September 14, 2026

Mr. Adam Proffitt, Director
Division of the Budget
915 SW Harrison, Suite 310
Topeka, KS 66612

Dear Mr. Proffitt:

As Superintendent of Larned State Hospital (LSH), I am pleased to present you with our FY 2027 and FY 2028 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.

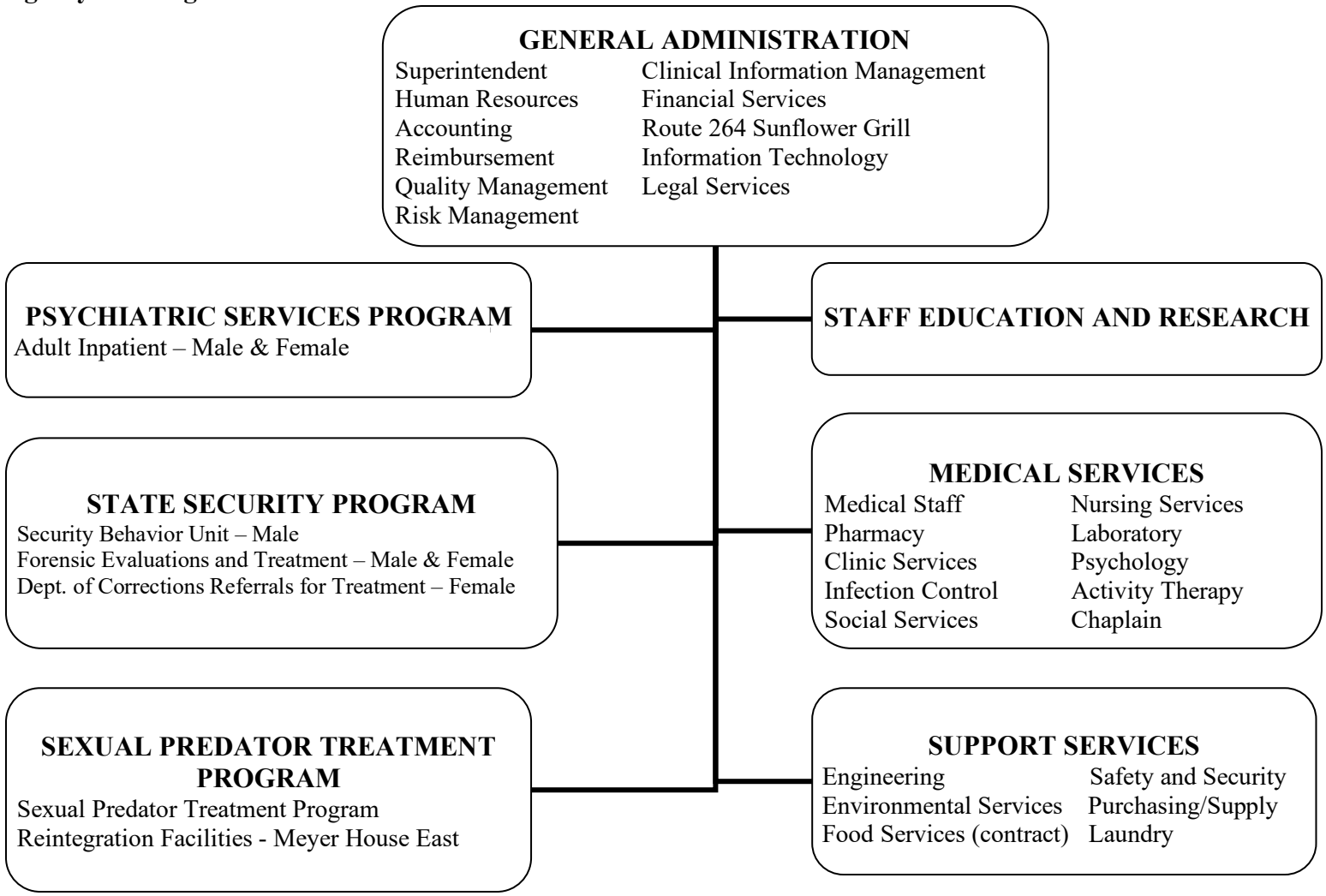
Please feel free to contact us should you have questions or require additional information.

Sincerely,

Lindsey Topps

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

Agency Funding Chart



GENERAL AGENCY INFORMATION

AGENCY MISSION: To strengthen the behavioral health system in Kansas by partnering with consumers, community providers, and the justice system to deliver coordinated mental health and support services while maintaining commitment to public safety.

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

AGENCY CORE VALUES: The following values are the foundation of how we bring our mission to life each day. These values were identified and selected by our staff, reflecting the voices, experiences, and shared priorities of our hospital community. As such, they represent who we are at our best and the culture we are committed to building together. These values guide our interactions, decisions, and behaviors across all roles and departments. Our core values are respect, compassion, integrity, accountability, communication, and teamwork.

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 within the Adult Treatment Center (ATC) at Larned State Hospital (LSH), is fully accredited by the Joint Commission (JC) and certified by the Centers for Medicare and Medicaid Services (CMS). Hospital personnel work diligently to maintain JC and CMS standards and expectations to ensure the consistent provision of a high level of environmental safety, quality treatment, and patient care. LSH's commitment to maintaining these high standards demonstrates the hospital's commitment to patients, their families, and communities throughout Kansas. LSH completed its most recent triennial survey by JC in March 2026, resulting in continued accreditation of the PSP program for an additional three years. In addition to JC and CMS oversight, LSH maintains licensure and regulatory oversight through the Kansas Department of Health and Environment (KDHE) for the PSP, State Security Program (SSP), and Sexual Predator Treatment Program (SPTP). These continued accreditations, certifications, and regulatory relationships reflect LSH's ongoing commitment to maintaining a safe treatment environment, meeting established standards of care, and providing quality behavioral health services to the individuals entrusted to its care.

OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:

Agency Overview: For FY 2027, LSH requests revised expenditures totaling $108,535,892 of which $90,090,173 is from the State General Fund. For FY 2028, LSH requests expenditures totaling $109,665,192 of which $93,249,167 is from the State General Fund.

The agency has requested change packages for FY 2027 and FY 2028. This revises the agency budget request to $126,535,892 for FY 2027 and $132,431,268 for FY 2028. 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:

During FY2026, LSH focused on strengthening its workforce, expanding clinical capacity, improving organizational culture, enhancing patient safety and regulatory readiness, and developing sustainable strategies to meet the evolving needs of the populations it serves. The following initiatives reflect key investments and organizational improvements implemented during FY2026 that position LSH for continued progress in FY2027.

Workforce Recruitment & Retention Strategy. In late 2023, LSH's vacancy rate for the hospital was approximately 44%, with the largest deficits occurring in Nursing and Safety and Security, along with vacancies across medical, operational, and support service areas. The vacancy rate decreased to 33% by the start of FY2026 and as low as 26% by the conclusion of FY2026, with nearly all support and operational roles either filled or quickly filled when vacancies occurred. Following the retirement of the previous Chief Medical Officer (CMO) in January 2026, LSH recruited a new CMO who joined in May 2026. The Medical Department has also filled nearly all vacant positions as of August 2026. Safety and Security experienced a significant increase in hiring following an approved starting pay adjustment in late 2025 to align more closely with the Kansas Department of Corrections (KDOC) facility located on the same grounds. As of July 1, 2026, the department had 14 vacant FTE positions within a total of 89 FTEs.

Workforce Stabilization & Contract Staff Reduction. LSH has continued to increase the number of MHDD Technicians employed in state positions while reducing reliance on contract staffing for these roles. In addition, LSH established Certified Nursing Assistant (CNA) classifications within the staffing plan to improve quality care for patients who would benefit from the specialized skills of a CNA while also providing a professional growth opportunity for employees. As of August 2026, 12 CNAs had been incorporated into

the workforce through internal promotions, external applicants, and contract staff with CNA licenses who converted to state employment. Several professionals also transitioned from contract to state positions, including two contract medical providers and multiple RNs, LPNs, and MHDDs. As of August 2026, 16 contract professionals have transitioned to state employees. These efforts reflect a continued shift toward a more sustainable state workforce while maintaining focus on recruitment, retention, and long-term workforce stability.

LSH FTE/Contract Position Count

July 1, 2025 vs. June 30, 2026

Position	July 1, 2025	June 30, 2026	Change
Safety and Security Officers	57	75	**18**
State RNs	39	51	**12**
State MHDDs	187	208	**21**
Contract RNs	40	37	**-3**
Contract LPNs	28	17	**-11**
Contract MHDDs	171	135	**-36**

Note: Positive values indicate an increase in position count; negative values indicate a decrease.

Organizational Culture & Employee Engagement. In July 2025, LSH began a culture transformation initiative focused on helping employees feel more supported, recognized, valued, and connected to the organization. The initiative was designed to strengthen the employee experience and help address some of the challenges associated with working at a rural state psychiatric hospital, including mandatory overtime, shift work, the complexity of the patient population, and limited access to restaurants, shopping, entertainment, and community activities. By strengthening the employee experience and creating a workplace where employees feel supported and appreciated, LSH sought to improve its ability to recruit, retain, and engage employees in a challenging workforce environment. The direction of the initiative was led by employee feedback, including the Employee Engagement and Workplace Survey conducted by the University of Kansas Rural Health and Education Services in July 2025 and a general employee satisfaction survey conducted by LSH in September 2025. This feedback helped guide initiatives implemented over the past year to better support state employees while maintaining a focus on high-quality patient care. One year into the initiative, LSH has incorporated several changes that reflect the requests made by the state employees along with implementing a Culture Charter that reflects the revamped mission of the facility, core values selected by state employees, incorporation of the Just Culture framework, and the organizational mantra of "**One Heart. One Team. One Mission.**"

These efforts have contributed to systematic changes in how LSH approaches employee concerns, accountability, communication, and

problem-solving. The agency's continued shift toward a more solution-focused approach, along with the implementation of a "Speak Up" culture, provides employees with greater opportunity to identify concerns, contribute ideas, and participate in improving the organization. These strategies establish a foundation for continued cultural transformation while strengthening the workforce environment and supporting LSH's ability to provide safe, high-quality mental health care.

Professional Growth & Leadership Development. During FY2026, LSH placed an increased emphasis on creating professional growth and leadership development opportunities for employees across the organization. LSH offered 51 professional development trainings throughout the year, with 360 employees signing up and 303 employees participating in these opportunities. Training topics included areas such as leadership development, performance management, professionalism, communication, documentation, working with difficult patients, emotional intelligence, and other skills directly applicable to the LSH work environment. Opportunities were made available across programs and departments, providing both clinical and non-clinical employees with opportunities to strengthen their knowledge, develop new skills, and prepare for increased responsibilities within the organization.

The initiative also supported LSH's broader effort to develop employees from within the organization and create pathways for future leaders. By providing accessible opportunities for employees to build professional and leadership skills, LSH is working to strengthen employee engagement, improve retention, and develop a workforce capable of assuming greater responsibility as organizational needs evolve. This investment is particularly important in a rural healthcare environment where recruiting experienced leaders and specialized professionals can be challenging. Developing employees internally allows LSH to retain institutional knowledge, recognize employees who demonstrate leadership potential, and create a stronger pipeline for future supervisory and leadership positions. Together, these efforts represent an investment in the current workforce while building the leadership capacity needed to support the long-term success of LSH.

Clinical Workforce Pipeline Development. LSH has emphasized a focus on strengthening its clinical workforce pipeline by creating opportunities for students to gain meaningful behavioral health experience while developing pathways to permanent employment and career advancement. During the 2025–2026 academic year, three of the four Social Work students who completed bachelor's-level internships with LSH transitioned into permanent FTE positions. These three employees, along with two additional Social Worker students currently employed with LSH, will continue their professional development during the 2026–2027 academic year while pursuing master's degrees. LSH is also supporting the development of future psychologists through two master's-level psychology students completing practicum and internship experiences within the Psychiatric Services Program (PSP).

Additionally, all three Pre-Doctoral Psychology Interns from the 2025–2026 cohort successfully completed their doctoral degrees and elected to remain at LSH for the 2026–2027 year to complete Post-Doctoral Fellowship experiences. LSH further demonstrated the

strength of its psychology training program by matching with all four available Pre-Doctoral Internship positions for the 2026–2027 cohort, with the new interns beginning their experiences in August 2026.

LSH is also investing in internal career advancement opportunities for employees pursuing licensed nursing careers. Multiple LSH employees are currently enrolled in nursing programs working toward LPN and RN licensure. During the 2025–2026 school year, two employees advanced from MHDD positions into LPN positions and are now working as LPNs at LSH while continuing their education toward RN licensure. These internal advancement opportunities allow LSH to retain experienced employees and institutional knowledge while developing additional licensed clinical staff to meet the needs of the hospital. Together, these efforts establish a sustainable workforce pipeline that extends from academic training and internships to permanent employment, internal career advancement, and professional licensure, supporting recruitment, retention, employee development, and long-term clinical workforce capacity at LSH.

Regulatory Readiness, Patient Safety & Quality. LSH continued to strengthen regulatory readiness, patient safety, and quality throughout FY2026 and into FY2027. The hospital completed the required Joint Commission corrective actions and received final acceptance in July 2026, representing a significant organizational milestone. In addition to addressing identified regulatory requirements, LSH continued to utilize Root Cause Analyses (RCAs), performance improvement projects, medication-safety initiatives, and workplace-violence monitoring to identify risks, address system-level concerns, and support sustained improvement. These efforts reflect an ongoing commitment to maintaining regulatory compliance while strengthening patient safety, quality of care, and operational accountability. For a state psychiatric hospital, continued investment in these areas is critical to reducing organizational risk and maintaining the standards necessary to meet complex clinical and operational needs.

Behavioral Health Micro-Credentialing Workforce Initiative. LSH collaborated with Barton Community College to support the establishment of a behavioral health micro-credentialing program designed to expand access to specialized mental health education and strengthen the behavioral health workforce without requiring individuals to pursue a full associate or bachelor's degree. The program provides flexible, stackable educational opportunities organized into three areas of focus: Foundational Mental Health Knowledge, Communication in Mental Health, and Patient Navigation. The initiative provides an innovative pathway for current employees and individuals entering or advancing within the behavioral health field to develop targeted knowledge and skills that can be immediately applied in the workplace. For the LSH workforce, these opportunities provide accessible professional development that can strengthen behavioral health knowledge, improve communication and patient interactions, enhance understanding of patient needs and navigation of services, and support career advancement.

While initially supporting the educational needs of individuals within LSH, the program has the potential to benefit the broader

Kansas behavioral health system by creating accessible professional development opportunities for employees, community providers, and other individuals seeking specialized training. This partnership represents LSH's continued investment in workforce development, career advancement, and sustainable pathways into public behavioral health.

Enhanced 1:1 Supervision & Workforce Optimization. LSH initiated an increased emphasis during FY2026 and into FY2027 on establishing additional standards, criteria, and management processes for patients requiring increased 1:1 supervision. LSH recognized an increasing demand for 1:1 supervision among patients experiencing challenges such as suicidal ideation, increased aggression, medical vulnerabilities, and other identified safety risks. While 1:1 supervision remains an important safety intervention when clinically or medically necessary, it also creates an increased staffing demand by requiring an individual employee to be assigned to each patient. During FY2026, LSH averaged approximately 34 patients per day, requiring 1:1 supervision, creating a significant operational and workforce impact on the facility.

In response to this demand, increased medical and clinical focus has been placed on the use and management of 1:1 supervision. LSH established clearer criteria and standards for when 1:1 supervision is clinically or medically indicated, while placing greater emphasis on documenting interventions, treatment strategies, and other risk-reduction measures that can be used to safely reduce or eliminate the need for 1:1 supervision when appropriate. The intent is to ensure that 1:1 supervision is utilized as a purposeful and clinically appropriate intervention while identifying opportunities to help patients safely progress away from the need for continuous supervision.

