

**Narrative Information – DA 400  
Division of the Budget  
State of Kansas**

**Agency Name: Larned State Hospital  
Program Title: Superintendent's Letter**

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August 25, 2023

Mr. Adam Proffitt, Director  
Division of the Budget  
Landon State Office Building  
900 SW Jackson – Room 504 North  
Topeka, KS 66612

Dear Mr. Proffitt:

As Superintendent of Larned State Hospital (LSH), I am pleased to present you with our FY 2024 and FY 2025 Budget Request. This work has been completed in accordance with the guidelines provided by the Division of the Budget and the Kansas Department for Aging and Disability Services (KDADS). All information included in this document is accurate and complete to the best of my knowledge and belief.

LSH is committed to providing a safety net of mental health services for Kansans in partnership with consumers, community mental health providers, and the justice system. LSH continues to work with leadership in the Kansas Department for Aging and Disability Services (KDADS) to develop and implement the most efficient and effective mental health treatments, ensuring that the hospital remains fiscally responsible to the citizens of Kansas.

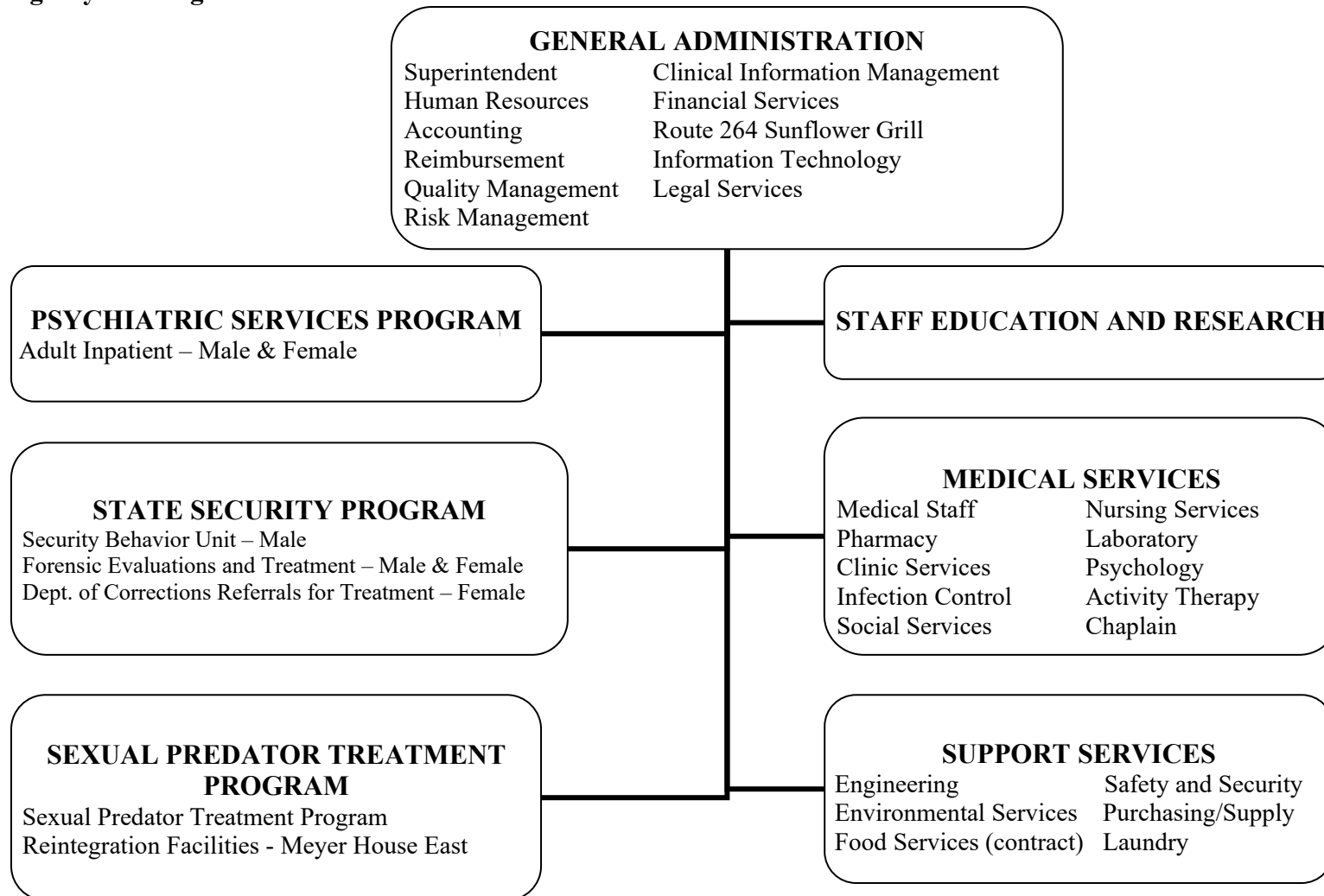
Please feel free to contact us should you have questions or require additional information.

Sincerely,



Lesia Dipman, LMSW  
Superintendent, Larned State Hospital

**Agency Funding Chart**



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**GENERAL AGENCY INFORMATION**

**AGENCY MISSION:** To provide a safety net of mental health services for Kansans in partnership with consumers, community providers, and the justice system and to deliver support services to related agencies.

**AGENCY VISION:** State of the art services provided by caring and competent staff.

**AGENCY PHILOSOPHY:** We are committed to continuous learning, quality, stewardship and principled service to others.

**STATUTORY HISTORY:**

Established Larned State Hospital (1911); K.S.A. 76-1303

Established State Security Hospital (1937); K.S.A. 76-1305

Established Security Behavior Ward (1976); K.S.A. 76-1306

Established Sexual Predator Treatment Program in SRS (1994); K.S.A. 59-29a07

Transferred CDRP/SSH program to Department of Corrections (2000); House Substitute for Senate Bill 326, Section 51

**ACCREDITATION AND CERTIFICATION:**

The Psychiatric Services Program (PSP) located on the Adult Treatment Center (ATC) at LSH is fully accredited by The Joint Commission (TJC) and certified by the Center for Medicare and Medicaid Services (CMS). Hospital personnel work diligently to maintain TJC and CMS expectations in order to ensure consistent provision of a high level of environmental safety and treatment quality to the patients it serves. LSH's commitment to such high expectations makes a strong statement to all Kansans – patients, their families, and communities. The hospital had its most recent triennial survey by TJC in April 2021, with the outcome being accreditation of the PSP program located on the ATC Building. LSH also maintains licensure and oversight by the Kansas Department of Health and Environment (KDHE) for the PSP program as well as the State Security Program (SSP) and Sexual Predator Treatment Program (SPTP).

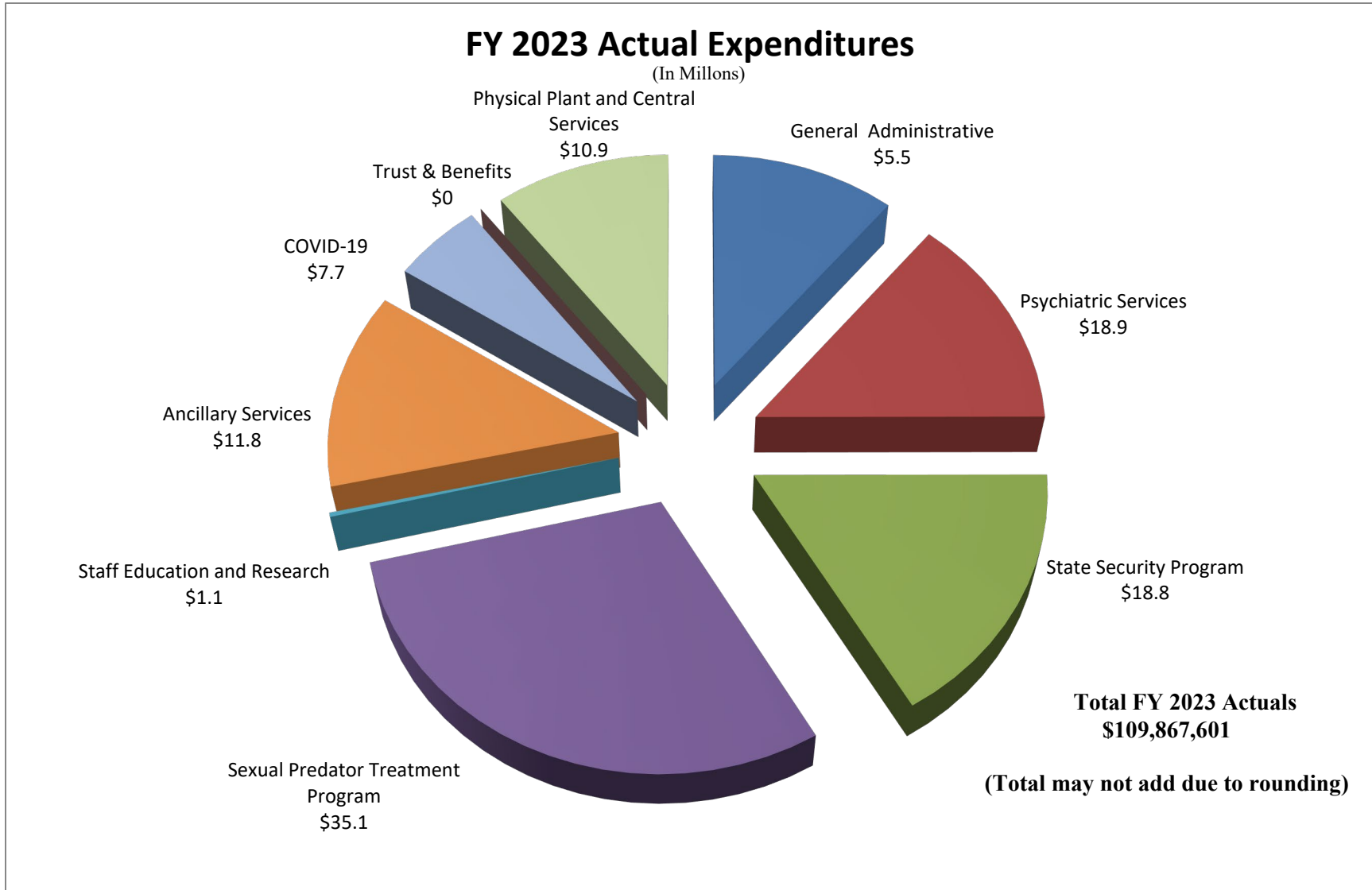
**OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:**

**Agency Overview:** For FY 2024, LSH requests revised expenditures totaling \$100,270,250, of which \$74,707,604 is from the State General Fund. For FY 2025, LSH requests expenditures totaling \$77,767,664 of which \$68,013,532 is from the State General Fund.

The agency has requested change packages for FY 2024 and FY 2025. This revises the agency budget request to \$116,678,645 for FY 2024 and \$109,776,887 for FY 2025. The change package is addressed in the LSH Supplemental/Enhancement request. The hospital is committed to actively managing the budget to the allocation and covering any unexpected obligations. Hospital staff monitors expenditures of hospital funds to ensure the hospital is only purchasing items essential for operations and to ensure the hospital is operating as efficiently as possible.

**Initiatives:** LSH is continuing to enhance our efforts to recruit and retain employees. LSH has expanded nursing agency contracts in efforts to maintain adequate staffing while recruiting to fill vacant positions and improving the work-life balance for employees by reducing overtime at Larned State Hospital. LSH has worked on topics to help staff feel supported, recognized, and appreciated. LSH continues to actively implement the larnedcares.com campaign, which was part of the FY 2019 marketing opportunity provided to LSH from the City of Larned and Pawnee County. In FY 2023, LSH worked with KSN in efforts to enhance recruiting strategies and advertisement, keeping recruiting interesting and continues to market the Larned Cares campaign. LSH State Security Program continues to expand mobile competency and hired a new mobile evaluator to go into jails to perform competency restoration and evaluations at other secured confinement settings. LSH piloted this first in Shawnee County followed by work in Wyandotte, Johnson, and Sedgwick counties. LSH continues to host the largest mental health conference in Western Kansas, “Frontiers In Mental Health” with over 100 participants.

While wages have been increased for staff and additional positions have been authorized, SPTP has been confronted with addressing an increasingly violent, resistive, and aging population. The number and needs of the resident population has overwhelmed the program’s ability to respond to the fundamental staffing challenges. It is exceedingly difficult to make decisions regarding placing residents in safe housing placements given residents increasing sexual and physical assaults on each other and staff. The programmatic and physical footprint for SPTP continues to need review to be able to manage residents safely along with the other two Programs on the LSH campus.

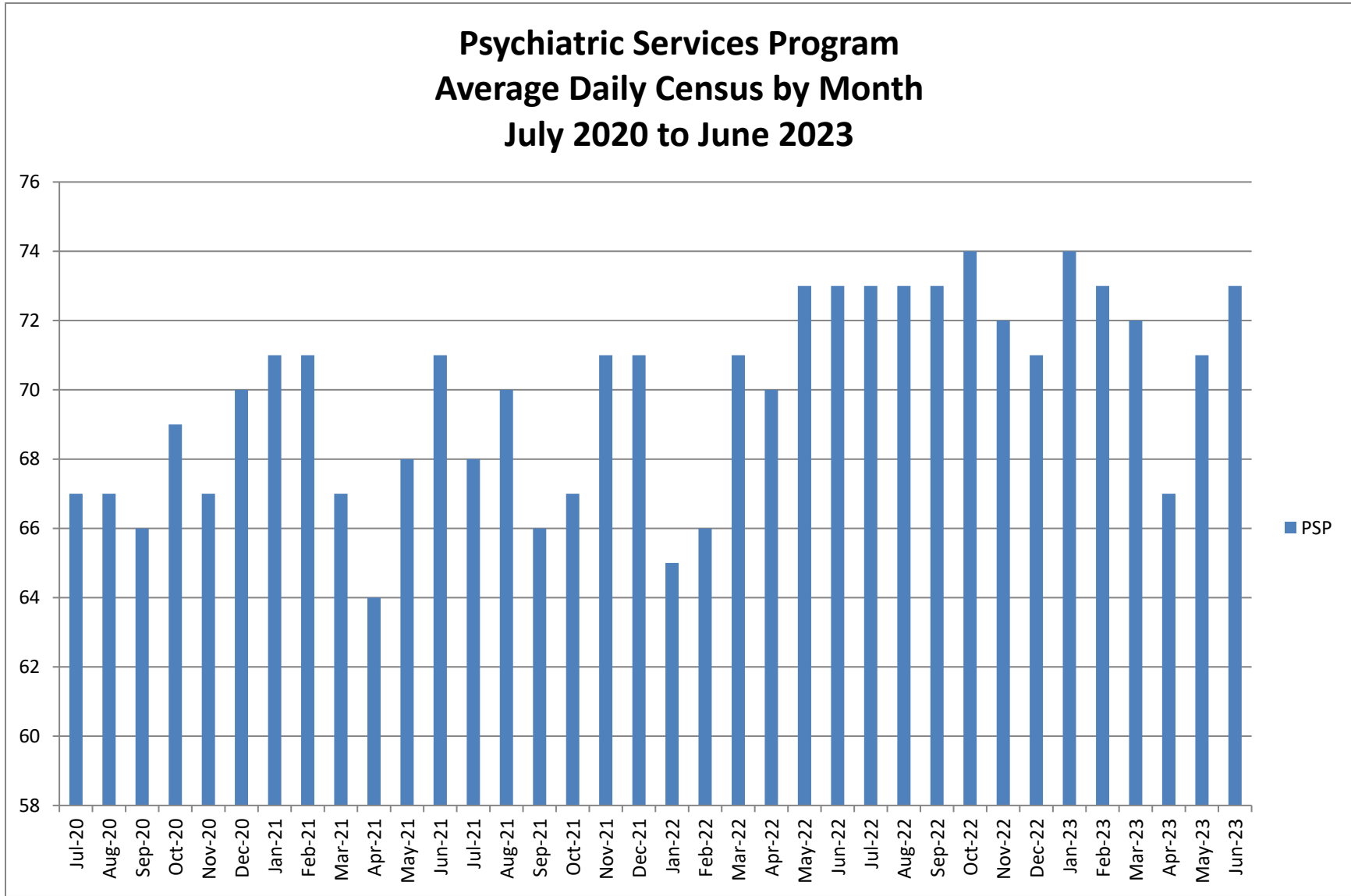


FY 2021 through FY 2025 Approved FTE and UP/UT Positions										
Larned State Hospital	FY 2021 Actuals		FY 2022 Actuals		FY 2023 Actuals		FY 2024 Estimate		FY 2025 Estimate	
Program	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT
General Administration	35.00	-	37.00	-	55.00	-	55.00	-	55.00	-
Staff Education and Research	3.00	-	3.00	-	2.00	-	2.00	-	2.00	-
Psychiatric Services Program	128.00	2.00	132.00	3.00	134.00	3.00	134.00	3.00	134.00	3.00
State Security Program	228.00	3.00	219.00	2.00	208.50	2.00	208.50	2.00	208.50	2.00
Sex Predator Treatment Program	330.50	4.00	318.50	1.00	291.50	2.00	291.50	2.00	291.50	2.00
Ancillary Services	66.00	-	62.00	3.00	74.50	2.00	74.50	2.00	74.50	2.00
Physical Plant and Central Services	137.00	-	129.00	-	146.00		146.00	-	146.00	-
<b>TOTAL APPROVED POSITIONS</b>	<b>927.50</b>	<b>9.00</b>	<b>900.50</b>	<b>9.00</b>	<b>911.50</b>	<b>9.00</b>	<b>911.50</b>	<b>9.00</b>	<b>911.50</b>	<b>9.00</b>

Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Psychiatric Services Program	90	90	90	90	90
State Security Program	140	140	140	140	140
Sexual Predator Treatment Program	274	274	274	274	274
Meyer Reintegration	16	16	16	16	16
<b>Total</b>	<b>520</b>	<b>520</b>	<b>520</b>	<b>520</b>	<b>520</b>

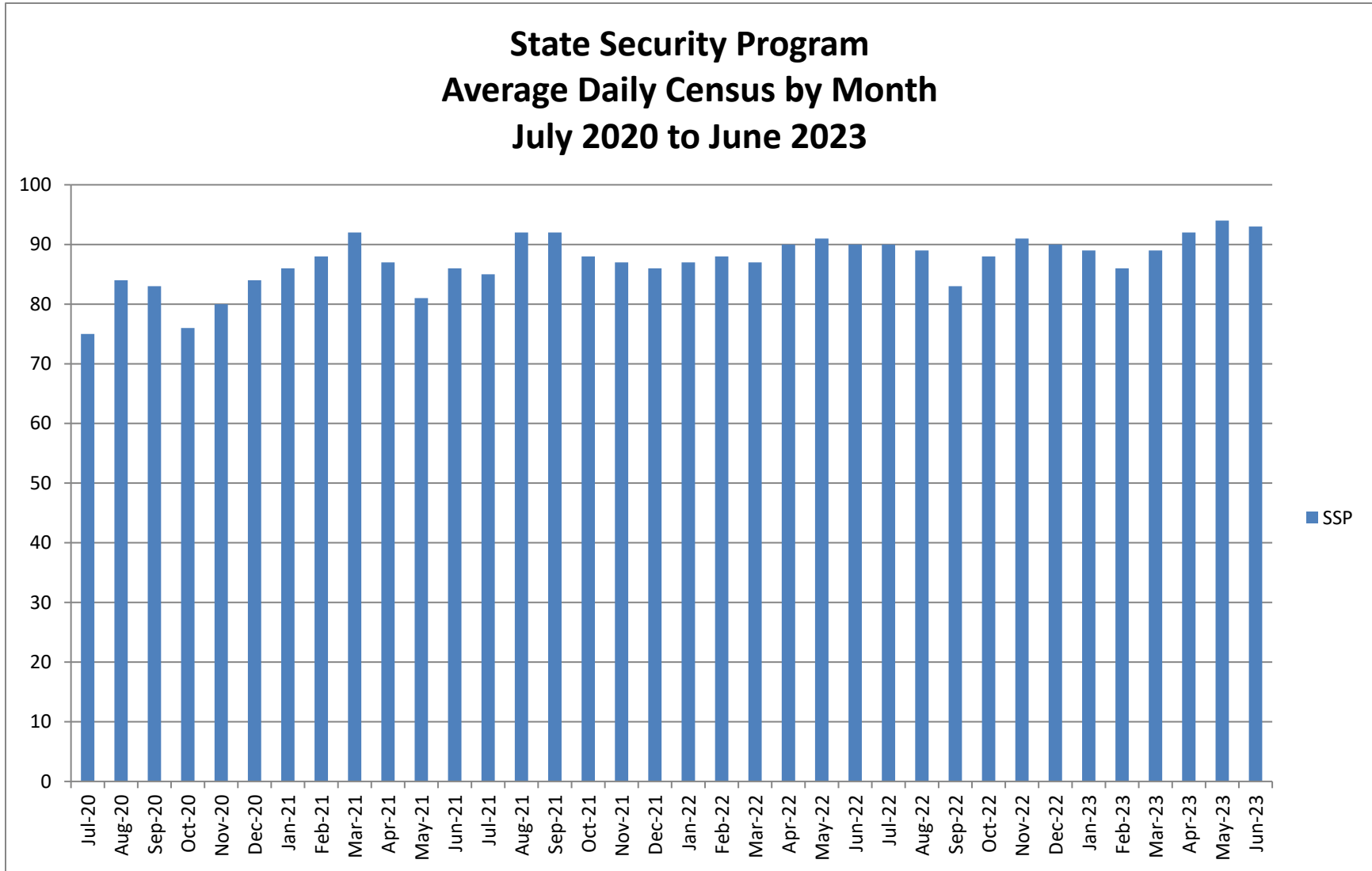
<b>Patient Movement Summary</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
<b>Additions</b>					
First Admissions	525	531	390	482	482
Readmissions	541	596	423	520	520
<b>TOTAL ADMISSIONS</b>	<b>1066</b>	<b>1127</b>	<b>813</b>	<b>1002</b>	<b>1002</b>
Admissions-- % Change From Prior Year	-14.2%	5.7%	-27.9%	23.2%	0.0%
<b>Separations</b>					
Discharges	1037	1126	812	992	992
<b>TOTAL SEPARATIONS</b>	<b>1037</b>	<b>1126</b>	<b>812</b>	<b>992</b>	<b>992</b>
<b>Transfer In and Out - Other KDADS Institutions</b>					
Transfers in -- Other KDADS Institutions	31	41	34	35	35
Transfers out -- Other KDADS Institutions	42	66	50	52	52
<b>Deaths in Hospital</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

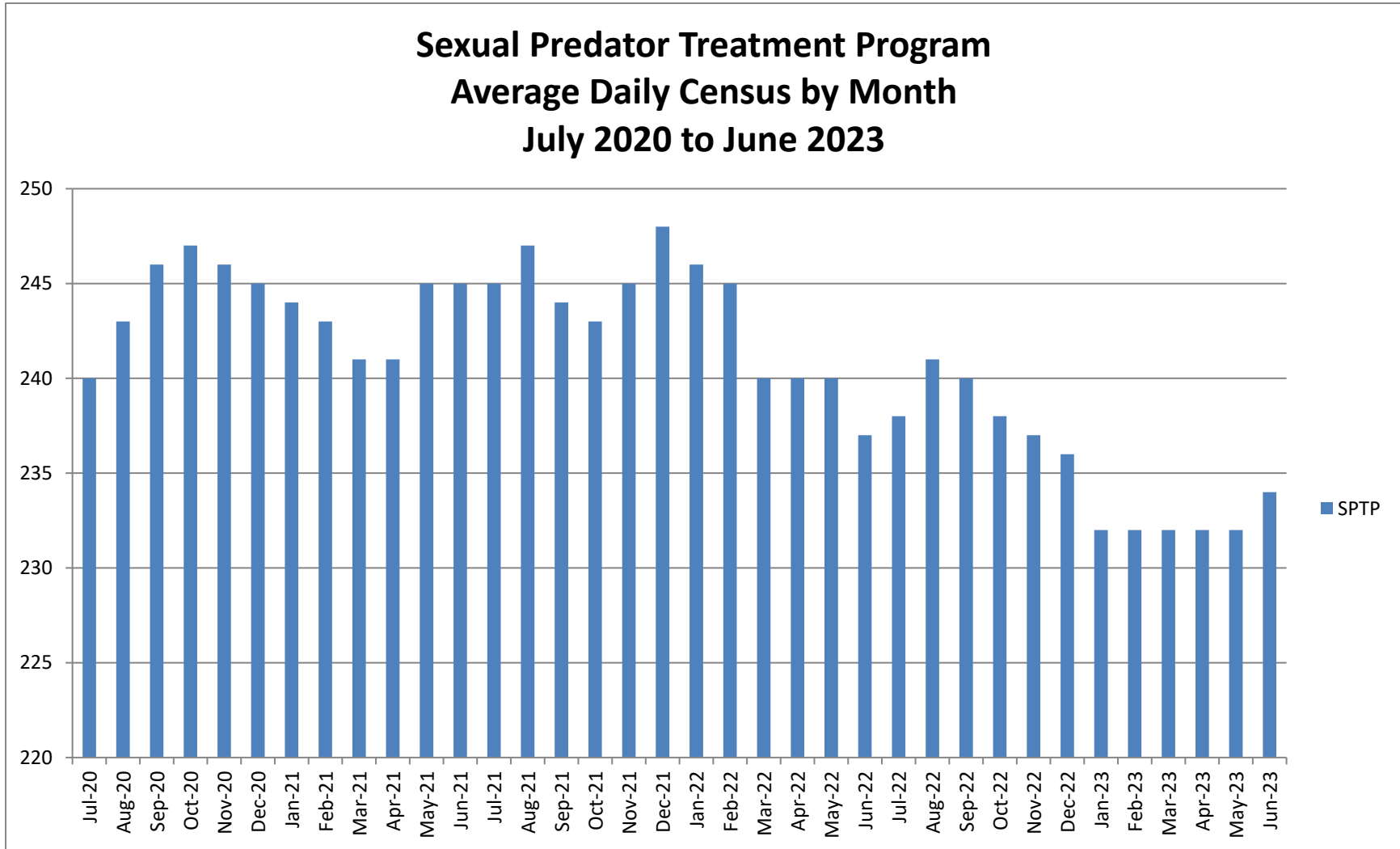
FY2024: This chart has been updated as it was discovered Transfers Ins and Outs were double counting the Additions and Separations and Deaths were being double counted in Separations.

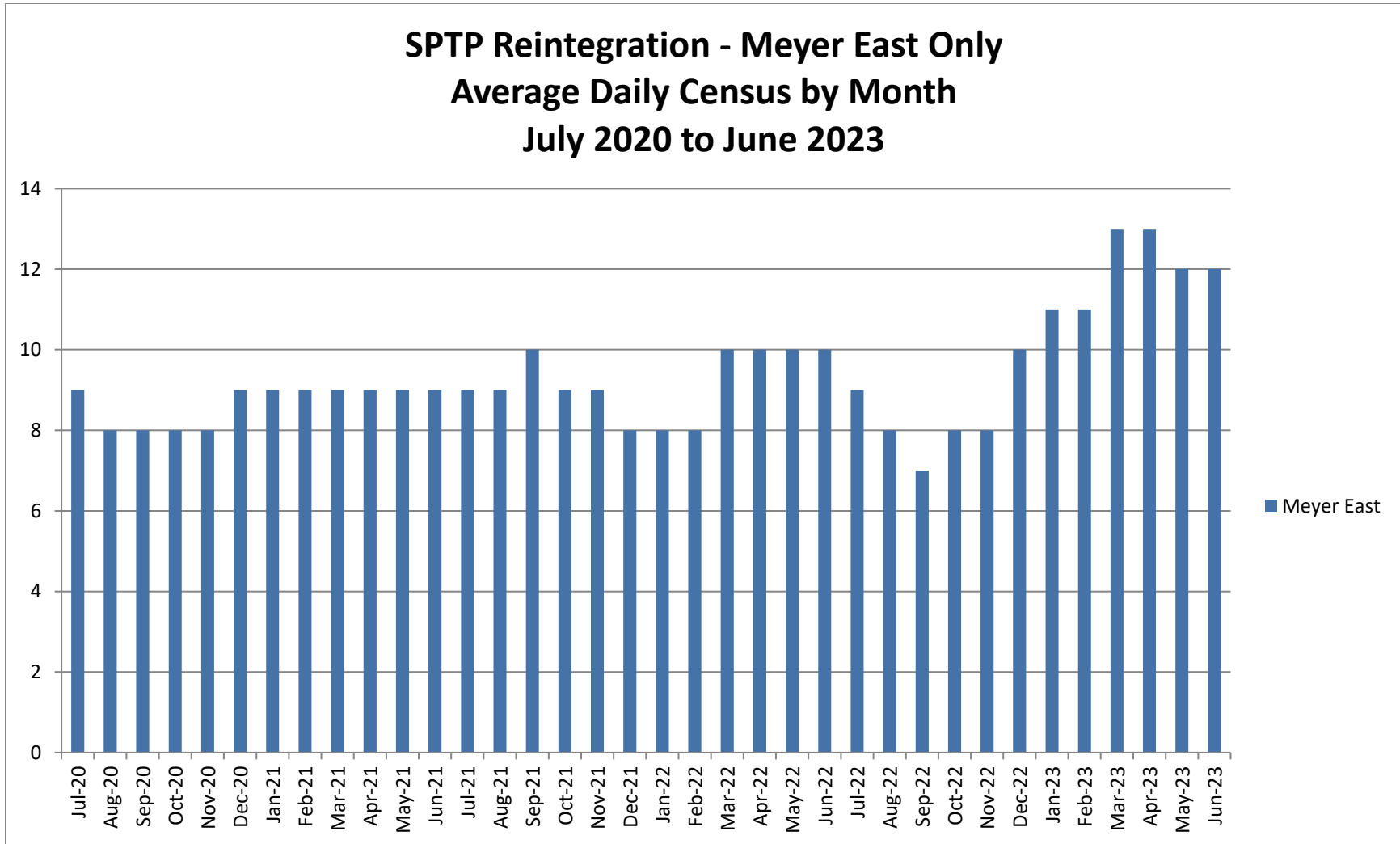


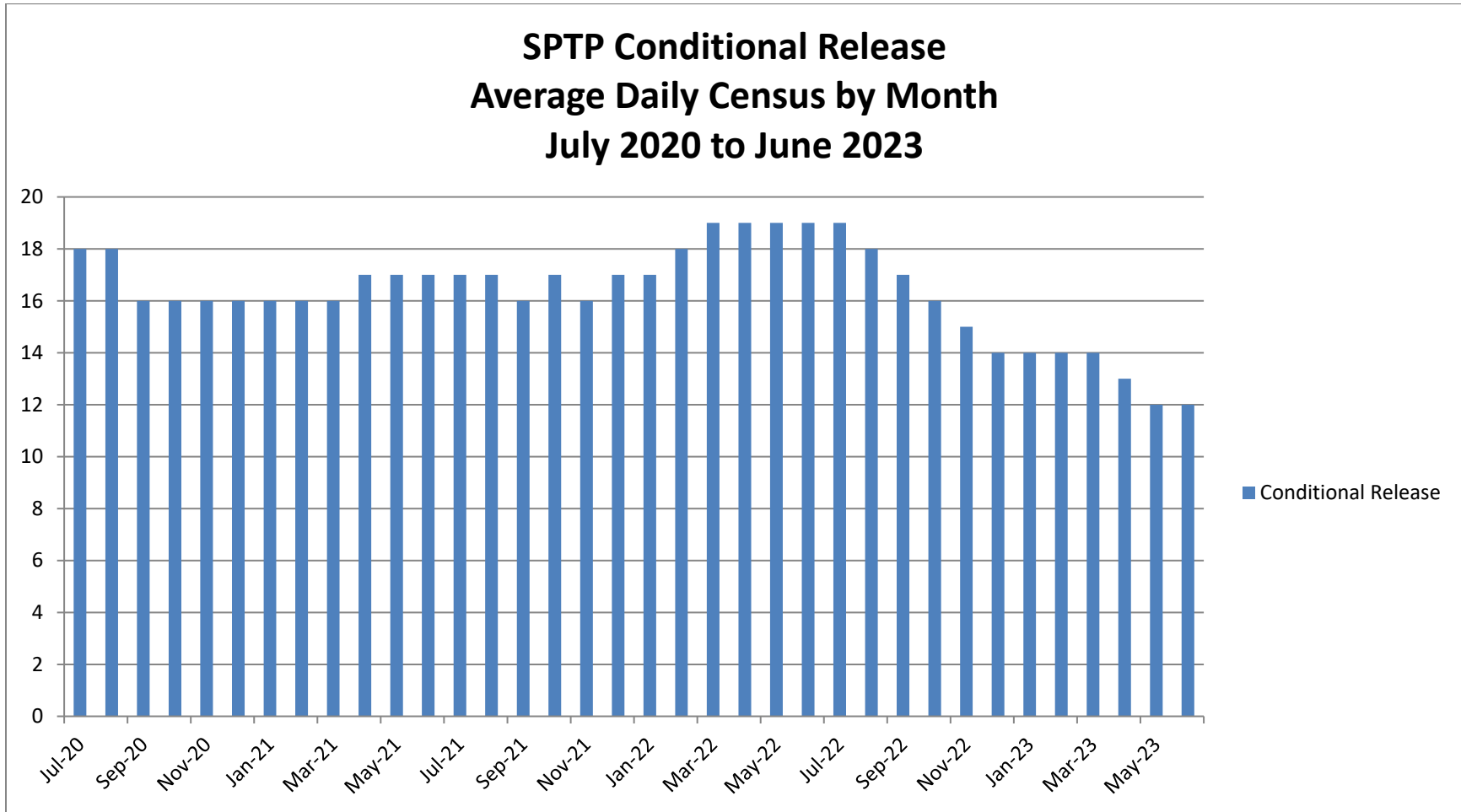
FY 2024 – FY 2025











<b>Average Daily Census by Fiscal Year</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Psychiatric Services Program	71	73	72	72	72
State Security Program	86	90	90	90	90
Sexual Predator Treatment Program (LSH)	245	243	235	241	241
Meyer Reintegration	9	9	10	12	12
<b>Total</b>	<b>411</b>	<b>415</b>	<b>407</b>	<b>415</b>	<b>415</b>

<b>Average Length of Stay</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Psychiatric Services Program	19	42	49	45	45
State Security Program	129	89	105	97	97

**Third Party Leases**

Larned State Hospital has no third-party leases.

