

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

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

September 2, 2025

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 2026 and FY 2027 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.

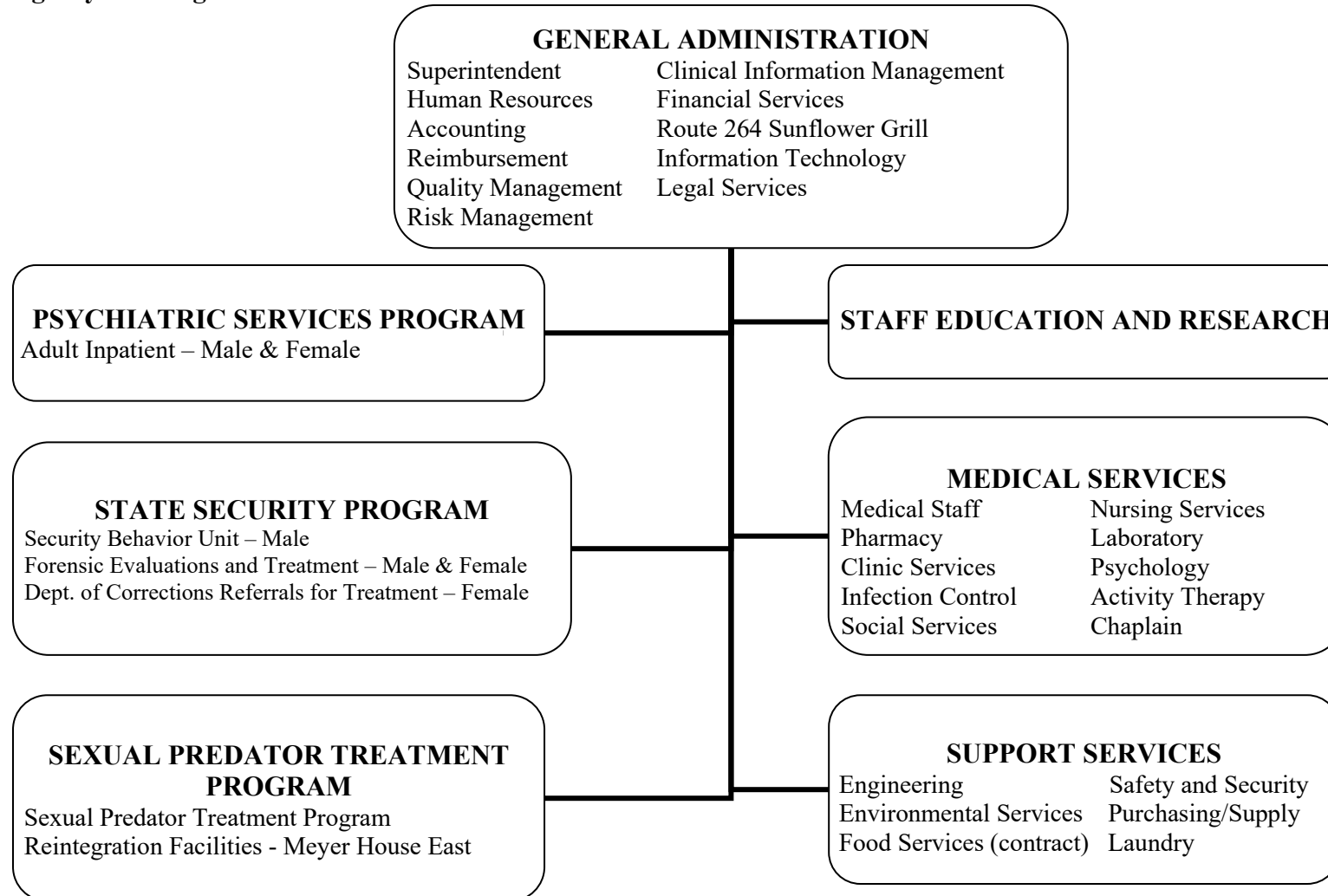
Please feel free to contact us should you have questions or require additional information.

Sincerely,



Lindsey Topps, PhD., LCPC
Superintendent, Larned State Hospital

Agency Funding Chart



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 2026, LSH requests revised expenditures totaling \$92,849,658 of which \$78,967,723 is from the State General Fund. For FY 2027, LSH requests expenditures totaling \$91,975,810 of which \$79,606,330 is from the State General Fund.

The agency has requested change packages for FY 2026 and FY 2027. This revises the agency budget request to \$126,217,704 for FY 2026 and \$128,781,812 for FY 2027. 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 state employees. LSH is working on new approaches to help state employees feel supported, recognized, and appreciated. LSH has initiated surveys, interviews, and assessment tools to determine workplace culture and employee satisfaction across the hospital followed by action steps being determined to help improve the employees' experiences. In July 2025, LSH initiated an Employee Engagement and Workplace Culture Survey that was conducted by the University of Kansas Rural Health and Education Services. This was a staff-wide engagement survey where the results help identify the workplace culture of the hospital. A summary of highlights and recommendations will be shared with Larned State Hospital Leadership. LSH will be completing an employee engagement survey which is a confidential in-house survey designed to measure how connected, supported, and motivated employees feel in their roles and within the organization. Finally, LSH is implementing listening tours which is an interactive and personal conversations between leaders and employees where employees share their thoughts, concerns, and ideas about the workplace. These conversations are conducted in person. Thus far, LSH has been able to carry out these forms of listening tours with approximately 35 employees between February and June 2025. The Superintendent has already implemented several steps for improvement and extended recognition efforts for successes identified in these discussions. LSH is seeking to expand leadership members that will carry out these types of listening tours alongside the Superintendent including the Chief of Staff position.

LSH developed a new administrative position referred to as the Chief of Staff. This position reports directly to the LSH Superintendent and assists with supporting the hospital's mission, vision, and achievement of goals and objectives outlined within the LSH Strategic Plan. This position acts as an advisor for problem solving, decision making, and policy and procedural development. The Chief of Staff maintains an active role of consulting with leadership and department members in order to maximize efficiency of processes through the development and implementation of new ideas and strategies. The Chief of Staff collaborates with leadership

roles within the organization to help identify, develop, and implement action steps that help support optimal employee management approaches. This role also focuses on the development and offering of skill development opportunities for employees that may pertain to topics such as management skills, de-escalation tactics, communication, critical thinking, relationship building, etc. This position is a key role in verifying patient service quality and standard of care remains at high levels as well as assessing and supporting employee satisfaction.

LSH has increased focus and efforts to improve management skills of supervisors across the hospital and help promote stronger leadership skills. Both internal and external leadership training programs are being developed and utilized to assist with progression in this area as well as additional discussions occurring to help promote and support employee growth and development. LSH recognizes that internal growth is a positive attribute for both the individual and the organization and is investing more time and commitment with supporting employees with promotional opportunities desired.

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. A new website for the Larned Cares campaign was launched in FY 2024 that provides information regarding the hospital and offers an easy and quick way to apply for LSH positions. LSH has witnessed hundreds of applications come through this website thus far. LSH has worked with KSN in efforts to enhance recruiting strategies and advertisement, keeping recruiting interesting and continues to market the Larned Cares campaign. Additionally, collaboration with Fili Creative has resulted in a new commercial production that is being developed.

The State Security Program continues to strengthen mobile competency, and a mobile evaluator continues 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. It has continued to expand into additional counties including Lyon, Geary, Saline, Reno, Leavenworth, and Barton County. These expansions of the mobile competency services have helped improve the timeliness of individuals being evaluated or receiving competency restoration care.

SPTP has been confronted with addressing an increasingly resistive and aging population. SPTP Leadership has extended efforts to adapt new clinical approaches that are empirically based and supported to help motivate engagement from the resistive residents of the program as well as increase monitoring and assessment of the aging residents facing new medical challenges due to natural deterioration in health. The number and needs of the resident population challenges 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, the manipulation on each other and staff, and the accommodations needed for those deemed medically frail. Administrative and Clinical changes to the program have been initiated to help provide residents hope and desire to comply with program expectations and advance to the higher steps in treatment. 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.

In addition to the aging population of SPTP, the patients that are arriving at LSH for services within the PSP and SSP programs are also showcasing an increased need for medical care due to physical health challenges. LSH has observed an increase from the last fiscal year of off campus services that may be required for these patients to meet medical needs and hospitalizations that are occurring in the community setting for days and even weeks. These place additional challenges on the staffing coverage given the additional employees required to transport and sit with these individuals. LSH also holds responsibility for covering the costs of these medical services during instances where there is not a source of medical insurance coverage for the patients. This leads to increasing costs that the facility must cover but cannot necessarily predict or anticipate. LSH has sought a Board-Certified Medical Provider to oversee the primary care of the patients at LSH as well as expanded the number of medical providers that are available on campus to address acute and chronic illnesses. PSP has extended efforts to assess further preventative care that can be provided to more long-term patients in efforts to reduce risk of significant medical issues.