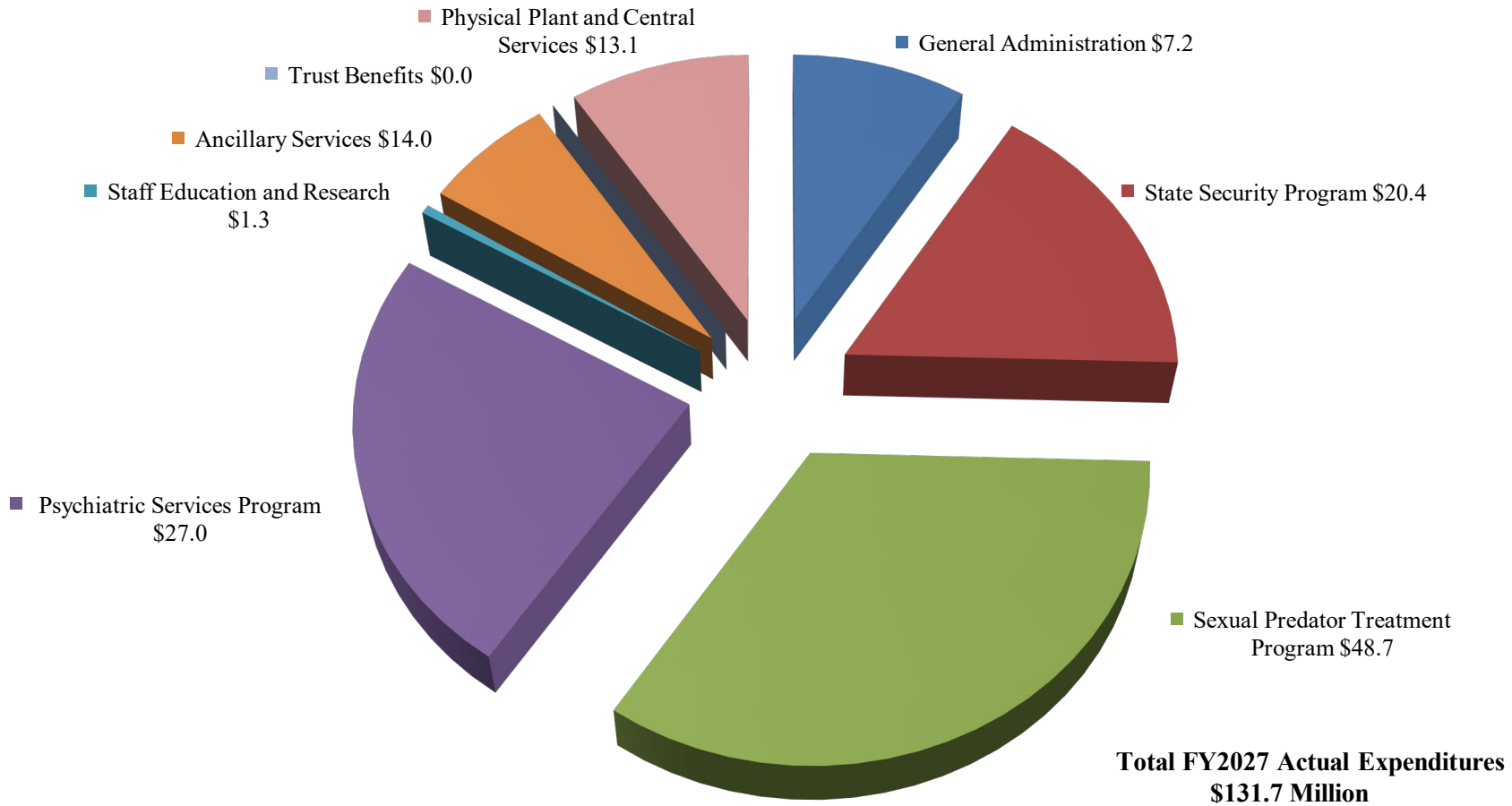
This process remains in the early stages of implementation due to the complex and individualized risks presented by patients requiring increased supervision. However, LSH anticipates that establishing a more consistent and structured approach will provide clearer expectations for clinical teams, patients, and staff, while promoting interventions that help patients safely manage identified risk factors and regain greater autonomy. Over time, this approach is expected to support patient progression and improve the effective deployment of the workforce while maintaining patient safety as the primary focus.

Clinical Services & Hospital Capacity. LSH continues to expand its internal clinical and medical capacity to better meet the complex needs of its patient population. Key accomplishments included the expansion of medical services, recruitment of additional medical providers, improvements to laboratory services, increased pharmacy staffing, and the restoration of dental services. These efforts have strengthened LSH's ability to provide a broader range of medical and clinical services on campus, improving access to care and supporting continuity between medical and behavioral health treatment. The restoration and enhancement of these services represent an investment in overall hospital capacity and quality of care while supporting patient safety, quality of life, and efficient use of hospital resources.

Supporting an Aging SPTP Population. The Sexual Predator Treatment Program (SPTP) has increased its emphasis on adapting assessments and treatment approaches to accommodate a clientele that continues to age, with the average age of an SPTP resident now being 57. LSH has expanded neuropsychological evaluations to better assess cognitive changes and support appropriate adjustments to treatment plans and clinical interventions. The program has also focused on medically necessary accommodations, including medical devices and other supports for mobility, vision, hearing, and other age-related needs, while maintaining treatment and public safety requirements. Programming has also been developed to support cognitive functioning and continued engagement in treatment. These efforts allow LSH to balance the changing medical and cognitive needs of residents with the treatment and public safety mission of SPTP while supporting responsible use of resources.

FY 2026 Actual Expenditures

(In Millons)



Total FY2027 Actual Expenditures
$131.7 Million

(Total may not add due to rounding)

FY 2021 through FY 2025 Approved FTE and UP/UT Positions										
Larned State Hospital	**FY 2024 Actuals**		**FY 2025 Actuals**		**FY 2026 Actuals**		**FY 2027 Estimate**		**FY 2028 Estimate**	
Program	**FTE**	**UP/UT**	**FTE**	**UP/UT**	**FTE**	**UP/UT**	**FTE**	**UP/UT**	**FTE**	**UP/UT**
General Administration	55.00	-	60.00	-	56.00	-	74.00	-	74.00	-
Staff Eduction and Research	2.00	-	2.00	-	4.00	-	5.00	-	5.00	-
Psychiatric Services Program	134.00	3.00	129.00	3.00	104.00	3.00	118.50	4.00	118.50	4.00
State Security Program	185.00	2.00	183.00	2.00	124.00	2.00	142.00	3.00	142.00	3.00
Sex Predator Treatment Program	287.00	2.00	291.00	2.00	231.00	2.00	267.50	2.00	267.50	2.00
Ancillary Services	71.50	2.00	67.50	2.00	67.50	2.00	68.50	-	68.50	-
Physical Plant and Central Services	146.00	-	155.00	-	138.00	-	134.00	-	134.00	-
TOTAL APPROVED POSITIONS	**880.50**	**9.00**	**887.50**	**9.00**	**724.50**	**9.00**	**809.50**	**9.00**	**809.50**	**9.00**

Budgeted Bed Capacity by Program at the End of the Fiscal Year					
Program	**FY 2024 Actuals**	**FY 2025 Actuals**	**FY 2026 Actuals**	**FY 2027 Estimate**	**FY 2028 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**

Patient Movement Summary	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Additions					
First Admissions	419	323	375	325	325
Readmissions	407	381	364	360	360
TOTAL ADMISSIONS	**826**	**704**	**739**	**685**	**685**
Admissions-- % Change From Prior Year	1.6%	-14.8%	5.0%	-2.7%	0.0%
Separations					
Discharges	832	695	738	725	725
TOTAL SEPARATIONS	**832**	**695**	**738**	**725**	**725**
Transer In and Out - Other KDADS Institutions					
Transfers in -- Other KDADS Institutions	26	21	46	45	45
Transfers out -- Other KDADS Institutions	54	54	43	40	40
Deaths in Hospital	3	5	10	5	5

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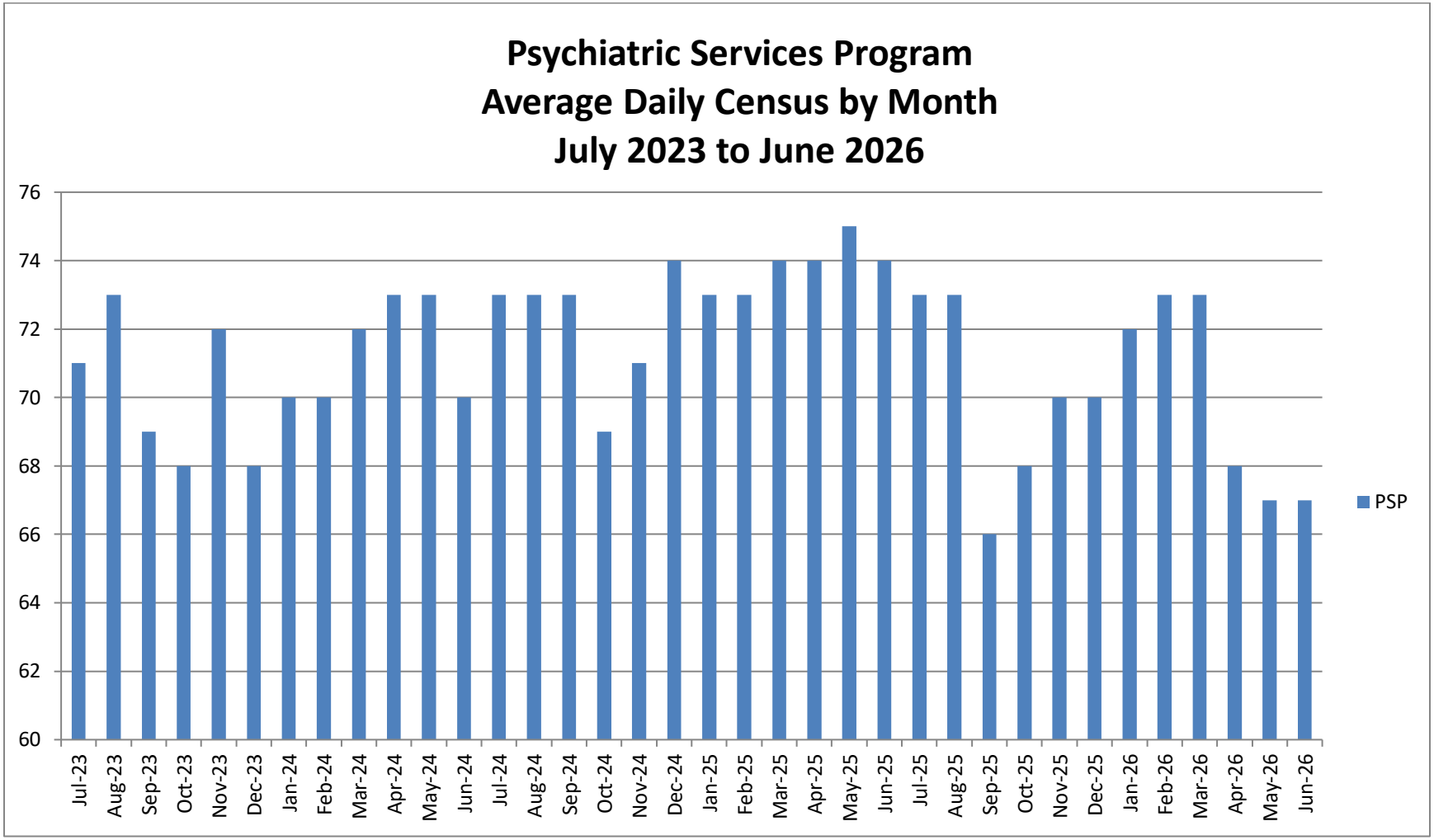
Psychiatric Services Program
Average Daily Census by Month
July 2023 to June 2026
76
74
72
70
68
66
64
62
60
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
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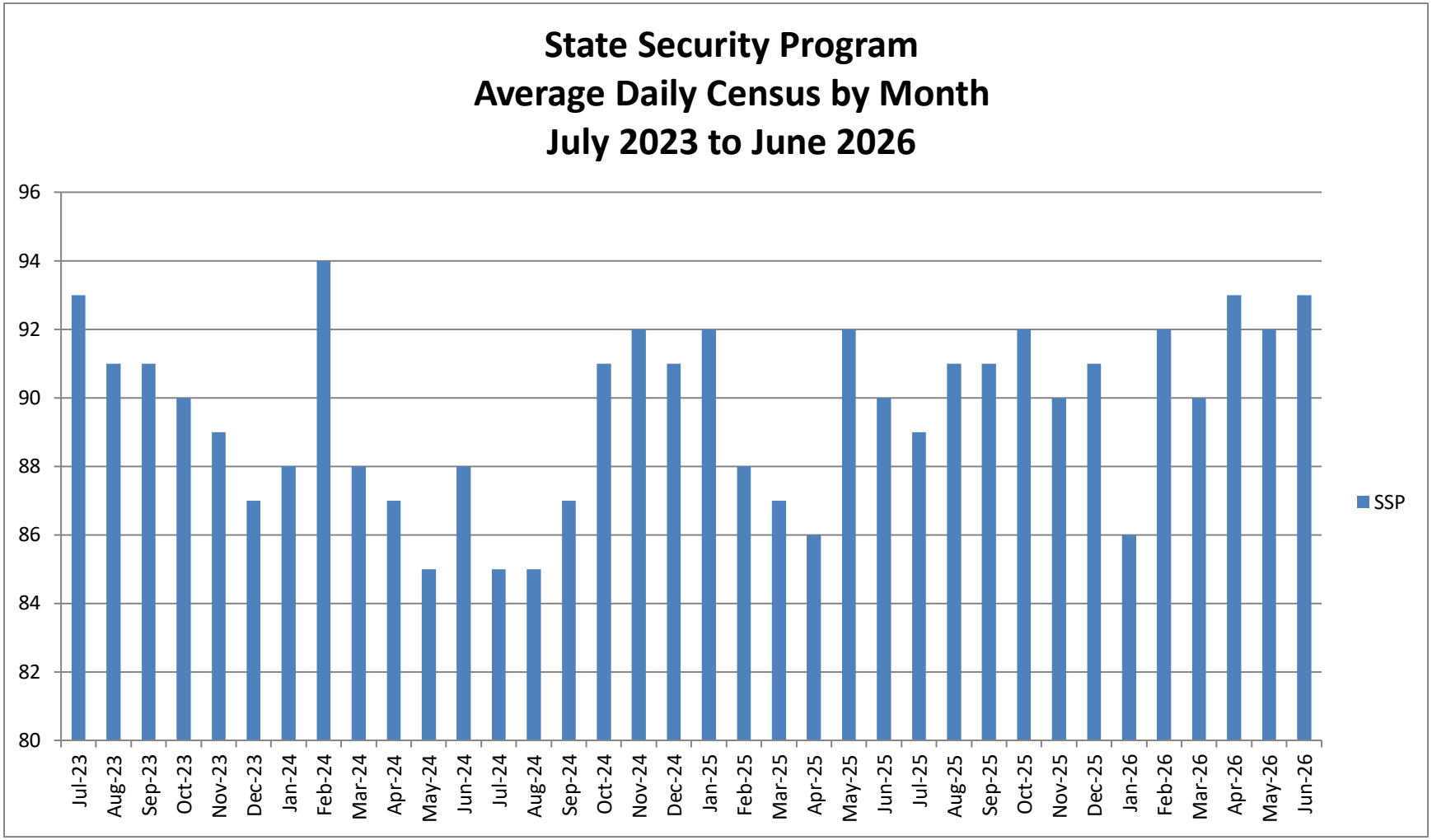
Apr-26
May-26
Jun-26
PSP