**Land Holdings and Leases**

Schedule of Agency Land Holdings Lease to Others						
Lease	Acres Lease to Others	Annual Rent Received	Taxes Paid	Expiration Date	Length of Lease	Lease Description
***1	58.1	\$3,899	\$3,881	Feb. 28, 2024	1 Year	Original lease provides for use of 196.0 cultivated acres through 2/28/97. Due to the construction of the new Juvenile Justice Authority facility, 53 acres south of 2 <sup>nd</sup> Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2 <sup>nd</sup> Street were removed from the lease to allow space for construction of the new facility to house the State Security Program. Subsequent annual renewal is contingent upon agreement of both parties.
2	353.4	\$23,713	\$0	Feb. 28, 2024	1 Year	Original lease provides for use of 353.4 cultivated acres through 2/28/97. Subsequent annual renewal is contingent upon agreement of both parties.
3	229.9	\$4,138	\$0	Feb. 28, 2024	1 Year	Original lease provides for five years use of 238.1 pasture acres through 2/28/97. In FY 2001 8.2 acres were removed from the lease due to inaccessibility. Subsequent annual renewal is contingent upon agreement of both parties.
<b>TOTAL:</b>	641.4	\$31,750	\$3,881			
Amounts noted include total property taxes for leases 1, 2, and 3. *** Portions were removed from lease to accommodate new SSP facility.  Land holdings of Larned State Hospital total 1,310.71 acres. The agency uses 325.59 acres and leases 641.4 acres to others. The 104.2 acres that DOC uses for LCMHF was transferred to DOC in FY2019. The remaining 343.72 acres are considered land that cannot be cultivated and are therefore, not used.						

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**PROGRAM GOALS, OBJECTIVES AND OUTCOME:**

LSH is committed to providing mental health care and treatment in a safe setting. The following outcome indicators are used by LSH to help evaluate safety.

- Restraint Hours Per 1,000 Inpatient Hours
- Seclusion Hours Per 1,000 Inpatient Hours
- Patient Injuries Per 1,000 Inpatient Days
- Staff Injuries Per 1,000 Inpatient Days

**PROGRAM GOAL #1:**

Improve service quality in all areas.

**OBJECTIVE #1:**

Provide compassionate treatment of patients as evidenced by maintaining level of seclusion and restraint hours per 1,000 inpatient hours which is below previous levels.

The use of seclusion and restraint is an indicator of how effectively staff can work with patients who can be extremely violent, through verbal de-escalation and interventions and without having to limit their freedom of movement. LSH has embarked on a long-term project to minimize the use of seclusion and restraint. All LSH direct care staff, clinicians and designated support staff receive on-going training in a formalized program designed to manage violent behaviors without the use of seclusion or restraint.

**OBJECTIVE #2:**

Provide a safe environment for patients and staff by reducing patient injuries and staff injuries due to patient aggression below previous levels.

**Strategies for Objective #1 & #2:**

1. Provide training in Crisis Intervention Techniques by Crisis Prevention Institute (CPI) for direct care staff, clinicians and designated support staff.

**Performance Measures for Objective #1:**

**Outcome Measures**

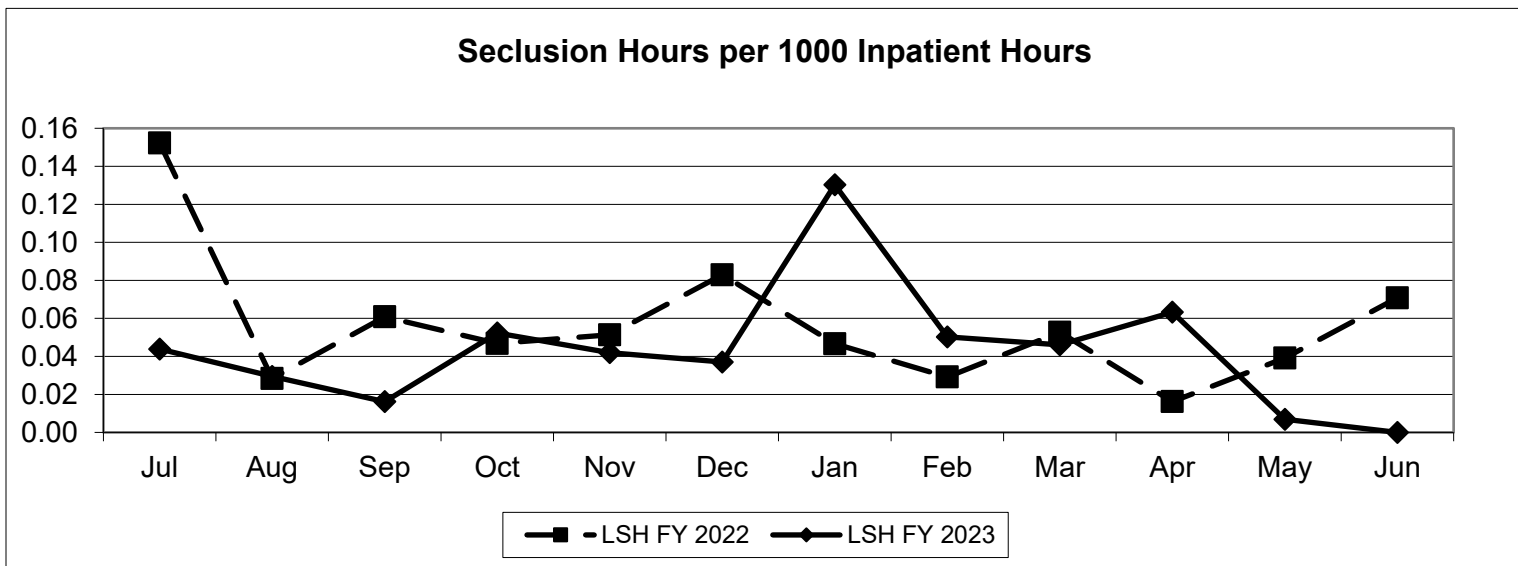
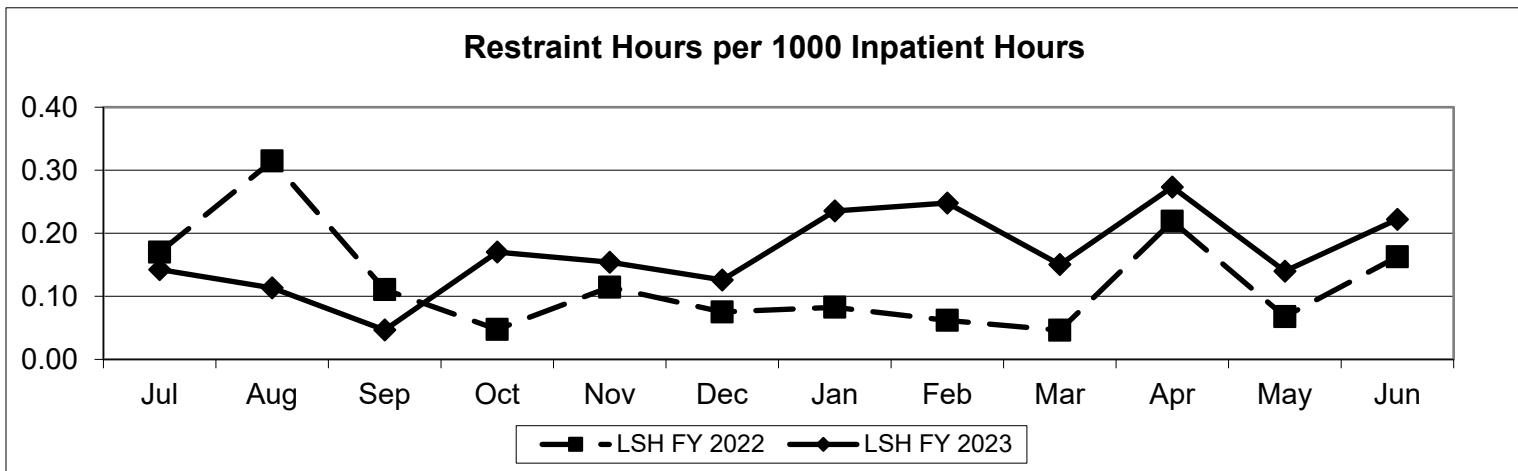
Description	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Average restraint hours per 1000 inpatient hours	0.158	0.123	0.168	0.145	0.135
Average seclusion hours per 1000 inpatient hours	0.065	0.056	0.043	0.040	0.037

**Output Measures**

Description	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Average serious patient injuries per 1000 inpatient days	0.007	0.007	0.014	0.010	0.007
Average staff injuries from patient aggression per 1000 inpatient days	0.014	0.082	0.014	0.010	0.007



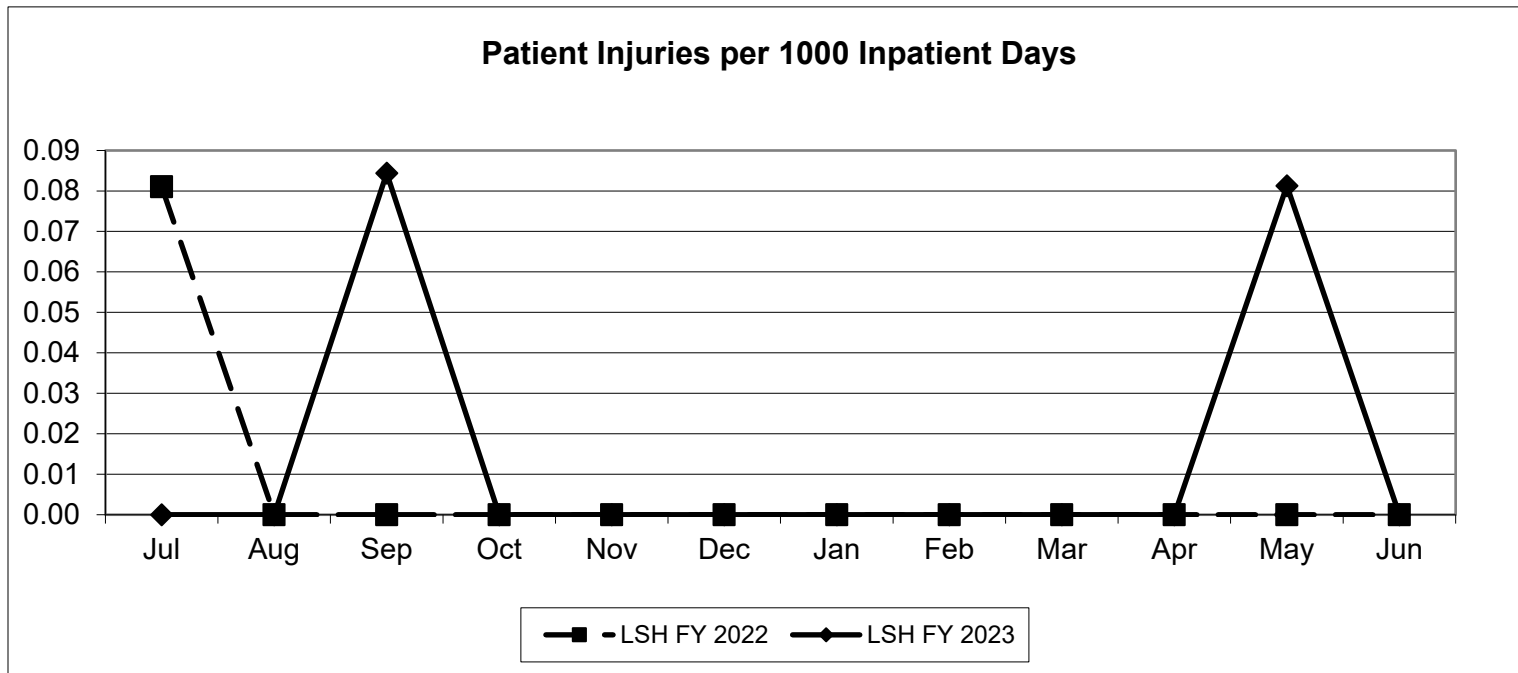
Performance Measures for Objective #2:



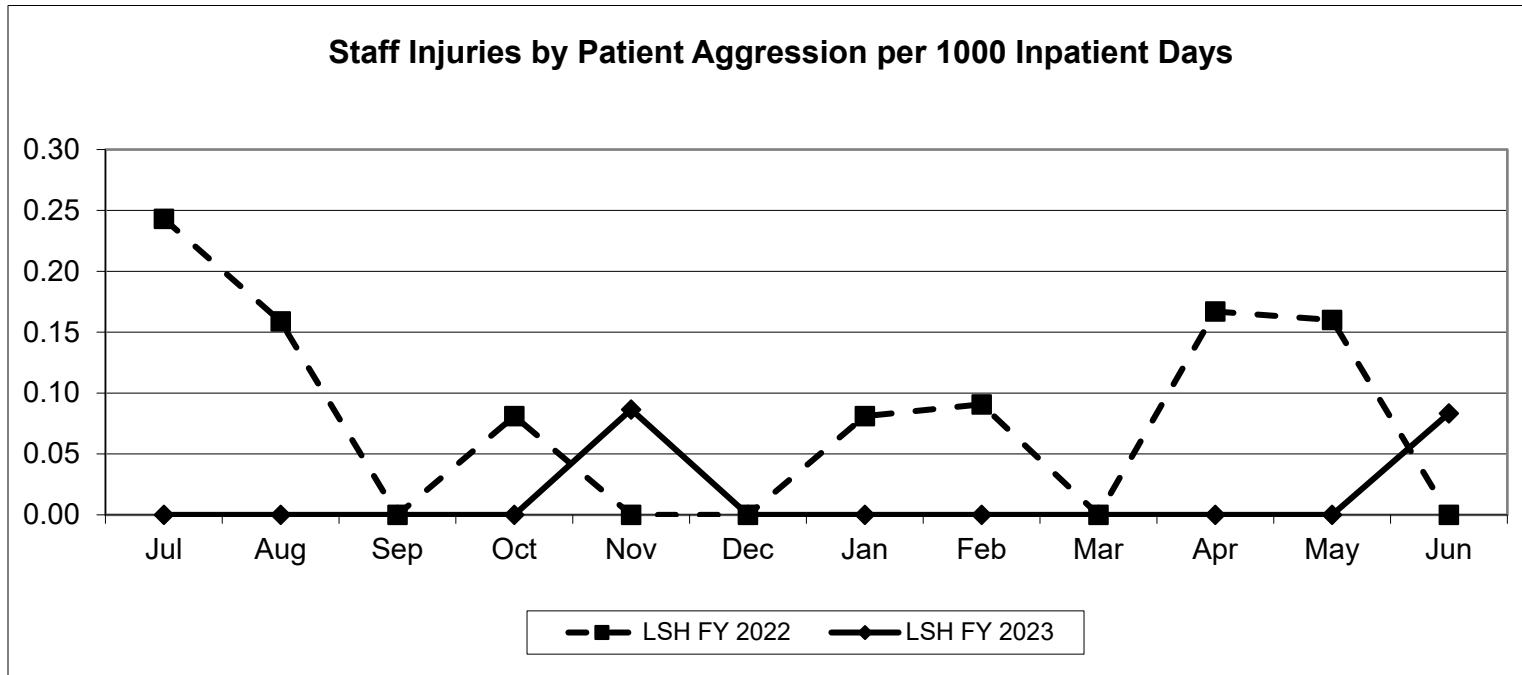
FY 2024 – FY 2025

**Output Measures**

Description	FY 2021 Actuals	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Estimate	FY 2025 Estimate
Percent of direct care staff, clinicians and designated support staff trained in crisis intervention techniques and Crisis Intervention Techniques by Crisis Prevention Institute (CPI).	97%	98%	98%	98%	98%



FY 2024 – FY 2025



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**Supplemental/Enhancement Request #1/7: Funding for Shortfall from Salary Increases per Governor’s Executive Directive**

**Justification:** LSH requests \$601,807 from the State General Fund (SGF) in FY 2024 to provide funding for the shortfall implementing the FY 2024 pay plan. Executive Directive No. 23-571 adopted the Kansas Civil Service Pay Plan recommended by the Governor and adopted by the 2023 Legislature. The pay plan was effective on June 11, 2022 for the first pay period of FY 2024. The Division of Budget adjusted each agency’s FY2024 budget and FY 2025 allocation based on the funding appropriated for the plan by the Legislature. The amount of funding originally requested for the raises was not sufficient to fund the increase in FY 2024 after applying the percentage increases to all positions across state government. Instructions from the Division of Budget requested agencies show the shortfall in IBARS as a shrinkage amount applied to salaries and wages in the FY 2024 revised budget. The expectation is that the 2024 Legislature will adopt a supplemental appropriations bill to provide additional funding to cover the salary and wage increases and adjustments will be applied to agency budgets. This supplemental and enhancement request shows the expected shortfall for LSH.

