-402(b)

<sup>8</sup> W.S. 6-8-401(c).

<sup>9</sup> W.S. § 15-1-103(a)(xviii).

<sup>10</sup> Wyo. HB0125 (2024), available at <https://www.wyoleg.gov/Legislation/2024/HB0125>.



## Concealed Carry Law


lack of clarity in the law, public healthcare providers should work closely with legal counsel when considering regulating the carrying of firearms in healthcare settings.

### HB125's impact on healthcare providers

Had it gone into effect, HB125 would have expanded the places where concealed carry cannot be prohibited.<sup>11</sup> In particular, the law would have permitted qualified individuals to carry concealed weapons into meetings of governmental entities and meetings of the Legislature, and it would have permitted non-students with concealed carry permits to bring concealed weapons into public schools.<sup>12</sup> Notably, HB125 would not have affected the ability of private property owners to restrict firearms on private property.<sup>13</sup> Moreover, because the state does not currently regulate concealed carry in other healthcare settings (other than in meetings of healthcare

organizations that are also “governmental entities”), HB125 would have had a limited impact on healthcare providers.

### Conclusion

With the veto of HB125, Wyoming's firearms laws are not changing significantly (for now). Concealed and open carry of firearms in healthcare facilities remain largely unregulated by the state, while private healthcare providers continue to be free to implement their own regulations and restrictions on firearms in healthcare settings. The WFFA remains in effect and could potentially limit public healthcare entities' ability to regulate firearms on their campuses, although the extent of that limitation is unclear. Public healthcare entities that are considering regulating firearms should work closely with legal counsel to develop policies that comply with Wyoming law. 

<sup>11</sup> See W.S. § 6-5-209.

<sup>12</sup> Wyo. Const. art. 1, § 24. The Second Amendment to the U.S. Constitution also enshrines a right to keep and bear arms.

<sup>13</sup> King v. Wyoming Div. of Crim. Investigation, 89 P.3d 341, 351-52 (Wyo. 2004).

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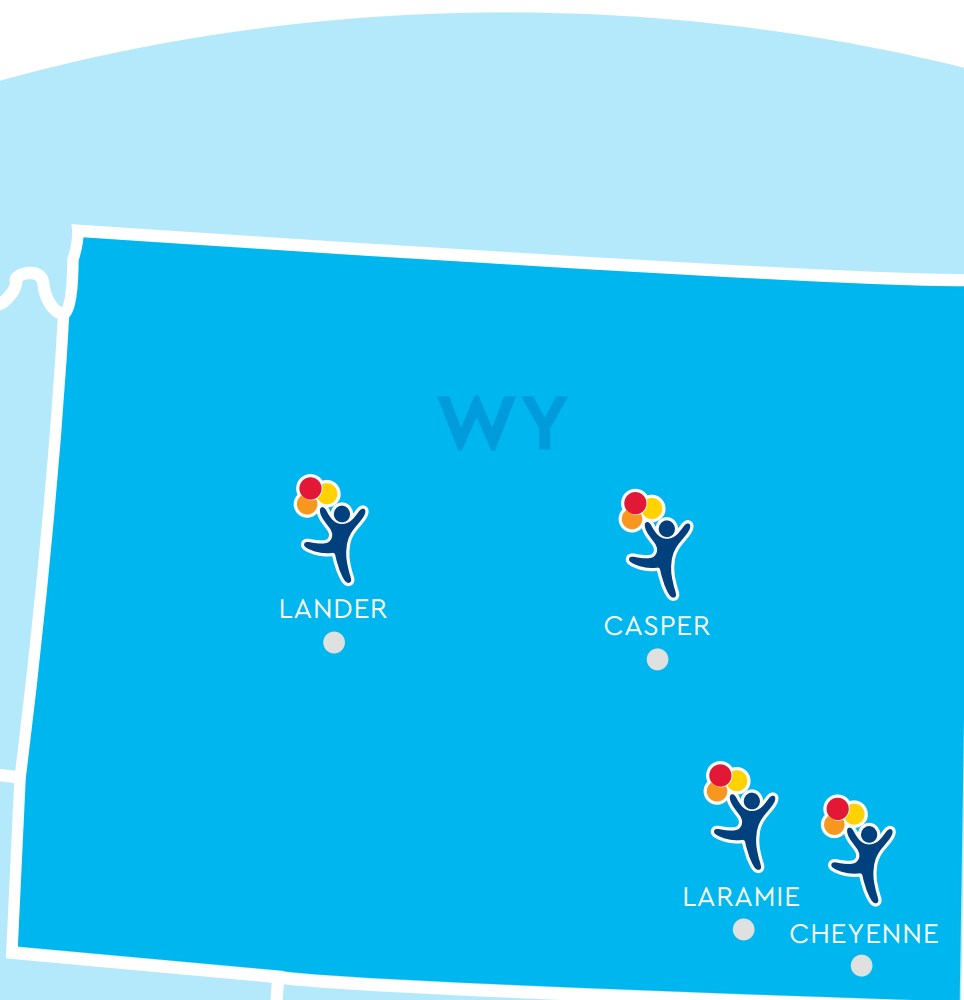
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## Suicide Prevention

# Gaining Ground

Wyoming combats high suicide rates, but there's still a big climb ahead

BY ELIZABETH SAMPSON



Usually losing a first-place ranking is regrettable, but sometimes, it's actually a small relief. That is exactly the case with Wyoming falling out of first place in the suicides per capita ranking. Preliminary 2022 data from the Centers for Disease Control and Prevention indicates Wyoming has moved down to third place behind Montana and Alaska.

According to information from the Wyoming Department of Health, total number of suicides in Wyoming dropped from 190 in 2021 to 149 in 2022.

"That is the first time in many, many years we have dropped out of the first spot," said Andi Summerville of Laramie, executive director of the Wyoming Association of Mental Health and Substance Abuse Centers. "Why did that happen? What did we do? The true answer is we probably will never be able to definitively answer that question, but one of the biggest changes is the 988 line here in Wyoming, with Wyoming call centers being answered by Wyoming people."

When someone is facing any kind of mental crisis, they can dial 988 to be connected to trained crisis counselors.

Before the two call centers in Wyoming opened in 2020, when a Wyoming person called 988, their calls were routed to any call center in the country that had the capacity to take the call.

"While those are all trained crisis counselors, what they lack is a knowledge of Wyoming's geography," Summerville said. "They lack the knowledge of small towns in Wyoming, where if

it's January and you say, 'Hey there is this provider 45 minutes down the road,' but that road is closed most of the time during the winter. They lack an understanding of Wyoming's mental health services and availability. What you get is akin to a Google search."

Now, calls originating from a 307 area code are routed to trained crisis counselors at call centers in Casper and Greybull.

"With Wyoming call centers we really get a much better service because they are Wyoming residents," Summerville said. "They are trained to know all the ins and outs of Wyoming's mental health system."

While the 988 call centers are one of the most visible ways the state is addressing its suicide crisis, other changes are coming onboard at all levels.

The governor's office, the legislature, local municipalities, healthcare providers, the courts and even private employers are stepping up on behalf of Wyomingites who are suffering from mental health issues and thoughts of suicide.

### Restructuring community mental health centers

Jen Davis, Gov. Mark Gordon's health and human services policy advisor, said the governor's office has a serious focus on the status of mental health in Wyoming and a multi-prong approach to decrease the stigma of seeking mental health care.

A major change coming this year is the restructuring of the

The total number of suicides in Wyoming dropped from 190 in 2021 to 149 in 2022.



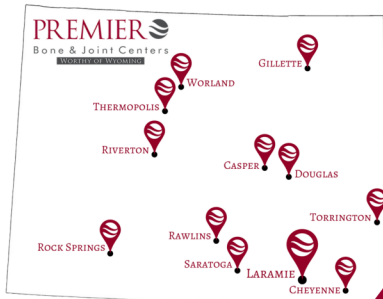
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Fellowship Trained in Sports Medicine; Knee & Shoulder Specialist



**TREVIN THURMAN, MD**  
Fellowship Trained Interventional Pain Specialist



## Suicide Prevention

community mental health centers, Davis said. Previously, these mental health safety nets were an open-access system that was available to anyone. Fees for services were based on a sliding scale. They provided the entire gamut of mental health care, but this system led to an issue of long waiting lists for services.