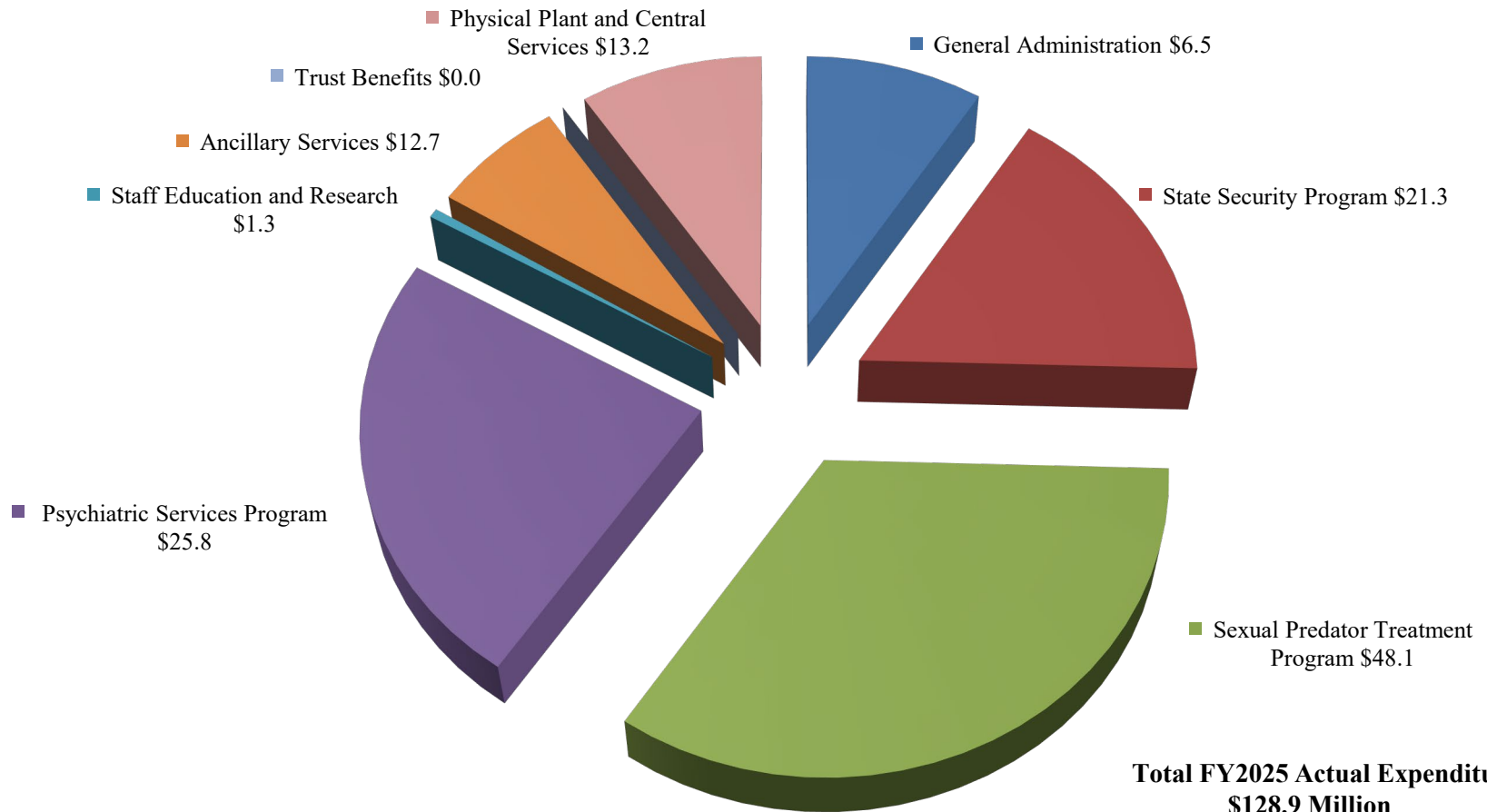
LSH has added recruitment and retention bonuses to enhance our ability to hire new employees and retain current employees. The maximum FY 2025 bonus amounts increased to \$10,000 for FY 2026. LSH observed improvements in recruitment associated with the implementation of these bonuses. LSH has struggled to showcase growth within FTE positions for many years but concluded FY 2025 with a 10% growth rate in state hires for the facility. Additionally, LSH ended the FY 2025 with more state employees as Mental Health Developmental Disability Technicians currently employed than contract staff fulfilling those vacancy roles.

The following bonuses were implemented during FY 2025:

- Sign – On Bonus: \$1,000 that would be paid to new full-time employees after 90 days on employment.
- Referral Bonus: \$500 available to current full time employees after 6 months of a referral that was hired.
- Retention Bonus: \$2,000 in FY2025, \$1,000 paid after 6 months of employment and the second \$1,000 paid in June 2025.
- Longevity Bonus: Up to \$1,000 to be given at an employee’s anniversary date for Unclassified employees or Classified hired after 2007.
- Pick-Up Shift Bonus: Up to \$100 for designated days/times for shifts that are hard to cover and are directly related to patient care.

FY 2025 Actual Expenditures

(In Millions)



**Total FY2025 Actual Expenditures
\$128.9 Million**

(Total may not add due to rounding)

FY 2026 – FY 2027

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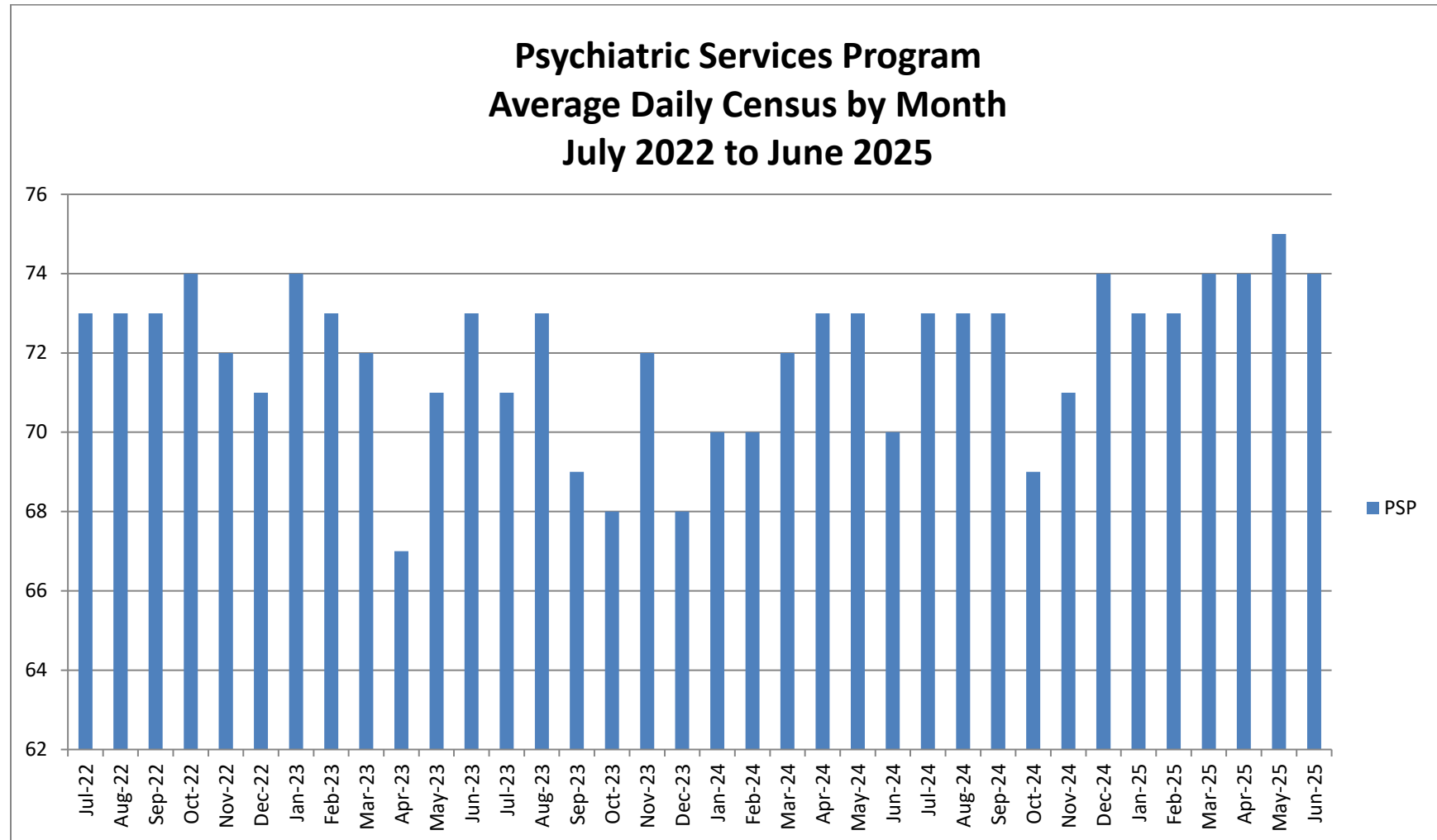
Agency Name: Larned State Hospital
Program Title: Agency Overview

FY 2021 through FY 2025 Approved FTE and UP/UT Positions										
Larned State Hospital	FY 2023 Actuals		FY 2024 Actuals		FY 2025 Actuals		FY 2026 Estimate		FY 2027 Estimate	
Program	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT	FTE	UP/UT
General Administration	55.00	-	55.00	-	60.00	-	56.00	-	56.00	-
Staff Education and Research	2.00	-	2.00	-	2.00	-	4.00	-	4.00	-
Psychiatric Services Program	134.00	3.00	134.00	3.00	129.00	3.00	104.00	3.00	104.00	3.00
State Security Program	208.50	2.00	185.00	2.00	183.00	2.00	124.00	2.00	124.00	2.00
Sex Predator Treatment Program	291.50	2.00	287.00	2.00	291.00	2.00	231.00	2.00	231.00	2.00
Ancillary Services	74.50	2.00	71.50	2.00	67.50	2.00	67.50	2.00	67.50	2.00
Physical Plant and Central Services	146.00		146.00	-	155.00	-	138.00	-	138.00	-
TOTAL APPROVED POSITIONS	911.50	9.00	880.50	9.00	887.50	9.00	724.50	9.00	724.50	9.00

