

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

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

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August 29, 2024

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

Dear Mr. Proffitt:

As Superintendent of Larned State Hospital (LSH), I am pleased to present you with our FY 2025 and FY 2026 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.

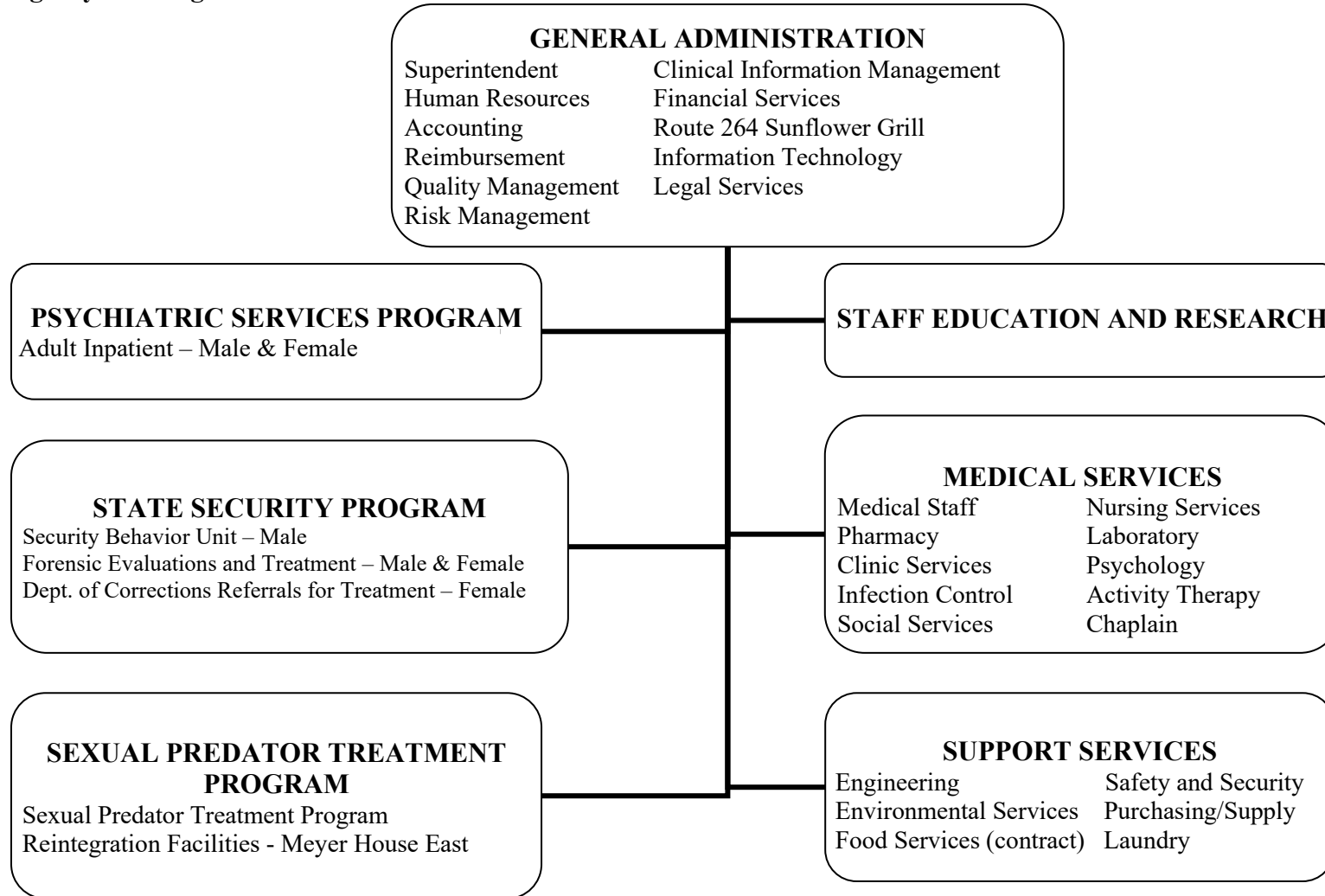
Please feel free to contact us should you have questions or require additional information.

Sincerely,



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

**Agency Funding Chart**



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**GENERAL AGENCY INFORMATION**

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

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

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

**STATUTORY HISTORY:**

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

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

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

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

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

**ACCREDITATION AND CERTIFICATION:**

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

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

**Agency Overview:** For FY 2025, LSH requests revised expenditures totaling \$93,262,016, of which \$78,830,351 is from the State General Fund. For FY 2026, LSH requests expenditures totaling \$89,474,290 of which \$77,921,962 is from the State General Fund.

The agency has requested change packages for FY 2025 and FY 2026. This revises the agency budget request to \$128,561,791 for FY 2025 and \$126,946,319 for FY 2026. The change package is addressed in the LSH Supplemental/Enhancement request. The hospital is committed to actively managing the budget to the allocation and covering any unexpected obligations. Hospital staff monitors expenditures of hospital funds to ensure the hospital is only purchasing items essential for operations and to ensure the hospital is operating as efficiently as possible.

**Initiatives:** LSH is continuing to enhance our efforts to recruit and retain employees. LSH has expanded nursing agency contracts in efforts to maintain adequate staffing while recruiting to fill vacant positions and improving the work-life balance for employees by reducing overtime at Larned State Hospital. LSH has worked on topics to help staff feel supported, recognized, and appreciated. Given the type of clientele that is served at LSH, efforts have been extended to develop and implement a Workplace Violence Plan. This plan focuses on prevention, risk reduction, and response to any workplace violence that may occur in attempts to help keep employees as safe as possible while carrying out their job responsibilities.

LSH continues to actively implement the larnedcares.com campaign, which was part of the FY 2019 marketing opportunity provided to LSH from the City of Larned and Pawnee County. A new website for the Larned Cares campaign was launched in FY 2024 that provides information regarding the hospital and offers an easy and quick way to apply for LSH positions. In FY 2024, LSH worked with KSN in efforts to enhance recruiting strategies and advertisement, keeping recruiting interesting and continues to market the Larned Cares campaign.

LSH State Security Program continues to expand mobile competency and a mobile evaluator continues to go into jails to perform competency restoration and evaluations at other secured confinement settings. LSH piloted this first in Shawnee County followed by work in Wyandotte, Johnson, and Sedgwick counties. It has continued to expand into additional counties including Lyon, Geary, Saline, Reno, Leavenworth, and Barton County. LSH continues to host the largest mental health conference in Western Kansas, “Frontiers in Mental Health” with over 100 participants.

While wages have been increased for staff and additional positions have been authorized, SPTP has been confronted with addressing an increasingly violent, resistive, and aging population. The number and needs of the resident population has overwhelmed the

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program’s ability to respond to the fundamental staffing challenges. It is exceedingly difficult to make decisions regarding placing residents in safe housing placements given residents increasing sexual and physical assaults on each other and staff. The programmatic and physical footprint for SPTP continues to need review to be able to manage residents safely along with the other two Programs on the LSH campus.

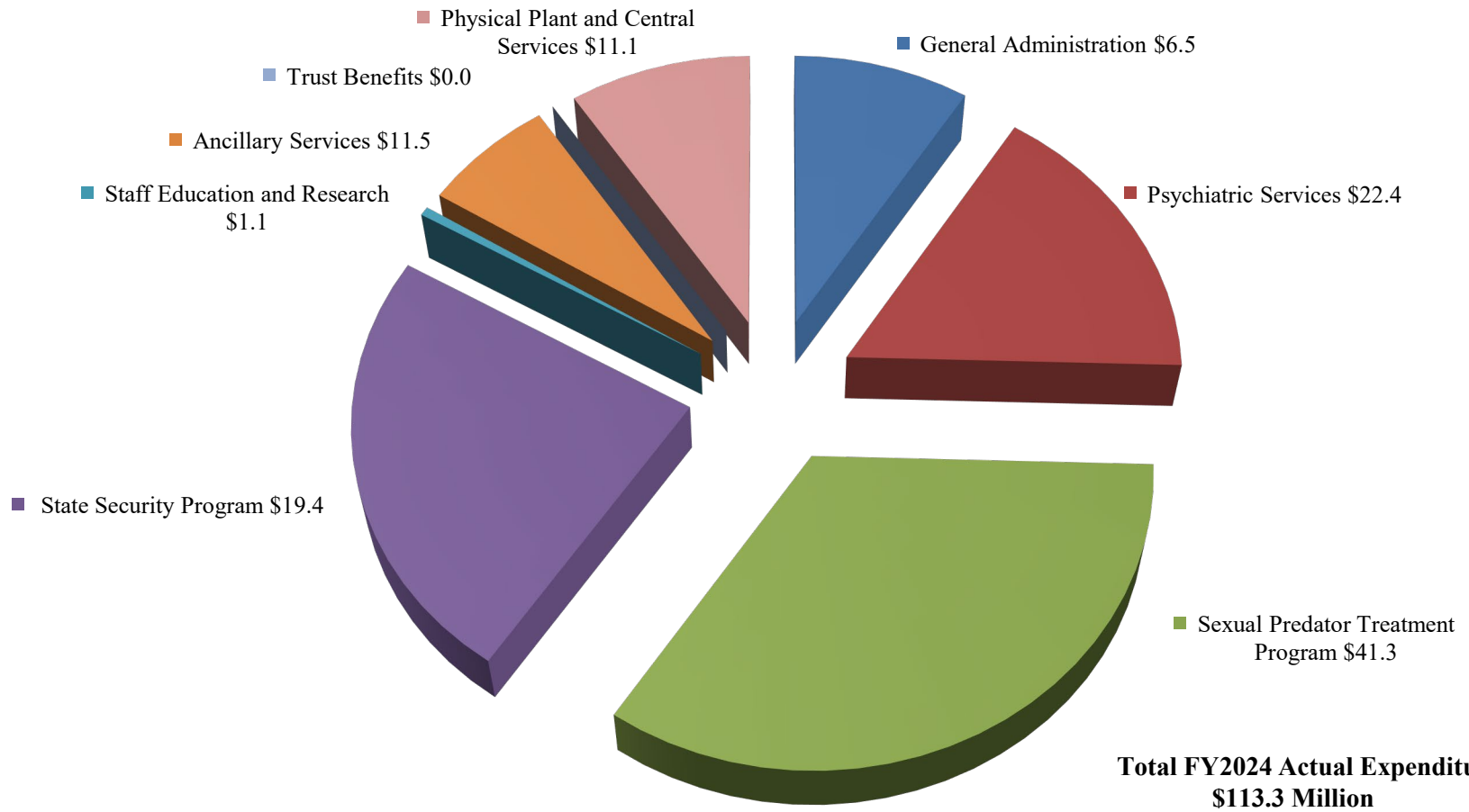
In FY24, LSH collaborated with the City of Larned and Larned Fire Department in order to restructure fire services for the LSH and Kansas Department of Corrections (KDOC) campus. LSH, KDOC, and the City of Larned entered into a memorandum of agreement starting July 1, 2024 for the City of Larned’s Fire Department to provide immediate response to any fire safety issues on LSH and KDOC campuses. This allowed for the discontinuation of the Safety and Security Department of LSH from being the primary trained responders to a fire safety issue. Removing this responsibility from the Safety and Security Officers allows for greater focus to be placed on providing high quality support and interventions for the safety and security of the campus and any patients, residents, staff, contractors, or visitors.