“People coming out of incarceration that need support help right away, or families involved in the child welfare system, as part of their case plan to reunify, need behavioral health care, but can't get in in a timely manner and don't have insurance to access it another way,” Davis explained.

Starting July 1, an updated tier system will prioritize specific populations regardless of their income. The top tier is anyone who is involved with the criminal justice system, people who have been or are at risk of being in a state institution like the state hospital and children and families who may need Department of Family Services involvement or are at risk of having mental health severely impact their lives. There are no financial limits on these services.

“It's really going to wrap some stronger services around this population,” Summerville said.

Tier 2 is called Indigent High Needs and includes a financial qualifier of less than 200 percent of the federal poverty level. This tier serves people who are living with long-term mental illness such as schizophrenia and need ongoing case management in order to have a chance at staying in their community or with their families.

Tier 3 is anyone else who needs services and falls within less than 200 percent of the federal poverty level.

“One of the things it will allow us to do is collect better data in the state on mental health services as well as more intensely serve these clients,” Summerville said.

### **Diversion court pilot provides mentally ill with treatment instead of jail time**

Judge Paul Phillips, a circuit court judge in Campbell County, is helping to lead a pilot program for the state that diverts nonviolent offenders who are charged with misdemeanors from incarceration to outpatient treatment instead.

The specific mental illnesses that qualify for the program are schizophrenia, schizoaffective disorder, major depressive disorder, bipolar and post-traumatic stress disorder.

“From a macro perspective, we would hope to lessen the number of nonviolent defendants incarcerated and awaiting evaluation and restoration across the state of Wyoming,” Judge Phillips said. “More importantly, we want to assist men and women with serious mental illness make positive changes in their lives and avoid further involvement in the criminal justice system.”

**"I'm not in the right or wrong business; I'm in the lawful or unlawful business. But it is a wonderful thing when 'right' and 'lawful' coincide, and I believe this is one of those instances."**

He explained that under Wyoming law, defendants who are believed to be unfit for trial are referred to the Wyoming State Hospital for evaluation, and anyone who is deemed unfit for trial is scheduled for restorative treatment.

“Not infrequently, the process of evaluation, waiting for treatment and restoration can take upwards of one year,” Judge Phillips said, noting that a defendant can actually be in custody awaiting treatment for longer than the statutory maximum sentence allowed.

“In other words, we had situations where somebody facing six months in jail spent nine to 12 months locked up due to mental illness,” Judge Phillips said. “This is manifestly problematic on any number of fronts, and while the WSH has done much to reduce waiting and treatment times, we found ourselves as judges struggling to accept the idea of warehousing nonviolent offenders awaiting treatment and restoration.”

Not only is the pilot program designed to stop the criminalization of mental illness, Judge Phillips said it connects these defendants with case managers, housing and education professionals, peer assistants and other subject matter experts to help them make their way toward a stable lifestyle.

He said the pilot program will be low volume, and as with any effort to treat aspects of serious mental illness, he expects mixed or halting results.

“There will be challenges aplenty, but given the costs associated with incarcerating and then hospitalizing these individuals versus treating them locally on an outpatient basis, we will not need a high volume to show a return on our investment financially, and the moral return is self-evident. I'm not in the right or wrong business; I'm in the lawful or unlawful business. But it is a wonderful thing when 'right' and 'lawful' coincide, and I believe this is one of those instances.”





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# Suicide Prevention

## Using occupational therapy for mental health

Sometimes an UNO game is just a game, but sometimes the Draw Four and Wild cards are more than that. For Jenny Lok, occupational therapy director at the Wyoming Behavioral Institute in Casper, a card game is a great chance to talk to her patients about what is on their mind in a casual setting. As an occupational therapist at WBI—an inpatient and outpatient facility that treats both adults and children—Lok uses things like group games to figure out how she can support her patients in all their needs.

Lok knows some people are surprised to learn occupational therapy can be helpful in mental health care, but she said occupations aren't just jobs. Instead, they are all the things people do to occupy their time—their routines and roles, self care, mobility, sleep hygiene, daily living activities like cooking and cleaning and leisure time—and even simply understanding their own mental health diagnosis.

That's where Lok's OT team comes in—helping individuals whose mental illness makes it difficult for them to manage these daily activities. For a patient who struggles to express themselves in a way others can understand, this frustration can lead to aggressive behavior. An OT can work with that patient on expressing themselves and working on impulsivity and sensory modulation.

"We do all kinds of things to help them participate in their day in a functional way how they want to," Lok said.

She and her team focus frequently on sensory safety plans.

"We are all sensory beings, we all have sensory needs, we all have preferences and tendencies that we like," Lok said. Sometimes mental illnesses can cause sensory overload. She said an individual who is schizophrenic may find that any kind of noise is unbearable and will become aggressive, or an autistic child may not be able to handle the buzzing of overhead lights.

"That's where we would intervene because that's where it is cutting down their ability to perform their occupations," Lok said.

She said primary care is an emerging treatment area for occupational therapists.

"If you can get an occupational therapist in there to sit down and work with the patient and look at these physical things and see how that's impacting their mental health, that's really preventative care," Lok said.

## Suicide review team looks for solutions

In the capital city, the Laramie County Coroner's office and Cheyenne Regional Medical Center are part of a coalition that is

reviewing suicide data to look for holes in community services. Brittany Wardle, community prevention project director with CRMC's Wyoming Institute of Population Health, said families who have lost a family member to suicide are asked if the Suicide Fatality Review team of Laramie County can review the suicide.

The team, which consists of leaders in law enforcement, healthcare, military, veterans groups, suicide prevention teams, schools and others, meets quarterly and reviews about three or four suicides each time.

For the cases they review, the Suicide Fatality Review members check their databases for any contact they may have had with the victim prior to their death, and they bring that information to the review. The Laramie County coroner presents the case, and then any member who has records associated with the person shares that information.

They then discuss services that might have been helpful to the person and what might need to be done differently in the community going forward. Wardle said sometimes it is easy to see something that can be changed for the better, but the hardest cases to review are the ones where it seems like the victim had so many things stacked against them.

The review process is very qualitative and specific to that individual, but the team also looks collectively at all the suicides to look for risk factors driving suicides in the county.

"We don't look a ton different from the state-level data, but there have been times that we've identified things that are very local to Laramie County—the deaths that we see in our military and veteran population, we know that is higher across the state, but because of the base here and the high percentage of veterans in Laramie County that is something we pay attention to," Wardle said. "The local data piece is a game changer to us."

Something they have seen to be a common factor in the county's suicides is social isolation.

"That is true for suicides no matter where they are, but we can say definitively that it is the most substantive risk factor we see in Laramie County—because we've assessed that."

Several recommendations have come from the reviews. The Suicide Fatality Review team provides training for business and industrial partners—particularly those who employ a large number of men because males account for eight out of 10 suicides in the county.

Another effort is driving conversations about safe firearm storage.

"No one ever loves talking about firearms, but for us in Laramie County, 86 percent of our deaths are by firearm," Wardle said. "In Wyoming that tends to be about 70 percent. The United States is about 54 percent. Firearms have to be



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## Suicide Prevention

part of our conversation here. When we look at our data in Wyoming, access to firearms is really what accounts for a lot of our high rates of suicide here. The case fatality rate for firearms is 90 percent. If you use a firearm, you are most likely to die.”

### Looking to the future and how medical doctors can help

An upcoming focus for mental health stakeholders is finding a way to bring more mental health care providers online. Like other fields of medicine, the state’s mental health care is stymied by the vast spaces between communities, the low population base and a lack of facilities.

As the COVID-19 pandemic entered year two, the severity of mental health cases increased, and that hasn’t returned to pre-pandemic levels, Summerville said.

“We also saw a really big impact in our workforce,” Summerville said. “They just got burned out—similar to every other facet of care... We have a lot of work to do to catch up and make up for the pandemic.”

Davis said the governor’s office is looking at mental health workforce development.

“Those who are interested in the field can see a pathway of entering early and doing something that is not requiring a master’s degree, but then hopefully being able to stack those credits and those credentials up if they do want to pursue a master’s in social work or counseling,” Davis said.

Members of the mental health community say medical doctors have an important role to play as the state faces the complicated task of continuing to reduce suicides.

“The data shows us that many people who have completed suicide have had a physician visit in the few weeks prior to that,” Davis said. “What’s really important in our medical community is that we’re just getting comfortable screening for suicide and really asking the questions to make sure that we’re catching individuals before they are in complete crisis. I think the medical community has a wonderful lever to pull there because patients trust them. That’s why they’re there.”