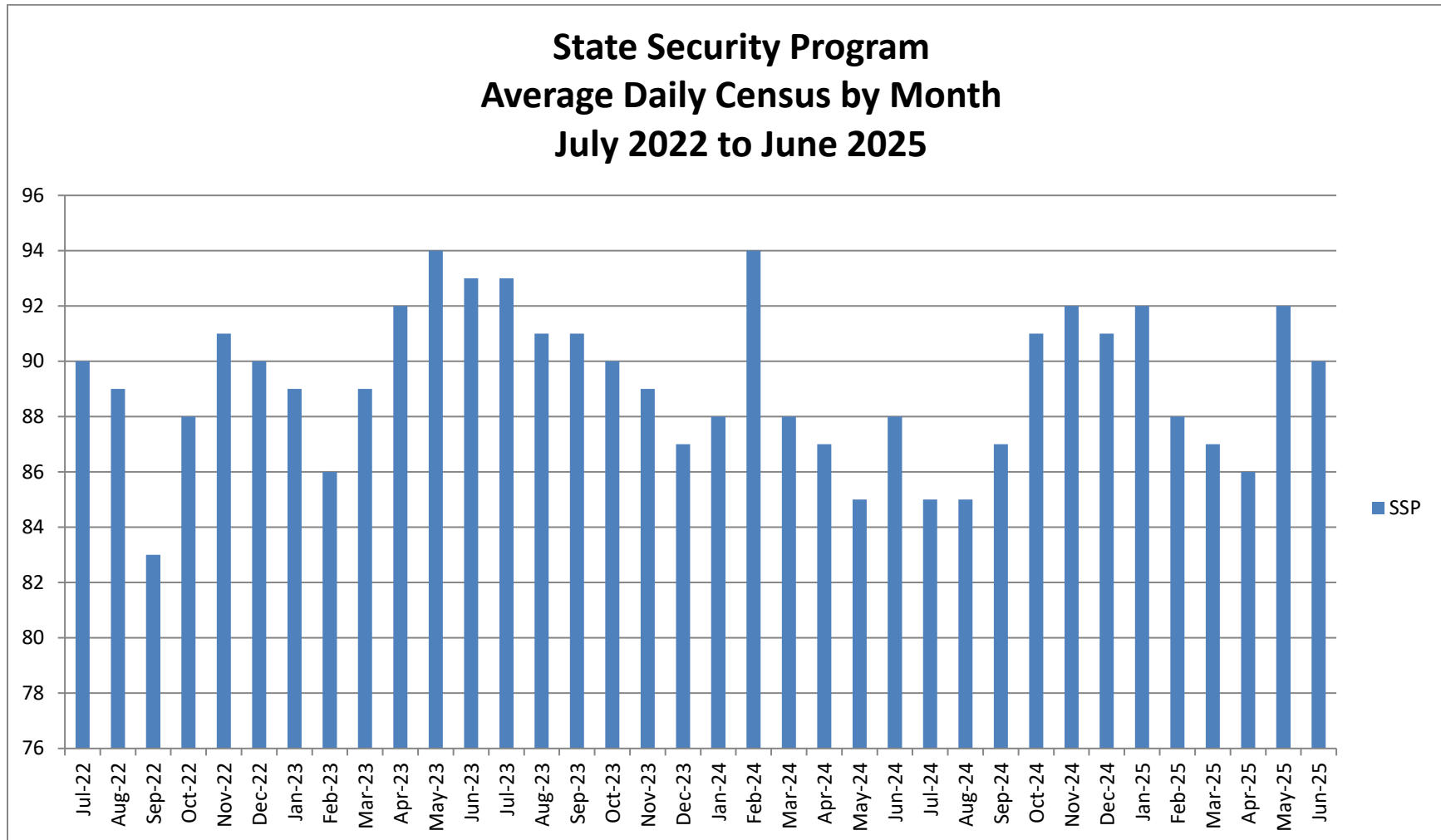
Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	90	90	90	90	90
State Security Program	140	140	140	140	140
Sexual Predator Treatment Program	274	274	274	274	274
Meyer Reintegration	16	16	16	16	16
Total	520	520	520	520	520

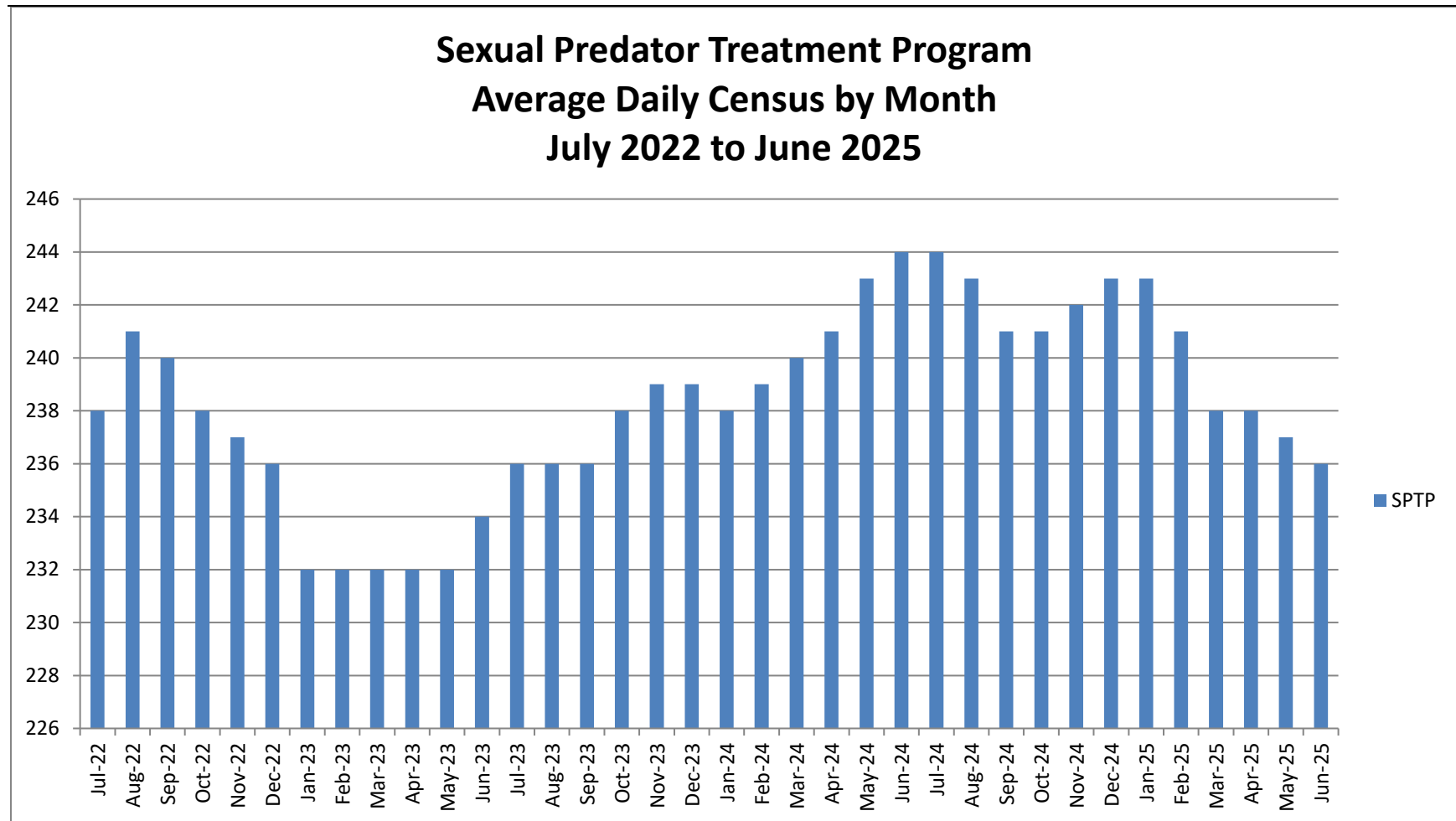
FY 2026 – FY 2027

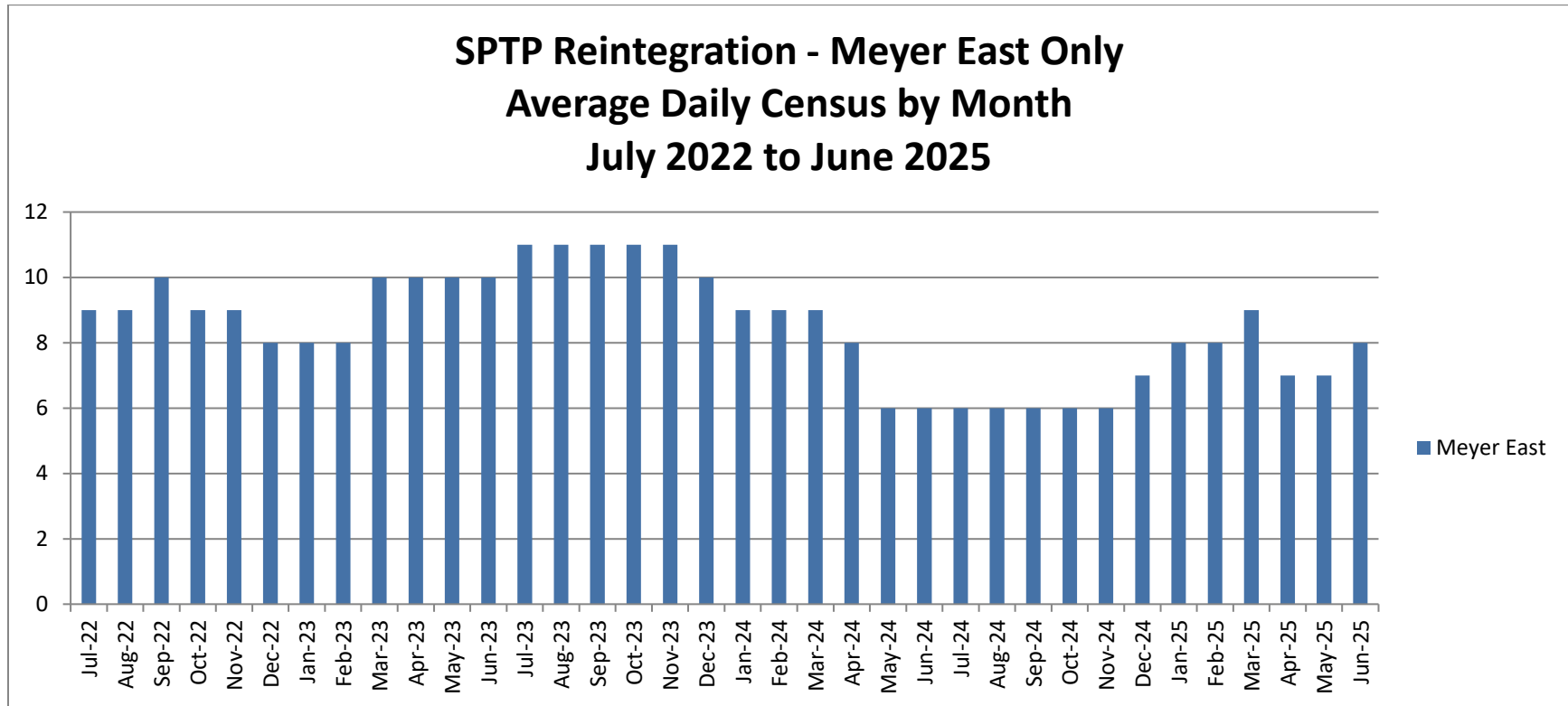
Patient Movement Summary	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Additions					
First Admissions	390	419	323	325	325
Readmissions	423	407	381	385	385
TOTAL ADMISSIONS	813	826	704	710	710
Admissions-- % Change From Prior Year	-27.9%	1.6%	-14.8%	0.9%	0.0%
Separations					
Discharges	812	832	695	700	700
TOTAL SEPARATIONS	812	832	695	700	700
Transer In and Out - Other KDADS Institutions					
Transfers in -- Other KDADS Institutions	34	26	21	20	20
Transfers out -- Other KDADS Institutions	50	54	54	50	50
Deaths in Hospital	3	3	5	5	5