State Security Program
Average Daily Census by Month
July 2023 to June 2026
96
94
92
90
88
86
84
82
80
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
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Jun-25
Jul-25
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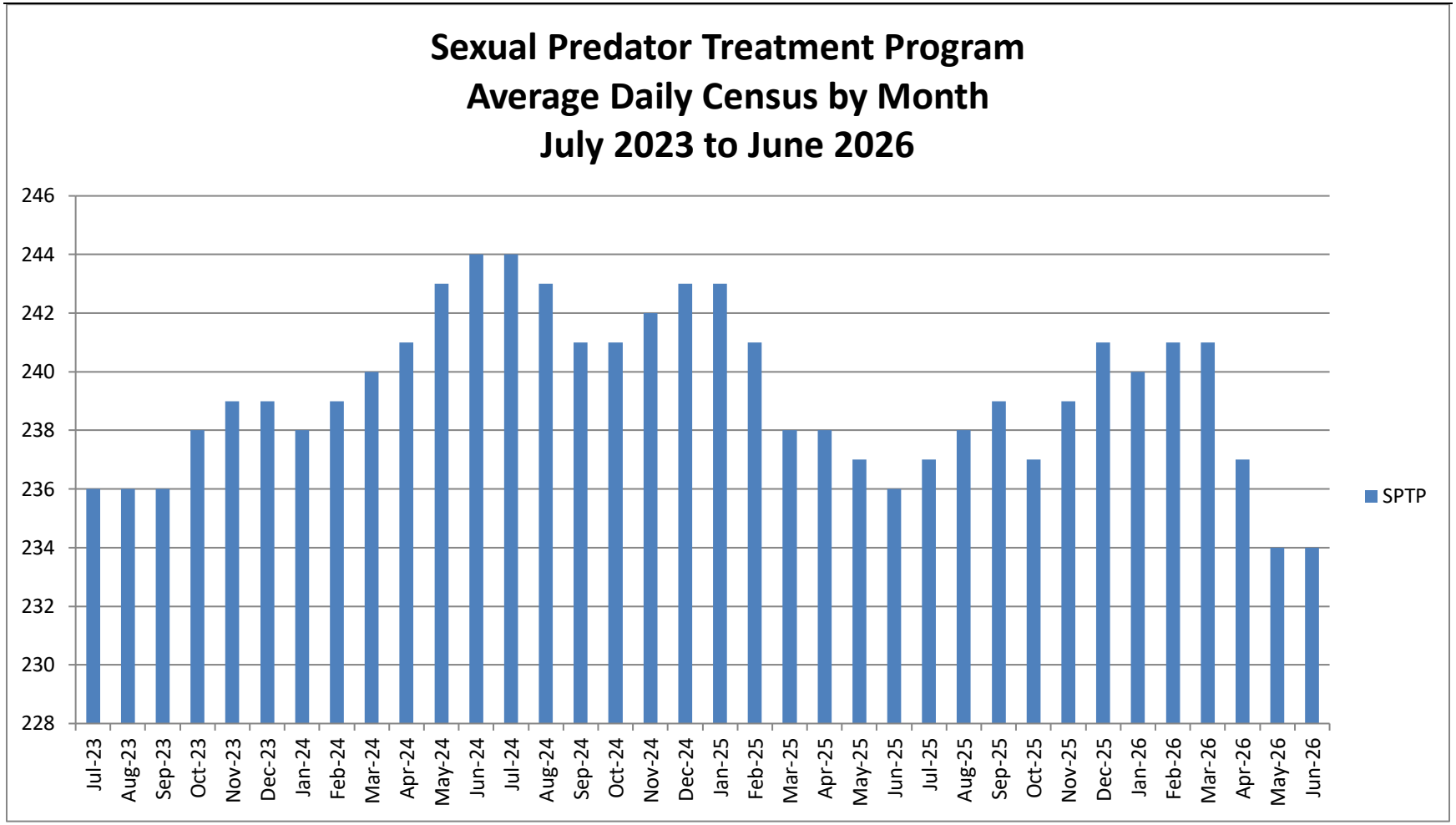
Apr-26
May-26
Jun-26
SSP


Sexual Predator Treatment Program
Average Daily Census by Month
July 2023 to June 2026
246
244
242
240
238
236
234
232
230
228
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
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Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
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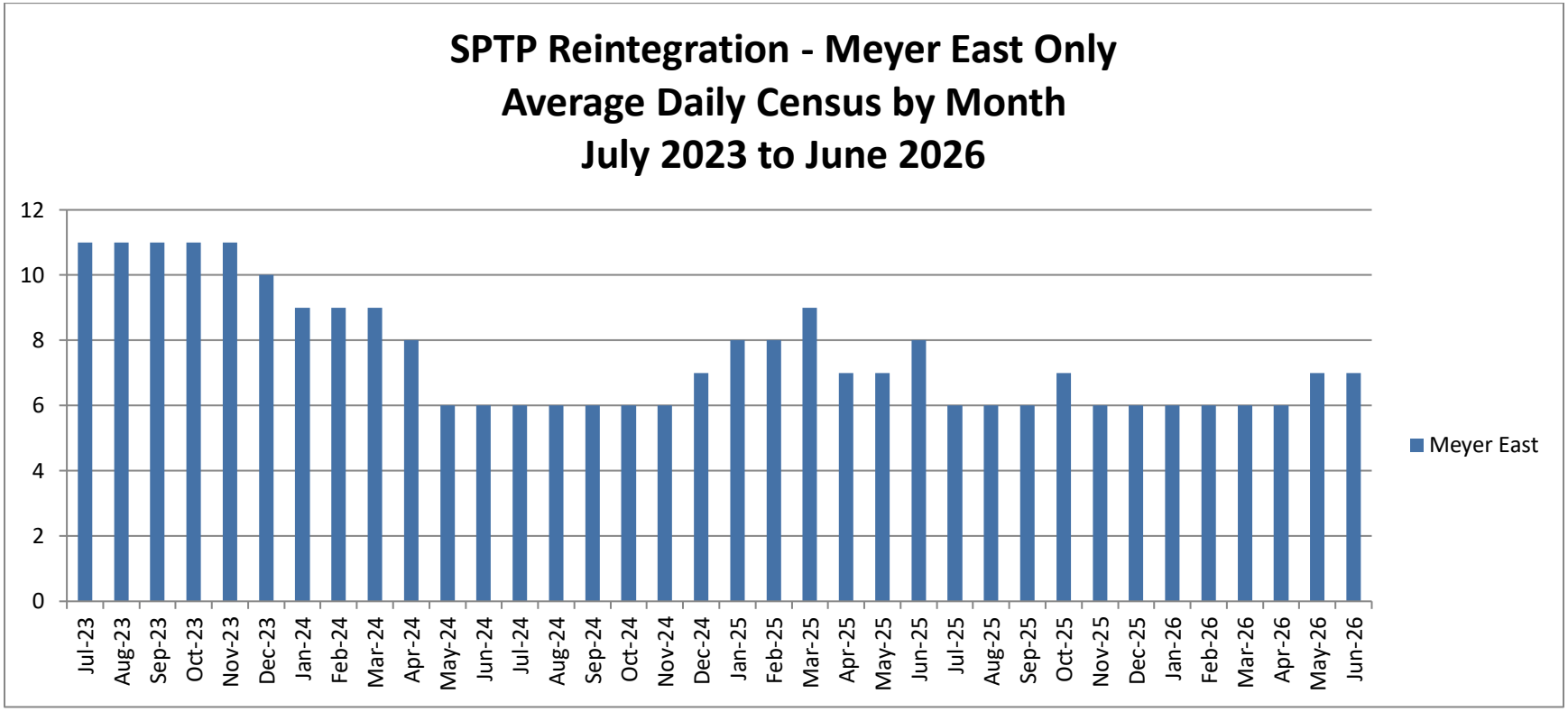
Apr-26
May-26
Jun-26
SPTP


SPTP Reintegration - Meyer East Only
Average Daily Census by Month
July 2023 to June 2026
12
10
8
6
4
2
0
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
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May-25
Jun-25
Jul-25
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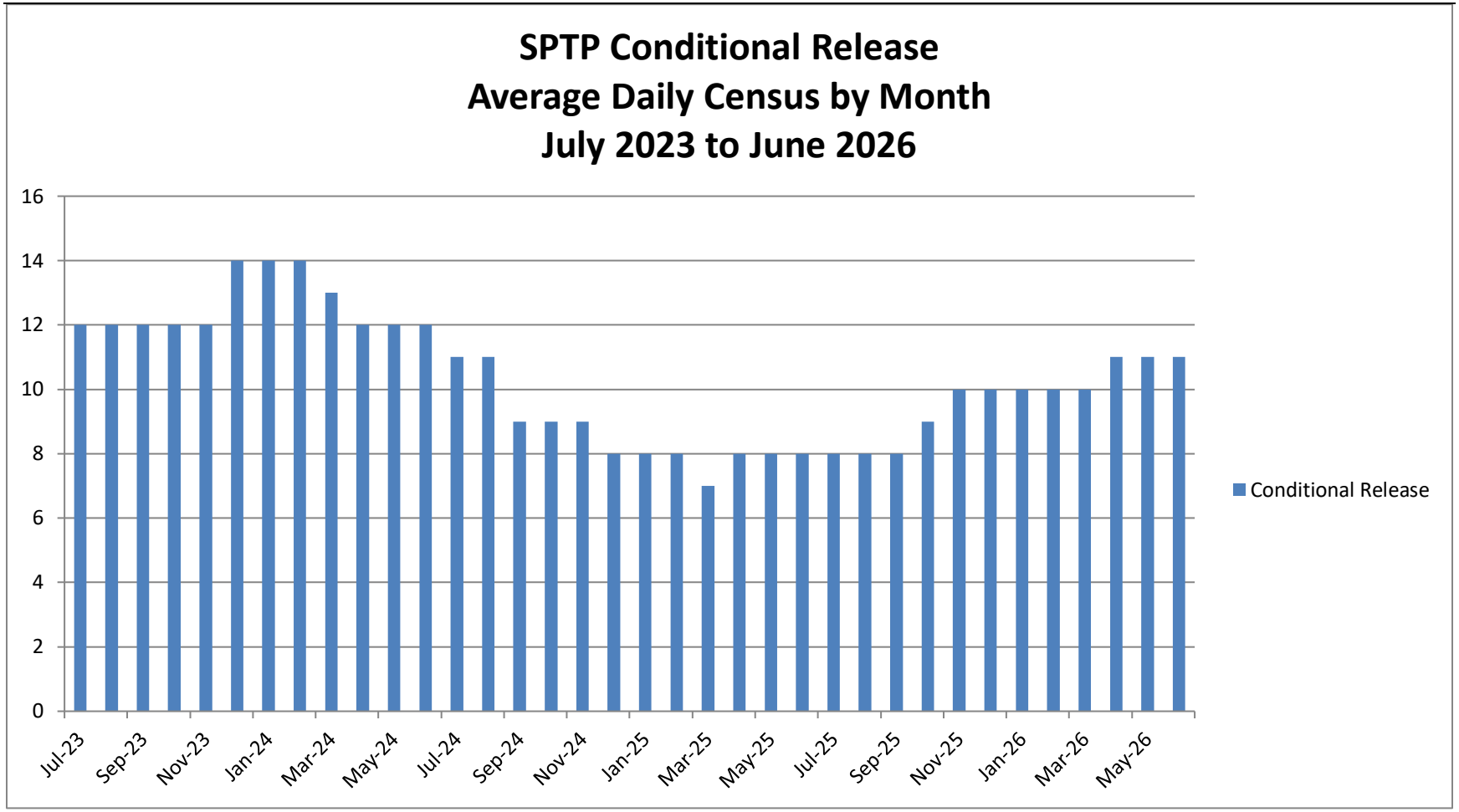
May-26
Jun-26
Meyer East


SPTP Conditional Release
Average Daily Census by Month
July 2023 to June 2026
16
14
12
10
8
6
4
2
0
Jul-23
Sep-23
Nov-23
Jan-24
Mar-24
May-24
Jul-24
Sep-24
Nov-24
Jan-25
Mar-25
May-25
Jul-25
Sep-25
Nov-25
Jan-26
Mar-26
May-26
Conditional Release

Average Daily Census by Fiscal Year	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Psychiatric Services Program	70	73	70	71	71
State Security Program	88	89	91	90	90
Sexual Predator Treatment Program (LSH)	244	241	238	240	240
Meyer Reintegration	6	7	6	8	8
Total	**408**	**410**	**405**	**409**	**409**

Average Length of Stay in Days	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Psychiatric Services Program	44	67	53	55	55
State Security Program	147	141	131	135	135

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, 2027	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 2nd Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2nd 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, 2027	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, 2027	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	$2,120			

Amounts noted include total property taxes for leases 1, 2, and 3.

*** Portions were removed from lease to accommodate new SSP facility.

Land holdings of Larned State Hospital total 1,310.71 acres. The agency uses 325.59 acres and leases 641.4 acres to others. The 104.2 acres that DOC uses for LCMHF was transferred to DOC in FY2019. The remaining 343.72 acres are considered land that cannot be cultivated and are therefore, not used.

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:

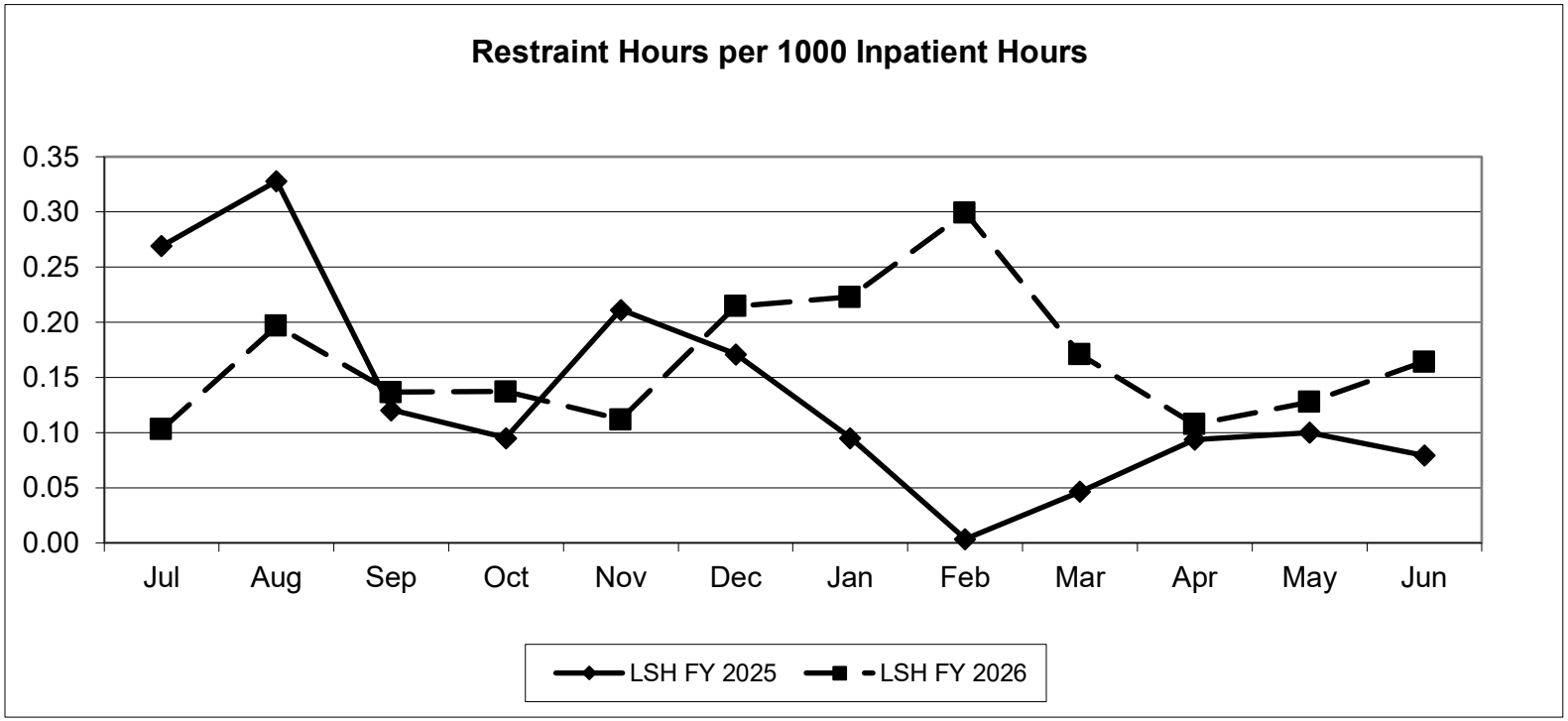
Outcome Measures

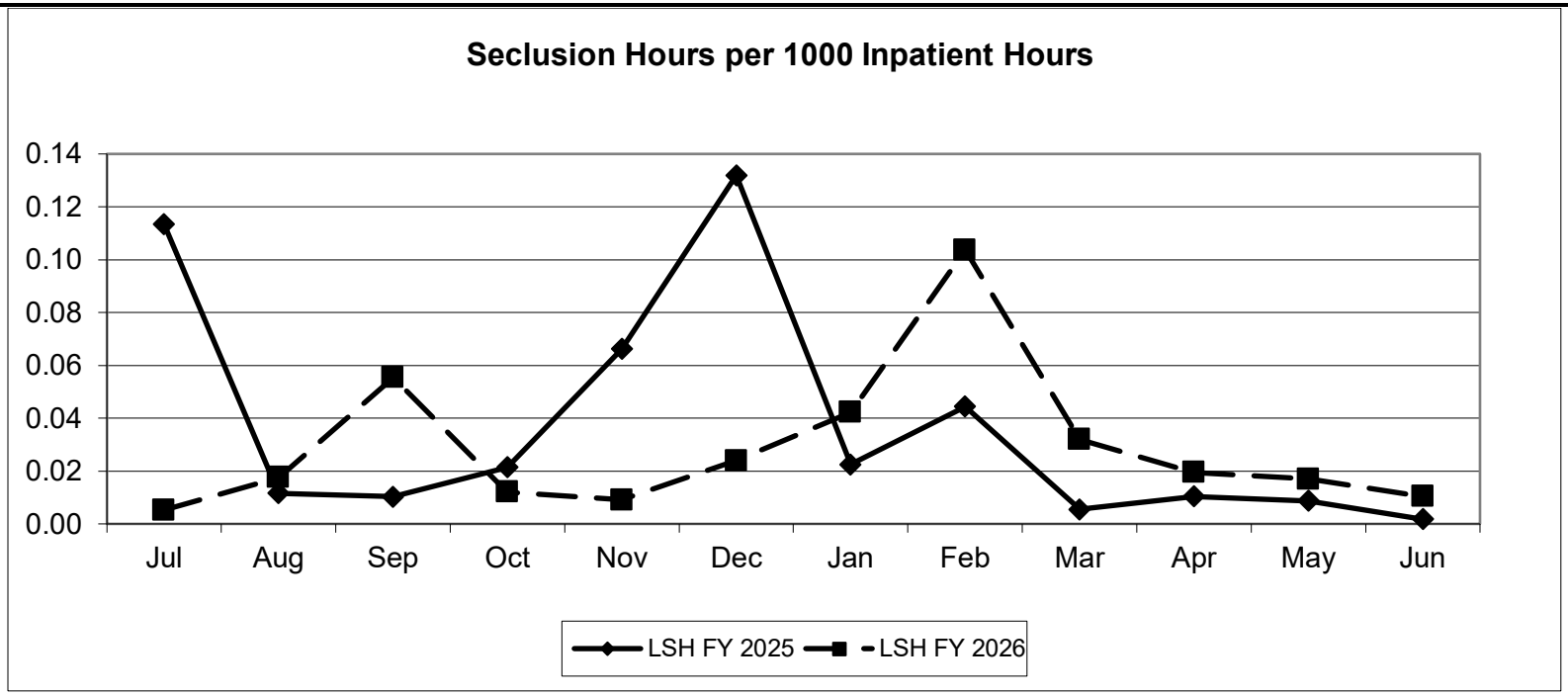
Description	FY 2024 Actual	FY 2025 Actual	FY 2026 Actual	FY 2027 Estimate	FY 2028 Estimate
Average restraint hours per 1000 inpatient hours	0.090	0.134	0.166	0.158	0.15
Average seclusion hours per 1000 inpatient hours	0.042	0.037	0.029	0.027	0.025

Output Measures

Description	FY 2024 Actual	FY 2025 Actual	FY 2026 Actual	FY 2027 Estimate	FY 2028 Estimate
Average patient injuries per 1000 inpatient days	0.275	0.381	0.687	0.618	0.556
Average staff injuries from patient aggression per 1000 inpatient days	0.165	0.109	0.136	0.129	0.123

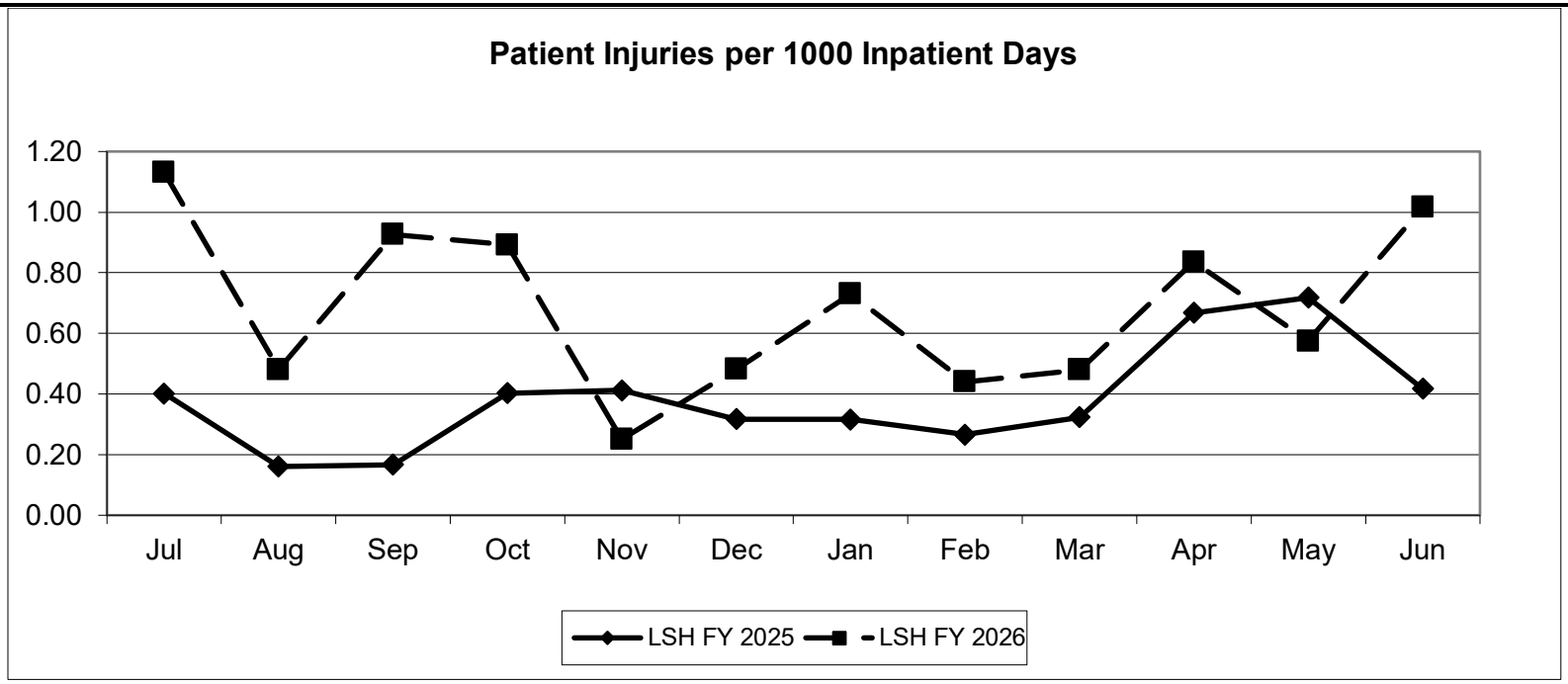
Performance Measures for Objective #2:

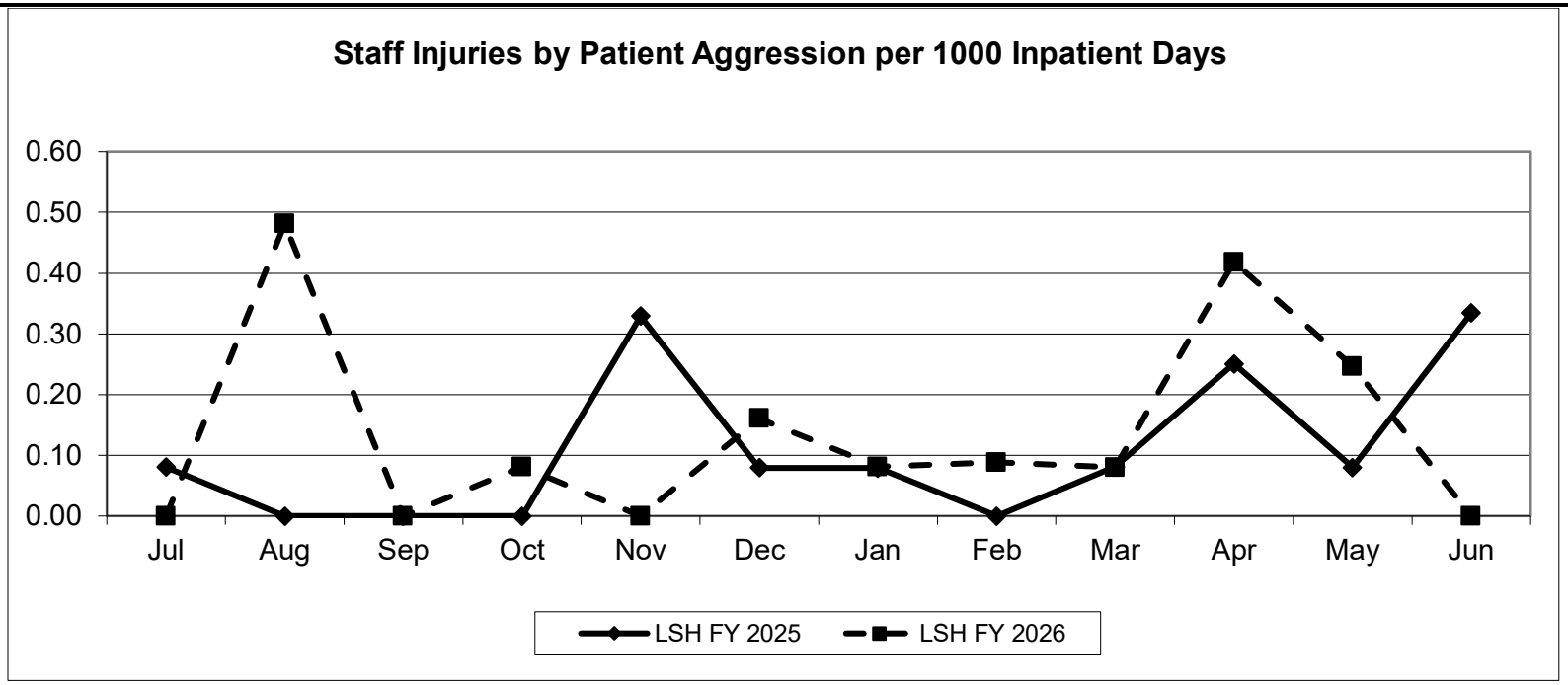




Output Measures

Description	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of direct care staff, clinicians and designated support staff trained in crisis intervention tecniques and Crisis Intervention Techniques by Crisis Prevention Institute (CPI).	99%	99%	98%	99%	99%


Patient Injuries per 1000 Inpatient Days
1.20
1.00
0.80
0.60
0.40
0.20
0.00
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
LSH FY 2025
LSH FY 2026


Staff Injuries by Patient Aggression per 1000 Inpatient Days
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
LSH FY 2025
LSH FY 2026

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

Justification: Larned State Hospital (LSH) is requesting an increase of $18,000,000 in State General Funds (SGF) for the FY2027 base budget and beyond to support the continued use of contract nursing staff necessary to safely operate Kansas' largest state psychiatric hospital while the hospital continues its transition toward a sustainable, full-time workforce. This request is not intended to maintain the status quo but rather to preserve the significant workforce gains already achieved while allowing the hospital to continue reducing reliance on contract staffing through strategic recruitment and retention efforts.

Over the past two fiscal years, LSH has implemented one of the most comprehensive workforce stabilization initiatives in its history. Recognizing that today's workforce evaluates employers based on organizational culture, leadership, professional development, and employee experience, not solely compensation, the hospital shifted from a traditional recruitment approach to a comprehensive workforce strategy. This strategy includes implementation of the LSH Culture Charter, the Just Culture framework, and the "One Heart. One Team. One Mission." organizational initiative, expanded leadership development, employee recognition, educational partnerships, enhanced digital recruitment, employer branding, and initiatives designed to improve employee engagement and retention. These efforts are intended not only to recruit new employees but also to create an environment where employees choose to build long-term careers with the State of Kansas.

These workforce initiatives are producing measurable results. Throughout FY2026, LSH continued increasing its number of permanent state employees while reducing reliance on contract nursing staff. Contract nursing staff decreased from 241 employees at the beginning of FY2025 to 209 at the beginning of FY2026 and further declined to 184 by the end of FY2026, representing an overall reduction of nearly 24 percent within two years. During the same period, filled nursing positions continued to increase, including a 21.4 percent increase in Registered Nurses (42 to 51), a 50 percent increase in Licensed Practical Nurses (10 to 15), and a 12.6 percent increase in Mental Health Developmental Disability Technicians (191 to 215). Overall state employment also experienced substantial growth, increasing from 589.5 filled FTE positions in June 2025 to 718 filled FTE positions in June 2026, representing approximately 21.8 percent workforce growth in one fiscal year. These improvements demonstrate that LSH's recruitment and retention strategies are producing measurable workforce outcomes. However, despite this significant progress, staffing levels have not yet reached a point where contract nursing can be safely eliminated without jeopardizing patient care, employee safety, and hospital operations.

LSH operates seventeen inpatient treatment units across three statewide specialty behavioral health programs, including the Psychiatric Services Program (PSP), State Security Program (SSP), and Sexual Predator Treatment Program (SPTP), serving approximately 405 patients and residents requiring continuous twenty-four-hour nursing care. Nursing staff are responsible for

medication administration, activities of daily living, behavioral interventions, crisis response, continuous patient supervision, medical care, and serving as the first line of safety and security for patients, residents, staff, and visitors. Because these responsibilities cannot be deferred or delayed, maintaining adequate staffing is essential to patient safety, regulatory compliance, employee safety, and uninterrupted hospital operations.

To safely meet daily operational requirements, the Nursing Department requires approximately 29 Registered Nurses (RNs), 28 Licensed Mental Health Technicians/Licensed Practical Nurses (LMHTs/LPNs), and 196 Mental Health Developmental Disability Technicians/Certified Nursing Assistants (MHDDs/CNAs) every day across all three shifts. In addition to routine staffing requirements, direct care staff provide continuous one-to-one patient observation for individuals experiencing suicide risk, homicidal ideation, aggression, severe medical conditions, fall risk, or other significant clinical concerns. During FY2026, LSH averaged approximately 34 patients requiring one-to-one observation each day, requiring approximately 34 additional direct care staff per shift whose sole responsibility is continuous patient observation. These assignments significantly increase staffing requirements beyond traditional staffing models because employees assigned to one-to-one supervision cannot perform other unit responsibilities. LSH continues to experience increasing demand for one-to-one observations, particularly within the Psychiatric Services Program. To address this challenge, the hospital is currently implementing policy and operational improvements during early FY2027 designed to safely reduce unnecessary one-to-one staffing while maintaining patient and employee safety.

The table below illustrates nursing vacancy trends by program during FY2026. Although vacancy rates remain higher than desired, measurable improvement has occurred throughout the fiscal year. LSH has experienced its greatest recruitment success among direct care Mental Health Developmental Disability Technicians, while licensed nursing positions, including Registered Nurses, Licensed Practical Nurses, and Licensed Mental Health Technicians, continue to represent the hospital's most difficult positions to recruit. These trends demonstrate that recruitment efforts are succeeding but have not yet progressed sufficiently to eliminate reliance on contract nursing staff while maintaining safe staffing levels.

FY 2026 Monthly Vacancy Rate for Nursing Department Per Program

Rate	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
SSP	54.44%	54.44%	58.30%	58.30%	56.76%	59.85%	58.30%	57.30%	55.60%	53.10%	53.88%	51.55%
PSP	51.52%	47.88%	46.67%	46.67%	49.69%	50.92%	49.69%	49.69%	49.08%	46.01%	42.01%	44.44%
SPTP	56.53%	51.77%	51.23%	51.23%	46.87%	47.41%	46.87%	44.96%	47.17%	47.17%	47.17%	42.86%

Recruiting healthcare professionals remains particularly challenging in western Kansas. LSH serves a rural region with one of the state's smallest available labor pools. According to the most recent U.S. Census estimates, Pawnee County's population has declined from 6,253 residents in 2020 to approximately 5,991 residents in 2025, with only about 3,727 individuals within the traditional working-age population (ages 18 to 64). The county's median age of approximately 46 years exceeds both the Kansas and national averages, reflecting an aging workforce and a limited pipeline of future employees. Additionally, the average unemployment rate throughout Pawnee County and surrounding counties remains approximately 3.0 percent, meaning relatively few qualified healthcare professionals are actively seeking employment. Recruiting professionals to relocate to western Kansas is further challenged by limited housing availability and fewer community amenities than larger metropolitan areas. Despite these demographic realities, LSH has demonstrated measurable recruitment success by attracting employees from both the local community and throughout Kansas while continuing to grow its permanent workforce.