LSH has added recruitment and retention bonus to enhance our ability to hire new employees and retain current employees. The maximum FY 2025 bonus amounts increased to \$10,000. We have added the following bonus:

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

### FY 2024 Actual Expenditures

(In Millions)



**Total FY2024 Actual Expenditures**  
**\$113.3 Million**

(Total may not add due to rounding)

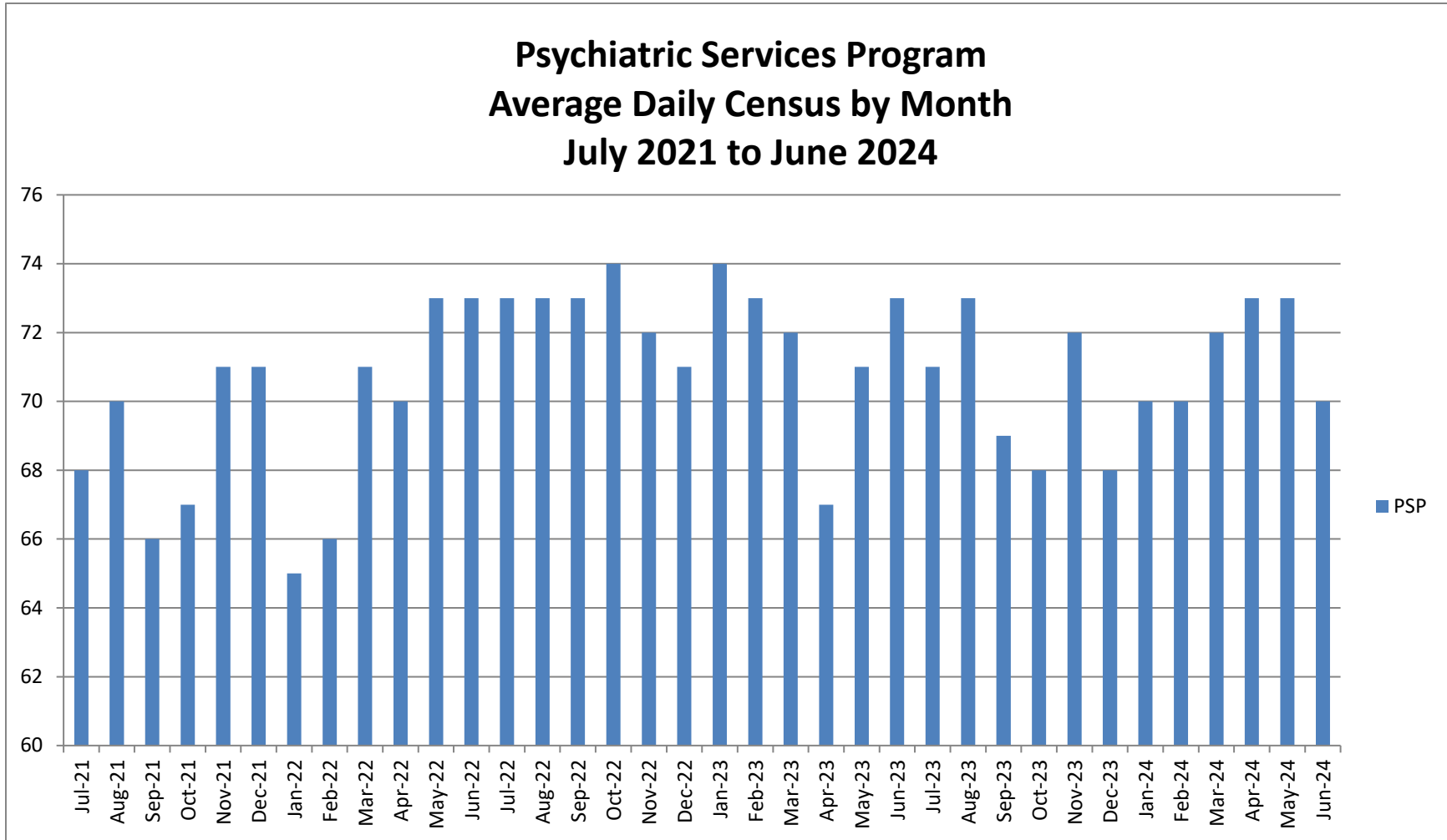
| FY 2022 through FY 2026 Approved FTE and UP/UT Positions |                 |             |                 |             |                 |             |                  |             |                  |             |
|--|-----------------|-------------|-----------------|-------------|-----------------|-------------|------------------|-------------|------------------|-------------|
| Larned State Hospital                                    | FY 2022 Actuals |             | FY 2023 Actuals |             | FY 2024 Actuals |             | FY 2025 Estimate |             | FY 2026 Estimate |             |
| Program  | FTE             | UP/UT       | FTE             | UP/UT       | FTE             | UP/UT       | FTE              | UP/UT       | FTE              | UP/UT       |
| General Administration                                   | 37.00           | -           | 55.00           | -           | 55.00           | -           | 60.00            | -           | 60.00            | -           |
| Staff Education and Research                             | 3.00            | -           | 2.00            | -           | 2.00            | -           | 2.00             | -           | 2.00             | -           |
| Psychiatric Services Program                             | 132.00          | 3.00        | 134.00          | 3.00        | 134.00          | 3.00        | 129.00           | 3.00        | 129.00           | 3.00        |
| State Security Program                                   | 219.00          | 2.00        | 208.50          | 2.00        | 185.00          | 2.00        | 183.00           | 2.00        | 183.00           | 2.00        |
| Sex Predator Treatment Program                           | 318.50          | 1.00        | 291.50          | 2.00        | 287.00          | 2.00        | 291.00           | 2.00        | 291.00           | 2.00        |
| Ancillary Services                                       | 62.00           | 3.00        | 74.50           | 2.00        | 71.50           | 2.00        | 67.50            | 2.00        | 67.50            | 2.00        |
| Physical Plant and Central Services                      | 129.00          | -           | 146.00          |             | 146.00          | -           | 155.00           | -           | 155.00           | -           |
| <b>TOTAL APPROVED POSITIONS</b>                          | <b>900.50</b>   | <b>9.00</b> | <b>911.50</b>   | <b>9.00</b> | <b>880.50</b>   | <b>9.00</b> | <b>887.50</b>    | <b>9.00</b> | <b>887.50</b>    | <b>9.00</b> |

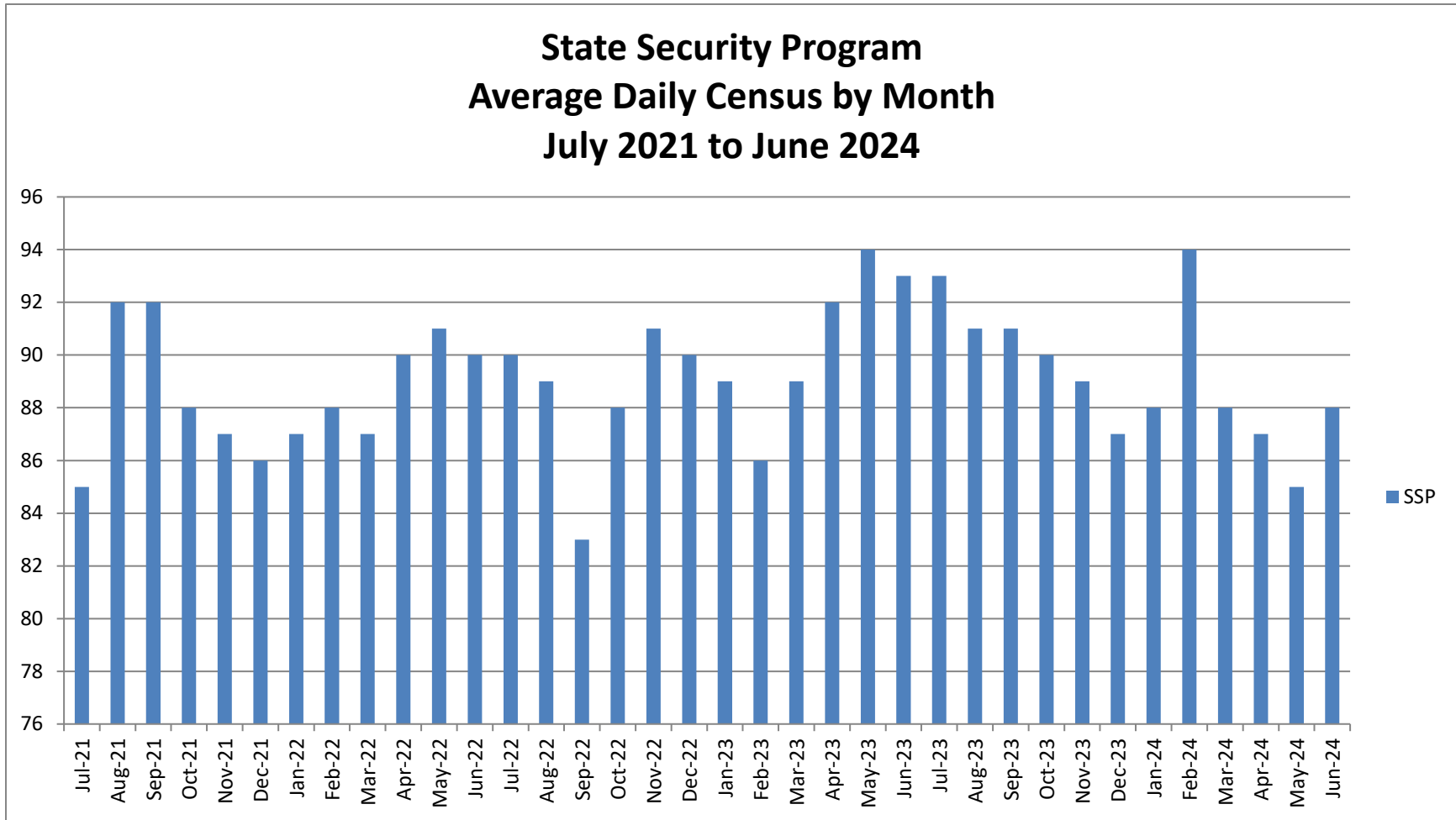
| Budgeted Bed Capacity by Program at the End of the Fiscal Year |                 |                 |                 |                  |                  |
|--|-----------------|-----------------|-----------------|------------------|------------------|
| Program  | FY 2022 Actuals | FY 2023 Actuals | FY 2024 Actuals | FY 2025 Estimate | FY 2026 Estimate |
| Psychiatric Services Program                                   | 90              | 90              | 90              | 90               | 90               |
| State Security Program   | 140             | 140             | 140             | 140              | 140              |
| Sexual Predator Treatment Program                              | 274             | 274             | 274             | 274              | 274              |
| Meyer Reintegration  | 16              | 16              | 16              | 16               | 16               |
| <b>Total</b>   | <b>520</b>      | <b>520</b>      | <b>520</b>      | <b>520</b>       | <b>520</b>       |