Davis encourages any doctor who wants to learn more about suicide screening to contact her directly and she will help connect them or their office with that training.

Wardle says doctors have the opportunity to talk to their patients—especially adolescents and their parents—about gun safety and safe gun storage.


“There’s some fear sometimes about how to approach that conversation with parents, but most people are open to talking about safe storage when we approach it that way,” Wardle said.

She also said a suicide risk factor doctors can watch out for is multiple comorbid conditions that are hard to manage.

“That’s when we see risk come up—when living life with our physical illness is really challenging,” Wardle said. “Oftentimes we don’t necessarily make the connection, but when someone’s mental health is bad, their physical health will also suffer, and vice versa.”

Summerville hopes more doctors will take training to be Medication Assisted Treatment providers because there aren’t enough in Wyoming. MAT providers use a combination of medication and therapy to help those with opioid use disorders to sustain recovery. She also would like to see further collaboration between medical doctors and the mental health care community.

“Wyoming runs on a continuum,” she said. “There is not one single piece of the continuum that can handle all the demand we have. It’s really important that we continue to work together.”

For those wishing to receive training from the governor’s office on suicide screening, contact Jen Davis at [jen.davis@wyo.gov](mailto:jen.davis@wyo.gov). 

### WYOMING CALL CENTERS BY THE NUMBERS

2	Certified Suicide and Crisis Lifeline call centers in Wyoming
3	Wyoming’s rank for suicide per capita based on CDC data
62	Percent of increase in call volume from 2022 to 2023
988	Suicide Crisis Lifeline
12,303	Calls in 2023
3,592	Number of 2023 calls to the Veterans Crisis Line
\$202,862,000	Estimated lifetime work loss and medical costs associated with suicides based on 2015 Wyoming data

*Information provided by Wyoming Association of Mental Health and Substance Abuse Centers*

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## Patient Care

# The City and the Psychiatric Hospital

In a remote corner of the state, the city of Evanston and the Wyoming State Hospital are linked by staff, patients, and community resources

STORY AND PHOTOS BY BRYON GLATHAR



There are multiple courtyards on the new Wyoming State Hospital campus.

**J**ust four miles east of the Utah border, Evanston plays an important role in mental health care in the Cowboy State. Home to the Wyoming State Hospital since before Wyoming was even a state, the hospital has made great impacts on the community for nearly 140 years.

“Well, it always has, you know,” Sen. Wendy Schuler, R-Evanston, said. “But I’ve never ever felt it was a negative [impact]. I felt like it was probably good for us to have. For one thing, it’s a steady stream of jobs — you always have jobs. If you want a job in healthcare or even in supporting it, there’s a wide range of jobs.”

Schuler said before the local school district grew, it seemed like everyone you knew either worked for the railroad or the state hospital.

“So I look at it as ... it helps our economy be a little more stable so it’s a good thing that way,” she said.

Another positive impact that Schuler and other local officials have noticed is a fostering of community.

“I also think it’s good for us to have to understand that we are the housing unit for all the folks in Wyoming that need help ... and that was done by the Legislature many, many, many years ago,” Schuler said. “It’s actually in the constitution. I think it’s good for us because I think Evanston people as a whole ... we

have, I think, maybe a little deeper understanding because we see there’s folks with mental illness out there that need extra help that aren’t going to be able to function in their own communities. I think we maybe might be a little more open to understanding and maybe a little more compassionate. And we have really good people in our community that have worked with these folks for years and know that they need help — just like someone that has a bad knee that needs surgery.”

### Extra costs for law enforcement

Evanston Chief of Police Mike Vranish credits the hospital with providing critical training, saying his officers are “years ahead of other agencies.”

“How many excessive use of force claims have we seen against our agency with mentally ill people? None that I’m aware of,” Vranish said. “And that speaks volumes because you go around the country and there are agencies in trouble left and right for excessive use of force because they are dealing with a mentally ill person and they’re not really familiar with how to deal with them.”

That doesn’t mean it doesn’t take a toll on local law enforcement.

“It’s more taxing on officers,” Uinta County Sheriff’s Office



Lt. Brenden Morrow said. “We spend a lot more time one-on-one with the mentally ill people that takes the officer away from the other inmates. ... Officers end up becoming like counselors when they don't have counseling experience. And they try to defuse situations. I mean, that's part of our job, verbal de-escalation, but there's a lot of that with this population.”

The Evanston Police Department and Uinta County Sheriff's Office both said that in the past few years, they responded to the Wyoming State Hospital less frequently than in the past. In February, the police department was called there just eight times and one of those was for an animal problem. Calls have become less serious, too, Evanston Police Department Lt. Ken Pearson said. Rather than responding to a dangerous, active incident, he said calls these days are usually in response to something after the fact, to report a minor assault, for example.

“I think the current administration at the Wyoming State Hospital are doing a great job...” Vranish said. “I have a positive feeling about the way it's being run right now. We had a bad stretch for a while there, that was a few administrations ago, I believe, but I feel good about the state hospital right now.”

Uinta County Attorney Loretta Howieson Kallas agreed with local law enforcement that violence at the hospital has been down in recent years.

“They have hired new individuals within their security team and so, we don't necessarily have the same demand on the law enforcement and we, knock on wood, haven't seen the level of violence that we were seeing for a while,” Kallas said. “It's not that it doesn't occur, but we're dealing with more batteries rather than like an aggravated assault.”

That's not to say things couldn't be better. The University of Wyoming, also a state-run facility, compensates the city of Laramie for some of the extra police work it warrants, despite having its own police force, said former Laramie mayor Andi Summerville. But the state doesn't contribute in the same way in Evanston, Vranish said. “I wish it would,” he said. “... I would appreciate help from the state ... and I don't think it's fair for the community to always have to absorb these costs.”

Uinta County Sheriff Andy Kopp said he agrees that the state of Wyoming should compensate local law enforcement agencies for expenses they incur related to the state hospital. In fact, he's taken that concept a step further.

“We started charging the state hospital like we do other counties, and they're probably \$400,000 deep in what they owe us. And they've told us they are not going to pay it. And I think the state should step up to the plate and start reimbursing these facilities.”

Kopp said his office gets stuck footing the bill for prescriptions if it houses someone waiting for a mental health evaluation,

**“We started charging the state hospital like we do other counties, and they're probably \$400,000 deep in what they owe us. And they've told us they are not going to pay it.”**

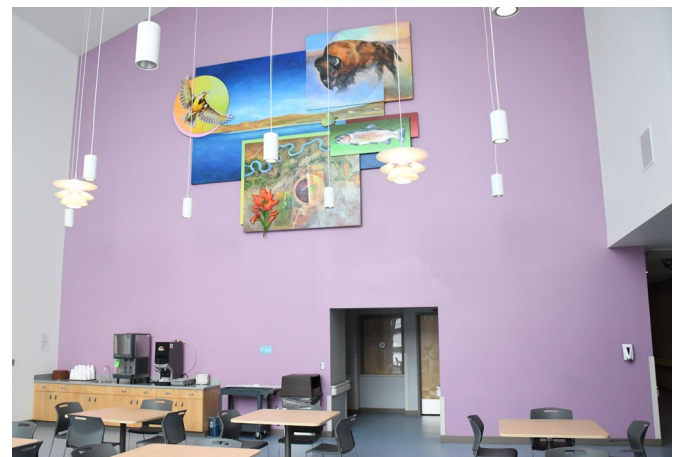
and pointed to a recent example that left the sheriff's office on the hook for a patient's surgery.

“We had one guy that was due for a surgery and supposed to be going to the state hospital and they said, ‘No, we're not taking them until March now because he needs surgery.’”

### **New hospital designed for efficiency**

The Wyoming State Hospital has 104 beds — 72 for civil patients and 32 for forensic, or criminal, patients. Wyoming State Hospital Medical Director David Carrington, MD, said maybe two-thirds of patients suffer from schizophrenia and about one-third are bipolar. The hospital campus, which opened in 2020, has all patients and staff under one roof, whereas the old campus utilized several different buildings. That's a big improvement, said Wyoming State Hospital Administrator Kristi Barker, who's worked at the hospital for 20 years and was named administrator in January. It's also better designed for patients' needs, Dr. Carrington said.