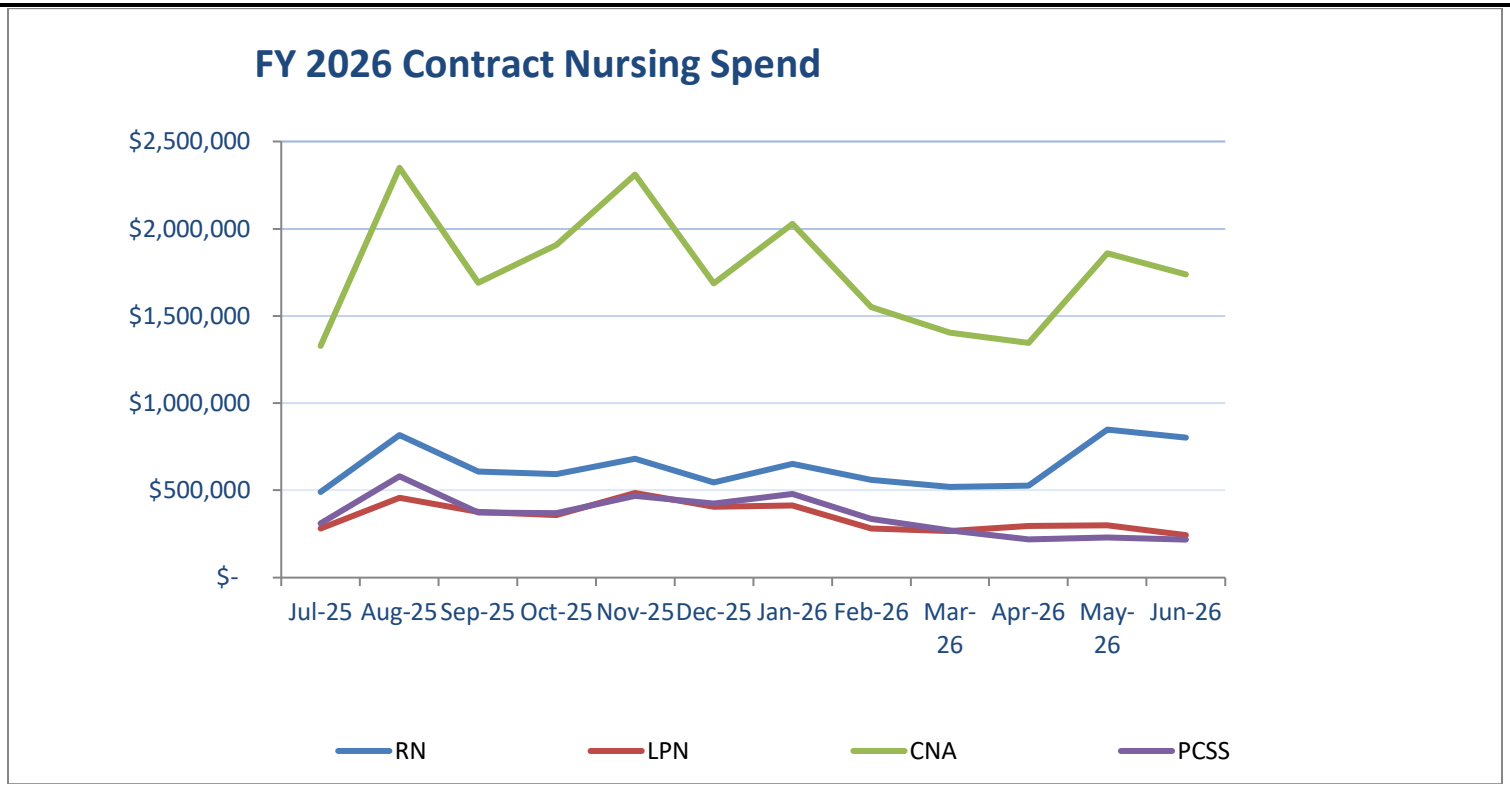
Recognizing the heightened expense associated with contract employees, LSH has extended strategic initiatives to help overcome workforce limitations. LSH has utilized recruitment and retention financial incentives to help support organizational growth (e.g., referral bonuses, pick up shift bonuses in direct care positions, meritorious award bonuses). The hospital has also developed partnerships with colleges and universities, attended recruitment events throughout Kansas, enhanced digital recruitment efforts, expanded social media recruitment campaigns, invested in employer branding, produced recruitment marketing materials, partnered with workforce organizations, and strengthened employee referral initiatives. More recently, LSH has focused on becoming an employer of choice through implementation of the Culture Charter, Just Culture framework, expanded leadership visibility, employee recognition initiatives, and efforts to improve employee engagement and workplace satisfaction. These initiatives recognize that successful recruitment depends not only on attracting applicants but also on retaining employees by creating a workplace where individuals choose to build long-term careers.

Although contract staffing is substantially more expensive than permanent state employment, it remains essential to safely operate the hospital during this workforce transition. During FY2026, contract staffing averaged approximately $717,110 per week, with projected annual expenditures of approximately $37.1 million. Agency nursing costs remain approximately twice the hourly compensation of comparable state employees. However, contract staffing is utilized strategically to fill only those positions necessary to maintain minimum staffing requirements while newly hired state employees are recruited, onboarded, and trained. This approach allows the hospital to reduce mandatory overtime, improve employee work-life balance, decrease burnout, strengthen employee retention, and continue replacing contract positions with permanent state employees whenever vacancies are filled. Continued funding represents a fiscally responsible investment that protects both taxpayer resources and the significant workforce improvements already achieved.

Without adequate funding to continue supporting contract staffing during this workforce stabilization period, LSH would likely experience increased mandatory overtime, higher employee burnout, increased turnover among permanent employees, greater patient and staff injuries, reduced continuity of patient care, diminished treatment programming, delays in competency restoration and forensic evaluations, and potential reductions in patient admissions. Such reductions would shift demand to community mental health centers, emergency departments, law enforcement agencies, correctional facilities, and other behavioral health providers throughout Kansas that may lack the specialized expertise or capacity required to serve this unique patient population.

LSH has budgeted $19.1 million for contract staffing within the FY2026 operating budget, which includes the additional $10 million in SGF provided in the last legislative process. Current projections estimate total FY2027 contract staffing expenditures of approximately $37.1 million, resulting in an anticipated funding gap of approximately $18,000,000. Approval of this request will allow LSH to continue replacing contract positions with permanent state employees while maintaining safe staffing levels during this critical workforce stabilization period. It will protect the substantial recruitment and retention gains already achieved, reduce long-term dependence on contract staffing, strengthen employee retention, safeguard taxpayer investments in workforce development, and ensure uninterrupted access to specialized behavioral healthcare services for the citizens of Kansas. This request represents a strategic investment in workforce stability, patient safety, public safety, and the long-term sustainability of Kansas' largest and most operationally complex state psychiatric hospital.

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	$ 37,289,704	-19%	184
FY 2027 Estimate	$ 37,100,000	-1%	184



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

Justification: LSH is requesting $4,766,076 in FY2028 and beyond to restore a 30-bed State Security Program (SSP) competency restoration unit within the Isaac Ray Building. This request utilizes an existing licensed treatment unit that is immediately available for patient care. The only remaining barrier preventing these beds from returning to service is funding for the specialized workforce necessary to safely operate a secure forensic psychiatric treatment program.

Historically, SSP maintained three competency restoration units within the Isaac Ray Building to provide court-ordered competency restoration services for individuals involved in the criminal justice system. During the COVID-19 pandemic, one of these units was

temporarily repurposed as an isolation unit to support infection prevention efforts. Following the pandemic, the unit was utilized for Psychiatric Services Program (PSP) patients while renovations and security enhancements were completed within the Adult Treatment Center (ATC). With completion of those renovations, PSP patients returned to the ATC, allowing the Isaac Ray unit to once again become available for its original purpose.

Kansas continues to experience increasing demand for competency restoration services. The temporary closure of this unit reduced SSP's operational capacity by 30 forensic treatment beds, limiting the hospital's ability to admit court-ordered patients and contributing to extended wait times throughout the state. Restoring this unit will increase statewide competency restoration capacity, improve timely access to treatment, reduce delays within the criminal justice system, shorten the amount of time defendants remain in county jails awaiting admission, and assist Kansas district courts in fulfilling statutory obligations more efficiently.

This request also represents a fiscally responsible investment by maximizing existing state-owned infrastructure. The treatment unit, security features, clinical space, and operational support systems are already in place, and this request invests in the specialized workforce required to return an existing state asset to full operation. By leveraging existing infrastructure, Kansas can significantly expand forensic treatment capacity while minimizing capital expenditures and maximizing prior state investments.

Opening the restored competency restoration unit requires the addition of nursing staff, direct care professionals, and a dedicated psychiatrist. Over the past two fiscal years, LSH has made measurable progress strengthening its workforce through comprehensive recruitment, retention, leadership development, and organizational culture initiatives. These efforts have resulted in increased permanent state employment, reduced vacancy rates, and decreased reliance on contract staffing. Despite these significant improvements, the hospital has not yet reached staffing levels sufficient to safely expand operations without additional funding. The requested funding will provide the staffing necessary to begin operating the restored unit while continuing LSH's long-term transition toward a larger permanent state workforce. Until permanent staffing is achieved, a portion of the funding will support temporary contract staffing necessary to safely initiate operations.

Restoring this competency restoration unit will generate benefits that extend far beyond LSH. Increasing forensic treatment capacity will improve access to court-ordered competency restoration services for individuals with serious mental illness, reduce wait times for admission, decrease the length of time defendants remain in county jails awaiting treatment, improve the efficiency of criminal case proceedings, strengthen public safety, and enhance continuity of behavioral healthcare across Kansas. The additional capacity will also reduce pressure on county detention facilities, district courts, law enforcement agencies, and other behavioral health providers that often lack the specialized expertise necessary to serve this population.

Failure to restore this unit will continue limiting SSP's ability to meet court-ordered admissions, prolong wait times for competency

restoration services, increase operational pressures on county jails and local courts, delay criminal case proceedings, and reduce timely access to specialized forensic psychiatric treatment for individuals throughout Kansas. These delays not only impact patients but also create significant operational and financial burdens for local communities and state agencies.

Approval of this request will restore a critical statewide competency restoration resource by returning an existing treatment unit to service through targeted staffing investments. This investment will expand forensic behavioral healthcare capacity, improve timely access to competency restoration services, strengthen public safety, support the judicial system, maximize the existing investment in LSH, and continue building upon the significant workforce improvements already achieved. By funding the employees necessary to reopen this unit, Kansas will make a strategic investment in behavioral healthcare, public safety, and the long-term sustainability of its statewide competency restoration system.

SSP Competency Unit	Fund/Budget	FTE	FY 2028
Salaries & Wages	1000/0103	29	$633,127
Contractual Services	1000/0103		$4,046,020
Commodities	1000/0103		$86,929
TOTAL		**29**	**$4,766,076**

Priority	LSH Supplemental & Enhancement Requests	Fund/Budget	FTE	FY 2027	FY 2028
#1	Agency Nursing Staff	1000/0103		$18,000,000	$18,000,000
#2	SSP Competency Unit	1000/0103	29.00		$4,766,076
	TOTAL		**29.00**	**$18,000,000**	**$22,766,076**

EXPLANATION OF RECEIPT ESTIMATES - DA 405

FY 2027 State General Fund Limitations

Agency	Name	Fund Name	Fund	BU	FY 2027 Approved Expenditures	FY 2027 Re-appropriation	Transfers	Supplemental Package	SGF Transfers	FY 2026 Cash Forward	FY 2027 Adjusted Expenditure Rqst
410	Larned State Hospital										
		SGF Operating	1000	0103	$62,805,814	-	-	$18,000,000	-	-	$80,805,814
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF-SPTP New Crime	1000	0110	$0	-	-	-	-	-	$0
		SGF - SPTP	1000	0200	$27,284,209	-	-	-	-	-	$27,284,209
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	$38,586,561	$21,150	-	-	-	-	$38,607,711
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF SPTP-MiCo	1000	0200	$2,665,506	$3,100	-	-	-	-	$2,668,606
	Adair Acute Care										
		SGF Certified Care	1000	0101	$13,227,607	$6,093	-	-	-	-	$13,233,700
631	South Central Regional										
	Mental Health Hospital	SGF Operating	1000	0100	$35,000,000	-	-	-	-	-	$35,000,000
507	Parsons State Hospital										
		SGF Operating	1000	0100	$22,697,807	-	-	-	-	-	$22,697,807
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF- SPTP	1000	0200	$2,738,086	-	-	-	-	-	$2,738,086
363	Kansas Neurological										
		SGF Operating	1000	0303	$19,891,222	-	-	-	-	-	$19,891,222
		SGF Hospitality	1000	0304	$150	-	-	-	-	-	$150
	Total SGF				$224,897,412	$30,343	$0	$18,000,000	$0	$0	$242,927,755

FY 2028 State General Fund Limitations

Agency	Name	Fund Name	Fund	BU	FY 2028 Estimated Expenditures	FY 2028 Re-appropriation	Transfer	Enhancement Package	SGF Transfers	KDADS Transfer IN	FY 2028 Adjusted Expenditure Rqst
410	Larned State Hospital										
		SGF Operating	1000	0103	$65,031,478	-	-	$22,766,076	-	-	$87,797,554
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF-SPTP New Crime	1000	0110	$0	-	-	-	-	-	$0
		SGF - SPTP	1000	0200	$28,217,539	-	-	-	-	-	$28,217,539
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	$40,068,521	-	-	-	-	-	$40,068,521
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF SPTP-MiCo	1000	0200	$2,743,504	-	-	-	-	-	$2,743,504
	Adair Acute Care										
		SGF Certified Care	1000	0101	$13,617,597	-	-	-	-	-	$13,617,597
631	South Central Regional										
	Mental Health Hospital	SGF Operating	1000	0100	$36,230,730		-	-	-	-	$36,230,730
507	Parsons State Hospital										
		SGF Operating	1000	0100	$22,697,807	-	-	$276,744	-	-	$22,974,551
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF- SPTP	1000	0200	$2,738,086	-	-	-	-	-	$2,738,086
363	Kansas Neurological										
		SGF Operating	1000	0303	$21,087,357	-	-	$1,388,326	-	-	$22,475,683
		SGF Hospitality	1000	0304	$150	-	-	-	-	-	$150
	Total SGF				$232,433,219	$0	$0	$24,431,146	$0	$0	$256,864,365

EXPLANATION OF RECEIPT ESTIMATES - DA 405

FY 2027 Fee Funds

Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure
410	Larned State Hospital	LSH Fee Fund	2073	2100	$4,219,111		$1,150,286				$5,369,397
		Title XIX No limit	2074	2200	$2,000,000		$692,058		$10,000,000		$12,692,058
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	$1,059,383		$1,999,249			($558,427)	$2,500,205
		OSH TXIX No limit	2080	4300	$0		$1,181,575			($1,181,575)	$0
	Adair Acute Care	OSH Certified Care	2079	4201	$5,659,961		$1,343,659			($2,766,934)	$4,236,686
		OSH TXIX Cert Care No Limit	2080	4301	$7,989,287		$740,479			($2,493,169)	$6,236,597
631	South Central Regional	SCR Fee Fund	2512	2512	$500,000		-			$0	$500,000
	Mental Health Hospital	SCR XIX No limit	2126	2126	$1,500,000		$0			$0	$1,500,000
507	Parsons State Hospital	PSH Fee Fund	2082	2200	$1,150,000		$341,300			($340,500)	$1,150,800
		Title XIX No limit	2083	2300	$18,500,000		$583,209			($299,017)	$18,784,192
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	$1,410,567		$317,816			($225,595)	$1,502,788
		Title XIX No limit	2060	2200	$23,000,000		$237,960			($671,970)	$22,565,990
	Total Fee Fund				$66,988,309	$0	$8,587,591	$0	$10,000,000	($8,537,187)	$77,038,713
		Title XIX			$52,989,287	$0	$3,435,281	$0	$10,000,000	($4,645,731)	$61,778,837