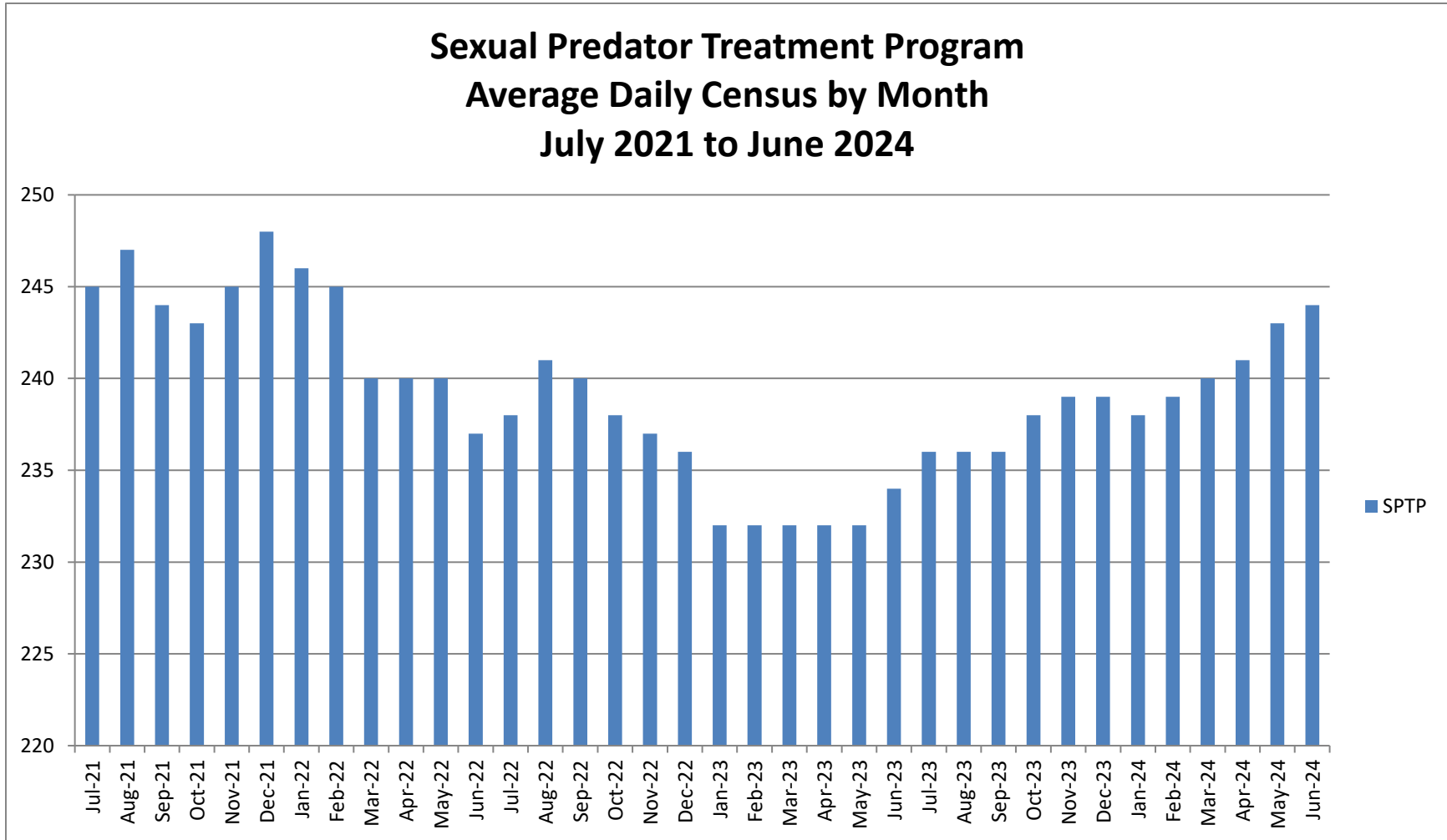
| Patient Movement Summary                             | FY 2022 Actuals | FY 2023 Actuals | FY 2024 Actuals | FY 2025 Estimate | FY 2026 Estimate |
|--|-----------------|-----------------|-----------------|------------------|------------------|
| <b>Additions</b>                                     |                 |                 |                 |                  |                  |
| First Admissions                                     | 531             | 390             | 419             | 445              | 445              |
| Readmissions   | 596             | 423             | 407             | 475              | 475              |
| <b>TOTAL ADMISSIONS</b>                              | <b>1127</b>     | <b>813</b>      | <b>826</b>      | <b>920</b>       | <b>920</b>       |
| Admissions-- % Change From Prior Year                | 5.7%            | -27.9%          | 1.6%            | 11.4%            | 0.0%             |
| <b>Separations</b>                                   |                 |                 |                 |                  |                  |
| Discharges   | 1126            | 812             | 832             | 822              | 822              |
| <b>TOTAL SEPARATIONS</b>                             | <b>1126</b>     | <b>812</b>      | <b>832</b>      | <b>822</b>       | <b>822</b>       |
| <b>Transer In and Out - Other KDADS Institutions</b> |                 |                 |                 |                  |                  |
| Transfers in -- Other KDADS Institutions             | 41              | 34              | 26              | 30               | 30               |
| Transfers out -- Other KDADS Institutions            | 66              | 50              | 54              | 52               | 52               |
| <b>Deaths in Hospital</b>                            | <b>3</b>        | <b>3</b>        | <b>3</b>        | <b>3</b>         | <b>3</b>         |

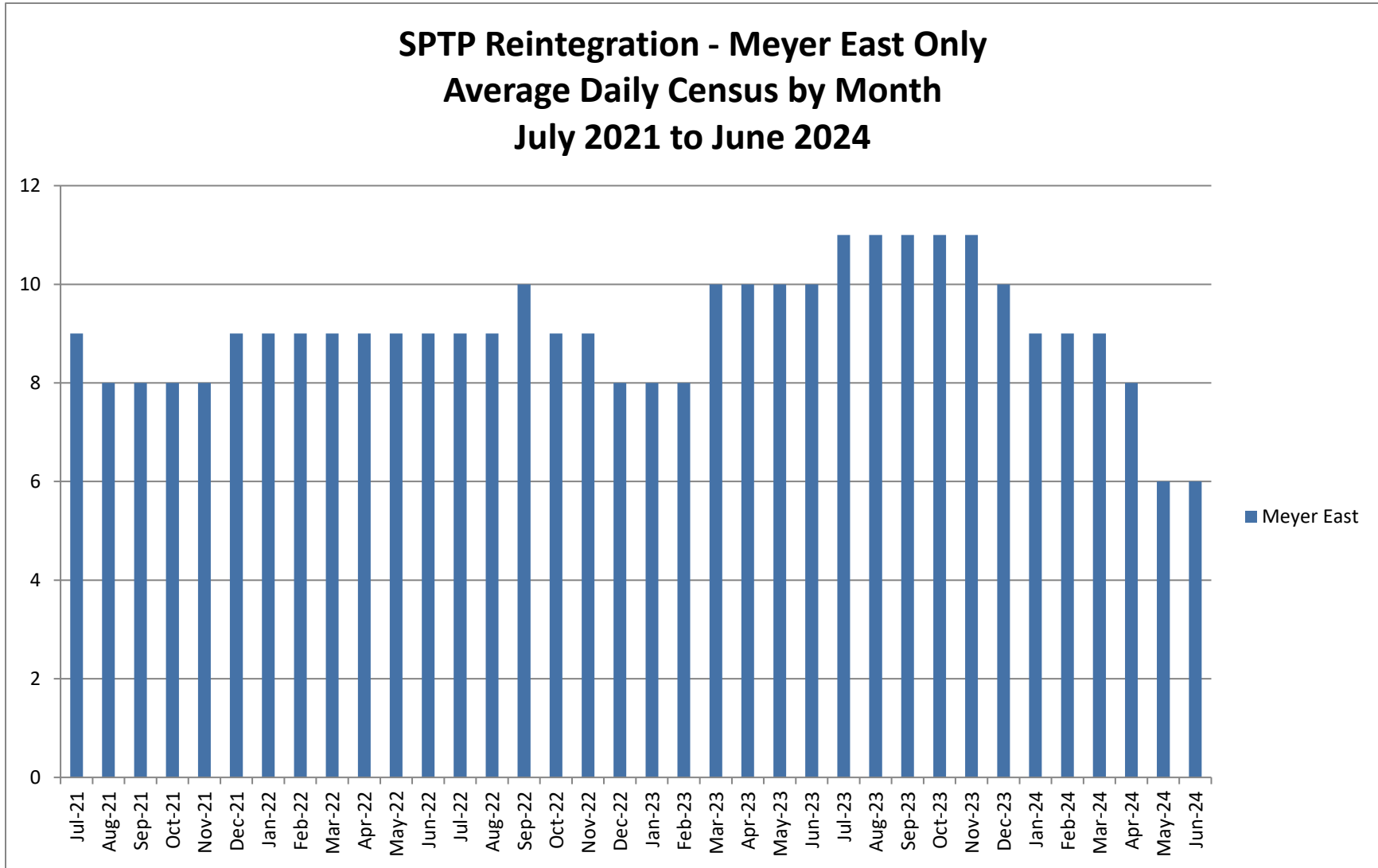
FY2024: This chart has been updated as it was discovered Transfers Ins and Outs were double counting the Additions and Separations and Deaths were being double counted in Separations.