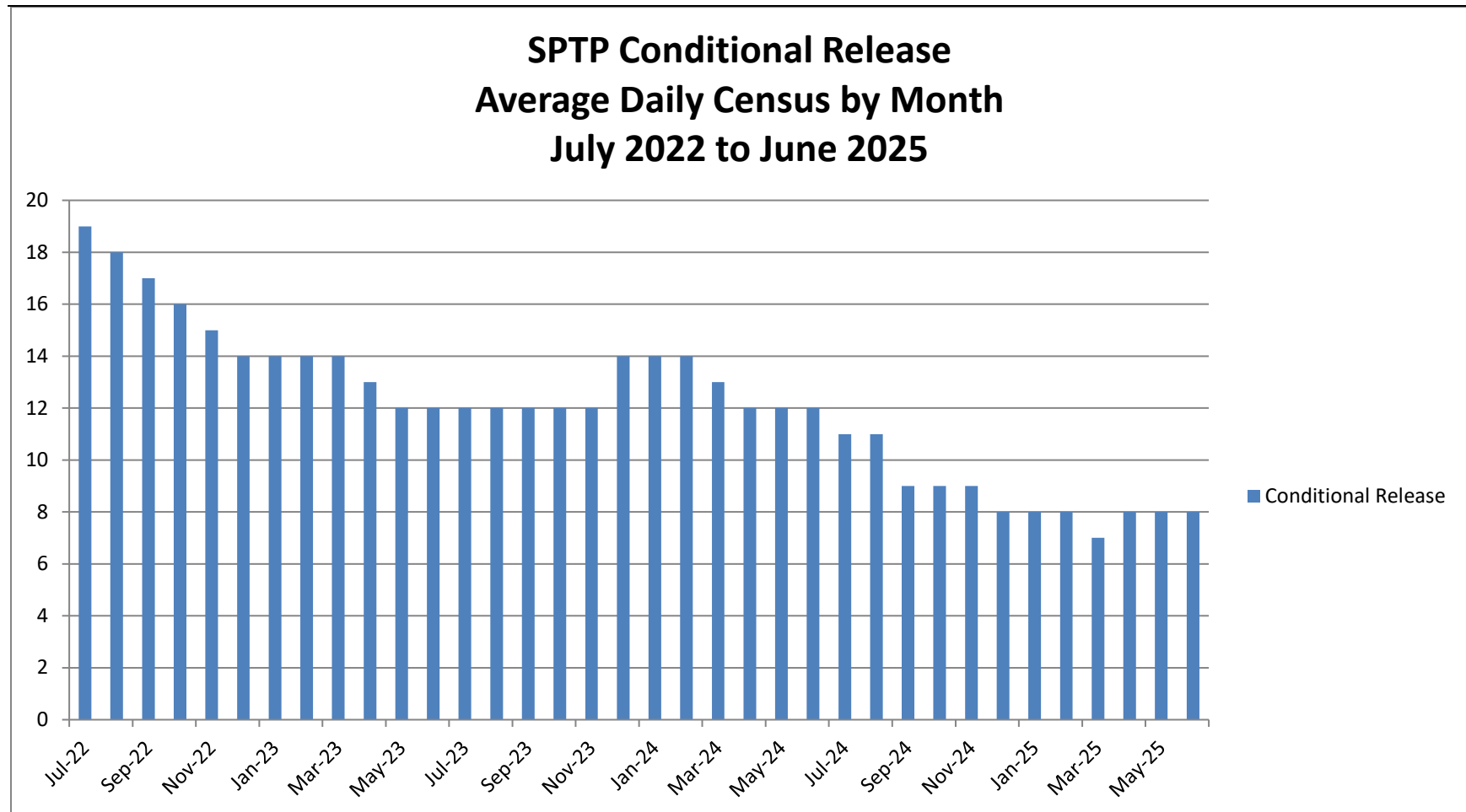


FY 2026 – FY 2027









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Program Title: Agency Overview

Average Daily Census by Fiscal Year	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	72	70	73	72	72
State Security Program	90	88	89	89	89
Sexual Predator Treatment Program (LSH)	235	244	241	241	241
Meyer Reintegration	10	6	7	8	8
Total	407	408	410	410	410

Average Length of Stay in Days	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	49	44	67	50	50
State Security Program	105	147	141	140	140

FY 2026 – FY 2027

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Program Title: Agency Overview

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	\$2,527	Feb. 28, 2026	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 nd Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2 nd 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, 2026	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, 2026	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.
TOTAL:	641.4	\$31,750	\$2,527			
<p>Amounts noted include total property taxes for leases 1, 2, and 3.</p> <p>*** Portions were removed from lease to accommodate new SSP facility.</p> <p>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.</p>						

FY 2026 – FY 2027

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

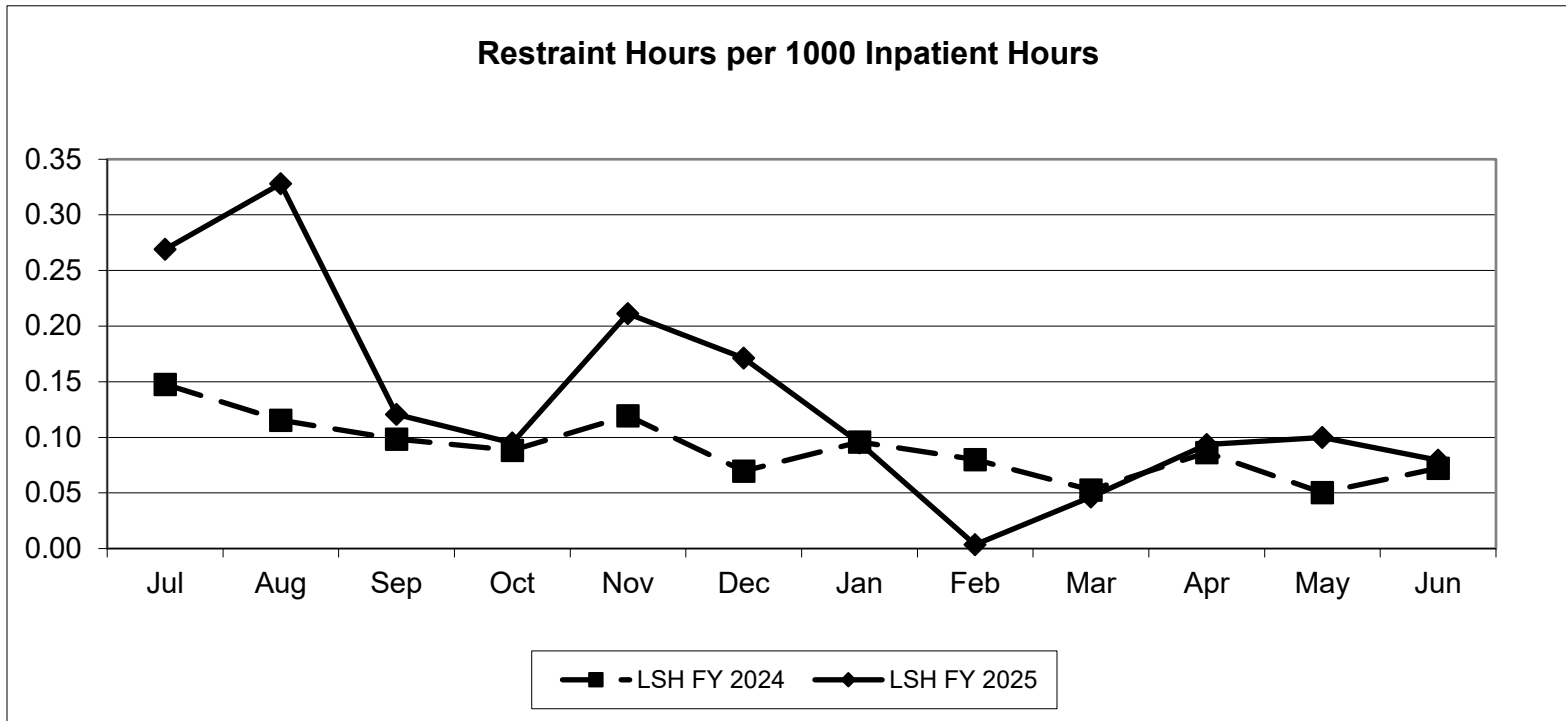
Description	FY 2023 Actuals	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average restraint hours per 1000 inpatient hours	0.168	0.090	0.134	0.13	0.125
Average seclusion hours per 1000 inpatient hours	0.043	0.042	0.037	0.035	0.033