FY 2028 Fee Funds

Agency	Name	Fund Name	Fund	BU	FY 2028 Estimated C&H Receipts	FY 2028 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2028 Cash Forward	FY 2028 Adjusted Expenditure
410	Larned State Hospital	LSH Fee Fund	2073	2100	$4,286,405		$0				$4,286,405
		Title XIX No limit	2074	2200	$2,000,000		$0		$10,000,000		$12,000,000
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	$1,059,383		$558,427			$0	$1,617,810
		OSH TXIX No limit	2080	4300	$0		$1,181,575				$1,181,575
	Adair Acute Care	OSH Certified Care	2079	4201	$5,659,961		$2,766,934			($4,233,659)	$4,193,236
		OSH TXIX Cert Care No Limit	2080	4301	$7,989,287		$2,493,169			($4,248,359)	$6,234,097
631	South Central Regional	SCR Fee Fund	2512	2512	$500,000		$0				$500,000
	Mental Health Hospital	SCR XIX No limit	2126	2126	$1,500,000		$0				$1,500,000
507	Parsons State Hospital	PSH Fee Fund	2082	2200	$1,150,000		$340,500			($339,700)	$1,150,800
		Title XIX No limit	2083	2300	$19,500,000		$299,017			($238,220)	$19,560,797
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	$1,410,567		$225,595			($249,512)	$1,386,650
		Title XIX No limit	2060	2200	$23,000,000		$671,970			($619,159)	$23,052,811
	Total Fee Fund				$68,055,603	$0	$8,537,187	$0	$10,000,000	($9,928,609)	$76,664,181
		Title XIX			$53,989,287	$0	$4,645,731	$0	$10,000,000	($5,105,738)	$63,529,280

Explanation of Receipts - DA 405

Revenue Source	Revenue Account Code	Actual FY 2024	Actual FY 2025	Actual FY 2026	Projected FY 2027	Projected FY 2028
Medicare A	420610	2,166,296	1,460,655	1,591,384	1,559,557	1,590,748
Medicare B	420610	157,872	97,555	65,751	65,500	65,500
Insurance	420610	1,143,618	1,474,427	1,815,397	1,779,089	1,814,671
Private Pay-Care & Hosp.	420610	705,983	768,367	632,362	635,500	637,500
Kansas Debt Set Off	420610	24,676	32,727	32,812	35,770	34,291
	420610					
Total Hospitalization		**4,198,445**	**3,833,731**	**4,137,707**	**4,075,416**	**4,142,710**
Clerical Charges	420400	249	244	929	500	500
Educational Charges	420500					
Sale of Salvage	422500	62,527	57,038	44,709	20,000	20,000
Sale of Unusable Condemed	422600					
Sale of Meals & Proces. Food	422700	13,653	15,527	13,587	13,500	13,500
Other Interest	430900	8	7	9	7	7
Rent of Unimproved Land	431100	31,750	31,750	31,750	31,750	31,750
Rent of Real Estate & Bldg.	431200	101,867	49,613	33,249	8,500	8,500
Other Misc Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expen.	462110	16,397	22,906	51,367	30,223	30,223
Reimbursement and Refunds, Othe	462900	9,968	29,683	26,471	22,041	22,041
Recovery of Prior FY Expen.	469010	9,153	10,461	31,908	17,174	17,174
Total		**4,444,017**	**4,050,960**	**4,371,686**	**4,219,111**	**4,286,405**

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 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, 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 for 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 74 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 2027 and 27 pay periods for FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $5,475,790is requested. The shrinkage rate is 13.6%.

FY 2028: $5,598,001 is requested. The shrinkage rate is 16.0%.

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 2027: $1,328,286 is requested.

FY 2028: $1,341,681 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2027: $178,325 is requested.

FY 2028: $180,025 is requested.

Account Code 5400 - 5490: Capital Outlay

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

FY 2027: $36,891 is requested.

FY 2028: $36,891 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 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%	96%	97%	95%	95%
		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%	98%	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.	0.0%	10.0%	11.3%	5.0%	5.0%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Administration	Human Resources Continued	Percent of performance review feedback forms completed within review timeframes.	75%	95%	88%	90%	90%
Program Name	**Subprogram Name (if applicable)**	**Performance Measure**	**FY 2024 Actuals**	**FY 2025 Actuals**	**FY 2026 Actuals**	**FY 2027 Estimate**	**FY 2028 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	1	3	5	5
	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.	95%	94%	96%	95%	95%

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:
The Staff Education and Research Department supports LSH's workforce development, regulatory readiness, and continuous learning priorities by providing educational opportunities that enhance employee competency, professional performance, and career development. The department coordinates and facilitates training designed to ensure employees have the knowledge, skills, and competencies necessary to perform their responsibilities effectively and safely. In addition to required education, Staff Education supports career development planning, new supervisor and leadership development, and continuing professional development for licensed staff. The department also provides educational opportunities for Mental Health Professionals and employees of affiliated agencies throughout Kansas, strengthening workforce capacity and promoting consistency in behavioral health practices across the system.

Staff Education is responsible for identifying, coordinating, delivering, and monitoring required training established by LSH, KDADS, applicable policies, regulatory standards, and professional requirements. The department maintains employee training records, develops and monitors educational programs, creates computer-based training as needed, and evaluates training needs to support organizational priorities. These functions are particularly important in maintaining workforce readiness, supporting regulatory and accreditation compliance, and ensuring employees receive timely education as policies, practices, and standards evolve.

The department also coordinates the annual Frontiers in Mental Health Conference, providing continuing education units (CEUs) and professional development opportunities for licensed and other clinical professionals. The conference extends beyond LSH by providing educational opportunities to clinical staff working in rural and underserved communities, including Community Mental Health Centers and other community providers throughout western Kansas. In 2026, the conference offered up to 18 CEU credits and had a total of 163 participants. Through these efforts, Staff Education serves not only as an internal workforce development resource but also as a contributor to the broader behavioral health workforce in Kansas.

During the current and budget year, Staff Education will continue to focus on strengthening workforce competency, supporting leadership development, maintaining compliance with required training standards, expanding professional development opportunities,

and identifying innovative educational approaches that meet the evolving needs of LSH employees and the behavioral health system. The department will continue to align educational priorities with organizational needs, workforce development goals, regulatory expectations, and opportunities to improve the quality and effectiveness of services provided to patients.

Account Code 5100: Salaries and Wages

Summary: The 5 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 2027 and 27 pay periods FY 2028, including fringe benefits and health insurance.

FY 2027: $398,680 is requested. The shrinkage rate is 13.6%.

FY 2028: $391,125 is requested. The shrinkage rate is 16.4%.

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 2027: $692,942 is requested.

FY 2028: $692,996 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2027: $35,984 is requested.

FY 2028: $36,321 is requested.

PROGRAM: Psychiatric Services Program – 32750

Program Overview:
The Psychiatric Services Program (PSP) provides inpatient psychiatric treatment to adult patients from 61 Kansas counties, serving both male and female patients age 18 and older. PSP has a budgeted capacity of 90 beds; however, only 74 beds are currently operational due to staffing limitations. This represents 16 beds, or approximately 18% of budgeted capacity, that cannot currently be utilized because the program does not have sufficient staffing to safely operate at full capacity. Restoring the remaining 16 beds to operational status is dependent upon achieving sufficient staffing levels for safety and effectively support patient care.

Program Accreditation. PSP operates within a highly regulated inpatient behavioral health environment. The Adult Treatment Center maintains deemed status through the Centers for Medicare & Medicaid Services (CMS) and is accredited by The Joint Commission (TJC). These designations reflect the program's obligation to maintain compliance with applicable federal Conditions of Participation (CoPs), accreditation standards, and other regulatory requirements governing patient safety, quality of care, staffing, and hospital operations. Continued compliance is essential to maintaining the program's ability to participate in and receive reimbursement through applicable Medicare and Medicaid programs.

Program Structure and Patient Populations. PSP operates three treatment units within the Adult Treatment Center (ATC) building.

- **Crisis Stabilization Unit (CSU):** Provides acute psychiatric stabilization for individuals admitted from the community who require inpatient treatment due to an immediate behavioral health need.
- **ATC West:** Provides longer-term psychiatric treatment for individuals with chronic mental health conditions who require continued inpatient care and stabilization.
- **ATC East:** Serves a diverse population with acute psychiatric and forensic needs, including individuals admitted from county jails under hold orders who require acute stabilization; individuals dually committed for competency restoration; and individuals found not guilty due to lack of mental state who have transferred to LSH from the State Security Program for continued treatment.

The varied populations served across the three ATC units require PSP to maintain flexibility in staffing, clinical expertise, security, and treatment resources. The combination of acute psychiatric stabilization, longer-term treatment, competency restoration, and other forensic populations creates a complex operating environment requiring interdisciplinary coordination and staffing levels sufficient to safely meet the needs of each patient population.

Admissions and Patient Acuity. Patients are admitted to PSP for acute inpatient psychiatric treatment following a preadmission screening completed by a Qualified Mental Health Professional (QMHP) through a Community Mental Health Center (CMHC). The required CMHC screening provides the clinical basis for admission, with adults admitted either voluntarily, when bed capacity permits, or through civil commitment. Patients may present with significant psychiatric symptoms, including hallucinations, delusions, suicidal ideation, and other behavioral or functional concerns requiring a structured inpatient level of care.

Upon admission, patients enter the PSP triage process where their clinical needs and treatment options are evaluated and an appropriate unit placement is determined. The acuity and variability of the population require timely assessment, interdisciplinary coordination, and sufficient clinical and support staffing to maintain patient and staff safety while initiating appropriate treatment. In addition to psychiatric admissions, PSP provides social detoxification services for up to 72 hours for individuals referred by law enforcement agencies or district courts. These admissions further contribute to the diversity and complexity of services provided within PSP and require the program to maintain the staffing, clinical expertise, and operational flexibility necessary to respond safely to varying levels of patient need.

Treatment and Rehabilitation Services. Upon admission to PSP, each patient receives a comprehensive clinical evaluation and an individualized treatment plan based on their specific clinical needs, level of functioning, and treatment goals. Funding supports a multidisciplinary treatment model that includes individual and group therapy, medication management, rehabilitative skill development, activity therapies, and other services necessary to address patients' psychiatric and functional needs.

Patients are assigned individualized levels of active treatment each week based on their clinical presentation, current functioning, and progress toward treatment goals. As patients demonstrate increased stability and readiness, they transition from programming primarily within their living units to structured treatment and rehabilitation activities in other areas of the hospital. This progressive approach is designed to reduce environmental distractions, increase engagement and motivation, build independence, and provide patients with opportunities to practice skills in increasingly less restrictive environments.

PSP's treatment model requires coordination among multiple clinical and rehabilitation disciplines and provides patients with opportunities to develop the practical skills necessary for continued recovery and successful community reintegration. Services include daily living skills, social and interpersonal skills, recreational and leisure activities, hobbies, indoor and outdoor programming, and other rehabilitative opportunities. Adequate staffing and operational resources are essential to delivering the frequency and intensity of individualized treatment required for PSP patients, maintaining patient and staff safety, and supporting progression toward discharge and community reintegration. The resources supporting these services are therefore critical to maintaining a structured continuum of treatment, providing clinically appropriate levels of care, and preparing patients to safely progress toward less restrictive

settings and eventual community reintegration.

Current and Budget Year Operations:
The primary goal of PSP is to ensure that individuals remain in the program only as long as necessary to achieve stabilization, prepare for successful community reintegration, and transition to a less restrictive, community-based setting for ongoing mental health treatment. PSP provides individualized treatment and skill development designed to reduce the need for long-term hospitalization and minimize the risk of readmission, while promoting greater independence and self-sufficiency.

PSP continually evaluates and enhances its programming to ensure individuals with complex placement needs receive effective, individualized services that promote successful community reintegration and increased independence. Program services emphasize daily living skills, vocational development, medication management, and therapeutic groups that support successful community reintegration and long-term recovery.

Account Code 5100: Salaries and Wages
Summary: The 118.50 FTE and 4 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 2027 and 27 pay periods FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $10,106,866 is requested. The shrinkage rate is 13.6%.

FY 2028: $10,225,050 is requested. The shrinkage rate is 16.6%.

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. State Institution Building Fund (SIBF) (8100/8400) will be expended in FY 2027 for additional areas of coverage for the PSP video surveillance system.

FY 2027: $8,958,969 is requested.

FY 2028: $9,022,017 is requested.

Account Codes 5300 - 5390: Commodities

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

FY 2027: $870,668 is requested.

FY 2028: $660,989 is requested.

Account Code 55500: Total Other Assistance

Summary: Property loss claims for PSP patients.

FY 2027: $100 is requested.

FY 2028: $100 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Psychiatric Services Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	86%	67%	62%	90%	100%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	97%	99%	100%	99%	99%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	94%	95%	98%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	97%	95%	98%	100%	100%
		Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.	75%	57%	82%	90%	90%
		Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.	96%	94%	93%	100%	100%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Psychiatric Services Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	99%	100%	100%	100%
		Percent of completed patient progress notes per policy timeframes.	99%	97%	100%	100%	100%
		Percent of completed social work patient discharge instructions prior to discharge.	100%	100%	99%	100%	100%
	Psychological Services	Court reports will be completed by the internal due date.	98%	97%	99%	100%	100%
		Offer a minimum of 4 hours of active treatment per week to all patients.	91%	98%	97%	100%	100%

PROGRAM: State Security Program – 32800

Program Overview:
The State Security Program (SSP), also identified in Kansas Statutes as the State Security Hospital, has provided secure forensic psychiatric services in Kansas since March 27, 1939, when the program opened in the Dillon Building following the transfer of 100 patients from Lansing State Prison. Today, SSP provides specialized psychiatric evaluation, treatment, and secure care for adult male and female forensic patients across Kansas. Individuals are referred from county jails or transferred from the Kansas Department of Corrections (KDOC) pursuant to applicable forensic statutes and court orders.

SSP is currently housed in four units on the Isaac Ray (IR) Building which opened in 2005 and was designed to provide a secure treatment environment for individuals with serious mental illness who present significant risks related to violence and dangerous behavior. The program provides services across a broad range of forensic needs, including competency evaluations and restoration, mental status evaluations, presentence evaluations, treatment for individuals found not guilty by reason of lack of mental state, care and treatment in lieu of imprisonment, and sexual predator evaluations. Admissions and services are provided pursuant to K.S.A. 22-3302, 22-3303, 22-3219, 22-3429, 22-3428, 22-3430, and 59-29a05, as well as applicable provisions governing transfers from KDOC, including K.S.A. 75-5209. The variation among these statutory commitments requires SSP to maintain specialized clinical expertise, security resources, interdisciplinary coordination, and operational flexibility to meet varying legal and treatment requirements.

One component of SSP, the Security Behavior Unit (SBU), provides care for up to 20 male patients who are civilly, rather than criminally, committed and present a high risk of dangerous behavior and/or have been charged with or arrested for a felony offense. These individuals may be administratively transferred to SBU from the Psychiatric Services Program (PSP), Osawatomie State Hospital (OSH), or Adair Acute Care at OSH. The SBU provides an additional level of specialized care within the statewide behavioral health system for individuals whose behavioral risks and clinical needs require a highly structured and secure treatment environment.

Overall, SSP's statewide forensic mission, diverse statutory admission pathways, and high-acuity patient population require a specialized operating model that balances psychiatric treatment, public safety, security, legal requirements, and recovery-oriented care. Adequate staffing and resources are essential to safely maintain this level of care while meeting the clinical, statutory, regulatory, and security responsibilities of the program.

Current and Budget Year Operations:

SSP provides secure forensic psychiatric services within the IR Building and currently serves up to 100 patients across four treatment units. LSH has the physical capacity to open an additional 30-bed unit. However, the unit remains closed due to current nursing and direct-care staffing levels being insufficient to safely support the additional patient population. LSH has made significant progress in strengthening its overall workforce and reducing vacancies across the organization, but additional improvement in nursing staffing is necessary before SSP can safely expand operational capacity. Maintaining appropriate staffing levels is essential to ensuring patient and staff safety, meeting treatment and security requirements, and maintaining the quality of care expected within a highly secure forensic environment.