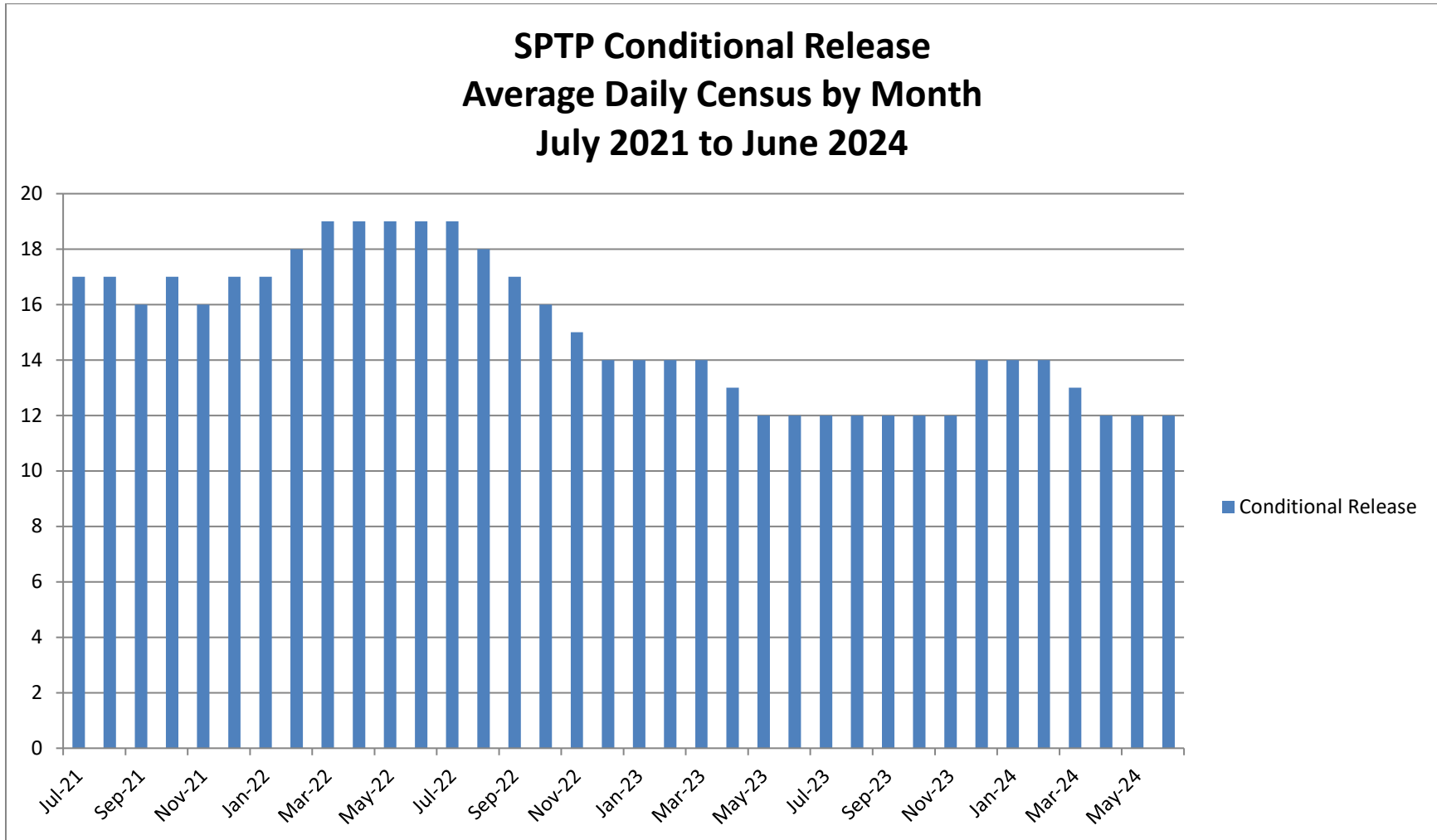












| <b>Average Daily Census by Fiscal Year</b> | <b>FY 2022<br/>Actuals</b> | <b>FY 2023<br/>Actuals</b> | <b>FY 2024<br/>Actuals</b> | <b>FY 2025<br/>Estimate</b> | <b>FY 2026<br/>Estimate</b> |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|
| Psychiatric Services Program               | 73                         | 72                         | 70                         | 71                          | 71                          |
| State Security Program                     | 90                         | 90                         | 88                         | 103                         | 118                         |
| Sexual Predator Treatment Program (LSH)    | 243                        | 235                        | 244                        | 246                         | 246                         |
| Meyer Reintegration                        | 9                          | 10                         | 6                          | 9                           | 9                           |
| <b>Total</b>                               | <b>415</b>                 | <b>407</b>                 | <b>408</b>                 | <b>429</b>                  | <b>444</b>                  |

| <b>Average Length of Stay</b> | <b>FY 2022<br/>Actuals</b> | <b>FY 2023<br/>Actuals</b> | <b>FY 2024<br/>Actuals</b> | <b>FY 2025<br/>Estimate</b> | <b>FY 2026<br/>Estimate</b> |
|-------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|
| Psychiatric Services Program  | 42                         | 49                         | 44                         | 46                          | 46                          |
| State Security Program        | 89                         | 105                        | 147                        | 126                         | 126                         |

**Third Party Leases**

Larned State Hospital has no third-party leases.

**Land Holdings and Leases**

| Schedule of Agency Land Holdings Lease to Others |                       |                      |            |                 |                 |   |
|--|-----------------------|----------------------|------------|-----------------|-----------------|---|
| Lease  | Acres Lease to Others | Annual Rent Received | Taxes Paid | Expiration Date | Length of Lease | Lease Description   |
| ***1   | 58.1                  | \$3,899              | \$3,346    | Feb. 28, 2025   | 1 Year          | Original lease provides for use of 196.0 cultivated acres through 2/28/97. Due to the construction of the new Juvenile Justice Authority facility, 53 acres south of 2 <sup>nd</sup> Street were removed from this lease in FY 2001. During FY 2003 84.9 acres north of 2 <sup>nd</sup> Street were removed from the lease to allow space for construction of the new facility to house the State Security Program. Subsequent annual renewal is contingent upon agreement of both parties. |
| 2  | 353.4                 | \$23,713             | \$0        | Feb. 28, 2025   | 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, 2025   | 1 Year          | Original lease provides for five years use of 238.1 pasture acres through 2/28/97. In FY 2001 8.2 acres were removed from the lease due to inaccessibility. Subsequent annual renewal is contingent upon agreement of both parties.   |
| <b>TOTAL:</b>                                    | 641.4                 | \$31,750             | \$3,346    |                 |                 |   |

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

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

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

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**PROGRAM GOALS, OBJECTIVES AND OUTCOME:**

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

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

**PROGRAM GOAL #1:**

Improve service quality in all areas.

**OBJECTIVE #1:**

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

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

**OBJECTIVE #2:**

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

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

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



**Performance Measures for Objective #1:**

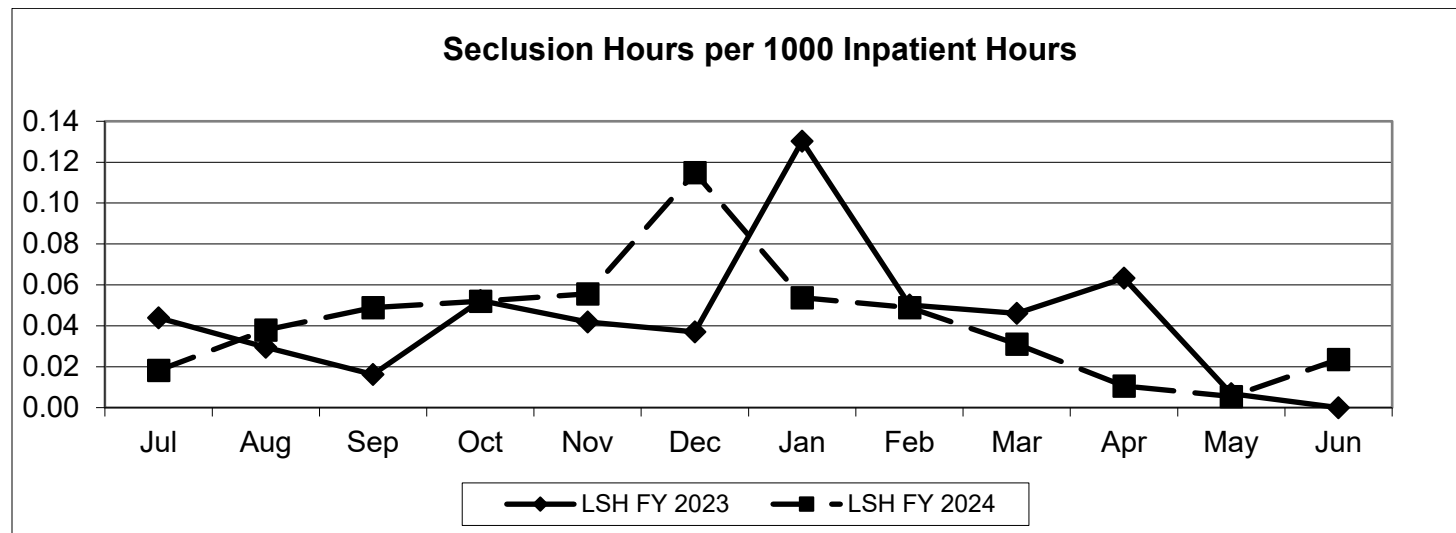
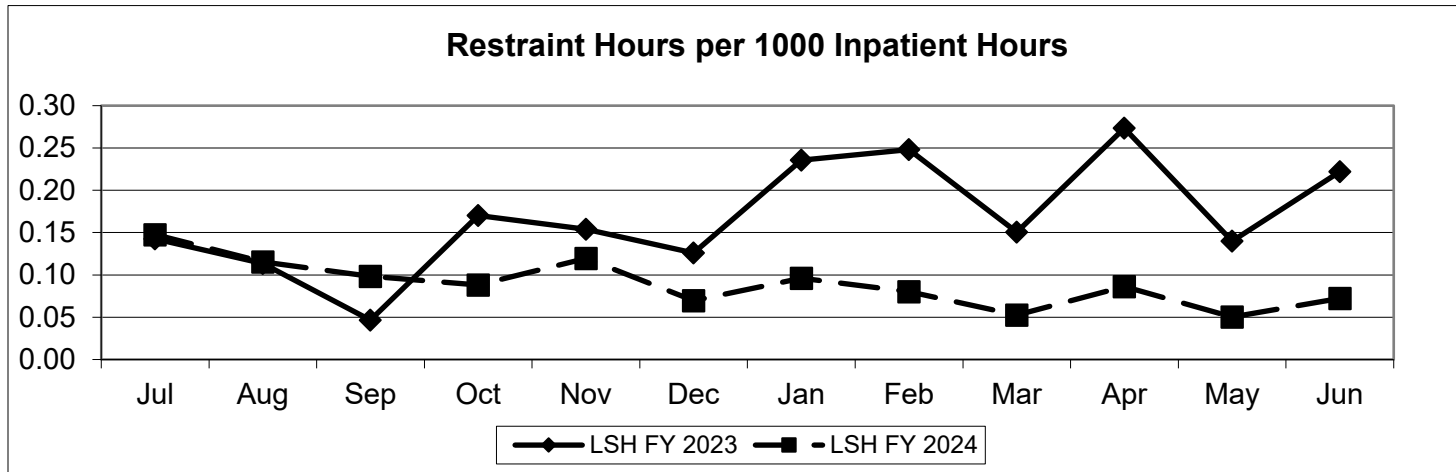
**Outcome Measures**

| <b>Description</b>                               | <b>FY 2022<br/>Actuals</b> | <b>FY 2023<br/>Actuals</b> | <b>FY 2024<br/>Actuals</b> | <b>FY 2025<br/>Estimate</b> | <b>FY 2026<br/>Estimate</b> |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|
| Average restraint hours per 1000 inpatient hours | 0.123                      | 0.168                      | 0.090                      | 0.125                       | 0.14                        |
| Average seclusion hours per 1000 inpatient hours | 0.056                      | 0.043                      | 0.042                      | 0.040                       | 0.037                       |

**Output Measures**

| <b>Description</b>   | <b>FY 2022<br/>Actuals</b> | <b>FY 2023<br/>Actuals</b> | <b>FY 2024<br/>Actuals</b> | <b>FY 2025<br/>Estimate</b> | <b>FY 2026<br/>Estimate</b> |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|
| Average serious patient injuries per 1000 inpatient days               | 0.007                      | 0.014                      | 0.011                      | 0.010                       | 0.007                       |
| Average staff injuries from patient aggression per 1000 inpatient days | 0.082                      | 0.014                      | 0.007                      | 0.010                       | 0.007                       |