Output Measures

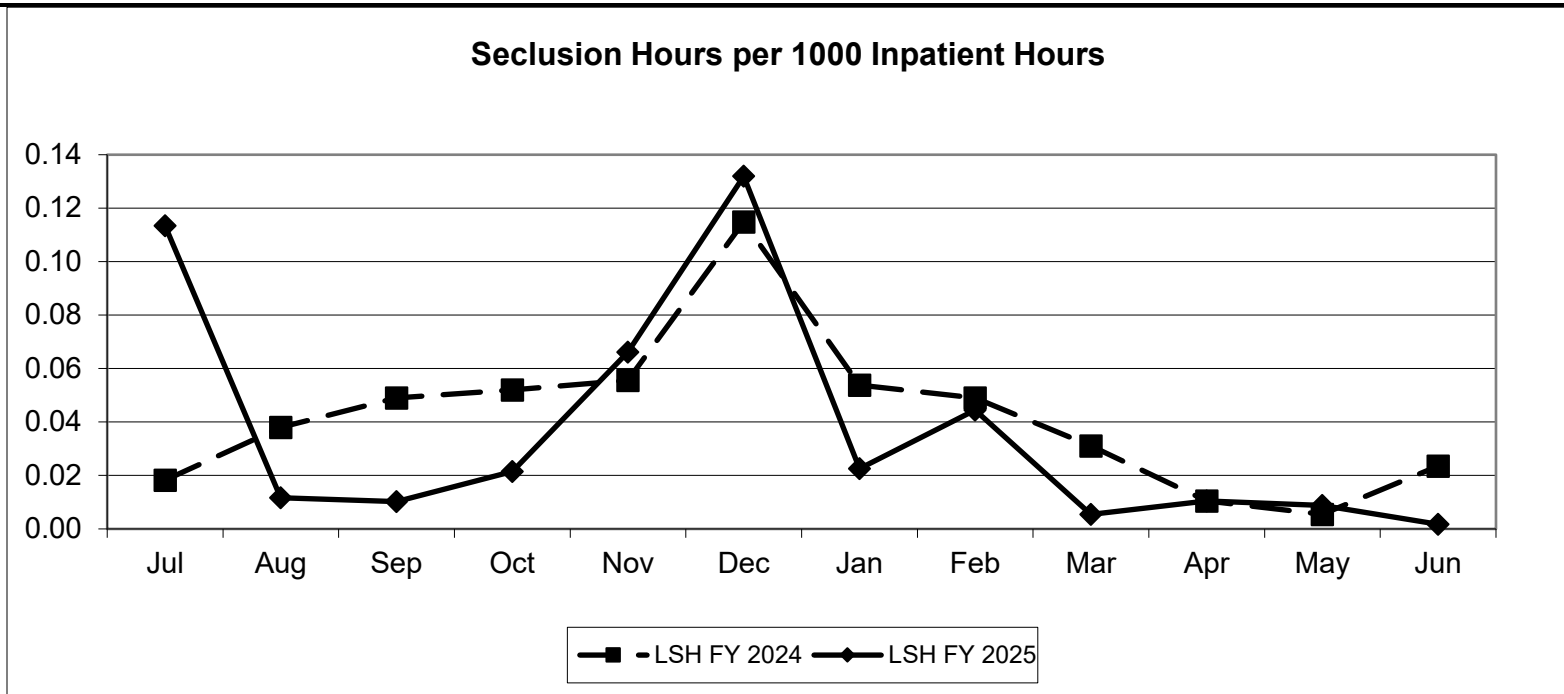
Description	FY 2023 Actuals	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average patient injuries per 1000 inpatient days	0.014	0.275	0.381	0.375	0.350
Average staff injuries from patient aggression per 1000 inpatient days	0.014	0.165	0.109	0.095	0.075

FY 2026 – FY 2027

Performance Measures for Objective #2:



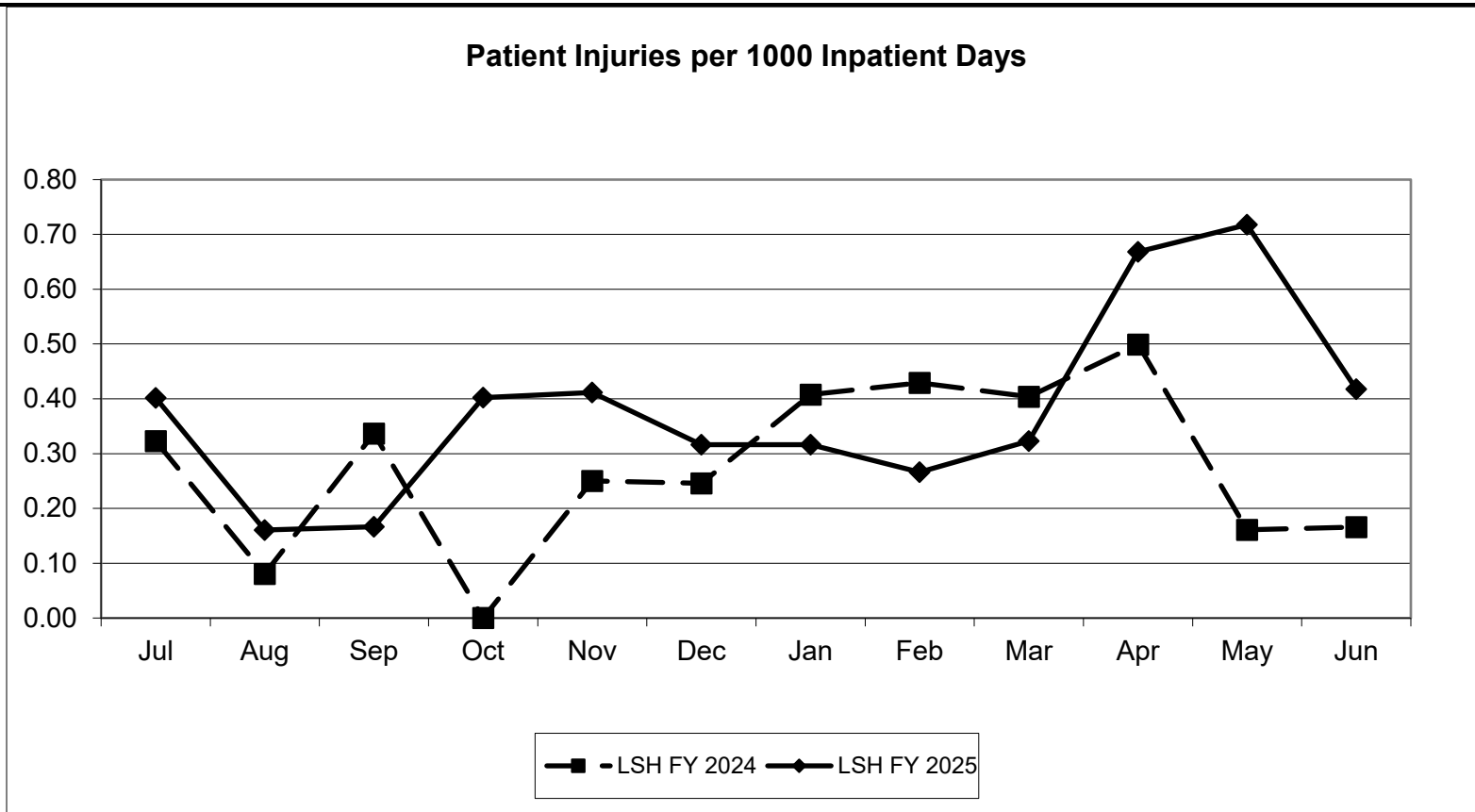
FY 2026 – FY 2027



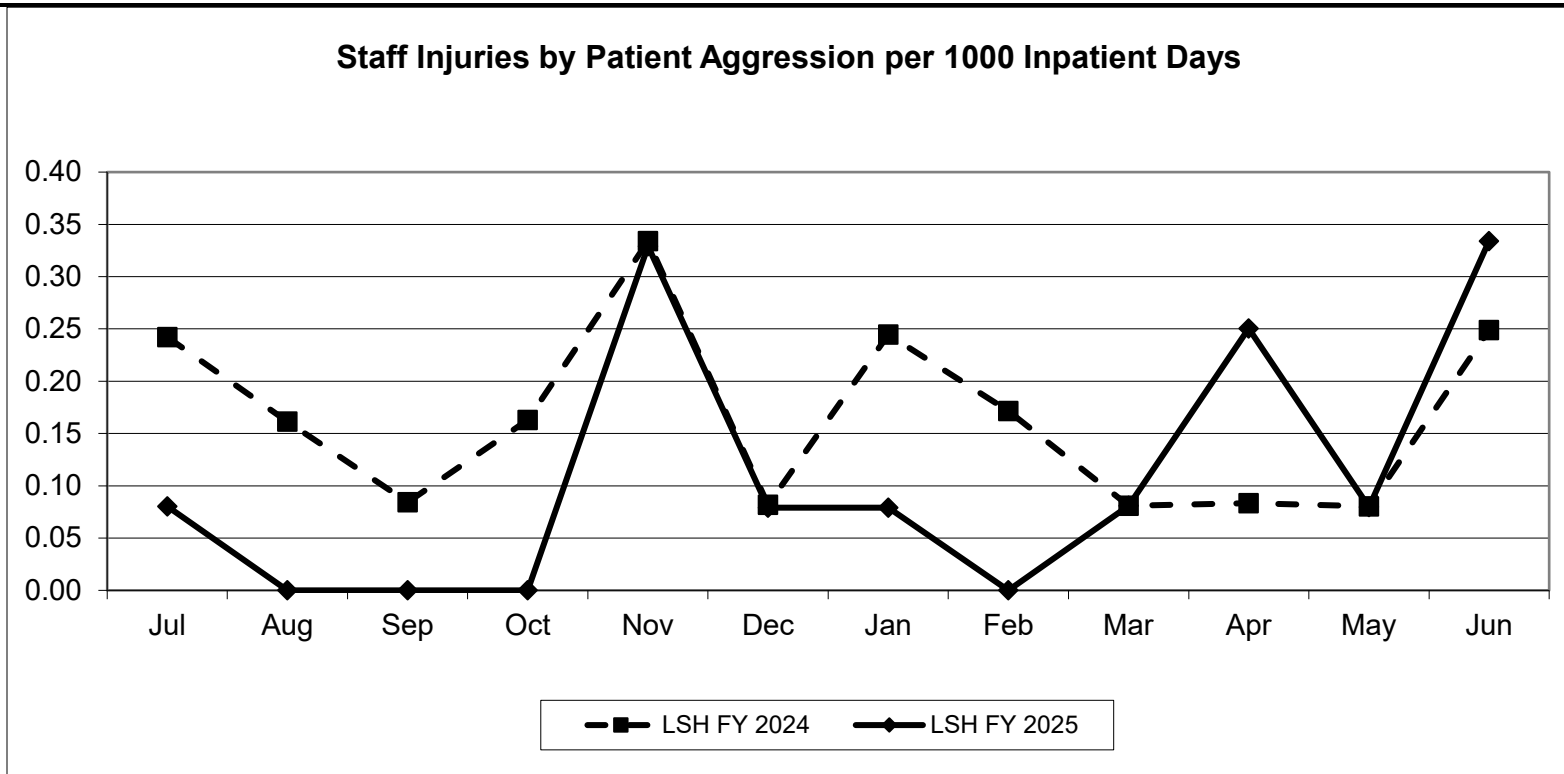
Output Measures

Description	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate	FY 2027 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).	98%	99%	99%	99%	99%

FY 2026 – FY 2027



FY 2026 – FY 2027



FY 2026 – FY 2027

Supplemental/Enhancement Request #1/2: Funding for Contract Agency Nursing Staff

Justification: Larned State Hospital (LSH) is requesting an increase of \$32,227,968 in SGF to the FY 2026 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 18 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.

To meet day-to-day operational needs of direct patient care, the Nursing Department requires approximately 27 RNs, 26 LMHTs/LPNs, and 246 MHDDs/CNAs every day to cover all three shifts for approximately 420 patients/residents that are within the three programs. Additionally, the nursing staff provide with patient 1:1 coverage when risk factors such as medical conditions, fall risk, suicide or homicidal ideation, or aggression are present. This requires a single staff member to be individually assigned to a patient/resident and always remain within arm's reach. These individual staff members cannot assist with any other unit tasks while assigned 1:1 with a patient/resident. These 1:1s increase the core coverage of the units by each patient/resident that requires a staff assigned specifically to them. LSH's average 1:1s for FY2025 was 30 patients/residents which requires 30 additional professionals needed per shift to maintain daily operations. LSH has observed an upward trend of increased 1:1s with PSP having the highest number of 1:1s followed by SPTP and then SSP. Despite improvements shown in the recruitment and retention efforts for state employees, LSH is not receiving sufficient applications to hire full-time employees at a rate that allows for discontinuation of contract nursing staff.

The table below breaks down the vacancy rate by Program at LSH. Looking at the last Fiscal Years, nursing vacancy rates have shown improvement from the start of the fiscal year in July 2024 until the end of the fiscal year in June 2025. SSP's vacancy rate dropped to 3.18%, PSP's vacancy rate dropped to 17.21%, and SPTP's vacancy rate dropped to 18.04%.

FY 2025 Monthly Vacancy Rate for Nursing Department Per Program

Rate	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
SSP	63.03%	68.85%	64.48%	62.93%	63.71%	65.04%	64.48%	64.48%	59.85%	61.39%	61.78%	59.85%
PSP	71.15%	64.85%	60.00%	56.36%	56.36%	56.36%	53.73%	53.73%	57.58%	52.75%	55.15%	53.94%
SPTP	74.04%	73.50%	74.96%	72.80%	69.60%	69.40%	66.40%	66.40%	64.00%	61.33%	59.20%	56.00%

FY 2026 – FY 2027

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 3.1%. 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 3,612 for 2025. LSH approaches recruiting from multiple angles and partners with several agencies, including working with schools and colleges. LSH attends job fairs within the state of Kansas, has hired outside sources to produce commercials airing on several media sites as well as streaming, posted on Facebook, advertised through KSN, circulated in publications, and marketed through multiple social media sites. LSH recognizes the impact employee satisfaction has on recruiting efforts when employees positively speak about their employment, which helps recruit more staff. Several interventions are in place at the hospital to continue to improve employee satisfaction, which can help assist with this recruitment strategy. However, despite 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. Factors that impact this include Larned's location within a smaller rural community, limited housing availability, limited community support and resources, limited access to recreational and social activities that support healthy work-life balance.

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 FY 2025, the cost averaged \$885,505 weekly for direct care agency staff. Agency Nursing Costs are approximately 2 times higher than FTE hourly pay. LSH has implemented Recruitment and Retention bonuses for FY 2025 to assist in increasing our FTE's and reducing the number of agency staff required.

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, to maintain minimal staffing levels on the 18 units. LSH holds 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. LSH has been able to better support state employees with work-life balance and unpredictable mandates using contract nursing. However, the repercussions of this intervention result in excessive costs beyond what LSH is allotted for its annual budget. During FY 2025, LSH spent a total of \$46 million on contract nursing. By the end of the FY2025 fiscal year, 242 contract nursing staff, including Nurses, Certified Nurse Aides (CNA) and Patient Care Support Staff (PCSS), were working on campus provided by different contract agencies.

The need for and cost of contractual nursing staff has increased the last several fiscal years. The state of Kansas has many agreements

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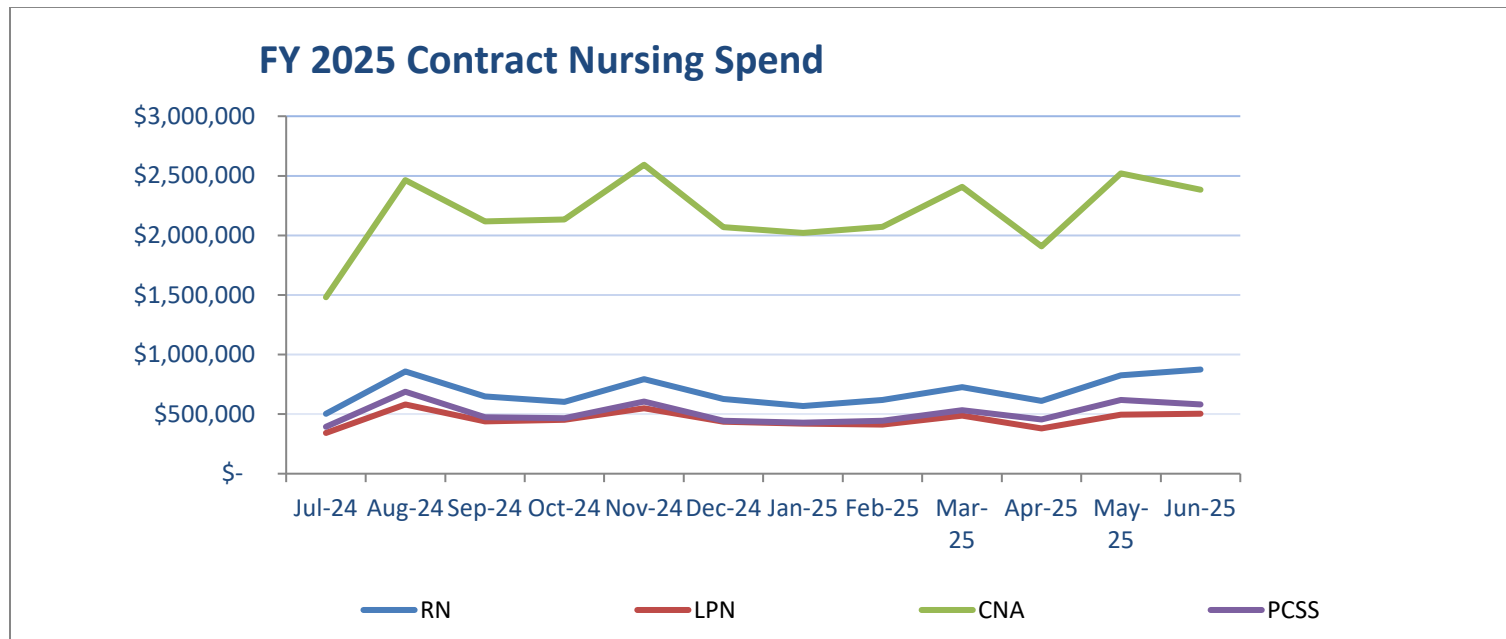
Agency Name: Larned State Hospital
Program Title: Supplementals/Enhancements

with contract nursing providers and LSH has established a \$90 per hour limit on the contracts used to provide contract nursing staff. This helps LSH provide a safe and secure environment and continue to care for patients/residents in a manner that effectively manages the funds spent on contract nursing. 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 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 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 has budgeted \$10.1 million for contract staffing in the FY2026 budget. The expected spending on contract staffing in FY 2026 totals \$42,327,968. The expected gap in FY 2026 is \$32,227,968.