**Supplemental Request #2/7: Funding for Contract Agency Nursing Staff**

**Justification:** Larned State Hospital (LSH) is requesting an increase of \$15,741,417 in SGF to the FY 2024 and \$30,979,962 for FY2025 base budget and beyond to cover the cost of agency nursing staff that is critical to providing 24/7 front line nursing staff coverage to safely operate the 16 patient/resident units at LSH. Nursing staff (direct care staff) are the front line employees who support all activities of daily living, continuous supervision, medical care, medications, monitoring of location, and are the first line of security and safety for patients and residents. Inadequate numbers of nursing staff may result in adverse outcomes to patients/residents, direct care staff, the agency, and the community. In spite of ongoing recruiting and retention efforts, LSH is unable to hire full time employees at a successful rate.

Although LSH continues to heavily recruit, the Nursing Department continues to experience extremely high vacancy rates in all direct care positions. The table below breaks down the vacancy rate by Program at LSH. Looking at the last Fiscal Years, nursing vacancy rates continue to increase while hiring for full-time employees continues to decline.

**FY 2023 Monthly Vacancy Rate for Nursing Department Per Program**

Rate	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
SSP	70.47%	70.47%	70.47%	70.57%	70.87%	69.69%	69.28%	71.65%	72.84%	72.70%	71.43%	70.11%
PSP	63.56%	62.95%	57.06%	57.74%	56.55%	62.72%	61.61%	57.44%	59.52%	62.78%	63.99%	63.99%
SPTP	68.25%	66.49%	69.18%	69.18%	67.30%	67.55%	67.50%	65.25%	64.15%	64.06%	66.35%	68.23%

Hiring employees has proven very difficult in western Kansas. In Larned and surrounding areas, there are more job opportunities than viable candidates. The unemployment rate in Pawnee County and the surrounding counties is at a current average of 2%. According to data from the 2020 Census, the city of Larned has seen a steady decrease in population every year since 1990 going from a population of 4,811 in 1980 to a population of 3,769 in 2020 and continuing to reduce to a population of 3,593 for 2023. LSH approaches recruiting from multiple angles and partners with several agencies, including working with schools and colleges. LSH attends available job fairs within the state of Kansas, has hired outside sources to produce commercials, which have aired on several media sites as well as streaming, posted on Facebook, advertised through KSN, circulated in publications, and marketed through multiple social media sites; however, in spite of these ongoing recruiting efforts, LSH struggles to recruit employees to come live in Larned or local communities and work at LSH as full time employees.

The inability to hire and retain employees in the Larned area has resulted in a high number of FTE vacancies over a long period of time, Agency nursing staff are essential; however, these expenses are well beyond LSH’s approved budget for contractual services. In FY2023, the cost has averaged \$830,000 weekly for direct care agency staff. Agency Nursing Costs are 2.5 times higher than FTE hourly pay and around 3.5 times higher when the Agency Staff receive COVID pay.

LSH is committed to caring for the needs of the patients/residents, and is unfortunately dependent upon RN, LPN, and CNA/Direct Care agency staff, despite the cost, in order to maintain minimal staffing levels on the 16 units. LSH has to hold over full time nursing staff to avoid agency staffing costs, but that leads to a poor work/life balance, which leads to decreased morale and higher turnover rates.

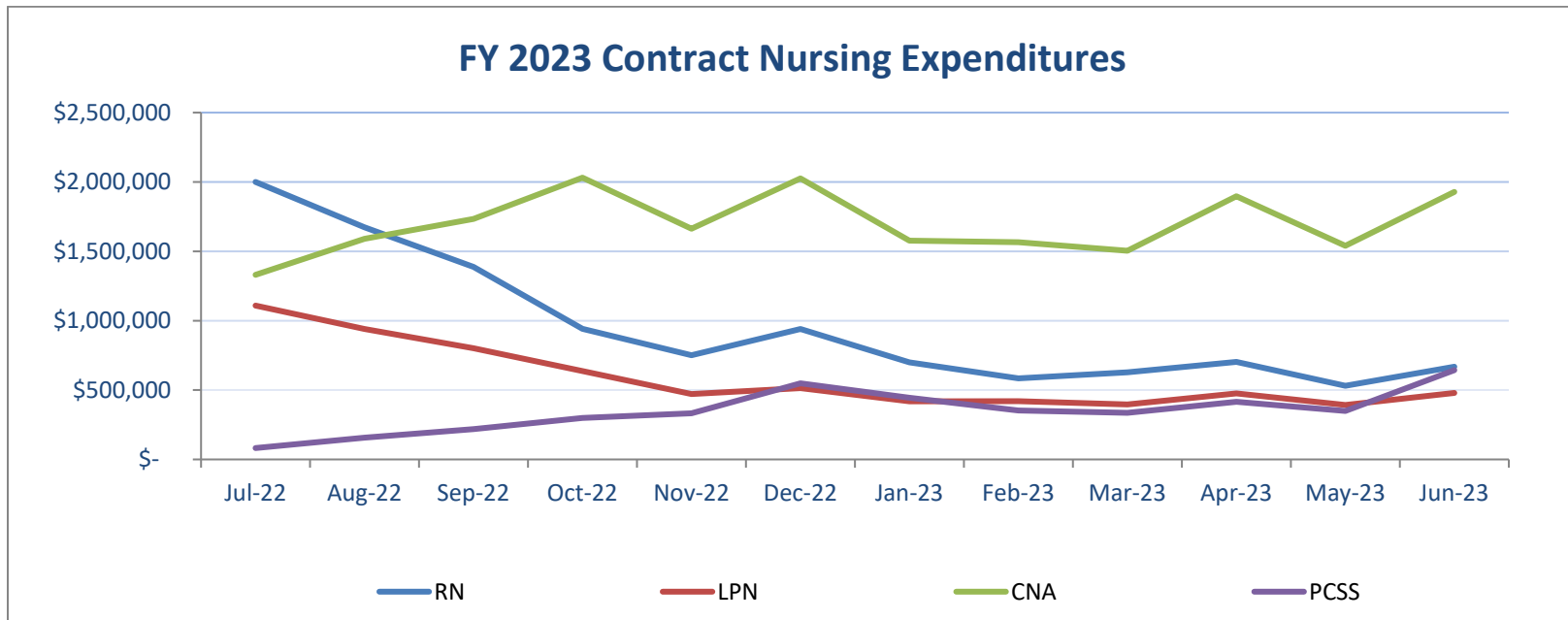
The need for and cost of contractual nursing staff has increased the last four fiscal years. To provide a safe and secure environment and continue to care for patients/residents, the fulfillment of this request is critical to continue to operate LSH with an adequate number of staff to care for and ensure safety of the patients/residents. Failure to provide adequate staff coverage may result in increased patient and staff injuries, reduction in the quality of care provided to patients, increased aggression toward staff, lack of responsiveness to serious situations, heightened risk of burnout among staff, and overall unsafe working conditions. Additionally, treatment would be greatly affected as social work, psychology, activity therapy departments would be required to work direct care

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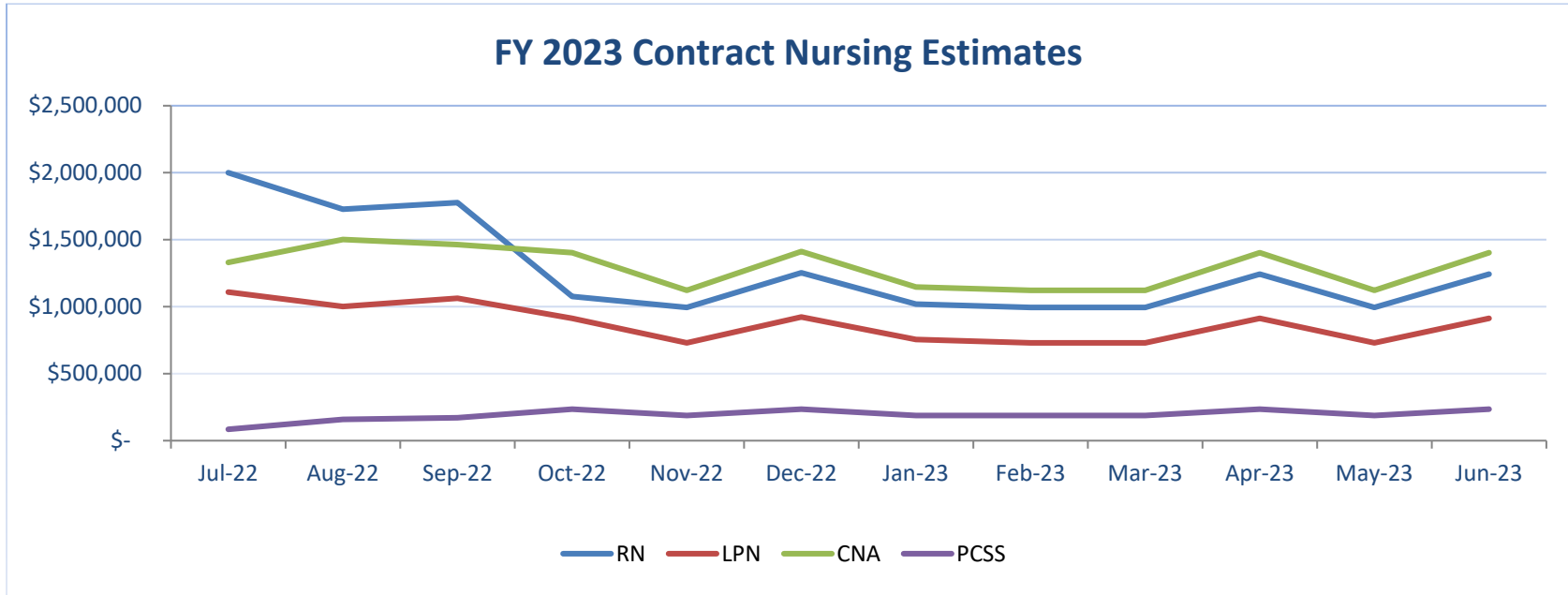
and would be unable to provide therapy, treatment, forensic evaluations, competency restoration, or other clinical services. Another potential consequence includes a reduction in the LSH census in the Psychiatric Services or State Security Programs which directly limits the amount of psychiatric services that can be provided and places a larger demand on other mental health settings in Kansas that may not have the same level of training or ability to manage the clientele that LSH serves. LSH needs to maintain the number of agency staff to a level that offers relief for the full-time employees in order to turn this repeated cycle around and gain full time employees who can find relief, have a positive work/life balance, and have optimism in their place of employment. LSH recognizes a large budget short fall and requests \$15,741,417 for FY 2024 and \$30,979,962 for FY 2025 and beyond.

During FY 2023, LSH spent a total of \$43.1 million for contract nursing. By the end of the fiscal year, 210 contract staff, including Nurses, Certified Nurse Aides (CNA) and Patient Care Support Staff (PCSS), were working on campus provided by 9 different contract agencies. The Governor and 2023 Legislature added \$10.36 million SGF to make up the shortfall in the LSH budget for contract nursing and KDADS transferred \$12 million in carry forward funds and an additional \$9.2 million from Title XIX reach the total \$43.1 million spent. The anticipated expenditures for FY 2024 is \$40.5 million, as shown in the table below, based on the anticipated average contract staff count of 225 Nurses, CNA's and PCSS's per month. There was an amendment to the Agency Contracts in 10/2022 that allowed for COVID pay only when working with or on a unit with positive patients/residents which has resulted in a reduction in the agency nursing costs. The requested supplemental makes up for the difference between the \$9.5 million included in the approved budget and the anticipated annual expenditures of \$40.5 million. LSH had a carryover case balance in our Title XIX funding to reduce this request for FY2024. KDADS transferred funding to assist LSH pending receipt of the FY 2023 GBA. That additional Title XIX funding was retained by LSH to help with the FY 2024 expenses to start off the FY.

LSH CONTRACT NURSING STAFF			
Fiscal Year	Totals Spent	Annual Increase	Average Number of Staff Provided Monthly
FY 2019	\$ 5,917,289	21%	47
FY 2020	\$ 7,286,334	23%	50
FY 2021	\$ 8,666,246	19%	55
FY 2022	\$ 28,364,315	227%	120
FY 2023	\$ 43,129,534	52%	210
FY 2024 Estimate	\$ 40,479,961	-6%	225



FY 2024 – FY 2025



**Enhancement Request #3/7: Deputy Superintendent for SPTP \$170,157 annually with fringe in SGF (1000/0200 SPTP SGF) for FY 2025 base budget and beyond**

**Justification:** LSH is in need of an administrative position to provide greater oversight and direct administrative and clinical supervision over the Sexual Predator Treatment Program. The program has 236 inpatient residents in the main program on LSH campus, 28 residents in reintegration facilities at Larned, Osawatomie, and Parsons state hospitals, 12 residents on conditional release across the state and 9 residents in jail or temporarily serving sentences at the Department of Corrections. At this time, the Superintendent of LSH is responsible for the oversight of not only the Sexual Predator Treatment Program but also the Psychiatric Services Program, licensed for 90 beds and currently serving 74 patients and the State Security Program, which includes 100 open



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beds for district court males and females and the Security Behavior unit for the State of Kansas.

Given the complex issues any one of these three programs may have, having sole oversight of all three programs as the Superintendent creates an almost impossible task for one person. SPTP was established in 1994, long after PSP and SSP opened in 1914 and 1939. When SPTP began, it was absorbed by Larned. In order to properly oversee the over 450 patients/residents at this hospital, Larned is in need of a Deputy Superintendent to work directly under the Superintendent and have sole responsibility to oversee and manage the SPTP while reporting to the Superintendent.

This position would provide short and long range planning as well as having the ability to focus on appropriate staffing levels, efficient use of resources, maintaining a clean and safe environment and overseeing all programming for the Sexual Predator Treatment Program in Kansas. This individual could promote and maintain effective working relationships with the community, courts, the office of the Attorney General, and other agencies. SPTP is in need of someone to focus on the many intricate issues within the program, including specific issues with personnel, religious concerns, mental health as well as managing a treatment program that meets statutory requirements, and is in compliance with health and environment laws, standards, and regulations. This person could directly be on the SPTP buildings almost daily and create effective working relationships with subordinate staff and Program Management. Without this level of oversight, the SPTP will be unable to move forward without great difficulty and delay.