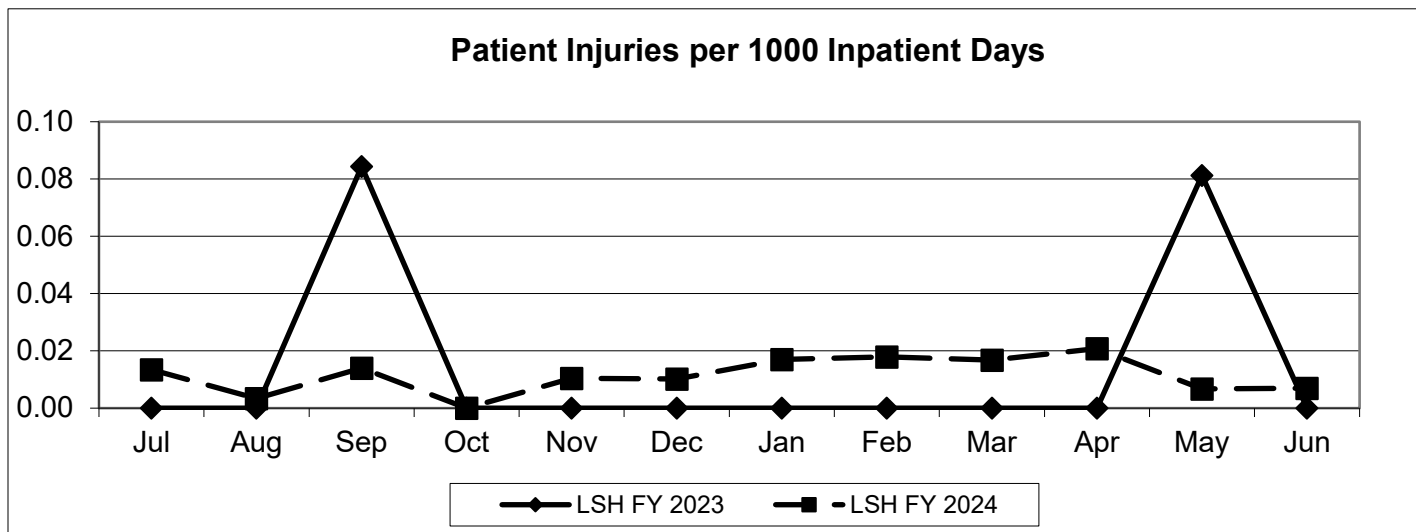
Performance Measures for Objective #2:



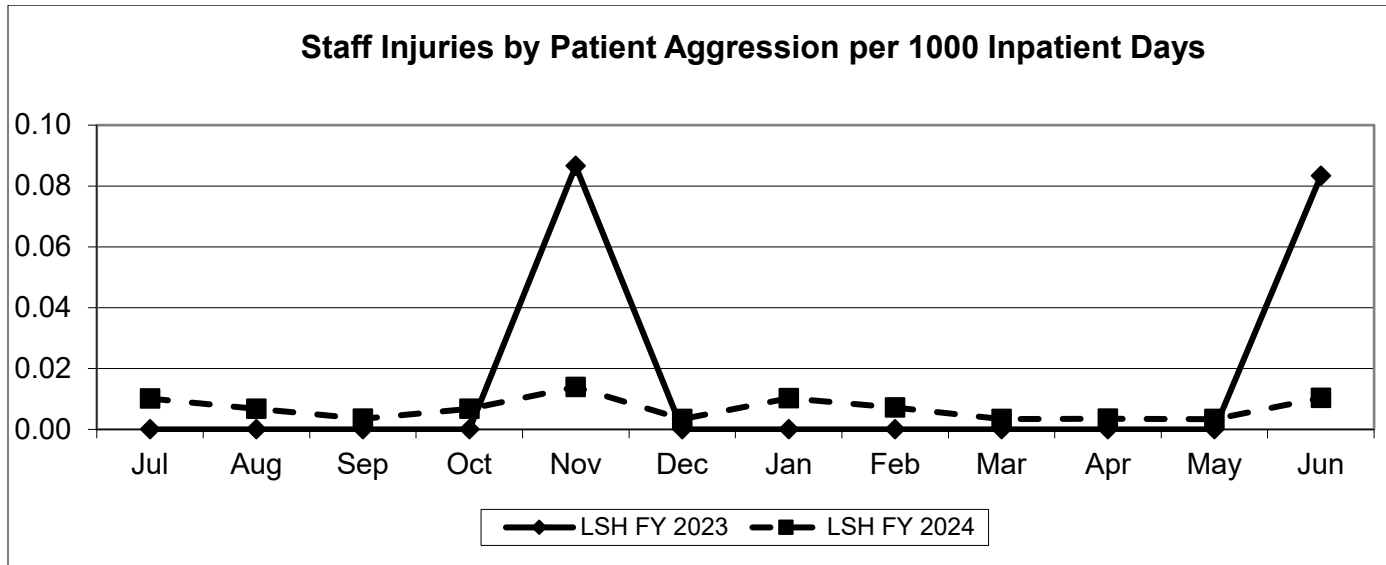
FY 2025 – FY 2026

**Output Measures**

| Description  | FY 2022 Actuals | FY 2023 Actuals | FY 2024 Actuals | FY 2025 Estimate | FY 2026 Estimate |
|--|-----------------|-----------------|-----------------|------------------|------------------|
| Percent of direct care staff, clinicians and designated support staff trained in crisis intervention techniques and Crisis Intervention Techniques by Crisis Prevention Institute (CPI). | 98%             | 98%             | 99%             | 98%              | 98%              |



FY 2025 – FY 2026



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**Supplemental/Enhancement Request #1/3: Funding for City of Larned Fire Services Agreement**

**Justification:** LSH requests \$275,825 from the State General Fund (SGF) in FY 2025 and \$75,000 for FY 2026 and beyond to provide funding for fire services from the City of Larned. In FY 2024, LSH collaborated with the City of Larned and Larned Fire Department in order to restructure fire services for the LSH and Kansas Department of Corrections (KDOC) campuses. Previously, the LSH Safety and Security Department held the primary responsibility of providing fire response to both LSH and KDOC campuses. LSH was challenged to successfully initiate and maintain the necessary fire training for the security officers given vacancy challenges of the department along with the costs associated with properly training each officer that is hired by LSH. Additionally, the expense of purchasing and maintaining proper fire gear for a department with over 90 officers created further challenges of being able to maintain a fire brigade. Training costs for Firefighter I and Firefighter II are approximately \$3,000 per officer along with the cost of \$3,500-\$4,000 for proper fire gear for each officer. With the size of the department along with the turnover rate, this was an unrealistic responsibility and expense for LSH to continue to manage.

A fire study was conducted by Wichita State University which assessed the amount of resources available and also needed for the City of Larned Fire Department to take over the primary response of fire services for the two campuses. LSH, KDOC, and the City of Larned entered into a memorandum of agreement (MOA) starting July 1, 2024 for the City of Larned’s Fire Department to provide immediate response to any fire safety issues on LSH and KDOC campuses. Removing this responsibility from the Safety and Security Officers allows for greater focus to be placed on providing high quality support and interventions for the safety and security of the campus and any patients, residents, staff, contractors, or visitors. It also alleviates the demands of the fire safety trainings on the department and allows for officers to engage in additional trainings that help aid with improve security practices and patient behavior management. The funding for this supplemental/enhancement request will help aid LSH with meeting its contribution agreed upon within the MOA for the City of Larned.

**Supplemental Request #2/3: Funding for Contract Agency Nursing Staff**

**Justification:** Larned State Hospital (LSH) is requesting an increase of \$32,650,133 in SGF to the FY 2025 base budget and beyond to cover the cost of agency nursing staff that is critical to providing 24/7 front line nursing staff coverage to safely operate the 18 patient/resident units at LSH. Nursing staff (direct care staff) are the front line employees who support all activities of daily living, continuous supervision, medical care, medications, monitoring of location, and are the first line of security and safety for patients and residents. Inadequate numbers of nursing staff may result in adverse outcomes to patients/residents, direct care staff, the agency, and the community. In spite of ongoing recruiting and retention efforts, LSH is not receiving applications sufficient to hire full time employees at a successful rate.

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

FY 2024 Monthly Vacancy Rate for Nursing Department Per Program

| Rate | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| SSP  | 69.05% | 71.43% | 69.44% | 68.25% | 69.05% | 69.44% | 71.03% | 68.65% | 68.85% | 70.38% | 71.15% | 71.15% |
| PSP  | 64.29% | 57.14% | 64.29% | 61.25% | 59.38% | 61.88% | 54.49% | 53.85% | 61.82% | 63.03% | 63.03% | 63.03% |
| SPTP | 69.18% | 67.30% | 67.61% | 66.98% | 67.61% | 68.24% | 68.87% | 70.75% | 70.94% | 72.95% | 74.04% | 74.59% |

Hiring employees has proven very difficult in western Kansas. In Larned and surrounding areas, there are more job opportunities than viable candidates. The unemployment rate in Pawnee County and the surrounding counties is at a current average of 2.9%. According to data from the 2020 Census, the city of Larned has seen a steady decrease in population every year since 1990 going from a population of 4,811 in 1980 to a population of 3,769 in 2020 and continuing to reduce to a population of 3,643 for 2024. LSH approaches recruiting from multiple angles and partners with several agencies, including working with schools and colleges. LSH attends available job fairs within the state of Kansas, has hired outside sources to produce commercials airing on several media sites as well as streaming, posted on Facebook, advertised through KSN, circulated in publications, and marketed through multiple social media sites. However, in spite of these ongoing recruiting efforts, LSH struggles to recruit employees to come live in Larned or local communities and work at LSH as full time employees.