“All the units are essentially constructed in the same way.



The cafeteria area, which is also used for therapy, is decorated with art by Wyoming artists



## Patient Care

They're individual rooms, they all have windows and they're big and they have their own bathroom — and that's a big plus from how things were previously," Dr. Carrington said.

On the old campus, for example, many patients' rooms were double occupancy, "and as you can imagine," Dr. Carrington said, "people didn't like their roommates. And, you know, we had to shuffle around all the time and there was a tension. So having the single occupancy is very helpful. And the way the 24-bed units are designed, they're essentially three eight-bed wings. So we can sort of sub-specialize those eight-bed wings, even on the same unit, for people who have similar diagnostic criteria or behavioral issues, therapeutic issues. They can sort of be matched with similar type people, ideally."

Dr. Carrington said the building's design has improved efficiency.

"It's really allowed us to provide more efficiencies with our staff, he said. "Even we were talking about the chapel, our religious offerings that we're able to provide [are] a lot easier to do under one room versus trying to get clergy, trying to get staff, driving around and picking them up from different locations in the hospital to bring them down to the chapel."

Moving into the new facility shortly after the COVID-19 pandemic began was also a big deal.

"The ability to sort of better subdivide groups ... it was very helpful during COVID. I mean when we had an outbreak of communicable disease, the ability to keep people in one living area instead of everyone swarming around together — which was previously the case — is a lot better."



WSH Administrator Kristi Barker

One unit houses a geriatric population that is slowly being transferred to the Wyoming Life Resource Center in Lander, freeing up room for more serious cases of mental illness to be treated at the state hospital. Another unit houses forensic patients, or those who've been charged with crimes.

Each unit has a kitchen and a cafeteria area, where patients can eat breakfast, lunch and dinner, along with two snacks a day. If a patient can't or doesn't want to eat in the cafeteria, a meal is delivered to his or her room. The area is also used for occupational therapy, assessments or group sessions.

"We have a barbershop; we have a chapel; we have all kinds of stuff," Dr. Carrington said. "Here we have the chapel, where they do a variety of things; sometimes music groups, meetings, individual counseling. We have an excellent chaplain. And if someone is of a particular faith, we make every effort to communicate with their faith leader in the community, or even as far as Salt Lake. We've had Buddhist monks come out here."

The new facility is equipped with a medical clinic, though Dr. Carrington said most medical care is actually provided in the units where the patients live. Most of the medical providers are psychiatric providers, but the hospital also staffs two full-time nurse practitioners who provide the bulk of the medical care for the patients.

There are multiple courtyards in the new campus. "It's pretty nice," Dr. Carrington said, pointing at large windows to a courtyard. "This is all enclosed, so we don't have to worry about people who want to leave. We have barbecues in the summer ... And you will notice the fine artwork we have everywhere." Dr. Carrington said all the paintings in the new building were created by Wyoming artists.

Each unit has a "comfort room," he said. "So if someone is being overstimulated, for example, on the unit where everyone's sort of together, and if it gets noisy and chaotic and people are having a hard time, then we might bring them in here where they can quiet down. ... They can watch TV, sit here with a staff member, play cards, and sometimes do individual therapy with one of the psychologists or one of the case managers." Dr. Carrington said the comfort rooms are valuable as they are used daily.

Each unit also has a padded cell that can be locked from the outside for patients who are in danger of severely harming themselves or others. "That's rarely used, thankfully," Dr. Carrington said, "but in instances of severe self-harm or violence that a patient may be engaging in, we have to obviously provide a secure environment for them."

There's a movement room, where patients can do yoga or dance, along with an exercise room with treadmills and other equipment. One wing houses the pharmacy and lab.



Dr. Carrington checked with the pharmacy recently to see if one of his patients was taking his medication — he'd refused before, because he didn't like the flavor of the liquid medicine. The pharmacy had good news — the patient didn't mind a new flavor he tried.

"It's the only medication approved for treatment-resistant schizophrenia and, obviously, we get the hardest of the hard cases, so it's tough," he said. "And that sort of underscores one of the things in the system. So, we got him OK, he's living in an apartment, in the community. Everything was fine, and he has a very severe illness. But then one day, he's like, 'You know what? I'm tired of this. I think I'm gonna walk away.' So he leaves and doesn't have his medicine, and then they pick him up three weeks later. OK, we're back to where we started."

## Discharged patients often remain in Evanston

Staying on much-needed medication seems to be one of, if not the biggest challenge in breaking the cycle many mental health patients find themselves in.

Vranish agreed that continuing medication is a major concern. He said the state hospital is good at placing discharged patients. "But, unfortunately, once people stop taking their medication then, obviously, they go down that slippery slope. They may get released and they can do a job placement, they can do housing placement — and that's all going to start going away when you're not taking your medication."

Some discharged patients, the police chief said, turn to alcohol or illicit drugs.

"Then even worse, are those who are self-medicating," he said. "That's just part of the disease, and we recognize that — our officers are really good at recognizing that. We know that a lot of criminal cases have underlying medical conditions. We understand that but, unfortunately, a lot of times the only tool in our toolbox is to take the criminal approach."

"Then once someone is treated, they're often released back into the community," Vranish said, though he said officials have gotten better at helping those not from Evanston to get back home. "But, you know what a revolving door psychiatric medicine is. ... You get people stabilized — that's great, as long as the person chooses to continue to take their medication. And we want them to be independent, I understand that, but a lot of people ... they're just not independent or responsible. They stop taking their medication and then they cycle again."

"And the cycle gets more extreme," Pearson said. He said the medications level patients out, but if they stop taking them, "they do a deep dive, and it takes a hell of a lot of more medication to get them back up each time."



WSH Medical Director David Carrington, MD

Kopp said he's noticed an uptick in mental health patients in Evanston during summer months.

"You know, I think at times some people, mostly in the summertime, we'll get people that are dropped off by surrounding areas and agencies here that do have a mental illness," Kopp said. "And I can't say for sure that's because the state hospital is here and they think they'll get help quicker, but a good majority of the time they end up in our facility on simple charges like shoplifting because they're trying to get some food or trespassing because they're going in buildings too much to stay warm."

Kopp said someone might spend a day in jail for shoplifting and move on, but if the defendant has a mental illness, they'll sit in jail for six months before being evaluated due to a lengthy waiting list.

## Waiting for treatment

Kallas expressed frustration about the waiting lists for patients to be treated at the hospital.

"I was very much hopeful that with the redesign and the construction of the new hospital that would provide some actual effective relief for the delays and the time it takes in order to facilitate placement at the state hospital and, at this juncture, we have not seen any change in the extended times that we are waiting for people to be able to be placed at the state hospitals," Kallas said. "Uinta County does not get any special treatment ... the state hospital's position is there are 23 counties and Uinta County is just one of the 23."

The wait time varies but is longer for forensic patients. Staffing plays a part, too. The state hospital isn't immune





## Patient Care

to the nationwide staffing shortages that followed the COVID-19 pandemic.

"I don't know that there's an answer for it specifically, but for our CNAs, for example, we have a dedicated teacher program here that people can receive their CNA, and it doesn't cost them, so we sponsor them to be able to receive those things," Barker said, adding that the Wyoming Department of Health, which oversees the state hospital, has been offering sign-on bonuses to nurses.

"It's just the environment that we live in since COVID," Dr. Carrington said. "I mean, we're really having to compete hard with these staffing agencies and travel nursing. That's a big thing. That's something that's in the landscape that we haven't really had to compete against as much in the past as we are now."

Only 77 of the hospital's 104 beds were filled in mid-March, and that's because, for safety reasons, the hospital sticks to a six-patient to one staff member ratio. If they were fully staffed, they could accept more patients.

**"We're really having to compete hard with staffing agencies and travel nursing."**

### Mental health and the courts

Patients at the state hospital haven't often been prosecuted historically, though Kallas said that's changed in recent years.

"We have been prosecuting far more than we have in the past," she said. "The complicated issue with prosecuting individuals from the state hospital is that they're in the state hospital for a reason. So we have to either look into our files to see if we have prior proceedings where they've already been deemed incompetent or we ask for a competency evaluation almost immediately when we prosecute because we cannot prosecute individuals who are incompetent."

It can be tricky for prosecutors, because if the defendant is at the state hospital under a civil commitment, or Wyoming's Title 25, that doesn't necessarily mean they're not competent for trial.