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	\$ 41,314,749	-4%	250
FY 2025	\$ 46,046,248	11%	235
FY 2026 Estimate	\$ 42,327,968	-8%	240

FY 2026 – FY 2027



Supplemental Request #2/2: Funding to Open Additional SSP Competency Unit

Justification: LSH is requesting \$1,188,873 in SGF FY 2026 and \$4,765,494 in FY 2026 base budget and beyond to add additional staffing to open an additional SSP Competency Unit on Isaac Ray by April 1, 2026. Historically, the State Security Program (SSP) at Larned State Hospital (LSH) has dedicated three units on the Isaac Ray Building for males that have court orders related to competency. The impacts of the COVID-19 Pandemic along with chronic staffing challenges at LSH resulted in one of these three units being closed. This reduced the number of patients being served through SSP by 30 beds. Upon its closure as a SSP unit, it was later utilized as an isolation unit during the pandemic. Patients from the Psychiatric Services Program (PSP) with hold orders that were being admitted for care and treatment were then placed on this unit when the need no longer existed for an isolation unit. This unit will be available in FY 2026 as the PSP population moved back to the Adult Treatment Center (ATC) Building following security enhancements. The State Security Program needs this Isaac Ray unit for additional competency services. However, LSH is unable to staff this unit with FTE Nursing Staff due to the ongoing staffing challenge LSH faces along with needing an additional Psychiatrist

FY 2026 – FY 2027

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

Agency Name: Larned State Hospital
Program Title: Supplementals/Enhancements

assigned to this unit. LSH requests funding to assist with opening up this unit as another SSP unit. Receiving additional funding will help cover the cost of agency staff. The return of these 30 SSP beds would help increase the capacity which LSH can fulfill court orders from various counties across the state and reduce the wait list for the SSP program.

SSP Competency Unit	Fund/Budget	FY2026	FY 2027
Contractual Services	1000/0103	\$1,140,078	\$4,570,310
TOTAL		\$1,140,078	\$4,570,310

Priority	LSH Supplemental & Enhancement Requests	Fund/Budget	FY 2026	FY 2027
#1	Agency Nursing Staff	1000/0103	\$32,227,968	\$32,227,968
#2	SSP Competency Unit	1000/0103	\$1,140,078	\$4,570,310
	TOTAL		\$33,368,046	\$36,798,278

FY 2026 – FY 2027

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 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re- appropriation	Transfers	Supplemental/ Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	-	-	-	-	\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957
FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re- appropriation	Transfer	Enhancement/ Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0	-	\$15,000,000	-	-	-	\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457

FY 2026 – FY 2027

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 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848		-	\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459		-	\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401		-	(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914	-	(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311		-	(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)	-	\$1,499,914	-	\$8,386,809	
631	South Central Regional	SCR Fee Fund	2512	2512	\$0	-					\$0	
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-					\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700		-	(\$491,700)	\$1,150,000	\$0
		Title XIX No limit	2083	2300	\$15,700,000	-	\$2,143,696	-	-	(\$144,974)	\$17,698,722	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513		-	(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576	-	-	(\$227,474)	\$21,953,102	
	Total Fee Fund				\$64,440,815	\$0	\$10,248,117	\$0	\$0	(\$3,538,778)	\$71,150,154	
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'l Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0		-		\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0	-	-	-	\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096		-	-	\$2,597,996	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$0	-	-	-	\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308		-	\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0	-	-	\$0	\$7,000,000	
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000	-	\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0	-			\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700		-	(\$573,449)	\$1,153,251	\$0
		Title XIX No limit	2083	2300	\$19,500,000	-	\$144,974	-	-	(\$144,974)	\$19,500,000	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226		-	(\$240,352)	\$1,502,788	\$0
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474	-	-	(\$409,482)	\$21,817,992	
	Total Fee Fund				\$69,693,774	\$0	\$3,538,778	\$0	\$1,500,000	(\$1,368,257)	\$73,364,295	\$0

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

Agency Name: Larned State Hospital
Program Title: Revenue

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	Actual FY 2023	Actual FY 2024	Actual FY 2025	Projected FY 2026	Projected FY 2027
Medicare A	420610	1,282,256	2,166,296	1,460,655	1,497,171	1,534,601
Medicare B	420610	144,008	157,872	97,555	98,000	100,000
Insurance	420610	865,348	1,143,618	1,474,427	1,317,779	1,396,103
Private Pay-Care & Hosp.	420610	887,954	705,983	768,367	737,175	740,000
Kansas Debt Set Off	420610	37,784	24,676	32,727	28,702	29,500
	420610					
Total Hospitalization		3,217,350	4,198,445	3,833,731	3,678,827	3,800,203
Clerical Charges	420400	91	249	244	240	240
Educational Charges	420500					
Sale of Salvage	422500	15,957	62,527	57,038	20,000	20,000
Sale of Unusable Condemed	422600					
Sale of Meals & Proces. Food	422700	5,427	13,653	15,527	15,527	15,527
Other Interest	430900	5	8	7	7	7
Rent of Unimproved Land	431100	31,750	31,750	31,750	31,750	31,750
Rent of Real Estate & Bldg.	431200	121,991	101,867	49,613	27,500	27,500
Other Misc Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expen.	462110	18,110	16,397	22,906	17,500	17,500
Reimbursement and Refunds, Othe	462900	1,981	9,968	29,683	10,000	10,000
Recovery of Prior FY Expen.	469010	11,125	9,153	10,461	10,000	10,000
Total		3,423,787	4,444,017	4,050,960	3,811,351	3,932,727

FY 2026 – FY 2027

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.

Account Code 5100: Salaries and Wages

Summary: The 56 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$4,933,872 is requested. The shrinkage rate is 7.2%.

FY 2027: \$4,777,953 is requested. The shrinkage rate is 8.8%.

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 Larned State Correctional Facility (LSCF) is tracked through Administration, which includes water, sewer and laundry services.

FY 2026: \$1,006,282 is requested.

FY 2027: \$1,013,736 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2026: \$107,771 is requested.

FY 2027: \$107,671 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$245,401 is requested.

FY 2027: \$245,401 is requested.

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

Agency Name: Larned State Hospital
Program Title: Administration

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
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	97%	97%	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	100%	100%	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.	1.1%	0.0%	10.0%	5.0%	5.0%

FY 2026 – FY 2027

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

Agency Name: Larned State Hospital
Program Title: Administration

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Administration	Human Resources Continued	Percent of performance review feedback forms completed within review timeframes.	76%	75%	95%	95%	95%
Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
	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%	100%	100%
	Quality Management	Number of campus wide performance improvement projects completed per fiscal year.	3	3	1	4	4
	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.	91%	95%	94%	94%	94%

FY 2026 – FY 2027

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 new supervisory and leadership training. 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 the annual Mental Health Conference for professional staff to receive continuing educational units required for re-licensure. The Mental Health Conference not only provides educational opportunities for LSH, but also for clinical staff in rural and underserved communities, including Community Mental Health Centers and other community providers in and around western Kansas.

Account Code 5100: Salaries and Wages

Summary: The 4 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$325,380 is requested. The shrinkage rate is 5.0%.

FY 2027: \$320,913 is requested. The shrinkage rate is 5.0%.

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 2026: \$254,802 is requested.

FY 2027: \$224,808 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2026: \$33,673 is requested.

FY 2027: \$33,673 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$3,076 is requested.

FY 2027: \$3,076 is requested.

PROGRAM: Psychiatric Services Program – 32750

Program Overview:

The Psychiatric Services Program (PSP) provides psychiatric treatment to patients from 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 are 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 the Adult Treatment Center (ATC) building. Unit one is the Crisis Stabilization Unit (CSU). It serves patients from the community who require acute stabilization. The second unit is ATC West; these patients have chronic conditions that require longer care. The final unit is ATC East, which 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. Beds on the Adult Treatment Center have deemed Status from the Centers for Medicare and Medicaid Services (CMS) and are accredited by The Joint Commission (TJC).

Patients are admitted to PSP for both evaluation and acute 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 people 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 or stability. Patients attend programming away from the living units 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, promotes independence, and develops skills needed for successful community reintegration. The treatment approach 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 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 107 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$8,251,003 is requested. The shrinkage rate is 19.5%.

FY 2027: \$8,283,588 is requested. The shrinkage rate is 18.9%.

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. SIBF funds (8100/8400) will be expended in FY 2026 for additional areas of coverage for the PSP video surveillance system.

FY 2026: \$5,567,399 is requested.

FY 2027: \$5,325,233 is requested.

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

**Agency Name: Larned State Hospital
Program Title: Psychiatric Services Program**

Account Codes 5300 - 5390: Commodities

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

FY 2026: \$879,669 is requested.

FY 2027: \$661,886 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for SSP patients.

FY 2026: \$50 is requested.

FY 2027: \$50 is requested.

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

Agency Name: Larned State Hospital
Program Title: Psychiatric Services Program

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	73%	86%	67%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	97%	99%	98%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	93%	94%	95%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	96%	97%	95%	100%	100%
		Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.	79%	75%	57%	90%	90%
		Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.	96%	96%	94%	100%	100%

FY 2026 – FY 2027

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

Agency Name: Larned State Hospital
Program Title: Psychiatric Services Program

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Psychiatric Services Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	98%	100%	99%	95%	95%
		Percent of completed patient progress notes per policy timeframes.	98%	99%	97%	95%	95%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	100%	95%	95%
	Psychological Services	Court reports will be completed by the internal due date.	97%	98%	97%	100%	100%
		Offer a minimum of 4 hours of active treatment per week to all patients.	93%	91%	98%	100%	100%

FY 2026 – FY 2027

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 patients from the entire State of Kansas, which are admitted through specific forensic statutes from county jails 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. LSH has the capacity to open an additional unit with 30 beds. However, the vacancy rate of the Nursing Department does not allow for this unit to be utilized. Current vacancy rates for direct care nursing staff are 40.24% for MHDD, 85.29% for LMHTs/LPNs and 78.57% for RN's. Until the nursing department vacancy rate reaches less than 20% for each of these disciplines, SSP cannot safely open this additional 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 in the community for individuals who may be on bond. In September 2019, SSP began the mobile evaluation process using LSH staff to conduct

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competency services in county jails. LSH has observed a notable impact on the SSP wait list following the introduction and continued expansion of mobile competency services in jail settings across the state.

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. KDADS contracts with Wheat State Healthcare to use the Community Mental Health Center network to perform competency evaluations and restoration treatment in county jails.

LSH has submitted a Supplemental Budget request totaling \$1,140,078 in FY 2026 and \$4,570,310 in FY 2027 base budget and beyond to open an additional SSP Competency Unit by April 1, 2026.