**Supplemental Request #4/7: Due Process Manager \$65,171 annual with fringe in SGF (1000/0103 SGF) FY 2024 for ¾ of the FY and \$86,927 FY 2025 for base budget and beyond**

**Justification:** The Sexual Predator Treatment Program has four distinct due process procedures which provide residents a mechanism to grieve issues related to the resident’s care and treatment, which includes the opportunity to request a review of administrative decisions that directly impact the resident. Larned State Hospital currently has two Grievance Officers assigned to process, investigate, and respond to grievances, appeals for disciplinary notification reports, and restrictions or denials of resident rights for all residents in the inpatient portion of the SPTP program which consists of more than 230 residents across three buildings. In 2021, the Grievance Officers processed 746 grievances, 373 notification reports, and 321 rights restrictions. In 2022, the Grievance Officers processed 978 grievances, 379 notification reports, and 319 rights restrictions. So far in 2023 (as of July 31, 2023), the Grievance Officers processed 615 grievances, 195 notification reports, and 196 rights restrictions. Resident grievances are trending upward, which seems to at least partially be due to a smaller group of more litigious residents filing a copious number of complaints. Currently the Grievance Officers are supervised by the Chief Operations Officer. Larned State Hospital is requesting a Due Process Manager to supervise the Grievance Officers and assist with the increasing number of grievances being filed.

**Enhancement Request #5/7: Forensic Evaluator SPTP \$130,053 annually with fringe in SGF (1000/0200 SPTP SGF) for FY 2025 base budget and beyond**

**Justification:** LSH is requesting the funding for a second Forensic Evaluator position for SPTP. All residents admitted into SPTP require initial psychological assessments, ongoing psychological evaluations, and the completion of annual forensic court reports in order for LSH to remain in compliance with Kansas Statutes associated with the commitment of sexually violent predators. Some residents may also require supplementary testing or additional reports, outside of the required standard annual report, to be submitted to the court for consideration of program advancement or reduction. LSH currently has one Forensic Evaluator who is responsible for completing these tasks for all residents in the program including residents on Transitional and Conditional Release. This adds up to a total of 285 residents that must be interviewed, medical records reviewed, consultations completed, updated psychological testing conducted, and an annual forensic report created that encompasses all of the information that was gathered. This does not account for any supplementary testing or reports that may be requested for circumstances previously mentioned.

The Forensic Evaluator has historically met the demand of the position. However, the program has recently completed structural modifications to the annual report in order to strengthen the quality of information within the document regarding clinical presentation. It has been observed that some SPTP residents have recognized these changes as positive which has prompted an increase in resident participation for interviews and testing. These adjustments along with the advancement of residents in the program being observed has also resulted in more residents agreeing to engage in the annual review process when previously many residents refused. In efforts to meet deadlines and retain residents' cooperation, the SPTP Clinical Program Director and Assistant Clinical Program Director have assisted the Forensic Evaluator with completing psychological testing and forensic court reports throughout a large portion of fiscal year 2023 and into fiscal year 2024. This effort has allowed LSH to maintain compliance with KS Statute but has hindered the clinical leadership roles to dedicate time to their administrative responsibilities regarding clinical services. Additionally, SPTP strives to meet standards of objectivity when clinically assessing residents. This is achieved easier with designated evaluators who, unlike the program directors, do not engage in the daily clinical care and decision making of the residents. These evaluators are able to conduct a review of residents that is more objective than the other clinical roles within the program.

With the funding to hire a second SPTP Forensic Evaluator, the management of the current psychological testing and annual forensic court reports can be more evenly distributed while also maintaining high quality work. This will also allow the Clinical Program Director and Assistant Clinical Program Director to return their focus back to their primary administrative responsibilities as it pertains to the treatment needs of the SPTP population. Failure to receive funding may result in increased risk of burnout for the current Forensic Evaluator, Clinical Program Director, and Assistant Clinical Program Director. This can expand into the reduction in quality

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of work that may be conducted for testing and evaluations which has a direct impact on the interpretation and determinations that may be made by judges across the state regarding the progression or release of individuals designated as Sexually Violent Predators.

**Enhancement Request #6/7: Six Environmental Service Staff \$315,670 annually with fringe in SGF (1000/0200 SPTP SGF \$210,446 for 4 staff and 1000/0103 LSH SGF \$105,224 for 2 staff) for FY 2025 base budget and beyond  
Environmental Services Specialist(s) 4 for SPTP**

**Environmental Services Specialist(s) 4 for SPTP**

**Justification:** The Sexual Predator Treatment Program has historically maintained buildings and areas occupied by the program utilizing Vocational Training Program resident workers. Due to security concerns, several areas on SPTP occupied buildings have been restricted for resident access. While program staff and Environmental Services Specialists for the hospital grounds have absorbed some of the duties previously completed by VTP workers, SPTP requires additional staff to provide a clean, safe, and sanitary environment for all residents, staff, and visitors. SPTP currently occupies 10 (ten) units across four buildings. LSH is requesting 4 (four) Environmental Services Specialists for SPTP to be split between Dillon, Jung, Meyer, and the Isaac Ray South Community. These positions will be responsible for gathering trash and recycling, ordering and stocking supplies, collection of hazardous waste for pick-up by the State-certified recover system, snow removal, and cleaning of areas restricted to residents including laundry rooms, offices, group rooms, pantries, staff corridors, exam rooms, linen closets, electrical/mechanical rooms, trash and laundry rooms, custodial closets, conference rooms, nursing stations, lobbies, and visitation areas.

**Environmental Services Specialist(s) 2 for Grounds**

**Justification:** The current Environmental Services Department for non-patient areas is comprised of only two FTE positions. Those two FTE positions are responsible for environmental services on twelve buildings which are serviced two or three times each week. The twelve buildings serviced have 76 commodes, 61 sinks, and 8 showers. Other responsibilities include gathering trash and recycling, ordering and stocking supplies, laundry pick-up and delivery for short-term housing for staff, collection of hazardous waste for pick-up by the State-certified recovery system, snow removal, and cleaning of short and long-term staff housing areas. Two additional FTE positions would allow for coverage of areas on campus that do not receive regular service and would provide a healthier work/life balance for staff in the department.

**Enhancement Request #7/7: Primary Care Medical Staff assigned to SPTP \$326,454 annually with fringe in SGF (1000/0200 FY 2025 base budget and beyond**

Justification: The Medical Services Department is in need of one primary care medical staff to manage medical needs of the SPTP residents, which are at an all-time high, including not only the breadth of health problems but also the acuity. The SPTP program opened in 1994 and the population continues to age. These individual have very high risk medical needs, which require ongoing oversight, monitoring and treatment. In order to meet the medical needs of this aging population, a primary care physician is needed for the SPTP.

SPTP continues to experience a high number of resident sick calls, outside medical appointments, monitoring of high risk medical needs and follow-up. Medical needs for the aging SPTP population continues to increase. The data below shows how medical needs have increased:

<b>SPTP</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY2023</b>
Outside Medical Appointments	814	1050	1136
Sick Calls	1542	1822	1858

<b>Priority</b>	<b>LSH Supplemental &amp; Enhancement Requests</b>	<b>FY 2024</b>	<b>FY 2025</b>
#1	Salary Increase Shortfall	\$601,807	
#2	Agency Nursing Staff	\$15,741,417	\$30,979,962
#3	Deputy Superintendent SPTP		\$170,157
#4	Due Process Manager SPTP (partial funding for FY2024)	\$65,171	\$86,927
#5	Forensic Evaluator SPTP		\$130,053
#6	Environmental Services Staff		\$315,670
#7	Primary Care Medical Staff for SPTP		\$326,454
<b>TOTAL</b>		<b>\$16,408,395</b>	<b>\$32,009,223</b>

**Narrative Information – DA 400**  
**Division of the Budget**  
**State of Kansas**

**Agency Name: Larned State Hospital**  
**Program Title: Revenue**

<b>EXPLANATION OF RECEIPT ESTIMATES - DA 405</b>													
<b>FY 2024 State General Fund Limitations</b>													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved Expenditures	KPERS & Health Rates	FY 2024 Re- appropriation	Transfers	Supplemental/ Reduction Package	Allotment - COVID - 19	SGF Transfers	FY 22 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$42,830,245	-	\$637,669	\$5,120,526	\$16,262,120	-	-	-	\$64,850,560
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	\$4,540	-	-	-	-	-	\$9,540
		SGF - SPTP	1000	0200	\$24,311,908	-	\$90,724	-	\$146,275	-	-	-	\$24,548,907
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomic State Hospital	SGF Operating	1000	0100	\$34,835,129	-	-	\$2,733,030	\$6,826,816	-	-	-	\$44,394,975
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,230,860	-	\$732	\$348,770	\$11,297	-	-	-	\$1,591,659
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,379,192	-	\$505	\$1,659,428	\$4,098,569	-	-	-	\$13,137,694
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,055,556	-	-	\$2,776,667	\$937,379	-	-	-	\$21,769,602
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,240,552	-	\$361,822	(\$565,085)	\$49,342	-	-	-	\$2,086,631
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,605,624	-	-	\$1,807,830	\$141,236	-	-	-	\$17,554,690
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$146,494,666	\$0	\$1,095,992	\$13,881,166	\$28,473,034	\$0	\$0	\$0	\$189,944,858
<b>FY 2025 State General Fund Limitations</b>													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated Expenditures	KPERS & Health Rates	FY2025 Re- appropriation	Transfer	Enhancement/ Reduction Package	Allotment - COVID - 19	SGF Transfers	KDADS Transfer IN	FY 2025 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$43,696,474	-	-	-	\$31,172,113	-	-	-	\$74,868,587
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$5,000	-	-	-	-	-	-	-	\$5,000
		SGF - SPTP	1000	0200	\$24,311,908	-	-	-	\$837,110	-	-	-	\$25,149,018
		SGF- SPTP Reintegration	1000	0400	\$0	-	-	-	-	-	-	-	\$0
494	Osawatomic State Hospital	SGF Operating	1000	0100	\$35,407,925	-	-	\$847,054	\$6,490,854	-	-	-	\$42,745,833
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$1,251,848	-	\$315,000	-	\$0	-	-	-	\$1,566,848
	Adair Acute Care	SGF Certified Care	1000	0101	\$7,501,073	-	-	(\$1,162,054)	\$4,502,032	-	-	-	\$10,841,051
507	Parsons State Hospital	SGF Operating	1000	0100	\$18,662,324	-	-	-	\$996,495	-	-	-	\$19,658,819
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,037,289	-	-	-	-	-	-	-	\$2,037,289
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$15,805,403	-	-	-	-	-	-	-	\$15,805,403
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	-	-	\$150
	<b>Total SGF</b>				\$148,679,844	\$0	\$315,000	(\$315,000)	\$43,998,604	\$0	\$0	\$0	\$192,678,448

FY 2024 – FY 2025

Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas

Agency Name: Larned State Hospital  
 Program Title: Revenue

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
FY 2024 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2024 Approved C&H Receipts	FY 23 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 24 Cash Forward	FY 2024 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,392,811	-	\$721,675	\$232,035	-	-	-	-	\$4,346,521
		Title XIX No limit	2074	2200	\$1,030,978	-	\$13,268,252	-	\$6,146,921	-	-	\$0	\$20,446,151
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$665,805	-	\$5,489,349	\$49,535	(\$3,575,770)	-	-	(\$911,619)	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	\$2,052,270	-	(\$2,052,270)	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,538,080	-	(\$2,228,024)	\$1,238	\$3,575,770	-	-	(\$549,000)	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	(\$2,080,851)	-	\$2,052,271	-	-	\$0	\$5,171,420
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$954,291	-	\$59,709	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,030,602	-	\$2,514,238	-	-	-	-	(\$2,390,611)	\$15,154,229
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,090	-	-	-	\$0	\$1,421,090
		Title XIX No limit	2060	2200	\$15,500,000	-	\$612,642	-	-	-	-	(\$1,479,866)	\$14,632,776
	<b>Total Fee Fund</b>				\$46,712,565	\$0	\$20,409,260	\$339,898	\$6,146,922	\$0	\$0	(\$5,331,096)	\$68,277,549
FY 2025 Fee Funds													
Agency	Name	Fund Name	Fund	BU	FY 2025 Estimated C&H Receipts	FY 24 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transer	Allotment - COVID - 19	Supplemental Request	FY 25 Cash Forward	FY 2025 Adjusted Expenditure Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,460,667	-	-	\$215,330	-	-	-	-	\$3,675,997
		Title XIX No limit	2074	2200	\$1,030,978	-	-	-	\$4,917,537	-	-	-	\$5,948,515
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$756,144	-	\$911,619	\$49,535	-	-	-	\$0	\$1,717,298
		OSH TXIX No limit	2080	4300	\$0	-	-	-	-	-	-	-	\$0
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,787,826	-	\$549,000	\$1,238	-	-	-	\$0	\$4,338,064
		OSH TXIX Cert Care No Limit	2080	4301	\$5,200,000	-	\$0	-	-	-	-	\$0	\$5,200,000
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,014,000	-	-	\$36,000	-	-	-	-	\$1,050,000
		Title XIX No limit	2083	2300	\$15,000,000	-	\$2,390,611	-	-	-	-	(\$2,225,775)	\$15,164,836
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,400,000	-	\$0	\$21,500	-	-	-	\$0	\$1,421,500
		Title XIX No limit	2060	2200	\$14,000,000	-	\$1,479,866	-	-	-	-	(\$567,719)	\$14,912,147
	<b>Total Fee Fund</b>				\$45,649,615	\$0	\$5,331,096	\$323,603	\$4,917,537	\$0	\$0	(\$2,793,494)	\$53,428,357

Explanation of Receipts - DA 405						
Revenue Source	Revenue	Actual FY	Actual FY	Actual FY	Projected FY	Projected FY
	Account Code	2021	2022	2023	2024	2025
Medicare A	420610	1,988,455	1,864,828	1,282,256	1,410,482	1,438,691
Medicare B	420610	170,762	149,164	144,008	146,586	149,518
Insurance	420610	540,567	739,945	865,348	882,911	900,569
Private Pay-Care & Hosp.	420610	785,577	777,418	887,954	915,955	934,274
Kansas Debt Set Off	420610	33,573	39,278	37,784	36,878	37,616
	420610					
<b>Total Hospitalization</b>		<b>3,518,934</b>	<b>3,570,634</b>	<b>3,217,350</b>	<b>3,392,811</b>	<b>3,460,667</b>
Clerical Charges	420400	491	701	91	100	100
Educational Charges	420500					
Sale of Salvage	422500	455	1,073	15,957	30,000	15,000
Sale of Unusable Condemed	422600	-				
Sale of Meals & Proces. Food	422700	4,976	5,319	5,427	13,597	13,597
Other Interest	430900	12	7	5	5	5
Rent of Unimproved Land	431100	31,750	31,750	31,750	31,750	31,750
Rent of Real Estate & Bldg.	431200	89,824	87,387	121,991	121,991	121,991
Other Misc Revenue	459090	-				
Insurance Reimbursement	461200	-				
Estate Recovery	462100	-				
Recovery of Current FY Expen.	462110	21,348	17,173	18,110	17,642	17,876
Reimbursement and Refunds, Other	462900	2,818	13,985	1,981	1,946	1,946
Recovery of Prior FY Expen.	469010	15,599	18,883	11,125	15,004	13,065
<b>Total</b>		<b>3,686,207</b>	<b>3,746,912</b>	<b>3,423,787</b>	<b>3,624,846</b>	<b>3,675,997</b>

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**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration – 01030

**Program Overview:**

General Administration is responsible for planning, implementing, and monitoring LSH’s operations. This program includes the following departments: Human Resources, Financial Services, Information Technology, Clinical Information Services (CIM), Quality Management, Risk Management, Accreditation, and Customer Service. The purpose of the General Administration is to provide general leadership and oversight of the agency through the professional specialties the department represents. These individualized departments correspond with other programs throughout LSH to ensure that effective operations are occurring and in compliance with outlined rules, regulations, and guidelines. This is achieved through the development, ongoing refinement, and implementation of LSH’s mission, vision, values and strategic plan. It is the responsibility of the General Administration to support compliance with LSH policies and procedures in efforts to maintain high quality of care to the patients and residents. The General Administration departments represent the agency in relation to state level authorities, other agencies and providers, and the public.