"They're there either voluntarily or, most commonly, on an involuntary hospitalization pursuant to Title 25, and those individuals may, in fact, be competent," Kallas said. "There's not just a presumption of incompetence because Title 25 provides for people who are suicidal, homicidal, or have a mental illness and are incapable of taking care of themselves and that's the least restrictive environment."


### Community-based care

Wyoming State Hospital patients are treated with medications and therapy and, when deemed suitable for the outside world,

are discharged. Arrangements are made, however, to help the patient succeed in the community. They may live with family or a caretaker or live in an assisted care facility. Some go back to their home or apartment. What happens next is up to a number of factors, but officials are indicating a shift toward better community-based care.

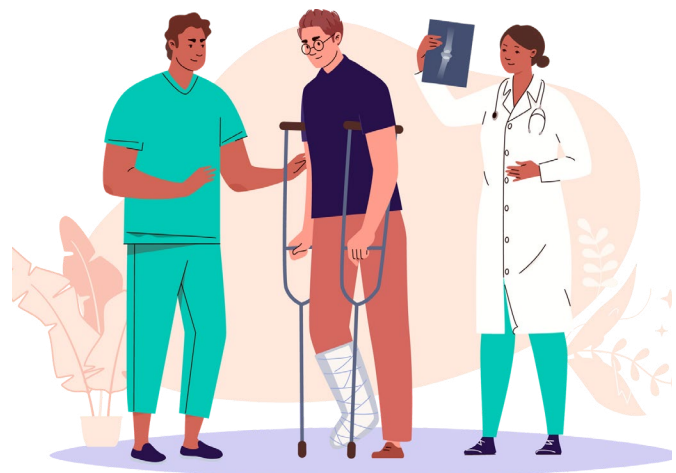
Wyoming Department of Health Director Stefan Johansson is set to unveil Wyoming's "behavioral health redesign" in July. The program will prioritize care among an ailing population, and offer incentives to community care providers to treat patients once released from the state hospital.

"Title 25 will be the top tier one priority group," Johansson said, followed by criminal patients who fall under Wyoming's Title 7. Juveniles would be the next priority, and then low-income individuals who have significant needs.

Johansson said he's excited about the shift, but warned, "It's not a light switch," adding that July is just the beginning and changes will take some time to make. 



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# WWAMI Student Profiles

The Wyoming Medical Society is proud to introduce the next class of first-year Wyoming WWAMI medical students. Each year 20 Wyoming students are accepted into the WWAMI program. This year we asked them just one question: **What is the best thing about being a medical student?** Find their answers below.

## Chantelle Barr

Worland

I think the best part about being a medical student is having opportunities to talk to doctors in different specialties/from different communities. We get to explore our options and it ups the excitement to come back and practice in Wyoming!



## Clara Bouley

Sheridan

One of the best things about being a medical student is getting to collaborate and learn from practicing physicians in the state, and I am grateful for the patience and wisdom they have passed on to me thus far. Additionally, I enjoy the academic and personal challenges of medical school and view my education as a great opportunity for personal and professional growth.

## Quinton Brooks

Sheridan

The best thing about being a medical student is building solid relationships with classmates while learning challenging material together.



## Bradford Burns

Story

The best part about being a medical student is all of the knowledge that we are getting. I love learning, and I feel incredibly motivated to learn all of this material, as it will directly impact my ability to treat patients effectively in the future!





## Brandi Carreau

Laramie

When possible, taking a step back and seeing that we can do this. We can rise to the challenge. The growth I have experienced this past year personally and professionally is incredible. I am grateful to be fulfilling my lifelong dream of serving others.



## Annaliese Fitzsimmons

Greybull

The best thing about being in this program is getting to learn directly from experts on topics within medicine and getting to practice new clinical skills with my classmates and physicians from around Wyoming. Early clinical experiences have given me the chance to start practicing working with patients and so far, I've enjoyed getting to use what we learn in the classroom to discuss medical problems with the people experiencing it themselves.

## Sabrina Gay

Pinedale

The best things about being a medical student are the friendships that I have developed with my classmates. I love learning from them and I am grateful that they make me a better person and future doctor every day.



## Dean He

Casper

The best thing about being a medical student for me is having a higher capacity to affect change within a community. There is a heightened sense of responsibility and opportunities to step up as a leader to advocate for the greater good within healthcare. I also love having so many close friends ever since starting this program.

# WWAMI Student Profiles

## Rafael Homer Laramie

The best thing about being a medical student is learning from so many different incredible mentors from my community and beyond. It is truly a privilege to have the guidance and expertise of so many people I look up to.



## Anh Huynh Cheyenne

The best thing about being a medical student is the honor of being part of a profession that allows me to make a tangible difference in people's lives, and I feel so empowered to have so many friends who share similar passion and provide constant support through this journey.

## Emma Miller Lander

The best thing about being a medical student is spending time in the clinic with patients. Every day that I go into the hospital I am reminded of why I love medicine.



## Kaden Moore Powell

The best part about being a medical student is the support we receive from our faculty and mentors. I learn so much from them, and they are always willing to help us out in times of need. It makes me excited for the relationships I'll have with future colleagues, knowing that we'll work together for our mutual success and the health of our patients.



## Sai Kit Ng

Laramie

I love that we get the best quality medical education and support from the best faculty, staff, classmates, and community that Wyoming has to offer. I love the various clinical and non-clinical opportunities that I can do as a medical student. It's amazing to see what we learned in class being applied in clinical settings very early on. Most importantly, I get to learn and practice the art of medicine to give back to the community that I love.



## Aaron Nichols

Cody

My favorite thing about medical school is the early and frequent clinical exposure while learning all of the systems pathophysiology. It is super cool to work with a patient who is presenting with a pathology we are covering in our material and being able to use clinical reasoning to form an accurate differential diagnosis, and ultimately help the patient. It is also amazing to become great friends with all of my classmates!

## Rylie Pilon

Gillette

The best part of being a WWAMI student is getting to be a part of the Wyoming medical community and the network of resources and incredible physicians involved with WWAMI while also getting to give back to the communities in Wyoming who have done so much to support me and my journey to becoming a physician.



## Matthew Rassmussen

Burlington

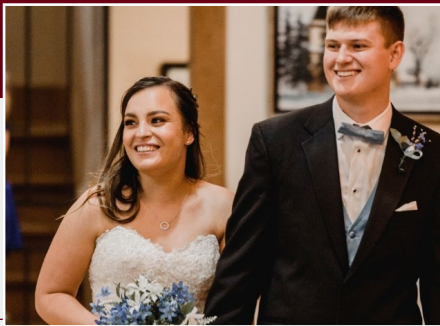
The best part about being a medical student is being able to use my knowledge and understanding to help other people. Studying medicine is a dream come true, but it's the moments when I am able to connect with patients and make a difference in their lives that makes this all worthwhile.



# WWAMI Student Profiles

## Hyrum Ruby Buffalo

The best thing about being a medical student with WWAMI has been being surrounded by incredible mentors and classmates as I pursue the dream of making a difference in the health and lives of my future patients. I have made lifelong friends who continue to challenge, support, and teach me to be a better doctor and person. We build each other up and learn while having fun growing along the way. I have also loved how the knowledge and skills I've gained have transformed the way I think, observe, and interact with others in a positive and productive way. I look forward to translating my learning to helping patients improve their health.



## Tatiana Smith Casper

I absolutely love learning skills and information that directly applies to my future patients and future career. It is such a wonderful experience to be surrounded by people experiencing medical school alongside you, and seeing how everyone's strengths complement each other.

## Victoria Toscana Gillette

The best part of medical school is getting to learn from passionate Wyoming physicians who are invested in our learning. I feel very fortunate to be in the WWAMI program and to walk through the experience of medical school with my impressive classmates.



## Anna Ujvary Green River

My favorite aspects of medical school include the academic challenge and the wealth of knowledge I've accumulated and applying that knowledge in clinic. I also greatly value being surrounded by motivated and brilliant classmates who inspire and challenge me. Additionally, the support from faculty members who foster academic, professional, and personal growth has been invaluable in this journey. I am excited and thankful to experience being part of such a multi-dimensional environment at a top medical institution, as it is instrumental in shaping us into the best physicians possible.