Larned State Hospital Supplemental Request Summary State Security Services Program:

SSP Supplemental Request	Fund/Budget	FY 2025	FY 2026
SSP Competency Unit	1000/0103	\$1,140,078	\$4,570,310
Total		\$1,140,078	\$4,570,310

Account Code 5100: Salaries and Wages

Summary: The 124 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$9,641,218 is requested. The shrinkage rate is 17.6%.

FY 2027: \$9,770,906 is requested. The shrinkage rate is 15.9%.

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 2026: \$5,344,454 is requested.

FY 2027: \$5,319,133 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2026: \$789,658 is requested.

FY 2027: \$703,138 is requested.

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for a replacement transport vehicle to replace a vehicle that is getting older and having mechanical issues.

FY 2026: \$25,000 is requested.

FY 2027: \$0 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for SSP patients.

FY 2026: \$100 is requested.

FY 2027: \$100 is requested.

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Division of the Budget
State of Kansas

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

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
State Security Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	100%	100%	98%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	98%	99%	99%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	89%	86%	84%	90%	90%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	97%	95%	98%	97%	97%
		Percent of completed nursing progress notes on time (as per policy).	84%	87%	88%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	69%	92%	93%	90%	90%

FY 2026 – FY 2027

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

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

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
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%	98%	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.	94%	96%	92%	90%	90%
		Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.	92%	96%	100%	90%	90%
		Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.	100%	99%	100%	90%	90%

FY 2026 – FY 2027

PROGRAM: Sexual Predator Treatment Program – 32900

Program Overview:

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 return residents to the community where they can function as contributing and productive citizens.

SPTP provides evidenced based and individualized therapeutic treatment to each resident 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 are offered 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 develop 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), or 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 their 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 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 SPTP.

At present, SPTP has 283 Residents which includes 235 Residents on the LSH campus, 29 in Reintegration Facilities, 9 on Transitional Release living at a Reintegration Facility and 8 individuals on Conditional Release (in addition to 11 SPTP Residents currently in KDOC which will be returned to LSH inpatient upon completion of their sentences). Although the goal of advancing in the program is geared toward resident's building independence, including financial independence, LSH still holds responsibility of providing financial support to some residents that enter into the reintegration facilities if they are unable to locate jobs, lose employment, or have other factors preventing them from covering their expenses. As the program expands, it is confronted with limited resources while addressing an increasingly resistive, medically ill, and aging population. LSH increased the number of Unit Leaders by assigning each unit a Unit Leader as well as focusing on medical services that could be provided and/or expanded on campus to help with acute and chronic medical conditions.

SPTP faces challenges being spread among three buildings on a 78-acre campus, increased medical needs requiring multiple off site transports daily, resident placement issues due to verbal and physical aggression and the inability to house certain residents together, managing treatment resistant residents, and 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 struggle with limited options 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 and require additional staff management of their medical acuity, additional treatment-related modifications, and additional Activity Therapy courses that meet the needs of medical limitations, which the inpatient component of SPTP is struggling to provide. The current average age of SPTP residents is 57 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 more than 30 residents which limits their ability to provide individual therapy treatment sessions. Further, due to limitations of group space and daily living needs (meal and medication times throughout the day), reduces the times group therapy can be provided and the number of groups that can be provided each quarter. Given the length of time of some individuals in SPTP, we are also required to continually research and purchase additional treatment materials to continue teaching residents new treatment concepts, or present prior treatment concepts in a different way. Activity

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Program Title: Sexual Predator Treatment Program

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 to be successful on Tier Three, Transitional Release, and Conditional Release. There are only 2 VTP positions, which limits the amount of jobs available for residents to secure funds for advancement.

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. This includes finding adequate transportation for some residents with medical limitations (Traumatic Brain Injuries, eyesight issues). Given the locations of these Reintegration Facilities, there are limited opportunities for alternative transportation (i.e. buses, Lyft, etc.). For the residents on Conditional Release, SPTP has fulfilled its charge to rehabilitate individuals who can safely function in the community. However, due to the resident's ages, sometimes living independently or semi-independently poses concern during emergent needs. For example, one resident recently suffered a heart attack and had to be transported emergently out-of-state; this required additional intervention by the Conditional Release Monitor. Residents who are medically incapable of caring for themselves, and statutory living requirements, limits their ability to ever live in a nursing home, and create a longer transport for routine and emergent medical care.

Account Code 5100: Salaries and Wages

Summary: The 231 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$18,289,424 is requested. The shrinkage rate is 18.2%.

FY 2027: \$17,885,160 is requested. The shrinkage rate is 19.6%.

FY 2026 – FY 2027

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

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 2026: \$12,321,294 is requested.

FY 2027: \$12,612,980 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2026: \$1,421,693 is requested.

FY 2027: \$1,421,693 is requested.

Account Codes 5400 - 5490: Capital Outlay

Summary: LSH plans to replace two SPTP transport vehicles in FY2026 and FY2027 to remove older vehicles with mechanical issues.

FY 2026: \$50,000 is requested.

FY 2027: \$50,000 is requested.

Account Code 55500: Total Other Assistance

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

FY 2026: \$8,670 is requested.

FY 2027: \$8,670 is requested.

FY 2026 – FY 2027

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State of Kansas

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

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Sexual Treatment Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	92%	78%	84%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	100%	100%	99%	99%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	80%	93%	100%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	87%	80%	80%	100%	100%
		Percent of completed nursing progress notes on time (as per policy).	69%	76%	89%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	96%	94%	93%	100%	100%

FY 2026 – FY 2027

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

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
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.	91%	90%	88%	95%	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%

FY 2026 – FY 2027

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 as needed during hospitalization. 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 ensure quality 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, serving as laboratory manager, assistant manager and 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, the laboratory is undergoing reestablishment after the abrupt loss of the previous lab manager, the replacement of laboratory analyzers for hematology and

chemistry, the introduction of a new electronic health record and updating of the Labdaq interface software.

The Infection Prevention and Control (IPC) Program is responsible for providing infection prevention and control services for LSH. Two Infection Preventionists, along with the multidisciplinary 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. Hand hygiene and appropriate use of personal protective equipment (PPE) are emphasized as the primary way to prevent the spread of infection. Prevention services are offered to the employees of LSH including, yearly influenza vaccinations, COVID-19 vaccinations, hepatitis B vaccinations, tetanus (Td) vaccinations and Tb skin testing. Providing measles vaccines is currently under consideration.

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, the 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 provide patients with the opportunity to hear about community supports and resources available in their area. Staff members also work closely with the hospital liaisons from the Community Mental Health Centers to connect each patient with services prior to 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., Risk Management Committee, Utilization Review Committee, 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 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.

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Agency Name: Larned State Hospital
Program Title: Ancillary Services

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 2026 base budget and beyond totaling \$32,227,968 for Agency Nursing Staff. This request is to fund expected costs of contracted staff services to supplement the RN, LPN, Certified Nurse Aide, and Mental Health Technician positions to maintain the current patient capacity across the programs.

Ancillary Supplemental Request	FY 2026	FY 2027
Agency Nursing Staff	\$32,227,968	\$32,227,968
Total	\$32,227,968	\$32,227,968

Account Code 5100: Salaries and Wages

Summary: The 67.5 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$10,690,108 is requested. The shrinkage rate is 14.8%.

FY 2027: \$10,774,807 is requested. The shrinkage rate is 12.8%.

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 2026: \$608,193 is requested.

FY 2027: \$555,292 is requested.

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 2026: \$323,479 is requested.

FY 2027: \$323,479 is requested.

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. Previously, orders for canteen were processed and fulfilled by a contractor until June 2025 when LSH took over an internal Canteen process for patients and residents to utilize. 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.

- **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 2025 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 144 professionals registered and attended the 2024 conference from 35 different counties across Kansas. 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 with 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 2025 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund: \$104,173.39
- Canteen Fund: \$172,814.55
- Work Therapy Fund (Prairie Treasures): \$214,868.09
- LSH Wood Crafters: \$6,157.95
- LSH Mental Health Conference (Benefit Fund): \$4,835.43
- Employee Use Fund: \$10,983.23
- Route 264 Sunflower Grill: \$48,036.62

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 Larned State Correctional Facility (LSCF.) LSH is responsible for paying for the sewer and water usage for the buildings that are currently being utilized by LSCF as part of an agreement and exchange for inmate labor that is utilized on LSH campus. 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, staff, and visitors. 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 and SSP in some areas on Dillon, Jung, and Isaac Ray buildings.

The Safety and Security Department is responsible for the safety and security of the physical plant and 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 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. 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 and handle 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 the switchboard operator and mailroom for the hospital. Furthermore, the department patrols the campus providing traffic safety and the security of staff and patients moving about the campus area.

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.

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 2018, Sodexo was awarded the food service management contract. Sodexo provides all food services for patients, residents, and 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

Narrative Information – DA 400
Division of the Budget
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Agency Name: Larned State Hospital
Program Title: Physical Plant & Central Services

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 dietitian 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 939,140 pounds of textiles and clothing items for LSH and LSCF in FY 2025. Listed below is the percentage for each agency:

- Larned State Hospital 58%
- Larned State Correctional Facility 42%

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 to 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.

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

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

Account Code 5100: Salaries and Wages

Summary: The 138 FTE in this program consists 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 2026 and FY 2027, including fringe benefits, health insurance and longevity.

FY 2026: \$9,849,637 is requested. The shrinkage rate is 13.5%.

FY 2027: \$9,808,990 is requested. The shrinkage rate is 12.6%.

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 2026: \$945,010 is requested.

FY 2027: \$815,482 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 2026: \$891,423 is requested.

FY 2027: \$886,073 is requested.

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Division of the Budget
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Agency Name: Larned State Hospital
Program Title: Physical Plant & Central Services

Account Code 5400 - 5490: Capital Outlay

Summary: Capital Outlay is requested for computer and office equipment.

FY 2026: \$39,419 is requested.

FY 2027: \$39,419 is requested.

Account Code 57000: Non-Expense

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

FY 2026: \$2,500 is requested.

FY 2027: \$2,500 is requested.

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Division of the Budget
State of Kansas

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

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
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%

FY 2026 – FY 2027

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.