**Current and Budget Year Operations:**

A goal of General Administration is to focus on the successful execution of hospital policies and procedures, to provide exemplary customer service and increase stakeholder’s confidence in hospital services.

LSH has submitted a Supplemental Budget request totaling \$601,807 in FY2024 as additional funding will be needed for the shortfall from Salary Increases per Governor’s Executive Directive.

**Larned State Hospital Supplemental Request Summary Administration Program:**

<b>Administrative Supplemental Request</b>	<b>FY 2024</b>
Salary Increase Shortfall	\$601,807
<b>Total</b>	<b>\$601,807</b>



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**Account Code 5100: Salaries and Wages**

Summary: The 55 FTE positions in this program provide direct and indirect administrative and support services to every area of the facility. In addition to recruiting for vacant positions, retention of a skilled labor force is essential. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$3,868,857 is requested. The shrinkage rate is 17.7%.

**FY 2025:** \$3,254,025 is requested. The shrinkage rate is 26.1%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, telephone services, postage, telephone repair, computer services (networks), video conferencing, cellular phones and utilities. Cellular phones, Smart Phones, and iPads are used for nursing supervisors, physicians, and other professional and support staff where deemed appropriate. The cost of contractual services LSH provides to LSCF is tracked through Administration, which includes water, sewer and laundry services.

**FY 2024:** \$823,576 is requested.

**FY 2025:** \$839,508 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, maintenance supplies, professional supplies, and household supplies.

**FY 2024:** \$579,843 is requested.

**FY 2025:** \$591,438 is requested.

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: Administration**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Administration	Clinical Information Management	Percent of cases in which electronic and hard-copy medical records were maintained and filing is current, correct, and complete for each patient admitted to hospital as evidenced by qualitative analysis and quality checks	98%	99%	97%	90%	90%
		Percent of cases in which medical staff documentation was properly coded, including admissions and discharges, to ensure optimization of reimbursement as evidenced by internal quarterly coding audits	99%	95%	100%	90%	90%
		Percent of valid releases in compliance with departmental guidelines in accordance with authorizations, subpoenas, court orders, as evidenced by performing validity reviews prior to release and meeting departmental release deadlines.	100%	100%	100%	90%	90%
		Percent of appropriate inpatient admissions and continued stays as evidenced by meeting Medicare requirements of medical necessity and clinical criteria prior to authorizing.	100%	100%	100%	95%	95%
	Human Resources	Average percent of increase in full time staffing to efficiently provide support and safety to the hospital and patients.	-1.2%	-14.0%	1.1%	2.0%	2.0%

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: Administration**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
	Business and Fiscal Services	Determine admitting patient's available insurance and financial status for Ability to Pay determination 100% of the time.	100%	100%	100%	100%	100%
		Percent of completed Invoices processed within 10 business days in Smart for payment.	100%	100%	100%	98%	98%
	Quality Management	Number of campus wide performance improvement projects completed per fiscal year.	5	7	3	5	7
	Risk Management	Percent of risk management incidents are logged and prepared for initial review within 24 hours of receipt by Risk Manager.	100%	100%	100%	100%	100%
	Staff Education	Percent of new employees completing on board training within established timeframes.	96%	91%	91%	94%	94%

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**PROGRAM:** Staff Education and Research – 01070

**Program Overview:**

The focus of Staff Education and Research is to assist employees in the acquisition of skills and knowledge, both for personal development and for career advancement.

**Current and Budget Year Operations:**

Staff Education and Research areas of focus are to provide educational opportunities to assist LSH employees in enhancing competent performance through facilitating training opportunities for staff intended for the purpose of developing and maintaining professional performance as well as personal development. The program also assists LSH employees in career development planning and activities. Staff education creates a learning environment that assists staff in enhancing awareness of what they need to learn by coordinating and conducting continuing education for Licensed Professional staff and offering educational opportunities to Mental Health Professionals and employees of affiliated agencies throughout Kansas.

Education provided through this department involves ensuring identification and provision of minimum hospital, KDADS and other training requirements as dictated by policy or standards. In addition, Staff Development is charged with maintaining the training records for LSH staff, creating and monitoring of trainings and writing computer-based trainings as requested. This department also coordinates that annual Mental Health Conference for professional staff to received continuing educational units required for re-licensure. The Mental Health Conference not only provides educational opportunities for LSH but also for surrounding clinical staff, Community Mental Health Centers and other community providers.

**Account Code 5100: Salaries and Wages**

Summary: The 2 FTE positions in this program provide education for all staff, administrative, and direct care services of LSH. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$135,452 is requested. The shrinkage rate is 11.7%.

**FY 2025:** \$118,942 is requested. The shrinkage rate is 16.1%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The requested funds allow staff training personnel to attend workshops and conferences which will improve the quality of training they can provide to the diversified professions which comprise LSH's staff. In addition to travel costs associated with training, other contractual services include utilities and professional services.

**FY 2024:** \$847,521 is requested.

**FY 2025:** \$97,278 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: In this category funds are requested to provide training materials for staff and supplies.

**FY 2024:** \$35,627 is requested.

**FY 2025:** \$36,340 is requested.

**PROGRAM:** COVID-19 – 21662

**Program Overview:**  
 COVID-19

The COVID-19 Public Health Emergency ended May 11, 2023. Due to the congregate hospital setting, LSH Infection Control has continued to take precautions to ensure we are protecting our patients, residents, and employees from illnesses, including COVID-19. As of June 14, 2023, LSH resumed normal operations without special phase plans for COVID-19. Infection Control continues to monitor COVID-19. All new admissions continue to be tested upon admission and placed on isolation if they test positive for COVID-19. Staff who test positive for COVID-19 continue to advise the hospital of their status. Vaccination has been made available to patients and staff upon request. Units are placed on quarantine precautions if an employee or patient who tests positive has had exposure on the unit. Information on quarantined areas is communicated campus-wide through the email system to all LSH campus employees.

LSH’s expenditures for COVID-19 related items were \$7,745,012 in FY 2023.

- Salaries and Wages \$249,834 Hazard Pay and COVID tasks
- Contractual Services \$7,494,420 Increased COVID rates for Contract Nursing Staff
- Commodities \$758 COVID related supplies including PPE

LSH experienced its first positive case of COVID-19 of a staff member on April 21, 2020. The table below outlines the reported number of staff, patients and residents that have been tested and the test results. LSH had 4 staff and 1 resident deaths from COVID-19 since the pandemic began and has had a total of 556 positive staff and 420 patients/residents as of August 19, 2023.

Number of tests conducted		Number of positives		Number recovered		Deaths	
Staff	Patients/Residents	Staff	Patients/Residents	Staff	Patients/Residents	Staff	Patients/Residents
1751	3550	556	420	553	419	4	1

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**PROGRAM:** Psychiatric Services Program – 32750

**Program Overview:**

The Psychiatric Services Program (PSP) provides psychiatric treatment to 61 Kansas counties. Patients are both male and females who are 18 years of age or older. PSP has a budgeted bed capacity of 90. However, PSP is currently utilizing 74 of the 90 beds. The decreased bed usage is due to staffing issues and the inability to safely operate all 90 beds. PSP beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and is accredited by The Joint Commission (TJC). Health care organizations that want to participate in and receive payment from the Medicare or Medicaid programs must be certified as complying with the Conditions of Participation (CoPs), or standards, set forth in federal regulations.

PSP has three units on two Larned State Hospital buildings. Service units on the Adult Treatment Center (ATC) building include a Crisis Stabilization Unit (CSU) for acute stabilization and one Treatment Unit for patients with chronic conditions as well as individuals who are not guilty due to lack of mental state and who have transferred to a less secure setting. The third PSP unit is on the Isaac Ray building which has heightened security measures compared to the ATC building and serves individuals for acute stabilization from the jails (hold orders) as well as individuals dually committed for competency restoration and some individuals who are not guilty due to lack of mental state and who have transferred to LSH from the State Security Program but have not yet transferred to the ATC building's less secure setting.

Patients are admitted to PSP for both evaluation and inpatient treatment. Preadmission screening is completed by the Community Mental Health Center (CMHC). A CMHC screening is required by law to authorize admission to the PSP. Adults may be admitted either on a voluntary basis or by civil commitment. Patients may have a variety of symptoms due to mental illnesses, such as, but not limited to, schizophrenia, bipolar disorder, major depression and post-traumatic stress disorder. Symptoms are often severe and may include hallucinations, delusions, suicidal ideation and other behavioral problems. Adult psychiatric patients are admitted through a triage area and a determination is made regarding treatment options and unit placement. Social detoxification services are provided for up to 72 hours within the PSP at LSH for persons referred by law enforcement agencies or by a district court.

Upon admission to PSP, a comprehensive evaluation is performed. An individualized treatment plan is subsequently developed for each patient. The treatment plan may include group and individual therapy, medication, rehabilitative skills development and other activity therapies. PSP patients are assigned an individualized number of active treatment hours each week based on the patient's current level of functioning/stability. Patients attend programming away from the living unit as their functioning improves to decrease distractions, improve motivation and begin the process of reintegration to assist with recovery. This approach increases responsibility, provides choices and promotes independence, and skills needed for successful community reintegration. The treatment approach

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includes a series of rehabilitative skill-building activities provided by a range of treatment disciplines. It brings together, in one location, contemporary treatment and rehabilitation programs created to build daily life skills, indoor and outdoor activities, hobbies and patient services.

**Current and Budget Year Operations:**

PSP’s main goal is to limit the overall length of stay to only the time necessary to stabilize an individual, prepare them for community re-integration and to manage their mental illness in a less restrictive community-based setting. PSP works to provide treatment and skills to reduce an individual’s need for long term treatment and/or re-admission allowing them an opportunity for independent living. PSP is continually re-evaluating programming to ensure intensive life skills coaching is provided for our hard to place patients. Programming focuses on everyday life skills, vocational training, and groups focusing on community reintegration and medication management.

**Account Code 5100: Salaries and Wages**

Summary: The 134 FTE and 3 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$8,388,645 is requested. The shrinkage rate is 24.2%.

**FY 2025:** \$7,297,397 is requested. The shrinkage rate is 30.2%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

**FY 2024:** \$11,478,224 is requested.

**FY 2025:** \$2,779,832 is requested.



**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, pharmaceuticals, household supplies and activity supplies for patients.

**FY 2024:** \$655,669 is requested.

**FY 2025:** \$668,780 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay will be utilized to complete the PSP Video Surveillance System. We received SIBF funds for this project. We have completed the interior cameras and will be using the funds that reappropriated into FY2024 to complete the exterior camera system.

**FY 2024:** \$307,972 is requested.

**FY 2025:** \$0 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

**FY 2024:** \$357 is requested.

**FY 2025:** \$364 is requested.

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Psychiatric Services Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	90%	62%	73%	80%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	97%	95%	98%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	95%	96%	93%	95%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	96%	98%	96%	98%	100%
		Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.	54%	64%	79%	80%	90%
		Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.	86%	98%	96%	99%	100%

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Psychiatric Services Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	95%	98%	98%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	94%	100%	98%	90%	90%
		Percent of completed social work patient discharge instructions prior to discharge.	87%	100%	100%	90%	90%
	Psychological Services	Court reports will be completed by the internal due date.	98%	98%	97%	100%	100%
		Offer a minimum of 4 hours of active treatment per week to all patients.	89%	80%	93%	100%	100%

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**PROGRAM:** State Security Program – 32800

**Program Overview:**

The State Security Program (SSP), also known in Kansas Statutes as the State Security Hospital, was originally opened March 27, 1939 to house the criminally insane on the Dillon building following the transfer of 100 patients from Lansing State Prison.

SSP serves adult male and female mentally ill forensic populations from the entire state of Kansas, which are admitted through specific forensic statutes or transferred from the Kansas Department of Corrections (KDOC) for treatment. Today, the program is housed among four units on the Isaac Ray (IR) building which opened in 2005 and is designed to safely maintain extremely dangerous and violent offenders with felony crimes.

SSP units admit, evaluate, care for, and treat individuals admitted by the District Courts as provided under KSA 22-3302 (Competency Evaluation), 22-3303 (Competency Treatment), 22-3219 (Mental Status Evaluation), 22-3429 (Presentence Evaluation), 22-3428 (Not Guilty by Reason of Lack of Mental State), 22-3430 (Care and Treatment in Lieu of Imprisonment) 59-29a05 (Sexual Predator Evaluation), as well as a limited number of females transferred by the Kansas Department of Corrections (KDOC) pursuant to K.S.A 75-5209 (Inmate Transfer to Larned State Security Hospital (LSSH)).

One unit, the Security Behavior Unit (SBU), serves up to 20 males who are civilly, rather than criminally, committed and who pose a very high risk of being dangerous and/or have been charged/arrested for a felony. Patients on this unit are administratively transferred from the Psychiatric Services Program (PSP), Osawatomie State Hospital (OSH), or Adair Acute Care at OSH.

**Current and Budget Year Operations:**

SSP provides a secure setting in the Isaac Ray building and currently serves up to 100 patients on four units. In FY 2021, the Governor's Budget Amendment (GBA), restored funding for 30 SSP beds. These 30 beds would expand capacity to accept criminal court referrals if LSH could staff the positions. Current vacancy rates for direct care nursing staff is 62.8% for MHDD, 75% for LMHTs, 77.1% for LPNs and 67.5% for RN's. Until the nursing department vacancy rate reaches less than 20% for each of these disciplines, SSP cannot safely open this unit.

The SSP has a pending admission list of District Court referrals and is focused on reducing the wait times for individuals to be admitted. SSP continues to work toward modernizing the forensic evaluation process by utilizing mobile evaluators to perform evaluations as well as providing competency restoration services within secure confinement settings and also in the community for

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individuals who may be on bond. In September 2019, SSP began the mobile/outpatient evaluation process. During FY 2023, evaluators completed 34 forensic reports for individuals ordered to the SSP in jail settings. In July 2022, the Kansas Legislature made changes to K.S.A. 22-3302 Competency Evaluation and K.S.A. 22-3303 Competency Restoration statutes to allow for competency evaluations and treatment (restoration) to be conducted on an outpatient or inpatient basis.

LSH continues to work with Kansas counties, the courts, and other community stakeholders in moving towards expanded outpatient services for individuals waiting for admission to the SSP.

**Account Code 5100: Salaries and Wages**

Summary: The 208.5 FTE and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$10,833,790 is requested. The shrinkage rate is 25%.

**FY 2025:** \$9,656,909 is requested. The shrinkage rate is 30.4%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities. LSH has \$132,382 SIBF funds re-appropriated to FY2024 that will be utilized to install the SSP Food Passes.

**FY 2024:** \$5,309,751 is requested.

**FY 2025:** \$4,808,194 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are food, pharmaceuticals, household supplies and activity therapy supplies.

**FY 2024:** \$824,581 is requested.

**FY 2025:** \$874,301 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay is requested for computer and office equipment. LSH plans to replace a transport vehicle in each FY to replace vehicles that are getting older and are having mechanical issues.

**FY 2024:** \$25,000 is requested.

**FY 2025:** \$25,000 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

**FY 2024:** \$60 is requested.

**FY 2025:** \$61 is requested.

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: State Security Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
State Security Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	95%	85%	100%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	97%	96%	98%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	87%	86%	89%	90%	90%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	92%	96%	97%	97%	97%
		Percent of completed nursing progress notes on time (as per policy).	61%	81%	84%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	49%	70%	69%	90%	90%

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: State Security Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
State Security Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	99%	100%	99%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	100%	100%	100%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	100%	100%
	Psychological Services	Complete court reports (including forensic evaluations) by internal due date.	82%	83%	94%	90%	90%
		Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.	90%	87%	92%	90%	90%
		Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.	49%	70%	100%	90%	90%



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**PROGRAM:** Sexual Predator Treatment Program – 32900

**Program Overview:**

Sexual Predator Treatment Program

The Sexual Predator Treatment Program (SPTP) was established in 1994 and provides for the civil commitment of persons determined by a Court to be Sexually Violent Predators (residents) as defined by statute. The program provides treatment in a secure environment with the goal of educating the residents to identify and manage risk and to returning residents to the community where they can function as contributing and productive citizens.