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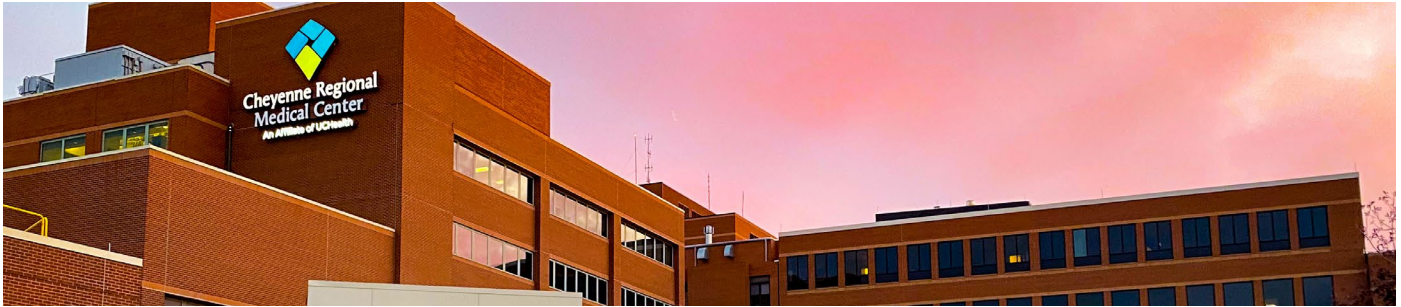
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# Cheyenne Regional Medical Center

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## Cheyenne Regional Medical Center Makes History with Sepsis Certification

**C**heyenne Regional Medical Center (CRMC) has made history as the first hospital in Wyoming to achieve sepsis certification from The Joint Commission, a national organization that accredits and certifies over 22,000 healthcare institutions across the United States.

The certification is part of The Joint Commission's DiseaseSpecific Care (DSC) program, which evaluates clinical programs for various chronic diseases or conditions. On-site reviews by Joint Commission reviewers assess outcomes, leadership commitment, patient education and incorporation of evidence-based guidelines into daily practices. The program aims to drive improvements in care quality and services.

The sepsis certification, often referred to as The Joint Commission's "Gold Seal of Approval" for providing sepsis care, highlights CRMC's unwavering commitment to patient well-being and clinical excellence. Dr. Sisham Innam, the medical director for CRMC's sepsis program, emphasized the significance of this achievement, stating, "Attaining Joint Commission certification for sepsis care is a pivotal achievement for our hospital. This recognition underscores the dedication of our healthcare professionals and their unyielding focus on delivering exceptional patient care."

As CRMC continues to pioneer advancements in patient care, this achievement not only underscores CRMC's commitment to upholding the highest standards of care but also reaffirms its position as a leader in providing life-saving interventions for patients facing sepsis. With a steadfast focus on enhancing patient outcomes and safety, CRMC remains at the forefront of healthcare innovation, ensuring that the community receives the highest level of care when it matters most.

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# What "Worthy of Wyoming" Means To Us

"**W**orthy of Wyoming" is more than just a slogan; it represents our commitment to upholding the values that define the Cowboy State. We believe in honor, loyalty, and courage. We are determined to maintain the high standards set by our cowboy heritage.

From the care we provide to our patients to the way we treat our own employees, we embrace the principles of the cowboy way. Genuine care and concern for each other and our patients are at the heart of our approach.

Wyoming's unbreakable spirit, characterized by independence, hard work, and tenacity, is mirrored in the way we persevere through challenges and strive for excellence.

We believe that every Wyomingite deserves the same unwavering spirit and attitude in their medical care. By setting a new standard of care, we aim to empower Wyoming's active lifestyles, keep the state moving one joint at a time, and ensure that Wyoming remains strong, resilient, and ready to face any obstacle.

Genuine care and concern for each other and our patients are at the heart of our approach.

With our orthopedic care, we offer strength, confidence, and a commitment to the well-being of the people of Wyoming.

Premier Bone and Joint Centers prides itself on delivering expert care to patients throughout the region, establishing good working relationships between physicians and employees, and utilizing local services to

We believe in honor, loyalty, and courage.

the greatest extent practicable.

Our roots run deeply within the state of Wyoming, and we work resiliently to provide orthopedic care that lives up to the Code of the West, represents the values of Cowboy Ethics, and is "Worthy of Wyoming."





Physician Wealth Advisors

# Wyoming Physicians: Building Financial Resilience



**P**hysician Wealth Advisors (PWA) is a distinguished physician-focused investment advisory and financial planning firm committed to addressing the unique financial needs of physicians and their practices. With a deep understanding of the challenges and opportunities faced by physicians, our firm provides tailored financial solutions, empowering you to achieve your long-term personal financial goals while navigating the complexities of the ever-evolving financial landscape.

The demanding nature of a medical career often leaves physicians insufficient time to prepare for life's inevitable financial storms. Our team of experienced financial advisors specializes in creating comprehensive strategies designed to align with the distinct financial goals of medical professionals. Whether you are just starting your medical career, planning for retirement, or looking to optimize your investment portfolio, our advisors are here to guide you with personalized, physician-centric advice.

At PWA, we understand the importance of safeguarding your financial future, and we invite you to explore the unique services and expertise that Physician Wealth Advisors brings to Wyoming Medical Society members. Our experience, training, and knowledge uniquely qualify us to provide exceptional physician-focused wealth advisory services. Your dedication to healthcare deserves a financial strategy that reflects your commitment, and we look forward to the opportunity to support you on your financial journey.

Life often throws unexpected curveballs - from sudden medical expenses to car repairs, job loss, or even natural disasters. If we aren't adequately insured or prepared these unforeseen events can wreak havoc on our lives and our finances.

One way to check your financial health is through an evaluation of your emergency reserve. When the stock market is climbing, it can be tempting to abandon your emergency reserves for the allure of higher returns, but please don't jeopardize your short-term financial margin of safety. An Emergency Fund serves as a buffer against unexpected financial setbacks, helping individuals and families weather storms without resorting to high-interest loans or dipping into long-term savings.

There are other measurements of financial health such as your savings rate, burn rate, and debt ratio. If you want to further explore your financial health we encourage you to try us out. Click the QR code below to complete a WMS member complimentary financial checkup. When complete we'll provide you with financial measurements which will help you gauge the pulse of your financial health. If you'd like to schedule a financial review with a physician focused wealth advisor email Eric Halvorsen ([ehalvorsen@pwa.org](mailto:ehalvorsen@pwa.org)) or call 801-747-0800 to schedule.





# What U.S. Healthcare Will Look Like in 2033

Richard E. Anderson, MD, FACP, Chairman and Chief Executive Officer,  
The Doctors Company and TDC Group

American healthcare faces persistent issues with consolidation, workforce shortages, integration of new technologies, and unrelenting economic pressure. In 2023, technologies such as clinical decision support (CDS) and other artificial intelligence (AI) tools have continued to emerge, offering both promise and risk. Meanwhile, even as long-standing care and business models are upended, the ripple effects of COVID-19 continue. Physician shortages are growing, especially in primary care, though advanced practice clinicians (APCs) are filling many of the gaps.

Healthcare organizations are looking to their vast wealth of data for insights that can be harnessed to improve care for patients, promote professional satisfaction for clinicians, mitigate liability, and streamline medical practice.

Each year, TDC Group looks ahead to healthcare trends over the next decade, focusing on challenges, key lessons, and emerging risks. We remain committed to serving those who provide care by delivering insights into healthcare's evolution to help guide the actions of medical leaders making critical decisions. This examination, though certainly not exhaustive, lays out some of the most pressing issues medical professionals must address as we look ahead. Our 2022 analysis examined the impacts of the pandemic, health equity challenges, and healthcare costs on the changing landscape.

## What Will Healthcare Look Like in a Decade?

Here are our 2023 predictions for how U.S. healthcare will change over the next 10 years:

**Prediction One:** The shadow of the pandemic will still fall over healthcare, as physicians face continuing pandemic-related lawsuits, unanswered questions around care for long COVID patients, and delayed diagnoses stemming from COVID-19 disruptions.

**Prediction Two:** Healthcare consolidation will continue unabated and continue to be a driver of increasing



healthcare costs.

**Prediction Three:** Nuclear malpractice verdicts—driven by social inflation—will continue to push insurance rates and healthcare costs higher.

**Prediction Four:** Patient use of retail healthcare clinics like CVS will increase—forcing a serious re-examination of “patient-centered care.”

**Prediction Five:** APCs and alternative models of care will be two keys to alleviating the primary care and elder care crisis.