The inability to hire and retain employees in the Larned area has resulted in a high number of FTE vacancies over a long period of

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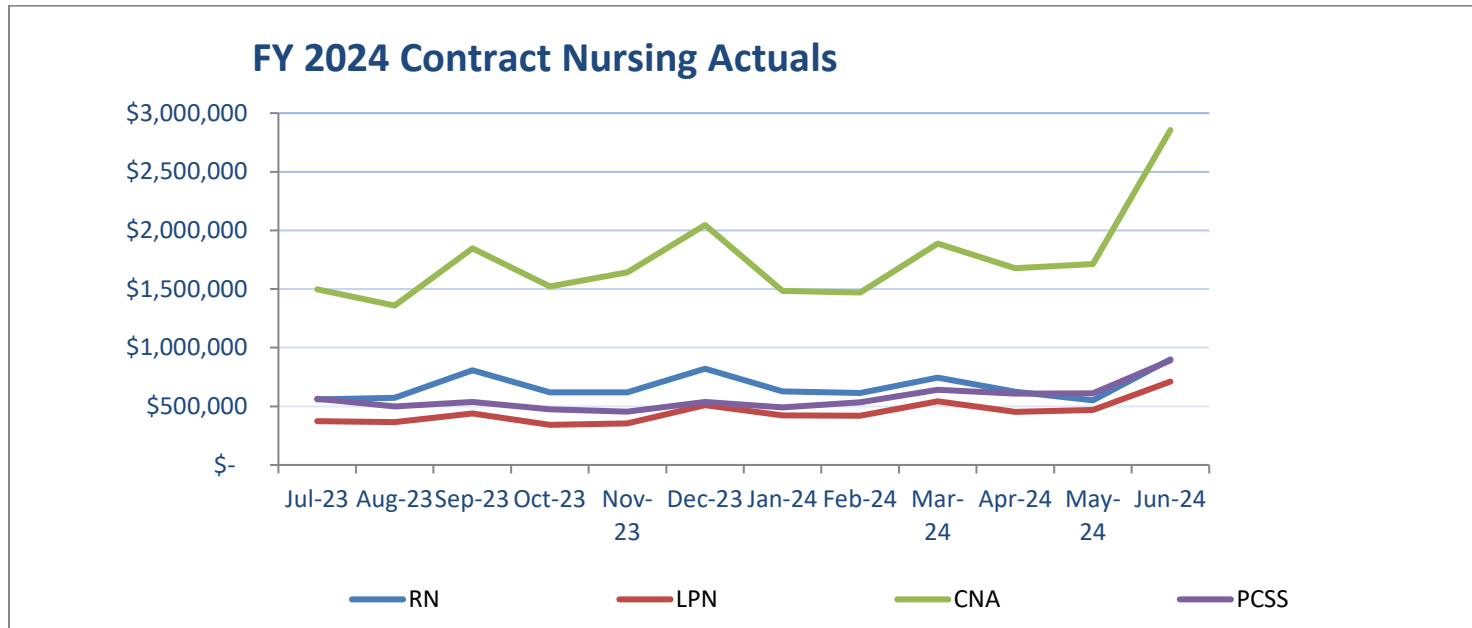
time, Agency nursing staff are essential; however, these expenses are well beyond LSH's approved budget for contractual services. In FY 2024, the cost has averaged \$780,000 weekly for direct care agency staff. Agency Nursing Costs are 2.5 times higher than FTE hourly pay. LSH has implemented Recruitment and Retention bonuses for FY 2025 to assist in increasing our FTE's and reducing the number of agency staff required. We are also working with Department of Administration to remove COVID pay from the agency nursing cost which will reduce the rate facilitates pay agency staff when there is a COVID positive patient/resident on the unit. We anticipate COVID rates being removed in FY 2025 from Agency Contracts.

LSH is committed to caring for the needs of the patients/residents, and is unfortunately dependent upon RN, LPN, and CNA/Direct Care agency staff, despite the cost, in order to maintain minimal staffing levels on the 18 units. LSH has to hold over full time nursing staff to avoid agency staffing costs, but that leads to a poor work/life balance, which leads to decreased morale and higher turnover rates. During FY 2024, LSH spent a total of \$41.3 million for contract nursing. By the end of the fiscal year, 252 contract staff, including Nurses, Certified Nurse Aides (CNA) and Patient Care Support Staff (PCSS), were working on campus provided by different contract agencies.

The need for and cost of contractual nursing staff has increased the last several fiscal years. To provide a safe and secure environment and continue to care for patients/residents, this request is critical to continue to operate LSH with an adequate number of staff to care for and ensure safety of the patients/residents. Failure to provide adequate staff coverage may result in increased patient and staff injuries, reduction in the quality of care provided to patients, increased aggression toward staff, lack of responsiveness to serious situations, heightened risk of burnout among staff, and overall unsafe working conditions. Additionally, treatment would be greatly affected as social work, psychology, activity therapy departments would be required to work direct care and would be unable to provide therapy, treatment, forensic evaluations, competency restoration, or other clinical services. Another potential consequence includes a reduction in the LSH census in the Psychiatric Services or State Security Programs which directly limits the psychiatric services that can be provided and places a larger demand on other mental health settings in Kansas that may not have the same level of training or ability to manage the clientele that LSH serves. LSH needs to maintain the number of agency staff to a level that offers relief for the full-time employees in order to turn this repeated cycle around and gain full time employees who can find relief, have a positive work/life balance, and have optimism in their place of employment.

LSH has in the approved FY 2025 budget \$11.6 million for contract staffing. That amount includes \$8.7 million in the base budget and \$3.0 million in carry over funds from FY 2024 that will be applied to contract costs. The expected spending on contract staffing in FY 2025 totals \$43,770,063. The expected gap in FY 2025 is \$32,650,133.

| 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 Estimate           | \$ 43,770,063 | 6%              | 276                                      |



FY 2025 – FY 2026



**Supplemental Request #3/3: Funding to Open Up Additional SSP Competency Unit**

**Justification:** LSH is requesting \$2,373,817 in SGF FY 2025 and \$4,746,896 in FY 2026 base budget and beyond to add additional staffing to open an additional SSP Competency Unit on Isaac Ray by January 1, 2025. Historically, the State Security Program (SSP) at Larned State Hospital (LSH) has dedicated three units on the Isaac Ray Building for males that have court orders related to competency. The impacts of the COVID-19 Pandemic along with chronic staffing challenges at LSH resulted in one of these three units being closed. This reduced the number of patients being served through SSP by 30 beds. Upon its closure as a SSP unit, it was later utilized as an isolation unit during the pandemic. Patients from the Psychiatric Services Program (PSP) with hold orders that were being admitted for care and treatment were then placed on this unit when the need no longer existed for an isolation unit. This unit will be available in FY 2025 as the PSP population currently on this unit is moving back to the Adult Treatment Center (ATC) Building following security enhancements. The State Security Program needs this Isaac Ray unit for additional competency services. However, LSH is unable to staff this unit with FTE Nursing Staff due to the ongoing staffing challenge LSH faces along with needing an additional Psychiatrist assigned to this unit. LSH requests funding to assist with opening up this unit as another SSP unit. Receiving the additional funding will help cover for agency staff while LSH recruits for staff to fill FTEs. The funding would also assist with hiring a FTE psychiatric medical provider that would solely cover the psychiatric medical services for patients admitted to this unit. The return of these 30 SSP beds would help increase the capacity which LSH can fulfill court orders from various counties across the state and reduce the wait list for the SSP program.

| <b>Priority</b> | <b>LSH Supplemental &amp; Enhancement Requests</b> | <b>Fund/Budget</b> | <b>FTE's</b> | <b>FY 2025</b>      | <b>FY 2026</b>      |
|-----------------|--|--------------------|--------------|---------------------|---------------------|
| #1              | Fire Services with City of Larned                  | 1000/0103          |              | \$275,825           | \$75,000            |
| #2              | Agency Nursing Staff                               | 1000/0103          |              | \$32,650,133        | \$32,650,133        |
| #3              | SSP Competency Unit                                | 1000/0103          | 1.0          | \$2,373,817         | \$4,746,896         |
| <b>TOTAL</b>    |  |                    | <b>1.0</b>   | <b>\$35,299,775</b> | <b>\$37,472,029</b> |

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

Agency Name: Larned State Hospital  
 Program Title: Revenue

| <b>EXPLANATION OF RECEIPT ESTIMATES - DA 405</b> |                           |                    |      |      |                                      |                              |              |                                       |               |                       |   |
|--|---------------------------|--------------------|------|------|--------------------------------------|------------------------------|--------------|---------------------------------------|---------------|-----------------------|---|
| <b>FY 2025 State General Fund Limitations</b>    |                           |                    |      |      |                                      |                              |              |                                       |               |                       |   |
| Agency   | Name                      | Fund Name          | Fund | BU   | FY 2025<br>Approved<br>Expenditures  | FY 2025 Re-<br>appropriation | Transfers    | Supplemental/<br>Reduction<br>Package | SGF Transfers | FY 24 Cash<br>Forward | FY25 Adjusted<br>Expenditure<br>Request |
| 410  | Larned State Hospital     | SGF Operating      | 1000 | 0103 | \$45,329,251                         | \$695,526                    | \$5,120,526  | \$35,299,775                          | -             | -                     | \$86,445,078                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF-SPTP New Crime | 1000 | 0110 | \$5,000                              | \$9,540                      | (\$14,540)   | -                                     | -             | -                     | \$0                                     |
|  |                           | SGF - SPTP         | 1000 | 0200 | \$25,135,888                         | \$827,628                    | \$1,721,382  | -                                     | -             | -                     | \$27,684,898                            |
| 494  | Osawatomie State Hospital | SGF Operating      | 1000 | 0100 | \$37,352,139                         | -                            | \$2,418,026  | \$3,250,000                           | -             | -                     | \$43,020,165                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF SPTP-MiCo      | 1000 | 0200 | \$1,661,535                          | -                            | \$663,772    | -                                     | -             | -                     | \$2,325,307                             |
|  | Adair Acute Care          | SGF Certified Care | 1000 | 0101 | \$6,537,396                          | -                            | \$1,659,430  | \$7,750,000                           | -             | -                     | \$15,946,826                            |
| 507  | Parsons State Hospital    | SGF Operating      | 1000 | 0100 | \$19,977,997                         | -                            | \$2,091,067  | -                                     | -             | -                     | \$22,069,064                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF- SPTP          | 1000 | 0200 | \$2,188,438                          | \$406,769                    | -            | -                                     | -             | -                     | \$2,595,207                             |
| 363  | Kansas Neurological       | SGF Operating      | 1000 | 0303 | \$16,262,805                         | -                            | \$1,712,315  | -                                     | -             | -                     | \$17,975,120                            |
|  |                           | SGF Hospitality    | 1000 | 0304 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  | <b>Total SGF</b>          |                    |      |      | \$154,451,049                        | \$1,939,463                  | \$15,371,978 | \$46,299,775                          | \$0           | \$0                   | \$218,062,265                           |
| <b>FY 2026 State General Fund Limitations</b>    |                           |                    |      |      |                                      |                              |              |                                       |               |                       |   |
| Agency   | Name                      | Fund Name          | Fund | BU   | FY 2026<br>Estimated<br>Expenditures | FY 2026 Re-<br>appropriation | Transfer     | Enhancement/<br>Reduction<br>Package  | SGF Transfers | KDADS<br>Transfer IN  | FY26 Adjusted<br>Expenditure<br>Request |
| 410  | Larned State Hospital     | SGF Operating      | 1000 | 0103 | \$51,074,082                         | -                            | -            | \$37,472,029                          | -             | -                     | \$88,546,111                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF-SPTP New Crime | 1000 | 0110 | \$0                                  | -                            | -            | -                                     | -             | -                     | \$0                                     |
|  |                           | SGF - SPTP         | 1000 | 0200 | \$26,847,730                         | -                            | -            | -                                     | -             | -                     | \$26,847,730                            |
| 494  | Osawatomie State Hospital | SGF Operating      | 1000 | 0100 | \$39,500,000                         | -                            | -            | \$3,503,723                           | -             | -                     | \$43,003,723                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF SPTP-MiCo      | 1000 | 0200 | \$2,500,000                          | -                            | -            | -                                     | -             | -                     | \$2,500,000                             |
|  | Adair Acute Care          | SGF Certified Care | 1000 | 0101 | \$8,798,795                          | -                            | -            | \$7,750,003                           | -             | -                     | \$16,548,798                            |
| 507  | Parsons State Hospital    | SGF Operating      | 1000 | 0100 | \$21,889,503                         | -                            | -            | -                                     | -             | -                     | \$21,889,503                            |
|  |                           | SGF Hospitality    | 1000 | 0104 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  |                           | SGF- SPTP          | 1000 | 0200 | \$2,595,207                          | -                            | -            | -                                     | -             | -                     | \$2,595,207                             |
| 363  | Kansas Neurological       | SGF Operating      | 1000 | 0303 | \$18,110,375                         | -                            | -            | -                                     | -             | -                     | \$18,110,375                            |
|  |                           | SGF Hospitality    | 1000 | 0304 | \$150                                | -                            | -            | -                                     | -             | -                     | \$150                                   |
|  | <b>Total SGF</b>          |                    |      |      | \$171,316,292                        | \$0                          | \$0          | \$48,725,755                          | \$0           | \$0                   | \$220,042,047                           |