SPTP provides evidenced based and individualized therapeutic treatment to each residents based on their identified risks and needs in regard to sexual offending behaviors and other criminological traits. SPTP utilizes empirically supported treatment models that are used with individuals that have sexually offended including but not limited to: Risk-Needs-Responsivity (RNR) Model, Relapse Prevention Planning, and the Good Lives Model of Offender Rehabilitation. Additionally, empirically based therapeutic approaches are also incorporated into SPTP treatment which includes but is not limited to: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing. The treatment needs are based on information collected through clinical interviews, full record reviews, and assessment tools deemed to provide insight into areas such as sexual offending, violence risk, and diagnostic impressions. All residents of SPTP receive clinical treatment tailored around the identified treatment models along with individualized therapeutic approaches applied based on the treatment team and clinicians' professional assessment and determination of residents' clinical needs. The treatment model combines (1) assessment and monitoring of risk and needs (through diagnostic evaluations, polygraphs, and risk measurements), (2) individual and group psychotherapy, (3) adjunct treatment, including supplemental and psychoeducational classes, (4) vocational and leisure activity opportunities, and, as the residents' progress, (5) supervised community outings to develops the skills, necessary which would allow those who complete treatment to safely return to society.

SPTP residents progress through two inpatient Tiers on the LSH Campus (Tier 1 - Skill Acquisition and Tier 2 - Skill Demonstration) with supervised community outings beginning on Tier 2. Advancement to Tier 3 involves placement at one of the Reintegration Facilities located at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House), and Parsons State Hospital and Training Center (Maple and Willow Houses) for increasing community involvement including employment and planning for independent living. When the resident has demonstrated the ability to live more independently, abide by the resident's treatment plan, and continually display the skills acquired through inpatient treatment and maintain the requirements above, the resident, with the Court's approval, advances to Transitional Release. The last step is Conditional Release, also ordered by the Court, in which the

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resident resides in his own residence with periodic monitoring from Conditional Release Monitors and ongoing therapy and support from SPTP. After a minimum of five years on Conditional Release along with continued compliance with the resident's treatment plan, the resident is eligible to petition the Court for final discharge from the program.

At present, SPTP has 285 Residents which includes 236 Residents on the LSH campus, 20 in Reintegration Facilities, 8 on Transitional Release living at a Reintegration Facility and 12 individuals on Conditional Release (in addition to 9 SPTP Residents currently in KDOC which will be returned to LSH inpatient upon completion of their sentences). As the program expands, it is confronted with limited resources while addressing an increasingly violent, resistive, medically ill, and aging population. There has been an increase in admissions to SPTP via the Civil Commitment process (4 in the last 8 months).

SPTP faces challenges being spread among three buildings on a 78-acre campus, increased medical needs requiring multiple off site transports daily (27% increase from 2022), resident placement issues due to increased aggression and the inability to house certain residents together, managing treatment resistant residents as well as significant staff shortages, which has required contract therapists to drive from various areas of the state to accommodate treatment needs. Moreover, the physical plant limitations impede the ability to offer multiple treatment groups at the same time. The inpatient services of SPTP at LSH struggles with limited resources to respond to those residents who are aggressive, manipulative, sexually predatory and refuse to engage in treatment. SPTP program administration carried out significant movement of residents during FY 2022 to place more residents in the Isaac Ray building which has more complex building security measures in place. Without additional resources, shifting some parts of the SPTP programs to other parts of the state to address staffing shortages, or physical infrastructure changes to our facilities to effectively manage these individuals, the overall therapeutic milieu is at risk.

In addition, the aging, medically infirmed population and residents with intellectual or developmental disabilities (I/DD) require more specialized care, which the inpatient component of SPTP is struggling to provide. The current average age of SPTP residents is 54-years-old. To meet their medical needs, LSH depends on agency nurses to whom are here for a short period of time. Therapists have caseloads of 30+ residents which limits their ability to provide individual therapy treatment sessions. Activity Therapists who provide the recreational services have an even higher staffing ratio of 50:1. Moreover, the four (4) Activity Therapists provide these services across three different buildings. Additional Activity Therapists are utilized to provide specific Psychoeducation or Vocational Training Program services. These individuals are also required to provide these types of services across the three buildings housing different groups of the overall SPTP population. This significantly limits Activity Therapy, Psychoeducation services, and Vocational Training Program Services. Moreover, the VTP is the only means for which a resident may earn money, which they need to have in order to be successful on Tier Three, Transitional Release, and Conditional Release.

**Narrative Information – DA 400  
Division of the Budget  
State of Kansas**

**Agency Name: Larned State Hospital  
Program Title: Sexual Predator Treatment Program**

The Reintegration Facilities at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House) and Parsons State Hospital and Training Center (Maple and Willow Houses) can each manage 16 Residents (48 total) in the more community-oriented aspects of SPTP. At present, the funds allocated for care at these facilities have been used to establish a very effective program for transition into the community and are able to adequately address resident’s needs. Future challenges for community care and treatment for those with aging/medical or I/DD issues will need to be addressed. For the residents on Conditional Release, SPTP has fulfilled its charge to develop individuals who can safely function in the community.

LSH has submitted a Supplemental budget request for FY 2024 totaling \$65,171 and \$387,137 for FY 2025 and beyond.

<b>LSH SPTP Supplemental &amp; Enhancement Requests</b>	<b>FY 2024</b>	<b>FY 2025</b>
Deputy Superintendent SPTP		\$170,157
Due Process Manager SPTP (partial funding for 3/4 FY2024)	\$65,171	\$86,927
Forensic Evaluator SPTP		\$130,053
<b>TOTAL</b>	<b>\$65,171</b>	<b>\$387,137</b>

**Account Code 5100: Salaries and Wages**

Summary: The 291.50 FTE and 2 Non-FTE Unclassified Permanent positions are comprised of administrative and direct care staff plus support positions for the program. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$17,258,209 is requested. The shrinkage rate is 17.2%.

**FY 2025:** \$13,733,043 is requested. The shrinkage rate is 30.5%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: The major contractual services are communications, contract nursing staff, outside medical expenses for patients and residents for services not available at LSH and utilities.

**FY 2024:** \$14,891,362 is requested.

**FY 2025:** \$11,155,389 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are pharmaceuticals, household supplies and activity supplies for residents.

**FY 2024:** \$1,487,135 is requested.

**FY 2025:** \$1,516,250 is requested.

**Account Codes 5400 - 5490: Capital Outlay**

Summary: Information Technology provides microcomputer systems and support equipment, information processing equipment, and computer systems, information processing, or microcomputer systems software for LSH. LSH plans to replace a SPTP transport vehicle in FY2024 and two in FY2025 to remove older vehicles with mechanical issues.

**FY 2024:** \$25,000 is requested.

**FY 2025:** \$50,000 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SPTP residents and stipend for SPTP reintegration residents.

**FY 2024:** \$8,206 is requested.

**FY 2025:** \$8,314 is requested.

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: Sexual Predator Treatment Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Sexual Treatment Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	100%	84%	92%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	97%	100%	98%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	95%	100%	80%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	87%	100%	87%	100%	100%
		Percent of completed nursing progress notes on time (as per policy).	60%	69%	69%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	100%	95%	96%	100%	100%

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: Sexual Predator Treatment Program**

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Sexual Treatment Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	100%	100%	100%	100%
	Psychological Services	Percent of scheduled treatment groups held.	79%	80%	75%	90%	95%
	New Crimes	Percent of substantiated felony cases committed by SPTP residents (where victim(s) want to prosecute) presented to the county attorney for prosecution.	100%	100%	100%	100%	100%
	Reintegration Program	Resident progress will be monitored and reviewed every quarter.	100%	100%	100%	100%	100%

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**PROGRAM:** Ancillary Services – 80000

**Program Overview:**

Allied Clinical Services is comprised of the following departments: Medical Services, Pharmacy, Laboratory, Specialty Clinics, Infection Prevention and Control, Nursing, Social Services, Psychology, Chaplaincy and Activity Therapy.

The Medical Services Department, under the direction of the Chief Medical Officer, oversees all aspects of health care delivery at LSH including Primary Care, Psychiatry, Pharmacy, Laboratory, Consolidated Specialty Clinic Services (CSCS), Nutrition Services, and Infection Control and Prevention. Active Medical Staff provide psychiatric and primary medical care to all patients/residents at LSH starting at admission and throughout the course of their hospitalization. The CSCS provides ancillary healthcare including optometry, dentistry, and physical therapy. The CSCS also dispenses central supply medical items such as, masks, bandages, syringes and hand sanitizer. Durable Medical Equipment (e. g., wheelchairs, walkers, suction machines, patient lifts, etc.) are available through a checkout procedure at CSCS. The Medical Services department is committed to providing uniform, compassionate, quality care and treatment consistent with national best practice guidelines and standards of care. Goals of the medical services department for the coming years are to strengthen and expand the medical staff and provide meaningful educational opportunities for all LSH healthcare staff as part of continuous quality improvement of patient care.

The mission of the Pharmacy Department is to provide quality pharmacy services in a safe, effective and cost-efficient manner, and to provide information and education for all LSH clinical disciplines. Currently the department has one (1) Pharmacist-in-Charge, three (3) staff pharmacists and five (5) pharmacy technicians listed as administrative assistants. The Pharmacy works in a collaborative effort with Laboratory, Infection Control, Dietary, Psychiatry, Primary Care, Nursing and other disciplines in an effort to enhance patient care and safety. The department continuously reviews and updates the LSH formulary and reviews policy and procedures to enhance pharmacy services.

The mission of the Clinical Laboratory is to provide accurate, precise, and timely laboratory results for all patients/residents at LSH in accordance with The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS), and the Clinical Laboratory Improvement Act (CLIA). Approximately 95% of the tests requested by medical staff are processed onsite. Reference laboratories provide timely results for tests not performed on site. The laboratory is staffed with two certified Medical Technologists, one serving as laboratory manager, two assistant lab technicians. The Director of the laboratory is a contracted Pathologist who provides consultation to LSH staff and makes routine visits to the laboratory to review all laboratory policies and services. The laboratory collaborates with all healthcare professionals to enhance patient care and safety. At this time, all new admissions to the hospital are tested for COVID-19 and any employee exposed to COVID-19 is offered testing with results maintained by the lab.

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The Infection Prevention and Control (IPC) Program is responsible for providing infection prevention and control services for LSH. The two Infection Preventionists, along with the Infection Prevention and Control Committee, comprise the base for the IPC program, which serves both staff and patients/residents. Providing education for the prevention of infection to the staff, patients/residents, and visitors is a priority. New employees receive infection prevention and control information during new employee orientation and on an as needed basis. The educational process is on-going throughout their employment at LSH. Appropriate hand hygiene is emphasized as the number one way to prevent the spread of infection. Prevention services are offered to the employees of LSH including, yearly influenza vaccinations, hepatitis B vaccinations, tetanus (Td) vaccinations and Tb skin testing. Currently, a major focus continues to be COVID-19.

LSH Nursing Department is committed to the competent care of our patients and residents. The department utilizes the American Nurses Association Psychiatric Nursing Standards of Care, the Medical Standards of Care, and adheres to the Nurse Practice Act standards set forth by the Kansas State Board of Nursing. The goal is to remain competent in all areas of psychiatric nursing, as well, as expanding our knowledge to keep abreast of medical issues. Nursing works collaboratively with other members of the Treatment Team to ensure the best treatment regimen possible for all patients/residents. Nurses are patient/resident educators and advocates who strive to help patients/residents reach mutually agreed upon goals, succeed in their treatment programs and re-establish themselves in their communities.

The Social Services Department provides quality services to patients while demonstrating respect for human dignity, worth and uniqueness of individuals who are hospitalized, their families and community providers enabling patients/residents to be in the least restrictive environment possible. Staff members work to develop appropriate discharge and continuum of care plans and provide psycho-social education, individual and group therapy, and supportive counseling. Staff members connect patients with the Consumer Run Organization in their area and provide an opportunity to hear about the services available prior to their discharge. This department also provides a wide array of services including crisis intervention; treatment planning and implementation; consultation; treatment team membership; expert court testimony; and training for staff and patients. Furthermore, the Social Services Department has membership on various committees (e. g., Ethics Committee, Medical Records Task Force, Clinical Executive Committee, etc.). Lastly, the LSH Social Services Department offers placements for intern and practicum students; both at the Master's and Bachelor's level.

The Psychology Department provides a wide array of services including individual and group psychotherapy, crisis intervention, psychological assessments, psychological testing, treatment planning and implementation, consultation, behavior support plans, forensic evaluations, reports to the court, expert court testimony and training for staff and patients. Furthermore, the Psychology Department has membership on various committees (e. g., Ethics Committee, Employee Retention Committee, and Clinical Executive



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Committee.). The Psychology Department offers an American Psychological Association (APA) accredited internship program which trains up to three interns each year. The program was granted the highest accreditation status (10 years) in 2019, and will be visited again in 2028 for reaccreditation. The Post-Doctoral Fellowship at LSH is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) which provides educational standards for training to psychologists that have graduated with their doctorate degree and need a year of supervised experience to obtain licensure in Kansas and other states. We have many staff members who are alums of these programs. Lastly, the LSH psychology department offers placements for practicum students.

The Chaplain provides for the pastoral needs of patients and residents and assists patient's and resident's understanding of life events as they relate to their spiritual and emotional well-being. The Chaplain conducts various weekly services for all LSH Programs, (e.g., contact clergy, answering requests, unit visits, drop off religious material). The Chaplain also provides special services of worship for special seasons and memorial services, and makes provisions for the religious needs of patients and residents of all faith groups. As part of the patients or resident's treatment plan, the Chaplain may provide individual and group counseling, when appropriate, regarding such concerns as: loss of life's meaning, unresolved loss and grief, feelings of guilt, shame and resentment, confusion over religious faith and practice, problems of ethical and moral significance, and connections with their religious community. The Chaplain is a member of various committees (e. g., Crisis Debriefing, Ethics, Endowment, Clinical Executive Committee.)

The Activity Therapy Department provides therapeutic, psycho-educational and leisure programming for patients and residents, while demonstrating respect for human dignity and worth to individuals who are hospitalized. Staff provide sessions designed to assist patients/residents in the development of specific skills that will be helpful when reintegrating back into a less restrictive environment. Emphasis is also placed on self-worth, confidence-building and inclusion. This department provides a wide spectrum of creative arts programming, such as music, art, and recreation, utilized in groups that allow the patient to develop or maintain leisure skills/interests for use after hospitalization.

**Current and Budget Year Operations:**

The Social Services Department has established three goals and associated objectives: provide timely completion of assessments and reassessments; provide timely collaboration with patients, families, and community providers; and develop responsive and appropriate continuum of care plans for each patient.

The Psychology Department's goals, initiatives, and plans for the current year will be focused on updating treatment groups to focus on continued development of the program based on patient issues, updating the psychology library to add to evidence based treatment, training on suicide assessment tools, and focusing on continued program development of the Post-Doctoral Fellowship and Internship

programs.

LSH has submitted a Supplemental budget request for FY 2024 totaling \$15,741,417 and \$31,294,410 for FY 2025 and beyond.

<b>Ancillary Supplemental Request</b>	<b>FY 2024</b>	<b>FY 2025</b>
Agency Nursing Staff	\$15,741,417	\$30,979,962
Primary Care Medical Staff for SPTP		\$326,454
<b>Total</b>	<b>\$15,741,417</b>	<b>\$31,306,416</b>

**Account Code 5100: Salaries and Wages**

Summary: The 74.5 FTE positions and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$9,968,285 is requested. The shrinkage rate is 26.6%.

**FY 2025:** \$9,179,167 is requested. The shrinkage rate is 30.2%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: Contractual Services includes communication, computer fess, rental expenses, utilities, and contracted nursing staffing. Direct patient/resident contractual services are allocated to the programs based on usage rate which would include Physical Therapy, Optometry and Dental.

**FY 2024:** \$2,099,889 is requested.

**FY 2025:** \$2,144,863 is requested.

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**Account Codes 5300 - 5390: Commodities**

Summary: Commodities includes building maintenance, miscellaneous supplies and professional supplies to support the pharmacy, laboratory and psychological testing areas. Pharmaceuticals are allocated to various programs within LSH based upon usage.

**FY 2024:** \$341,712 is requested.

**FY 2025:** \$348,554 is requested.

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**PROGRAM:** Trust and Benefits – 85000

**Program Overview:**

Trust and Benefits consist of seven non-appropriated funds: The Patients’ Benefit Fund, Canteen Fund, Work Therapy Fund (Prairie Treasures), LSH Wood Crafters, LSH Mental Health Conference (Benefit Fund), Employee Use Fund, Route 264 Sunflower Grill.