**Prediction Six:** AI-powered clinical decision support tools will help reduce administrative burdens to free up more time for patient care—but present new risks in the process.

**Prediction Seven:** AI tools will “listen” to patient-clinician interactions to reduce the burden of documentation—a top driver of clinician burnout.

**Prediction Eight:** AI tools will increase HIPAA and cybersecurity risks for healthcare.

**Prediction Nine:** The flood of data from patient wearables will continue to overwhelm clinicians.

**Prediction Ten:** Big data will pay off—but only for those organizations that successfully harness it.

Read the full report at [tdcg.com/healthcare2033](https://tdcg.com/healthcare2033)





# Wilderness Medicine Kickstarts Medical School Journey for Wyoming WWAMI First-Year Students

Imagine trading classrooms for mountain ranges and lectures for simulated emergencies under starry skies. This is the reality for aspiring physicians entering their first year in Wyoming's only medical school – Wyoming WWAMI.

Before setting foot in a classroom, first-year students begin their medical school journey with a transformative experience in the National Outdoor Leadership School (NOLS) Wilderness Medicine course in Lander, Wyoming. The experience is the only one of its kind in the country.

For students Rylie Pilon and Aaron Nichols, both members of the 2023 class, the NOLS course was more than just a medical introduction; it was a spark that would inspire their medical school experience and create a bond with their fellow cohort in an unmatched setting.

Pilon, a former University of Wyoming swimmer with a bachelor's degree in chemistry, looked forward to the opportunity and saw immediate value in the wilderness experience.

"I think for our region, being in the outdoors and knowing how to provide medical care when you have limited resources is so important, because there are so many times that you don't have cell service or medical care in close proximity," she said.

The five-day NOLS course equipped students with essential skills for medical situations in remote environments. In their daily work, students participated in wilderness medical training sessions learning valuable skills, followed by real life scenarios where they role played each case.

Pilon vividly described a scenario where her classmates practiced transporting a simulated fractured femur case down a mountain trail, a highlight from her experience.

"Sometimes you have to prepare for the unexpected and do everything you can to stabilize these people, and we were using pens and pencils that we had in our backpacks and our clothes, sweatshirts and sleeping bag to help splint and make sure that we stopped the bleeding," Pilon said. "It's just a really cool experience to be fully immersed in."

Aaron Nichols, who came to Wyoming WWAMI with a bachelor's in microbiology from the University of Wyoming, also found the NOLS course to be a valuable introduction to medical school. Having completed his EMT certification

and looking forward to more medical knowledge, Aaron saw the course as a way to solidify his skills and gain practical experience.

One of the most significant aspects of the NOLS course, according to both Rylie and Aaron, was the sense of camaraderie it fostered. Spending a week together in the wilderness, removed from the outside world, provided opportunities for the new classmates to bond and develop strong relationships they would carry with them into year one.

From missing weddings to giving up Taylor Swift concert tickets, students prioritized the NOLS time together.

"I think we all knew how cool of an experience this was," Pilon said.

Nichols echoed this sentiment, highlighting the importance of this early connection as the foundation for a close-knit Wyoming WWAMI cohort.

"Spending that week out there with no cell service and no other forms of entertainment, but each other to hang out with and talk, really sped up our relationship development, Nichols said. "I feel like after that everyone felt like they knew each other for a long time and it fostered a camaraderie among us."

Looking ahead to the future, both Pilon and Nichols are excited about the possibilities that lie ahead in their medical careers. Pilon, who is interested in exploring specialties from anesthesiology to sports medicine, is eager to explore different specialties during her remaining years at medical school. Nichols, who is drawn to primary care and emergency medicine, is using his summer to participate in a Rural Underserved Opportunities Program (RUOP), further solidifying his desire to work in underserved communities.

The NOLS Wilderness Medicine Course serves as a unique and impactful entry point for Wyoming WWAMI's aspiring physicians. By combining practical medical training with an emphasis on teamwork and resourcefulness, the program starts the journey to equip students with the skills and confidence they need to thrive in the demanding world of rural medicine.



# Trauma-Informed Care

## Information for Pediatric Providers

### Questions to Engage Families

#### For Families with Newborns or Family New to You

- How were you raised and how are you planning to raise your child/children?
- What are your goals for your family or your child?
- For those with a parent partner: Are you both on the same page when it comes to raising children?

#### For Families You Already Have a Relationship With

- Are you raising your child(ren) the same way you were raised?
- Tell me about your family.
- Help me understand what is important to you about parenting or raising children?
- What do you find rewarding or stressful about parenting?

#### Parenting Approach: LACE

- Lighthearted – Use humor
- Acceptance – Remain calm, think before you speak, be an emotional container
- Curiosity – Be curious, not furious
- Empathy – child is doing best he/she can in the circumstances

#### Supporting the Parent with a Trauma History

- Focus on SAFETY for both parent and child
- Validate that “parenting is hard work” and point out any successes parent has had or shown, even small ones
- Build hope: “you can do it” and that we will work on this together (partnering)
- Ask them what tried and what has worked
- Remind parents that if behaviors escalate, they are not failing, child is adapting
- Offer a short menu of skills and let them choose which one to work on first
- Break down each skill into smaller steps to make more doable; success breeds success
- Close follow-up

### The Three Rs of Trauma-Informed Care

**Reassure** - *Let the child know they are safe. This can be said with words, or conveyed via hugs, safe spaces in the home.*

- Say, “Yes that happened, but you are safe now.”
- Touch for reassurance – hand on shoulder, hand on back, high fives; if appropriate, hugs, rubbing back
- Safe places within home: set up a tent in bedroom for child, canopy or dome over bed, own safe chair, weighted blankets, a small quiet area

**Return to Routine** - *Routines for meals, bedtime, household schedules, mornings and transitions all help children to know what to expect.*

- Create charts for routines with or without visual (picture) prompts depending on age – bedtime, mealtime, homework, chores charts
- Explain if there will be a change in the schedule, prepare kids ahead of time
- Family traditions and rituals can connect or reconnect children and adults with their own culture, traditions, faith and community and provide support and security, especially in coping with stress.

**Regulate** - *Discuss skills for self-calming, name feelings, and manage emotions.*

- Teach relaxation techniques – guided relaxation, belly breathing, guided visualization, tense and release of muscles, yoga poses, stretching
- In calm moments, discuss words for feelings, do feelings charades (act out hungry, disappointed, satisfied, proud etc.), think of colors for moods, talk about where in the body the child feels emotion
- Practice skills to use when a child gets upset or angry. Practice seeking adult attention or comfort (asking for a hug or to talk with adult)
- Positive parenting principles are the same across the age span but might be applied somewhat differently.



## Arriving at the Right Place for Stroke Care

Living in a rural Wyoming community didn't mean that Bill couldn't get the very best medical care after his stroke and when managing the heart condition that caused it.

BY KATI BLOCKER, UCHEALTH

During one of the scariest times in their 45 years together, Bill and Sally Patton believed angels surrounded them.

Bill grew up in Saratoga, Wyoming, and he met Sally, who was from Florida, in the 1970s while she was visiting the town on her “big lifetime adventure to the West.”

The two quickly fell for each other, and Sally never left. They've raised three children and would never dream of leaving their spot along the North Platte River.

On a warm July morning in 2021, Sally was running errands and Bill was eating breakfast before taking a friend to the local airport. He was cleaning up when he fell to the floor.

“I tried to get up but lay there for about 20 minutes when our friend came through the door. She knew exactly what happened.”

Bill's friend recognized the signs of a stroke.

Local emergency services transported Bill to the small, local airport to await a medical helicopter and Sally demanded her husband be flown to UCHealth Medical Center of the Rockies in Loveland, Colorado. Medics quickly agreed. “The stars aligned,” Bill said.

Bill had suffered an ischemic stroke. In February 2020, he suffered a hemorrhagic stroke so giving him tPA, a clot-busting drug, for his second stroke was too risky.

Despite not getting tPA, Bill regained muscle function within a few days.

“The nurses and doctors changed my life when my husband couldn't talk or move his right side in the first three days,” Sally said. “The way they explained everything to someone like me in crisis is such a gift.”

“When you live in a (rural) place like this, people don't think they can get that level of care,” she said. “But (Medical Center of the Rockies) has that level of care, and when something intense happens, that's where you want to be.”