SSP continues to experience demand for its services, including a pending admission list of District Court referrals, and remains focused on reducing the time individuals wait for admission. To address this demand while additional inpatient capacity remains unavailable, LSH continues to apply innovative approaches toward completion of forensic evaluation and competency restoration services. This includes the use of mobile evaluators and the delivery of competency services in secure confinement settings and, when appropriate, in community settings for individuals who may be released on bond. Since initiating mobile competency services in county jails in 2019, LSH has observed a notable impact on the SSP wait list as these services have expanded across Kansas. While these expanded services have helped reduce demand for inpatient admission in appropriate cases, not all individuals awaiting SSP admission are eligible for or clinically appropriate for alternative service options. Individuals who do not meet criteria for mobile or community-based services continue to require secure inpatient evaluation or treatment, limiting the extent to which these strategies alone can reduce the SSP admission wait list.

LSH also continues to collaborate with Kansas counties, the courts, KDADS, and other community partners to identify alternatives and expand services for individuals awaiting admission to SSP. KDADS contracts with Wheat State Healthcare to utilize the Community Mental Health Center network to provide competency evaluations and restoration treatment within county jails. These efforts, combined with continued investment in workforce development and recruitment, are intended to reduce admission delays, expand access to appropriate forensic services, and position SSP to safely activate additional inpatient capacity as staffing levels improve.

LSH has submitted an Enhancement Budget request totaling $4,766,076 in FY 2028 base budget and beyond to open an additional SSP Competency Unit by April 1, 2027.

Larned State Hospital Enhancement Request Summary State Security Services Program:

SSP Competency Unit	Fund/Budget	FTE	FY 2028
Salaries & Wages	1000/0103	29.00	$633,127
Contractual Services	1000/0103		$4,046,020
Commodities	1000/0103		$86,929
Total		29.00	**$4,766,076**

Account Code 5100: Salaries and Wages

Summary: The 142 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 2027 and 27 pay periods in FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $12,245,891 is requested. The shrinkage rate is 13.6%.

FY 2028: $12,445,246 is requested. The shrinkage rate is 16.3%.

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 2027: $7,594,195 is requested.

FY 2028: $7,687,265 is requested.

Account Codes 5300 - 5390: Commodities
Summary: The major commodities are food, pharmaceuticals, household supplies and activity therapy supplies.

FY 2027: $495,009 is requested.

FY 2028: $499,226 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 2027: $30,000 is requested.

FY 2028: $0 is requested.

Account Code 55500: Total Other Assistance
Summary: Property loss claims for SSP patients.

FY 2027: $125 is requested.

FY 2028: $125 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
State Security Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	100%	98%	97%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	98%	99%	100%	99%	98%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	86%	84%	86%	90%	90%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	95%	98%	98%	97%	97%
		Percent of completed nursing progress notes on time (as per policy).	87%	88%	94%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	99%	100%	99%	100%	100%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
State Security Program Continued	Social Services	Percent of completed psychosocial assessments within policy timeframes.	100%	99%	99%	100%	100%
		Percent of completed patient progress notes per policy timeframes.	100%	98%	100%	100%	100%
		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.	96%	92%	85%	90%	90%
		Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order.	96%	100%	100%	100%	100%
		Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.	99%	100%	99%	100%	100%

PROGRAM: Sexual Predator Treatment Program – 32900

Program Overview:
The Sexual Predator Treatment Program (SPTP) provides secure, individualized, evidence-based treatment to individuals civilly committed by the courts as Sexually Violent Predators under Kansas law. The program's treatment model is designed to help residents identify and manage behaviors and risk factors associated with sexual offending and, when clinically appropriate and approved through the legal process, progressively develop the skills necessary for safe community reintegration. Treatment incorporates empirically supported approaches, including the Risk-Needs-Responsivity Model, Relapse Prevention Planning, Good Lives Model, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Motivational Interviewing. Services include individualized assessment and risk monitoring, individual and group psychotherapy, psychoeducation, vocational and leisure opportunities, and progressively less restrictive community-based experiences.

SPTP currently serves 285 residents across inpatient, reintegration, transitional release, and conditional release settings, including 238 residents on the LSH campus, 27 in reintegration facilities, and 11 on conditional release. An additional nine residents currently housed in KDOC are expected to return to LSH upon completion of their sentences. As residents progress through the program, services transition from secure inpatient treatment to increasingly community-oriented settings, with the ultimate goal of supporting safe and sustainable community placement when authorized by the court. The program's reintegration facilities currently provide capacity for 48 residents across LSH, Osawatomie State Hospital, and Parsons State Hospital.

SPTP's operational environment continues to become increasingly complex. The program is managing an aging and medically complex population, with an average resident age of 56, including individuals with significant medical needs and intellectual or developmental disabilities. These changes require additional nursing support, modifications to treatment and activity programming, increased coordination of medical care, and greater attention to accessibility needs. Approximately seven residents have been identified as demonstrating cognitive decline, with additional residents awaiting evaluation, further increasing the need for specialized clinical and nursing resources.

The program also faces operational challenges associated with its three-building campus configuration, staffing shortages, resident behavioral acuity, limited treatment and activity space, and the need for frequent off-site medical transportation. Staffing limitations have required the use of contract therapists and agency nursing personnel, which can affect continuity of care. Limited group and activity space, combined with the need to accommodate meals, medications, medical appointments, and varying resident needs, restricts the frequency and number of treatment groups and rehabilitative activities that can be offered. Activity Therapy, psychoeducation, and vocational programming are particularly affected by staffing and space limitations, despite their importance to

resident skill development and progression through the program.

During the current and budget year, SPTP will continue to focus on maintaining a safe and effective therapeutic environment while adapting services to the changing needs of its population. Priorities include strengthening medical and clinical support for an aging population, maintaining adequate staffing and reducing reliance on temporary personnel, expanding treatment and rehabilitative opportunities, addressing physical space limitations, and supporting successful progression through the program's increasingly community-based levels of care. Continued investment in these areas is necessary to maintain treatment effectiveness, support resident progression, preserve public safety, and ensure that SPTP can meet its statutory and clinical responsibilities as the population becomes older, more medically complex, and more behaviorally challenging.

Account Code 5100: Salaries and Wages

Summary: The 267.5 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 2027 and 27 pay periods in FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $19,141,761 is requested. The shrinkage rate is 13.6%.

FY 2028: $19,388,380 is requested. The shrinkage rate is 16.7%.

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 2027: $14,768,256 is requested.

FY 2028: $15,000,133 is requested.

Account Codes 5300 - 5390: Commodities
Summary: The major commodities are pharmaceuticals, household supplies and activity supplies for residents.

FY 2027: $1,549,546 is requested.

FY 2028: $1,557,081 is requested.

Account Codes 5400 - 5490: Capital Outlay
Summary: LSH plans to replace a SPTP transport vehicle in FY2027 to remove an older vehicle with mechanical issues.

FY 2027: $30,000 is requested.

FY 2028: $0 is requested.

Account Code 55500: Total Other Assistance
Summary: Property loss claims for SPTP residents and stipend for SPTP reintegration residents.

FY 2027: $5,459 is requested.

FY 2028: $6,779 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Sexual Treatment Program	Direct Support Services	Percent of documentation of nursing coverage and acuity entered into Plexus monthly.	78%	84%	95%	90%	90%
		Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	100%	100%	95%	99%	99%
	Medical and Nursing Services	Percent of completed admission intake assessment by medical within 24 hours of admission.	93%	100%	67%	100%	100%
		Percent of completed admission intake assessment by nursing within 24 hours of admission.	80%	80%	89%	100%	100%
		Percent of completed nursing progress notes on time (as per policy).	76%	89%	75%	90%	90%
		Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing.	94%	93%	93%	95%	95%

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 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%	88%	93%	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%

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, provides and oversees comprehensive health care services across LSH. The department supports the medical needs of patients and residents throughout their hospitalization and includes 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 beginning at admission and continuing throughout the patient's or resident's stay, ensuring continuity of care and timely response to changing medical and behavioral health needs. CSCS provides essential ancillary and medical support services, including optometry, dentistry, and physical therapy, based on individual patient needs. CSCS also serves as a central resource for medical supplies and durable medical equipment necessary to support patient care, including masks, bandages, syringes, hand sanitizer, wheelchairs, walkers, suction equipment, patient lifts, and other specialized equipment. These services and resources support the ability of clinical teams to provide safe, coordinated care across LSH's diverse patient and resident populations.

The Pharmacy Department provides safe, effective, and cost-efficient medication management services across LSH while also providing medication-related information and education to clinical staff. The department is led by the Director of Pharmacy along with three staff pharmacists and five pharmacy technicians. Pharmacy staff work collaboratively with Laboratory, Infection Control and Prevention, Dietary, Psychiatry, Primary Care, Nursing, and other clinical disciplines to support safe medication use and improve patient and resident outcomes. The Pharmacy Department plays an important role in maintaining the quality and safety of medication management across LSH. Responsibilities include ongoing review and maintenance of the LSH formulary, review and revision of pharmacy-related policies and procedures, medication-related consultation and education, and collaboration with clinical disciplines to identify opportunities to improve medication safety and treatment effectiveness. These activities support consistent prescribing and medication-use practices while helping ensure alignment with applicable regulatory, accreditation, and professional standards.

The Laboratory provides accurate, precise, and timely laboratory testing for patients and residents at LSH, supporting medical decision-making, patient safety, and continuity of care. The laboratory operates in accordance with applicable Joint Commission (JC), Centers for Medicare and Medicaid Services (CMS), and Clinical Laboratory Improvement Amendments (CLIA) requirements. Approximately 95% of laboratory testing requested by LSH medical staff is performed onsite, while reference laboratories are utilized for specialized testing not available at LSH. This level of onsite testing supports timely access to critical diagnostic information and

reduces reliance on external services. The laboratory is currently staffed by two certified Medical Technologists, who serve as laboratory manager and assistant manager, and two assistant laboratory technicians. A contracted Pathologist serves as the laboratory's medical director, providing clinical consultation to LSH staff and conducting routine laboratory visits to review policies, procedures, and services. The laboratory works collaboratively with physicians, nursing, and other health care disciplines to support timely diagnosis, treatment decisions, and patient safety.

The Infection Prevention and Control (IPC) Program provides hospital-wide infection prevention and control oversight for LSH, supporting the health and safety of patients, residents, employees, and visitors. The program is led by two Infection Preventionists and supported by the multidisciplinary Infection Prevention and Control Committee, which provides oversight, collaboration, and guidance related to infection prevention practices across the hospital. IPC works closely with clinical, environmental, nursing, medical, and operational departments to identify infection risks, implement preventive strategies, monitor compliance, and respond to emerging infection prevention concerns. The primary focus of the program is education, surveillance, prevention, and early identification of infection risks. Infection prevention education begins during new employee orientation and continues throughout employment through ongoing training and as-needed education based on identified risks or changes in practice. Key areas include hand hygiene, appropriate use of personal protective equipment (PPE), transmission-based precautions, and other evidence-based practices designed to reduce the spread of infection within the hospital. The program also supports employee health and prevention initiatives, including appropriate vaccination and screening activities.

The Nursing Department is committed to providing safe, competent, patient-centered nursing care to the patients and residents served by LSH. Nursing practice is guided by applicable American Nurses Association standards for psychiatric nursing, medical standards of care, and the Kansas Nurse Practice Act and standards established by the Kansas State Board of Nursing. The department maintains a focus on ensuring nursing staff possess the knowledge, clinical skills, and competencies necessary to address both the complex psychiatric and medical needs of LSH's diverse patient and resident populations. Nursing staff serve a critical role in the delivery and coordination of patient care, working collaboratively with physicians, psychologists, social workers, rehabilitation staff, and other members of the interdisciplinary treatment team to develop and implement individualized treatment approaches. Nurses provide ongoing assessment and monitoring, medication administration, health education, patient/resident advocacy, and coordination of care while supporting patients and residents in achieving treatment goals and developing the skills necessary for greater independence and successful community reintegration.

The Social Services Department provides comprehensive psychosocial services designed to support the dignity, well-being, recovery, and successful community reintegration of patients and residents at LSH. Social Services works to ensure that individuals receive care in the least restrictive environment appropriate to their clinical and legal needs, while recognizing the unique strengths, needs, and

circumstances of each patient, their families, and community support systems. Social Services employees play a central role in coordinating discharge planning and continuity of care throughout a patient or resident's hospitalization. Services include psychosocial assessment and education, individual and group therapy, supportive counseling, crisis intervention, treatment planning and implementation, consultation, and participation on interdisciplinary treatment teams. Staff also help patients understand available community resources and supports and work closely with Community Mental Health Center (CMHC) liaisons to establish appropriate services and connections prior to discharge. These efforts are critical to promoting continuity of care and supporting successful transitions from inpatient treatment to community-based services. The department also provides specialized services that support the hospital's clinical and legal missions, including expert court testimony, staff and patient education, consultation, and participation on key hospital committees, including Risk Management, Utilization Review, and Clinical Executive Committee activities. Through these responsibilities, Social Services contribute to patient safety, treatment planning, regulatory compliance, and broader hospital quality improvement efforts.

The Psychology Department provides comprehensive psychological and behavioral health services that support the assessment, treatment, safety, and recovery of patients and residents at LSH. Services include individual and group psychotherapy, crisis intervention, psychological assessment and testing, treatment planning and implementation, consultation, behavior support planning, forensic evaluations, court reports, expert testimony, and education and training for staff and patients. Psychologists also serve on key hospital committees, including the Ethics Committee and Clinical Executive Committee, contributing psychological expertise to organizational decision-making, clinical quality improvement, workforce initiatives, and patient care. The department also plays a significant role in developing the behavioral health workforce through its training programs. LSH operates an American Psychological Association (APA)-accredited psychology internship program, which provides training opportunities for up to four interns annually. The program received the highest level of accreditation, a 10-year accreditation period, in 2019, with its next accreditation review scheduled for 2028. LSH also maintains a post-doctoral fellowship program that is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), providing structured supervised training for doctoral graduates working toward professional licensure. Many current LSH psychology staff are graduates of the hospital's internship or post-doctoral training programs, demonstrating the department's role in developing and retaining qualified behavioral health professionals. In addition to the internship and post-doctoral fellowship programs, the Psychology Department provides practicum placements for students pursuing psychology training at earlier stages of their education. These training opportunities expose students to complex psychiatric and forensic populations while creating a pipeline of professionals with specialized experience who may pursue careers in public behavioral health.

The Chaplaincy Program supports the spiritual, emotional, and pastoral needs of patients and residents across LSH, recognizing the role that spirituality, faith, meaning, and personal values can play in an individual's overall well-being and treatment. The Chaplain

provides services across all LSH programs, including individual visits, unit visits, responding to patient and resident requests, coordinating with community clergy, and providing access to appropriate religious materials and resources. The Chaplain also coordinates regular worship services, special religious observances, seasonal services, and memorial services while working to ensure that the religious and spiritual needs of individuals from diverse faith traditions are appropriately supported. When clinically appropriate and incorporated into the individual's treatment plan, the Chaplain may provide individual and group counseling and supportive services addressing concerns such as loss of meaning, grief and unresolved loss, guilt, shame, resentment, questions related to faith and religious practice, and ethical or moral concerns. These services provide an additional resource for patients and residents as they navigate significant life events, hospitalization, treatment, loss, and personal recovery. The Chaplain also contributes to broader hospital operations through participation on key interdisciplinary committees, including Ethics, Endowment, and Clinical Executive Committees. Through these activities, the Chaplain provides specialized expertise related to spirituality, ethics, grief, crisis response, and the psychosocial needs of patients, residents, and staff.

The Activity Therapy Department provides therapeutic, psychoeducational, and leisure programming designed to support the clinical, functional, and rehabilitative needs of patients and residents at LSH. Programming is individualized to help patients and residents develop, strengthen, and maintain skills that support increased independence and successful progression to less restrictive environments. Services emphasize self-worth, confidence, social engagement, inclusion, and meaningful participation, while maintaining respect for the dignity and individual needs of each person served. Activity Therapy provides a broad range of creative arts, music, recreational, and leisure-based programming through structured individual and group activities. These opportunities allow patients and residents to develop or maintain healthy leisure interests, build social and interpersonal skills, practice appropriate behaviors, and identify meaningful activities that can be continued following hospitalization. Programming also provides opportunities for patients and residents to experience success, develop confidence, and engage in productive activities that complement their broader treatment goals.

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

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

programs.

LSH has submitted a Supplemental budget request for FY 2027 base budget and beyond totaling $18,000,000 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.