FY 2025 – FY 2026

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

Agency Name: Larned State Hospital  
 Program Title: Revenue

| EXPLANATION OF RECEIPT ESTIMATES - DA 405 |                               |                             |      |      |                                      |                         |              |                       |                   |                         |                                    |                         |
|---|-------------------------------|-----------------------------|------|------|--------------------------------------|-------------------------|--------------|-----------------------|-------------------|-------------------------|------------------------------------|-------------------------|
| FY 2025 Fee Funds                         |                               |                             |      |      |                                      |                         |              |                       |                   |                         |                                    |                         |
| Agency                                    | Name                          | Fund Name                   | Fund | BU   | FY 2025<br>Estimated<br>C&H Receipts | FY 2025<br>Estimate Adj | Cash Forward | Add'l Misc<br>Revenue | Other<br>Transfer | FY 2025<br>Cash Forward | FY 2025<br>Adjusted<br>Expenditure | Supplemental<br>Request |
| 410                                       | Larned State Hospital         | LSH Fee Fund                | 2073 | 2100 | \$4,316,987                          | -                       | \$1,620,122  |                       |                   | \$0                     | \$5,937,109                        | \$2,177,742             |
|   |                               | Title XIX No limit          | 2074 | 2200 | \$7,085,354                          | -                       | \$819,342    |                       |                   | \$0                     | \$7,904,696                        |                         |
| 494                                       | Osawatomie State Hospital     | OSH Fee Fund                | 2079 | 4200 | \$730,000                            | -                       | \$2,732,503  |                       |                   | (\$1,745,205)           | \$1,717,298                        | \$0                     |
|   |                               | OSH TXIX No limit           | 2080 | 4300 | \$0                                  | -                       | \$164,895    |                       |                   |                         | \$164,895                          |                         |
|   | Adair Acute Care              | OSH Certified Care          | 2079 | 4201 | \$4,752,700                          | -                       | (\$409,432)  |                       |                   | (\$134)                 | \$4,343,134                        | \$0                     |
|   |                               | OSH TXIX Cert Care No Limit | 2080 | 4301 | \$6,679,751                          | -                       | \$858,466    |                       |                   |                         | \$7,538,217                        |                         |
| 507                                       | Parsons State Hospital        | PSH Fee Fund                | 2082 | 2200 | \$859,747                            | -                       | \$190,253    |                       |                   | \$0                     | \$1,050,000                        | \$0                     |
|   |                               | Title XIX No limit          | 2083 | 2300 | \$15,500,000                         | -                       | \$4,589,868  |                       |                   | (\$4,820,039)           | \$15,269,829                       |                         |
| 363                                       | Kansas Neurological Institute | KNI Fee Fund                | 2059 | 2000 | \$1,423,264                          | -                       | \$901,802    |                       |                   | (\$629,119)             | \$1,695,947                        | \$0                     |
|   |                               | Title XIX No limit          | 2060 | 2200 | \$17,000,000                         | -                       | \$951,966    |                       |                   | (\$738,651)             | \$17,213,315                       |                         |
|   | <b>Total Fee Fund</b>         |                             |      |      | \$58,347,803                         | \$0                     | \$12,419,785 | \$0                   | \$0               | (\$7,933,148)           | \$62,834,440                       |                         |
| FY 2026 Fee Funds                         |                               |                             |      |      |                                      |                         |              |                       |                   |                         |                                    |                         |
| Agency                                    | Name                          | Fund Name                   | Fund | BU   | FY 2026<br>Estimated<br>C&H Receipts | FY 2025<br>Estimate Adj | Cash Forward | Add'l Misc<br>Revenue | Other<br>Transfer | FY 2026<br>Cash Forward | FY 2026<br>Adjusted<br>Expenditure | Supplemental<br>Request |
| 410                                       | Larned State Hospital         | LSH Fee Fund                | 2073 | 2100 | \$4,337,354                          | -                       | \$0          |                       |                   |                         | \$4,337,354                        | \$0                     |
|   |                               | Title XIX No limit          | 2074 | 2200 | \$7,085,354                          | -                       | \$0          |                       |                   |                         | \$7,085,354                        |                         |
| 494                                       | Osawatomie State Hospital     | OSH Fee Fund                | 2079 | 4200 | \$755,000                            | -                       | \$1,745,205  |                       |                   | \$0                     | \$2,500,205                        |                         |
|   |                               | OSH TXIX No limit           | 2080 | 4300 | \$0                                  | -                       | \$0          |                       |                   |                         | \$0                                |                         |
|   | Adair Acute Care              | OSH Certified Care          | 2079 | 4201 | \$4,260,969                          | -                       | \$134        |                       |                   | \$0                     | \$4,261,103                        |                         |
|   |                               | OSH TXIX Cert Care No Limit | 2080 | 4301 | \$7,678,671                          | -                       | \$0          |                       |                   | \$0                     | \$7,678,671                        |                         |
| 507                                       | Parsons State Hospital        | PSH Fee Fund                | 2082 | 2200 | \$1,150,000                          | -                       | \$0          |                       |                   |                         | \$1,150,000                        |                         |
|   |                               | Title XIX No limit          | 2083 | 2300 | \$15,500,000                         | -                       | \$4,820,039  |                       |                   | (\$4,751,798)           | \$15,568,241                       |                         |
| 363                                       | Kansas Neurological Institute | KNI Fee Fund                | 2059 | 2000 | \$1,423,264                          | -                       | \$629,119    |                       |                   | (\$337,113)             | \$1,715,270                        |                         |
|   |                               | Title XIX No limit          | 2060 | 2200 | \$17,000,000                         | -                       | \$738,651    |                       |                   | (\$548,994)             | \$17,189,657                       |                         |
|   | <b>Total Fee Fund</b>         |                             |      |      | \$59,190,612                         | \$0                     | \$7,933,148  | \$0                   | \$0               | (\$5,637,905)           | \$61,485,855                       | \$0                     |

| <b>Explanation of Receipts - DA 405</b> |                             |                       |                       |                       |                          |                          |
|---|-----------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| <b>Revenue Source</b>                   | <b>Revenue Account Code</b> | <b>Actual FY 2022</b> | <b>Actual FY 2023</b> | <b>Actual FY 2024</b> | <b>Projected FY 2025</b> | <b>Projected FY 2026</b> |
| Medicare A                              | 420610                      | 1,864,828             | 1,282,256             | 2,166,296             | 2,274,611                | 2,274,610                |
| Medicare B                              | 420610                      | 149,164               | 144,008               | 157,872               | 165,765                  | 165,764                  |
| Insurance                               | 420610                      | 739,945               | 865,348               | 1,143,618             | 903,565                  | 921,636                  |
| Private Pay-Care & Hosp.                | 420610                      | 777,418               | 887,954               | 705,983               | 814,828                  | 831,125                  |
| Kansas Debt Set Off                     | 420610                      | 39,278                | 37,784                | 24,676                | 34,880                   | 25,578                   |
| <b>Total Hospitalization</b>            |                             | <b>3,570,634</b>      | <b>3,217,350</b>      | <b>4,198,445</b>      | <b>4,193,649</b>         | <b>4,218,712</b>         |
| Clerical Charges                        | 420400                      | 701                   | 91                    | 249                   | 100                      | 100                      |
| Educational Charges                     | 420500                      |                       |                       |                       |                          |                          |
| Sale of Salvage                         | 422500                      | 1,073                 | 15,957                | 62,527                | 25,000                   | 20,000                   |
| Sale of Unusable Condemed               | 422600                      |                       |                       |                       |                          |                          |
| Sale of Meals & Proces. Food            | 422700                      | 5,319                 | 5,427                 | 13,653                | 13,653                   | 13,675                   |
| Other Interest                          | 430900                      | 7                     | 5                     | 8                     | 5                        | 5                        |
| Rent of Unimproved Land                 | 431100                      | 31,750                | 31,750                | 31,750                | 31,750                   | 31,750                   |
| Rent of Real Estate & Bldg.             | 431200                      | 87,387                | 121,991               | 101,867               | 18,362                   | 18,362                   |
| Other Misc Revenue                      | 459090                      |                       |                       |                       |                          |                          |
| Insurance Reimbursement                 | 461200                      |                       |                       |                       |                          |                          |
| Estate Recovery                         | 462100                      |                       |                       |                       |                          |                          |
| Recovery of Current FY Expen.           | 462110                      | 17,173                | 18,110                | 16,397                | 17,500                   | 17,500                   |
| Reimbursement and Refunds, Other        | 462900                      | 13,985                | 1,981                 | 9,968                 | 6,500                    | 6,750                    |
| Recovery of Prior FY Expen.             | 469010                      | 18,883                | 11,125                | 9,153                 | 10,468                   | 10,500                   |
| <b>Total</b>                            |                             | <b>3,746,912</b>      | <b>3,423,787</b>      | <b>4,444,017</b>      | <b>4,316,987</b>         | <b>4,337,354</b>         |

**EXPENDITURE JUSTIFICATION**

**PROGRAM:** Administration – 01030

**Program Overview:**

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

**Current and Budget Year Operations:**

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

LSH has submitted a Supplemental Budget request totaling \$275,825 in FY 2025 and \$75,000 in FY 2026 base budget and beyond for Fire Services Agreement with the City of Larned for LSH.

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

| <b>Administrative Supplemental Request</b> | <b>FY 2025</b>   | <b>FY 2026</b>  |
|--|------------------|-----------------|
| Fire Services with City of Larned          | \$275,825        | \$75,000        |
| <b>Total</b>                               | <b>\$275,825</b> | <b>\$75,000</b> |

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**Account Code 5100: Salaries and Wages**

Summary: The 60 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 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$4,140,066 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$3,805,664 is requested. The shrinkage rate is 30.7%.