Bill received inpatient rehabilitation at UCHealth Poudre Valley Hospital. Once home, he continued to get stronger, but



Bill Patton enjoys some fresh air while he recovers from his stroke at UCHealth Poudre Valley Hospital inpatient rehabilitation. From left, his daughters, Shelly Peterson and Becky Patton, and his wife, Sally.

he also had major health decisions to make.

While at Medical Center of the Rockies, Bill began having atrial fibrillation, (abnormal heart rhythm), and doctors believed it was the probable source of his stroke.

In October 2021, three months later, Bill underwent electrical cardioversion, and within 48 hours, he began to feel better. Two months later, doctors performed an ablation.

He returned to enjoying afternoons along the river and cutting wood, but he was still on blood thinners. After a thorough assessment, Bill opted to receive The Watchman during a procedure at Medical Center of the Rockies in April 2022.

Bill's follow-up care was at Iverson Memorial Hospital in Laramie, where UCHealth cardiologists see patients four days a week.

Bill has stopped taking blood thinners. His favorite hobby involves swinging an ax, and he is thrilled he no longer worries about cardiovascular risk.

Sally is too.

“The stars aligned from the moment I went down on that floor,” Bill said. “I was in the right spot, in the right time and got the right care.”





# Embracing Inclusion: Engaging Individuals with Disabilities with Health Research

**I**n the dynamic landscape of healthcare research, it is critical to include people who are the focus of the research in the process. However, individuals with intellectual and/or developmental disabilities (IDD) remain marginalized due to logistical barriers, misconceptions, and ethical concerns. Rectifying this disparity and embracing inclusion can not only enhance the integrity of research but also foster a more equitable healthcare landscape.

## Challenges to Inclusion

Logistical challenges, like inaccessible facilities, unnecessarily complex research descriptions, and communication barriers hinder the participation of individuals with IDD in research. Traditional protocols often fail to accommodate the diverse needs of those with IDD. Physical accessibility and communication barriers are commonly disregarded in research to make researchers' lives easier. While this may make the research easier, it excludes an entire population.

Misconceptions about the capabilities of people with IDD also persist, undermining their valuable contributions to research. Individuals with IDD offer invaluable insights into their health conditions, lived experience and perspective needed for innovative research questions.

Ethical considerations also cloud the opportunity for inclusive research for the IDD community. Concerns about autonomy, informed consent and vulnerability lead to hesitancy to include this population. Excluding individuals with IDD perpetuates existing disparities and limits valuable input to address healthcare practices, policies, which limits inclusive care.

## Inclusion in the Research Process

Little is known about the experience of those with IDD regarding their participation in healthcare research. Similarly, information is scarce on how researchers who conduct IDD health research include the IDD community in their work.

## Understanding through Journey Mapping

In 2023, faculty, staff, and individuals with IDD at the University of Wyoming's Wyoming Institute for Disabilities (WIND) conducted a project to understand the experiences of individuals with IDD in the research process. Journey mapping, a method typically used by healthcare administrators to understand care management, was employed to map stakeholders' experiences in all research steps. This approach focuses on understanding every activity or event between an individual and the research system, thereby improving accessibility and inclusivity.

Traditional researchers, individuals with IDD and their support providers engaged in focus groups while graphic notetaker created accessible visualizations of the interactions. An example of the experience of IDD with research can be seen in Figure 1. All visualizations were shared with all participants to confirm their experiences and are being used to develop strategies to include those with IDD in health research.

## Call for Change

Integrating individuals with disabilities into healthcare research is not only a matter of equity but a catalyst for innovation. Proactive efforts to design inclusive research protocols and actively involving individuals with disabilities in research processes are essential. The Equality State Research Network (ESRN), facilitated by the WIND, provides a platform to engage everyone in conversations about community-based research initiatives. **Join the conversation and learn more at <https://www.uwyo.edu/wind/esrn/index.html>** Together, let's bridge the gap and ensure that everyone has a seat at the table in the pursuit of better health for all.



*Italicized Names denotes New Members in 2024*

Red names denote Wyoming  
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Green names denote past Wyoming  
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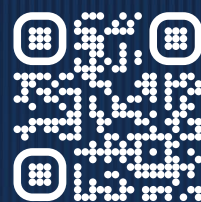
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# Moving beyond ACE scores

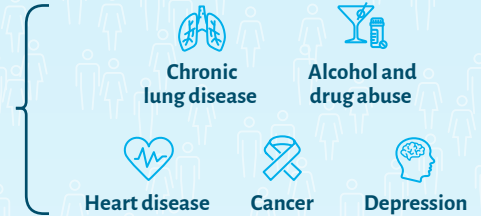


## What is an ACE score?

An ACE score is a tally of specific childhood traumatic events that an individual has experienced.

## What do ACE scores tell you?

Higher ACE scores are associated with poor health outcomes at the population level.



## Why ACE scores are not effective clinically

Adversity is not destiny. ACE scores predict population outcomes, not individual outcomes.

Does NOT include or measure trauma...



In all forms



Severity



Does NOT include asking about **protective factors** in a child's life



Therefore, does NOT predict individual health



vs.

## Provide Trauma-Informed Care

Move away from summing the suffering to building the buffering



### GOAL

Fostering safe, stable, and nurturing **relationships** to build **resiliency**



Screen and treat for **trauma-related symptoms**



Create a **safe environment**



Use engagement strategies to **build trust**



Focus on strengths to **empower patients and families**



Have brief office-based approaches to **promote growth mindset**

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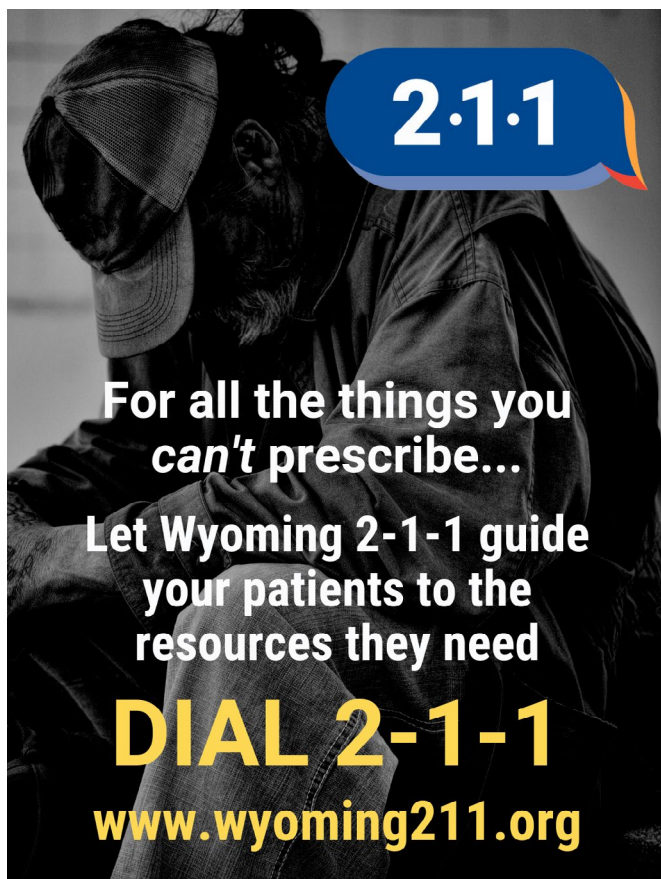
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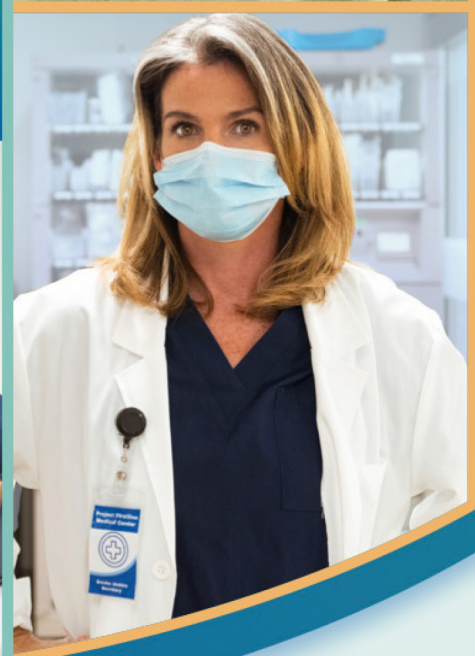


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