Anciallary Supplemental Request	FY 2027	FY 2028
Agency Nursing Staff	$18,000,000	$18,000,000
Total	**$18,000,000**	**$18,000,000**

Account Code 5100: Salaries and Wages

Summary: The 68.5 FTE positions in this program to provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2027 and 27 pay periods in FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $11,190,091 is requested. The shrinkage rate is 13.7%.

FY 2028: $11,226,125 is requested. The shrinkage rate is 16.9%.

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 2027: $1,176,225 is requested.

FY 2028: $1,180,596 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 2027: $565,502 is requested.

FY 2028: $574,665 is requested.

Account Code 5400 - 5490: Capital Outlay

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

FY 2027: $10,279 is requested.

FY 2028: $10,279 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 restricted trust fund established to support the general needs and well-being of LSH patients/residents when other available funding sources are insufficient. Use of the fund is limited to appropriate patient-related purposes, with expenditures requiring advance approval from the Chief Financial Officer to ensure responsible stewardship and compliance with applicable requirements.

Funding for the Patients' Benefit Fund is generated through transfers from the Canteen Fund, donations from individuals and organizations, and commissions from beverage and snack vending machines located on the LSH campus. These resources provide an additional means of addressing patient needs that may not otherwise be supported through the hospital's operating budget or other available funding sources.

The fund is primarily used to provide necessary items, services, and opportunities that directly benefit patients. This may include emergency transportation when no other funding source is available, educational and spiritual materials, replacement birth certificates and other essential documents, holiday gift bags, and appropriate behavioral or treatment-related reinforcers. The fund may also support activities and resources that enhance the patient/resident experience, promote dignity and quality of life, and support participation in treatment.

The **Canteen Fund** supports the daily needs and independence of patients and residents by providing access to a variety of convenience foods, snacks, candy, phone cards, stamps, and other approved miscellaneous items. The program provides patients and residents with an opportunity to make personal purchasing choices and use their own funds to obtain items that contribute to their individual preferences and quality of life.

Prior to June 2025, canteen orders were processed and fulfilled through an external contractor. In June 2025, LSH transitioned to an internally operated Canteen process, allowing the hospital to directly manage the service for patients and residents. This transition provides LSH greater oversight of the canteen process while maintaining access to personal-choice items for individuals across all three LSH programs. The Canteen program supports more than simply access to snacks and convenience items. Providing patients and

residents with the ability to make personal purchasing decisions using their own funds promotes choice, independence, responsibility, and normalcy within the structured hospital environment. It also provides an opportunity for individuals to practice everyday decision-making and money-management skills that can support treatment and rehabilitation goals.

The **Work Therapy Fund (Prairie Treasures) and LSH Wood Crafters Fund** are non-appropriated funds that support vocational therapy, skill development, and meaningful work opportunities for patients and residents at LSH. Both programs are managed by LSH Activity Therapy staff, who provide instruction, supervision, and operational oversight. Funding is generated through the sale of products created by patients and residents, allowing the programs to support therapeutic activities while providing opportunities to develop practical skills and work habits.

- **Prairie Treasures** operates through the LSH Horticultural Workshop and provides patients in the Psychiatric Services Program (PSP) with opportunities to grow and care for houseplants and seasonal bedding plants, as well as create craft items for sale to employees and the public. Patients participate in multiple aspects of the operation, including preparing products, displaying and pricing items, assisting customers, and completing sales. This provides opportunities to practice vocational skills, responsibility, communication, customer service, decision-making, and basic retail operations while interacting with individuals from outside the hospital. Patients also experience the satisfaction of seeing a product progress from creation to completion and sale.

- **LSH Wood Crafters** provides residents of the Sexual Predator Treatment Program (SPTP) with structured vocational training in a secure environment. Residents build, finish, and prepare wood lawn furniture and other custom wood products for sale to employees and the public. The program provides meaningful work experience while developing practical skills, responsibility, productivity, and work habits that support rehabilitation and progression toward greater independence. Residents may receive compensation for their work, with a portion of earnings returned to the hospital for board and care as applicable.

LSH Mental Health Conference (Benefit Fund) is a non-appropriated fund established to support the planning and delivery of LSH's annual Frontiers in Mental Health Conference. The fund is restricted to conference-related purposes, with expenditures requiring advance approval from the Committee President, Superintendent, and Chief Financial Officer. Revenue is generated primarily through conference registration and attendee payments received through interfund transfers, PayPal, and checks. The fund supports the operational costs necessary to provide a high-quality professional education event. By utilizing a dedicated benefit fund, LSH is able to provide continuing education opportunities while appropriately managing conference-related revenues and expenditures outside of the hospital's appropriated operating budget. The Frontiers in Mental Health Conference serves as an

important workforce development and professional education resource for LSH and the broader behavioral health community. In FY2026, LSH offered a virtual conference to provide ongoing clinical education focused on current practices, emerging information, and development of clinical skills. The conference attracted 163 professionals from across Kansas, demonstrating the program's reach beyond LSH and its value to behavioral health professionals across the state.

The **Employee Use Fund** is a non-appropriated fund established to support employee recognition, appreciation, and significant life events for LSH staff. The fund provides a mechanism for the hospital to recognize employees and their contributions through appropriate employee appreciation activities, recognition of achievements, and expressions of support following the death of an employee or an employee's immediate family member. Use of the fund is limited to authorized purposes, with expenditures required to comply with K.S.A. 75-3080 and 75-3081 and requiring advance approval from the Appointive State Agency Head. This structure ensures that funds are used appropriately and consistently with statutory requirements governing employee-related expenditures. Revenue for the Employee Use Fund is generated primarily through commissions from beverage and snack vending machines available to employees on the LSH campus, along with occasional fundraising activities. These resources allow LSH to support employee recognition and appreciation efforts without relying on appropriated operating funds.

The **Tree Advisory Committee Benefit Fund** supports LSH's efforts to maintain and improve the health, safety, and sustainability of its campus trees and natural environment. The Tree Advisory Committee provides guidance regarding tree planting, maintenance, care, and protection, while promoting awareness of tree health and encouraging environmental stewardship across the LSH campus. A dedicated Tree Advisory Account is maintained to track and manage funding and expenditures associated with campus tree care. This provides a structured mechanism for supporting tree-related needs while maintaining appropriate oversight of resources dedicated to the hospital's outdoor environment.

The **Route 264 Sunflower Grill (the Grill)** provides an onsite dining and convenience option for LSH employees, Larned State Correctional Facility (LSCF) employees, local community members, and LSH patients/residents. The Grill offers breakfast, lunch, snacks, and beverages, providing an accessible food service option for individuals working and receiving services on or near the LSH campus. The Grill also supports patient-specific needs by providing special meal orders for patients or residents of the facility. The Grill reopened on September 3, 2014, using remaining Canteen funds, and has continued to provide an onsite service that benefits both the LSH workforce and the broader campus community. Patients in the Psychiatric Services Program (PSP), when they have the appropriate privilege level, may visit the Grill and participate in the services provided. This creates an additional opportunity for patients to practice appropriate community and daily living skills within a structured environment. The Grill is currently operated by two permanent FTEs under the supervision of the Chief Financial Officer. In addition, minimum-custody inmates from the neighboring LSCF are assigned to LSH to assist with Grill operations, providing additional workforce support while offering

structured work experience. The Grill currently operates from 6:30 a.m. to 1:30 p.m., aligning service hours with employee morning and lunch breaks. In addition to regular menu offerings, the Grill provides rotating daily specials to provide variety and additional meal options.

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 2026 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund: $75,600.99
- Canteen Fund: $180,797.32
- Work Therapy Fund (Prairie Treasures): $190,588.75
- LSH Wood Crafters: $6,251.50
- LSH Mental Health Conference (Benefit Fund): $7,636.71
- Employee Use Fund: $9,331.90
- Tree Advisory Committee (Benefit Fund): $1,810.21
- Route 264 Sunflower Grill: $40,473.85

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.

The **Engineering Department** provides comprehensive facilities, infrastructure, and environmental support services essential to the safe and continuous operation of the LSH campus. Responsibilities include operation and maintenance of the power plant, motor pool, grounds, refrigeration and HVAC systems, carpentry, plumbing, electrical, and paint shops, as well as the campus sewage and water distribution systems. Engineering also supports the water and sewer infrastructure serving portions of the Larned State Correctional Facility (LSCF) under an established agreement in which LSH provides these services and pays associated utility costs in exchange for inmate labor utilized on the LSH campus. Engineering maintains approximately 829,076 square feet of buildings and 78 acres of grounds, requiring ongoing preventive maintenance, repairs, infrastructure management, and environmental upkeep. The department provides 24/7 response capability for building and infrastructure issues that may affect patient care, employee safety, security, or continuity of operations. LSH employees can submit work orders to Engineering when maintenance needs or safety concerns are identified, allowing the department to prioritize and address issues across the campus. In addition to routine maintenance, Engineering provides a broad range of in-house services, including building repairs, interior and exterior upkeep, grounds maintenance, vehicle maintenance, campus road maintenance, snow and ice response, street-line painting, and resurfacing. Maintaining these functions internally allows LSH to respond to routine needs while minimizing disruption to hospital operations and ensuring that critical infrastructure remains functional. More specialized or large-scale facility needs are evaluated and incorporated into the Capital Improvement Plan (CIP) through Physical Plant and Central Services, with projects prioritized according to condition, operational impact, safety, regulatory requirements, and available resources.

The **Environmental Services Department** plays a critical role in maintaining a clean, safe, and sanitary environment for patients, residents, employees, and visitors while supporting LSH's compliance with applicable regulatory and accreditation standards. The department provides environmental services across the campus, with dedicated coverage for buildings occupied by the State Security Program (SSP), Psychiatric Services Program (PSP), and operational support departments. Environmental Services staff are responsible for the ongoing cleanliness and sanitation of LSH facilities and work collaboratively with clinical and operational departments to identify and address environmental concerns. This work is particularly important within a complex behavioral health setting, where maintaining appropriate environmental conditions supports infection prevention, patient and staff safety, regulatory compliance, and the overall therapeutic environment. LSH also supplements Environmental Services operations through participation from residents in the SPTP and SSP Vocational Training Programs. Under appropriate supervision, residents assist with environmental

service activities in portions of the Dillon, Jung, and Isaac Ray buildings. These opportunities provide structured, meaningful work experiences while supporting the operational needs of the hospital.

The **Safety and Security Department** provides comprehensive security, emergency response, and safety services essential to protecting patients, residents, employees, visitors, the physical plant, and the surrounding community. The department operates across the LSH campus and plays a critical role in maintaining a secure therapeutic environment while supporting the hospital's clinical and operational functions. Given the high-acuity and forensic populations served by LSH, Safety and Security works closely with nursing and other clinical staff to respond to behavioral emergencies, de-escalate aggressive behavior, and maintain the safety of patients, residents, and staff. Safety and Security personnel provide a broad range of 24/7 emergency and operational services, including responding to medical emergencies and staff duress alarms, assisting with behavioral emergencies, conducting campus and facility walkthroughs, supporting special programming for highly aggressive or dangerous patients and residents, delivering emergency medical equipment such as oxygen, and assisting with investigations of unlawful incidents. Safety and Security Officers serve as first responders for medical emergencies across campus, providing first aid, assisting medical personnel, and utilizing AED equipment when necessary. Transport officers also provide secure transportation to and from medical appointments and remain with patients or residents when required during outside medical care. A significant component of the department's responsibilities is maintaining secure access and movement throughout LSH's secure buildings. Staff manage access control points, conduct security screening to limit contraband, verify staff identification, and utilize metal detectors and tomography screening equipment. Control centers monitor and manage the movement of patients, residents, employees, and visitors entering and exiting secure areas. These functions are particularly important in maintaining the security of LSH's forensic programs while allowing necessary movement for treatment, medical care, work, visitation, and other hospital activities. The department also provides essential campus-wide support services, including emergency communications and safety announcements, property management, mail and package services, switchboard operations, campus traffic safety, and security patrols. Property officers manage patient and resident belongings following admission and support the appropriate handling of property throughout hospitalization. The department also coordinates emergency notifications related to medical emergencies, staff assistance calls, fires, severe weather, and other situations requiring immediate campus-wide communication.

The **Purchasing & Supply Department** provides timely, cost-effective procurement, inventory, property management, and logistical support essential to the daily operations of LSH. The department is responsible for procuring, receiving, storing, and distributing consumable and non-consumable supplies, furnishings, and other materials needed to support patients, residents, and employees across the LSH campus. This includes personal care items for patients and residents, operational supplies, food and beverage inventories, paper products, and other materials necessary to maintain continuous hospital operations. The department oversees warehousing, inventory control, asset management, shipping, receiving, and campus-wide distribution, ensuring that supplies are

available when and where they are needed. Purchasing & Supply also processes all LSH invoices before forwarding them to Accounting for payment and manages procurement activities through the SMART System, including requisitions and purchase orders. Department staff also provide technical assistance to other LSH departments with SMART requisitioning and procurement processes. The department supervisor is responsible for developing contracts and related documentation for contracted services, supporting appropriate procurement practices and fiscal stewardship. Purchasing & Supply works collaboratively with departments throughout LSH and with the Larned State Correctional Facility (LSCF) to share supplies and resources when appropriate, particularly during emergency situations or periods of limited availability.

The **Food Service Department** provides comprehensive food and nutrition services to patients, residents, employees, and children and staff at Caring Hands Daycare Center on the LSH campus. Food service operations were privatized in July 2013, with service requirements established through a contract between KDADS and LSH. In July 2018, Sodexo was awarded the food service management contract and currently provides food service operations across the LSH campus. Food Service operates across four buildings with full-service kitchens, supporting the daily preparation and distribution of three meals and three snacks, morning, afternoon, and evening, for patients and residents. Each patient and resident has an individualized diet order established by an LSH medical provider based on their clinical and nutritional needs. Sodexo is responsible for preparing and providing meals in accordance with these orders while maintaining appropriate food safety and service standards. The department also provides meals and snacks for holidays, special events, and program activities throughout the year. Nutrition services are supported by a contracted clinical dietitian who conducts nutritional assessments at the request of medical providers and for patients and residents identified as being at increased nutritional risk. The dietitian also collaborates with Sodexo and LSH staff to provide food-handling education and training and conducts audits of each of the four food service kitchens. This interdisciplinary approach helps ensure that nutritional needs, food safety, and individualized dietary requirements are incorporated into patient and resident care.

The **Laundry Department** provides essential textile and clothing services for both LSH and the LSCF. In FY2026, the department processed 910,455 pounds of textiles and clothing, with approximately 54% associated with LSH and 46% with LSCF. The volume and scope of these services require the department to maintain reliable processing, inventory management, and distribution systems to ensure patients, residents, and operational areas have consistent access to clean clothing and textiles. Laundry personnel perform a comprehensive range of activities, including collection of soiled laundry, daily tracking and reporting of textile volumes by agency and program, sorting, washing, drying, folding, and distribution of clean textiles and clothing. Staff operate and program large-scale industrial laundry equipment according to the needs and classifications of each agency. The department also monitors weekly textile utilization and establishes delivery quantities to ensure appropriate supplies are distributed to LSH units. Additional responsibilities include producing clothing labels for patients and residents and marking unit-stock clothing. The department currently operates with 8.0 FTE positions and support from 1–10 inmate laborers, depending on operational needs. In addition to laundry processing, the

department manages the Clothing Supply area, which provides an important resource for meeting the individual clothing needs of patients and residents. Staff receive and prepare donated clothing for use, maintain clothing inventories, fill new clothing and footwear orders, and provide basic alterations and repairs, including hemming and other modifications. The department also produces webbed belts and completes other mending services based on patient and resident needs.

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.

Account Code 5100: Salaries and Wages
Summary: The 134 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 2027 and 27 pay periods in FY 2028, including fringe benefits, health insurance and longevity.

FY 2027: $9,716,948 is requested. The shrinkage rate is 13.6%.

FY 2028: $9,976,261 is requested. The shrinkage rate is 15.6%.

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 2027: $929,173 is requested.

FY 2028: $895,541 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 2027: $990,146 is requested.

FY 2028: $1,018,509 is requested.

Account Code 5400 - 5490: Capital Outlay

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

FY 2027: $11,285 is requested.

FY 2028: $11,285 is requested.

Account Code 57000: Non-Expense

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

FY 2027: $2,500 is requested.

FY 2028: $2,500 is requested.

Program Name	Subprogram Name (if applicable)	Performance Measure	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 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%

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.