**The Patients’ Benefit Fund** is a trust fund established primarily for the general use and benefit of all patients, to be used when other monies are not available to meet their needs. It is limited in its use and expenditures require advance approval from the Chief Financial Officer.

Receipts consist of transfers from the Canteen Fund, donations from outside individuals and organizations, and commissions from beverage and snack vending machines on campus.

The primary use of the fund is to provide any needed items to patients. Patient transportation is provided in emergency situations, or when funding is not available from any other source. Other items and activities which have a beneficial impact for patients such as reinforcers for good behavior, educational and spiritual materials, replacement birth certificates and holiday gift bags are also provided from these funds.

**The Canteen Fund** provides a variety of convenience foods, candy, snacks, phone cards, stamps, and miscellaneous items to the patients. Orders are made online weekly by staff for the patients and sent electronically by the Reimbursement Department to KEEFE, our current vendor. The operation of the Canteen program provides the following benefit to the patients/residents at LSH:

- Offers the opportunity for patients on all three LSH programs, Psychiatric Services Program, State Security Program and Sexual Predator Treatment Program, to purchase items of their choice with personal funds.

**The Work Therapy Fund (Prairie Treasures) and LSH Wood Crafters Fund** are non-appropriated funds which emphasizes vocational therapy/training for our patients and residents. LSH Activity Therapy staff serve as the teachers and managers of each operation. The funding is derived from the sale of items produced by the patients and residents in two separate programs at LSH.

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- **Prairie Treasures:** At the LSH Horticultural Workshop, patients in the Psychiatric Services Program learn to grow and care for houseplants and spring bedding plants; as well as making craft items for sale to employees and the public. Sales are held at the LSH Greenhouse. Patients assist staff in displaying and pricing the items at the LSH Greenhouse thus giving the patient an opportunity to learn the fundamentals of retailing. Patients also assist customers with their purchases allowing the patient to interact with outside individuals. The patients gain satisfaction from seeing their products from start to finish.
  - **LSH Wood Crafters:** In a secure setting, residents of the Sexual Predator Treatment Program build and finish wood lawn furniture and various other custom wood products for sale to employees and the public. The money collected is deposited into the Work Therapy Fund. In addition to receiving a small paycheck, residents in the program are occupied and engaged in a worthwhile activity thus gaining useful skills which add to their rehabilitation. A portion of the resident’s paycheck is repaid to the hospital for board and care.

**LSH Mental Health Conference (Benefit Fund)** is a non-appropriated fund established primarily for the general use and benefit of the annual mental health conference. It is limited in its use and expenditures require advance approval from the committee president, Superintendent, and Chief Financial Officer.

Receipts consist of conference attendee payments which normally come from interfund, PayPal transfers or checks.

The primary use of the fund is to provide any needed items for the annual mental health conference. These items include, but are not limited to, presenters, venue, food, drinks and other necessary supplies.

In FY 2023 LSH offered a Virtual Mental Health Conference to provide continual clinical training to our staff and community members to provide updated practices, information, and clinical skills. A total of 174 professionals registered and attended the 2023 conference from 23 different counties across Kansas along with one county from Colorado and Missouri. These professionals were affiliated with 20 different professional organizations, both state and private sectors. LSH acknowledges the vital role the conference has for maintaining a high level of staff education for many professionals and settings.

**The Employee Use Fund** is a non-appropriated fund established for the general use and benefit of all employees. It is limited in its use such as a plant upon the death of an employee or an employees’ immediate family member, employee appreciation events and recognition for achievements by employees.

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- Expenditures must be in accordance to KSA 75-3080 & 75-3081 and require advance approval from the Appointive State Agency Head.
  - Receipts consist of commissions from beverage and snack vending machines used by employees on campus and occasional fund-raising events.

**The Route 264 Sunflower Grill (“Grill”)**, formerly known as the Canteen, provides an onsite location to obtain breakfast, lunches, snacks, and drinks for Larned State Hospital staff, Larned State Correctional Facility (LSCF), local community members, and LSH patients. The Grill re-opened its doors September 3, 2014, using the remaining funds for the Canteen. Patients from PSP, with the appropriate privilege level, visit the Grill and enjoy the services. In addition, the Grill provides special meal orders to SSP patients and SPTP residents.

The Grill is operated by two permanent FTEs and is supervised by the Chief Financial Officer. In addition to the staff, minimum custody inmates from the neighboring LSCF are provided to LSH to work in the Grill. The Grill is currently opened from 6:30 a.m. to 1:30 p.m. to accommodate the morning breaks and lunch breaks. Daily specials vary each day and are offered in addition to the everyday menu items.

In addition to the funds described on this and the preceding pages, LSH also maintains a \$2,000 Agency Imprest fund.

**Current and Budget Year Operations:**

Financial Statements are produced by LSH Financial Services and submitted annually to Division of Accounts and Reports for audit. FY 2023 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund \$116,532.27
- Canteen Fund \$158,150.35
- Work Therapy Fund (Prairie Treasures) \$271,618.28
- LSH Wood Crafters \$12,967.60
- LSH Mental Health Conference (Benefit Fund) \$4,743.29
- Employee Use Fund \$15,160.58
- Route 264 Sunflower Grill \$16,188.34

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**PROGRAM:** Physical Plant and Central Services – 96000

**Program Overview:**

Physical Plant and Central Services includes the following departments; Engineering, Environmental Services, Safety and Security, Purchasing/Supply, Food Services and Laundry.

Engineering services is responsible for the power plant, motor pool, grounds, carpentry shop, plumbing shop, electrical shop, paint shop for LSH as well as sewage system and water distribution system for LSH and LSCF. LJCF closed in March 2017; however, it was reopened in April 2020 as a quarantine unit for new inmate admissions for the KDOC. After its usage as a quarantine unit, KDOC later transitioned the West Unit inmates over to LJCF for permanent housing in June 2021 and it has now been deemed LSCF South Unit. LSH continues to pay for the sewer and water usage for this building that is currently being utilized by LSCF. Maintenance for 949,579 square feet of buildings and over 100 acres of grounds is provided by the Engineering Department. This department is available 24/7 to address issues that may arise with the buildings located on the LSH campus. Any staff member at LSH can request a work order through Engineering Department when observations are made and require attention by this department. The Engineering Department can provide many in-house services for daily maintenance of areas such as the building structure, internal building upkeep, grounds appearance, and functioning of state vehicles. This department also helps maintain the roads throughout the campus during inclement weather and general maintenance of painted street lines and resurfacing. Projects that require higher specialty work are incorporated into the Capital Improvement projects through Physical Plant and Central Services with prioritization of the project need.

The mission of the Environmental Services Department is to ensure compliance with regulatory agencies and provide a clean, safe and sanitary environment for our patients, residents, and staff. The Environmental Services Department is divided into sections which cover the SSP and PSP occupied buildings along with the various buildings that house the operational services. These staff actively maintain the physical environment of the campus buildings and coordinate with other departments to address any issues identified with cleanliness. LSH supplements the Environmental Services Department with the use of Vocational Training Program residents from SPTP on Dillon Jung and Isaac Ray buildings.

The Safety and Security Department is responsible for the safety and security of the physical plant as well as all patients, residents, staff and the surrounding community. The department assists the nursing staff in de-escalating verbally or physically aggressive patients/residents while maintaining the safety of the other individuals on the units. Safety and Security also carries out tasks such as responding to medical emergencies on campus, delivering oxygen tanks to patient/resident units, answering duress alarm calls for assistance by staff, completing walkthroughs of the campus facilities, providing supervision of highly aggressive and dangerous

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patients and residents on special programming, and assisting in gathering information pertaining to unlawful incidents. When required, the department's transport officers transport patients/residents to and from medical appointments and remain with patients/residents during hospital stays. The department is responsible for limiting contraband coming on the premises through access control security check points. The department ensures patients/resident buildings remain secure using tomography machines, metal detectors, and staff ID verification system along with controlling the entry and movement within the secure buildings of the campus. The secure movement is managed through utilizing control centers to monitor the entire flow of patient, resident, staff, and visitor traffic in and out of the secure buildings. The Safety and Security Department oversees and ensures proper safety announcements are made in emergency situations including medical emergencies, trouble calls, fire, and inclement weather. The department's property officers manage the property of residents and patients which are admitted to the hospital as well as handling mail and packages for the hospital staff in all areas. Safety and Security Officers are the first responders for medical emergencies across campus, providing equipment for medical staff, first aid assistance, and AED operation when needed. The department provides fire protection for the hospital and the surrounding sister agencies as requested. The department provides the switchboard operator and mailroom for the hospital and arranges transport vehicles, drivers, and scheduling for patient/resident appointments and discharges. Furthermore, the department patrols the campus providing traffic safety and the security of staff and patients moving about the campus area. With the COVID-19 pandemic, the Safety and Security Department has also picked up the task of screening and taking temperatures of staff as they enter the patient/resident occupied buildings. LSH is involved in an independent study with the City of Larned and Larned Fire Department (LFD), being conducted by Wichita State University to consider LFD taking on primary fire response duties for LSH.

The Purchasing & Supply Department's mission is to provide timely, cost-effective procurement and property management services for Larned State Hospital. The department is responsible for the purchasing, storage and distribution of all consumable supplies and all furnishings required by both hospital patients/residents and staff. The department provides procurement of supplies and services that meet customer requirements such as personal care items utilized by the patients. It is also responsible for warehousing, asset management and inventory control of all consumable and non-consumable, storing contracted vendors' food/beverages and paper inventories. The department Supervisor is responsible for the development of contracts and other documentation required for contractual services. The LSH Purchasing & Supply Department works cooperatively with LSCF by sharing supplies and products as needed and in emergency situations. The department also provides shipping, receiving, and delivery services for all of the LSH campus. All LSH invoices are received, processed and sent to Accounting for payment by the Purchasing & Supply Department. The department utilizes the SMART System for all requisitions and purchase orders, as well as assisting other departments with SMART requisitioning. With the COVID-19 pandemic, this department has had to be persistent to locate limited supplies for the agency while maintaining inventory/storage of those supplies to prevent a shortage for COVID-19 materials that are needed.



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The Food Service Department was privatized in July 2013 and management of these service needs were outlined by a contract prepared by KDADS and Larned State Hospital. In July of 2018, Sodexo was awarded the food service management contract. Sodexo provides all food services for patients, residents, staff at LSH along with children and staff for Caring Hands Daycare Center which is housed on LSH campus. LSH campus has four buildings that have full-service kitchens available for use of daily meal preparations. These daily food services include three meals along with three snacks designated for morning, afternoon, and evening. Each patient and resident has their own individual diet order developed by the in-house medical provider and is followed by the contractor. Sodexo also provides meals and/or snacks for special events such as holidays that occur throughout the year and program activities. LSH also has a contracted clinical dietitian who performs nutritional assessments at the request of the physician’s as well as for those patients/residents at high risk. Additionally, the clinical dietician assists with Sodexo and LSH staff trainings for food handling along with carrying out specific audits for each of the four kitchens.

The Laundry Department processed 968,275 pounds of textiles and clothing items for LSH and LSCF in FY 2023. Listed below is the percentage for each agency:

- Larned State Hospital 57%
- Larned State Correctional Facility 43%

Laundry personnel perform a wide variety of tasks which includes picking up soiled laundry, logging daily weight per agency and program, presorting for washing; drying and processing of all clean clothing and textile items, operating large industrial laundry equipment, programming washers per agency and classification. Laundry completes an inventory of weekly textile usage which allows delivery of textiles, according to established quotas and fills orders for daily textile delivery to all LSH Units. The Laundry makes clothing labels for patients/residents and assists with marking of unit stock clothing. The Laundry Department is staffed with 9.00 FTE positions and 1-10 inmate laborers.

The Laundry Department also operates the Clothing Supply area which takes in clothing donations, prepares them for patient/resident use, makes webbed belts, hems jeans/slacks and performs other mending and mild alterations according to patient/resident needs. Furthermore, this department fills new clothing and shoe orders and performs inventory on all stock items.

**Current and Budget Year Operations:**

A goal of the Engineering Department is increased proficiency in work order completions. A goal of the Environmental Services Department is increased infection prevention tasks occurring to minimize potential infection risks.

LSH has submitted an Enhancement budget request totaling \$315,670 for FY 2025 and beyond to provide additional Environmental Services staff to LSH Grounds and SPTP.

<b>Environmental Services Enhancement Request</b>	<b>FY 2025</b>
Environmental Services Staff	\$315,670
<b>Total</b>	<b>\$315,670</b>

**Account Code 5100: Salaries and Wages**

Summary: The 146 FTE in this program consist of staff in Engineering, Environmental Services, Safety and Security, Purchasing/Supply and Laundry services. Funding requested is for all current positions for 26 pay periods FY 2024 and FY 2025, including fringe benefits, health insurance and longevity.

**FY 2024:** \$8,039,506 is requested. The shrinkage rate is 23.4%.

**FY 2025:** \$6,687,375 is requested. The shrinkage rate is 30.2%.

**Account Codes 5200 - 5290: Contractual Services**

Summary: Contractual services include the request for funding for utilities and for the costs of repairing and servicing. Utilities are allocated to various programs within LSH based upon usage. LSH pays a portion of the City of Larned’s wastewater treatment facility bond payments from the State Institution Building Funds.

**FY 2024:** \$691,815 is requested.

**FY 2025:** \$706,387 is requested.

**Account Codes 5300 - 5390: Commodities**

Summary: The major commodities are clothing, professional supplies, maintenance supplies for equipment and buildings, and vehicle supplies to maintain LSH vehicles.

**FY 2024:** \$1,092,873 is requested.

**FY 2025:** \$1,114,724 is requested.

**Account Code 5400 - 5490: Capital Outlay**

Summary: Capital Outlay is requested for computer and office equipment. LSH plans to replace a delivery truck for Purchasing and Supply in FY2024 and a Safety and Security vehicle in FY2025 to replace vehicles that are getting older and are having mechanical issues. LSH received \$90,000 in Spark State Efficiency and Modernization Program in FY2023 for Key Control, these funds reappropriated into FY2024.

**FY 2024:** \$137,295 is requested.

**FY 2025:** \$71,111 is requested.

**Account Code 5500 - 5590: Capital Improvements**

Summary: LSH received \$110,000 in Spark State Efficiency and Modernization Program in FY2023 for Patient Buildings (ATC) Generator and Motor Replacement, these funds reappropriated into FY2024.

**FY 2024:** \$110,000 is requested.

**FY 2025:** \$0 is requested.

**Narrative Information – DA 400  
 Division of the Budget  
 State of Kansas**

**Agency Name: Larned State Hospital  
 Program Title: Physical Plant & Central Services**

**Account Code 57000: Non-Expense**

Summary: Property tax for the farmland that is leased is coded as non-expense.

**FY 2024:** \$4,038 is requested.

**FY 2025:** \$4,118 is requested.

<b>Program Name</b>	<b>Subprogram Name (if applicable)</b>	<b>Performance Measure</b>	<b>FY 2021 Actuals</b>	<b>FY 2022 Actuals</b>	<b>FY 2023 Actuals</b>	<b>FY 2024 Estimate</b>	<b>FY 2025 Estimate</b>
Physical Plant and Central Services	Facilities Maintenance	Maintain TJC Standards for Accreditation Program: Hospital Chapter: Environment Of Care as evidenced by documentation 95% current and deficiencies corrected within 30 days of notice.	100%	100%	100%	100%	100%
		Percent of compliance with all utility systems to meet all regulatory agency requirements (Kansas Department of Water Resources, Kansas Department of Health and Environment, and Kansas Corporation Commission) as evidenced by immediately correcting deficiencies unless time extensions are permitted.	100%	100%	100%	100%	100%
	Capital Improvement	Identify capital improvement needs such as architectural, mechanical, plumbing, electrical, program improvements, new facilities and facility remodels as evidenced by being within 3 years of “end of life cycle” to prevent interference with patient care and patient programming.	100%	100%	100%	100%	100%

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**CAPITAL IMPROVEMENTS:**

**Program Overview:**

For ease of administration, Capital Improvement funding for all state hospitals is included in the KDADS budget. Funds for LSH capital improvement are contained in the KDADS Five Year Capital Improvement Plan and KDADS budget request.

LSH received \$200,000 in Spark State Efficiency and Modernization Program in FY2023, these funds reappropriated into FY2024.

- Key Control \$90,000
- Patient Building (ATC) Generator and Motor Replacement \$110,000

These projects are still in the planning stages and expenditures are anticipated in FY2024