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

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

**FY 2025:** \$1,053,615 is requested.

**FY 2026:** \$1,064,651 is requested.

**Account Codes 5300 - 5390: Commodities**

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

**FY 2025:** \$143,510 is requested.

**FY 2026:** \$144,978 is requested.

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

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

**FY 2025:** \$49,187 is requested.

**FY 2026:** \$49,679 is requested.

| Program Name   | Subprogram Name (if applicable) | Performance Measure   | FY 2022 Actuals | FY 2023 Actuals | FY 2024 Actuals | FY 2025 Estimate | FY 2026 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             | 99%             | 97%             | 97%             | 90%              | 90%              |
|                |                                 | Percent of cases in which medical staff documentation was properly coded, including admissions and discharges, to ensure optimization of reimbursement as evidenced by internal quarterly coding audits                                   | 95%             | 100%            | 100%            | 90%              | 90%              |
|                |                                 | Percent of valid releases in compliance with departmental guidelines in accordance with authorizations, subpoenas, court orders, as evidenced by performing validity reviews prior to release and meeting departmental release deadlines. | 100%            | 100%            | 100%            | 90%              | 90%              |
|                |                                 | Percent of appropriate inpatient admissions and continued stays as evidenced by meeting Medicare requirements of medical necessity and clinical criteria prior to authorizing.  | 100%            | 100%            | 100%            | 95%              | 95%              |
|                | Human Resources                 | Average percent of increase in full time staffing to efficiently provide support and safety to the hospital and patients.   | 13.9%           | 1.1%            | 0.0%            | 2.0%             | 2.0%             |



| <b>Program Name</b> | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>  | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|---------------------|--|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
|                     | Business and Fiscal Services           | Determine admitting patient's available insurance and financial status for Ability to Pay determination 100% of the time.   | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                     |  | Percent of completed Invoices processed within 10 business days in Smart for payment.                                       | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                     | Quality Management                     | Number of campus wide performance improvement projects completed per fiscal year.   | 7                      | 3                      | 3                      | 5                       | 7                       |
|                     | Risk Management                        | Percent of risk management incidents are logged and prepared for initial review within 24 hours of receipt by Risk Manager. | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |

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

**Program Overview:**

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

**Current and Budget Year Operations:**

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

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

**Account Code 5100: Salaries and Wages**

Summary: The 2 FTE positions in this program provide education for all staff, administrative, and direct care services of LSH. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$131,679 is requested. The shrinkage rate is 22.2%.

**FY 2026:** \$117,873 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$328,686 is requested.

**FY 2026:** \$335,211 is requested.

**Account Codes 5300 - 5390: Commodities**

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

**FY 2025:** \$22,027 is requested.

**FY 2026:** \$22,248 is requested.

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**PROGRAM:** Psychiatric Services Program – 32750

**Program Overview:**

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

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

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

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

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responsibility, provides choices, promotes independence, and develops skills needed for successful community reintegration. The treatment approach includes a series of rehabilitative skill-building activities provided by a range of treatment disciplines. It brings together, in one location, contemporary treatment and rehabilitation programs created to build daily life skills, indoor and outdoor activities, hobbies and patient services.

**Current and Budget Year Operations:**

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

**Account Code 5100: Salaries and Wages**

Summary: The 129 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 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,096,246 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$8,354,657 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$3,983,209 is requested.

**FY 2026:** \$3,837,674 is requested.

**Account Codes 5300 - 5390: Commodities**

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

**FY 2025:** \$599,604 is requested.

**FY 2026:** \$606,295 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

**FY 2025:** \$100 is requested.

**FY 2026:** \$100 is requested.

| <b>Program Name</b>          | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>  | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|------------------------------|--|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Psychiatric Services Program | Direct Support Services                | Percent of documentation of nursing coverage and acuity entered into Plexus monthly.                  | 62%                    | 73%                    | 86%                    | 80%                     | 90%                     |
|                              |  | Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff. | 95%                    | 98%                    | 97%                    | 98%                     | 98%                     |
|                              | Medical and Nursing Services           | Percent of completed admission intake assessment by medical within 24 hours of admission.             | 96%                    | 93%                    | 94%                    | 95%                     | 100%                    |
|                              |  | Percent of completed admission intake assessment by nursing within 24 hours of admission.             | 98%                    | 96%                    | 97%                    | 98%                     | 100%                    |
|                              |  | Percent of completed monthly nursing Electronic Progress Notes (EPN's) on time.                       | 64%                    | 79%                    | 75%                    | 80%                     | 90%                     |
|                              |  | Comprehensive Integrated Treatment Plan (CITP) will be completed on or before the due date.           | 98%                    | 96%                    | 96%                    | 99%                     | 100%                    |

**Narrative Information – DA 400  
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**Agency Name: Larned State Hospital  
 Program Title: Psychiatric Services Program**

| <b>Program Name</b>                    | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>  | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|--|--|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Psychiatric Services Program Continued | Social Services                        | Percent of completed psychosocial assessments within policy timeframes.             | 98%                    | 98%                    | 100%                   | 95%                     | 95%                     |
|  |  | Percent of completed patient progress notes per policy timeframes.                  | 100%                   | 98%                    | 99%                    | 95%                     | 95%                     |
|  |  | Percent of completed social work patient discharge instructions prior to discharge. | 100%                   | 100%                   | 100%                   | 95%                     | 95%                     |
|  | Psychological Services                 | Court reports will be completed by the internal due date.                           | 98%                    | 97%                    | 98%                    | 100%                    | 100%                    |
|  |  | Offer a minimum of 4 hours of active treatment per week to all patients.            | 80%                    | 93%                    | 91%                    | 95%                     | 100%                    |



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**PROGRAM:** State Security Program – 32800

**Program Overview:**

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

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

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

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

**Current and Budget Year Operations:**

SSP provides a secure setting in the Isaac Ray building and currently serves up to 100 patients on four units. In FY 2021, the Governor’s Budget Amendment (GBA), restored funding for 30 SSP beds. These 30 beds would expand capacity to accept criminal court referrals if LSH could staff the positions. Current vacancy rates for direct care nursing staff are 60.00% for MHDD, 91.18% for LMHTs/LPNs and 85.71% for RN’s. Until the nursing department vacancy rate reaches less than 20% for each of these disciplines, SSP cannot safely open this unit.

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

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

individuals who may be on bond. In September 2019, SSP began the mobile evaluation process using LSH staff to conduct competency services in county jails. During FY 2024, evaluators completed 49 forensic reports for individuals ordered to the SSP in jail and other settings.

LSH continues to work with Kansas counties, the courts, and other community stakeholders in moving towards expanded outpatient services for individuals waiting for admission to the SSP. KDADS contracts with Wheat State Healthcare to use the Community Mental Health Center network to perform competency evaluations and restoration treatment in county jails.

LSH has submitted a Supplemental Budget request totaling \$2,373,817 and 1 FTE in FY 2025 and \$4,746,896 and 1 FTE in FY 2026 base budget and beyond to open an additional SSP Competency Unit by January 1, 2025.

**Larned State Hospital Supplemental Request Summary State Security Services Program:**

| <b>PSP Supplemental Request</b> | <b>FTE</b> | <b>FY 2025</b>     | <b>FY 2026</b>     |
|---------------------------------|------------|--------------------|--------------------|
| SSP Competency Unit             | 1.0        | \$2,373,817        | \$4,746,896        |
| <b>Total</b>                    | <b>1.0</b> | <b>\$2,373,817</b> | <b>\$4,746,896</b> |

**Account Code 5100: Salaries and Wages**

Summary: The 183 FTE and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$11,242,253 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$10,868,482 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$5,962,589 is requested.

**FY 2026:** \$6,775,281 is requested.

**Account Codes 5300 - 5390: Commodities**

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

**FY 2025:** \$679,291 is requested.

**FY 2026:** \$736,962 is requested.

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

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

**FY 2025:** \$28,000 is requested.

**FY 2026:** \$28,000 is requested.

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

Summary: In FY 2025, LSH will use the remaining SIBF funds (8100/8100) for installation of the Isaac Ray Food Pass inserts.

**FY 2025:** \$132,382 is requested.

**FY 2026:** \$0 is requested.

**Account Code 55500: Total Other Assistance**

Summary: Property loss claims for SSP patients.

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

**FY 2026:** \$50 is requested.



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

| <b>Program Name</b>    | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>   | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|------------------------|--|--|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| State Security Program | Direct Support Services                | Percent of documentation of nursing coverage and acuity entered into Plexus monthly.   | 85%                    | 100%                   | 100%                   | 90%                     | 90%                     |
|                        |  | Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.                                | 96%                    | 98%                    | 98%                    | 98%                     | 99%                     |
|                        |  |  |                        |                        |                        |                         |                         |
|                        | Medical and Nursing Services           | Percent of completed admission intake assessment by medical within 24 hours of admission.  | 86%                    | 89%                    | 86%                    | 90%                     | 90%                     |
|                        |  | Percent of completed admission intake assessment by nursing within 24 hours of admission.  | 96%                    | 97%                    | 95%                    | 97%                     | 97%                     |
|                        |  | Percent of completed nursing progress notes on time (as per policy).   | 81%                    | 84%                    | 87%                    | 90%                     | 90%                     |
|                        |  | Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing. | 70%                    | 69%                    | 92%                    | 90%                     | 90%                     |

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

| <b>Program Name</b>              | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>  | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|----------------------------------|--|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| State Security Program Continued | Social Services                        | Percent of completed psychosocial assessments within policy timeframes.                         | 100%                   | 99%                    | 100%                   | 95%                     | 95%                     |
|                                  |  | Percent of completed patient progress notes per policy timeframes.                              | 100%                   | 100%                   | 100%                   | 95%                     | 95%                     |
|                                  |  | Percent of completed social work patient discharge instructions prior to discharge.             | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                                  |  |   |                        |                        |                        |                         |                         |
|                                  | Psychological Services                 | Complete court reports (including forensic evaluations) by internal due date.                   | 83%                    | 94%                    | 96%                    | 90%                     | 90%                     |
|                                  |  | Offer a minimum of 2 hours of active treatment per week to all patients with a treatment order. | 87%                    | 92%                    | 96%                    | 90%                     | 90%                     |
|                                  |  | Complete the Comprehensive Integrated Treatment Plan (CITP) on or before the due date.          | 70%                    | 100%                   | 99%                    | 90%                     | 90%                     |

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

**Program Overview:**

Sexual Predator Treatment Program

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

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

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



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

At present, SPTP has 287 Residents which includes 245 Residents on the LSH campus, 19 in Reintegration Facilities, 4 on Transitional Release living at a Reintegration Facility and 12 individuals on Conditional Release (in addition to 7 SPTP Residents currently in KDOC which will be returned to LSH inpatient upon completion of their sentences). As the program expands, it is confronted with limited resources while addressing an increasingly violent, resistive, medically ill, and aging population. We recently had to open another unit on campus, increased 3 Unit Leader Positions, and added House Supervisor positions to assist with supervision and management of residents.

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

In addition, the aging, medically infirmed population and residents with intellectual or developmental disabilities (I/DD) require more specialized care and require additional staff management of their medical acuity, additional treatment-related modifications, and additional Activity Therapy courses that meet the needs of medical limitations, which the inpatient component of SPTP is struggling to provide. The current average age of SPTP residents is 56-years-old. To meet their medical needs, LSH depends on agency nurses to whom are here for a short period of time. Therapists have caseloads of more than 30 residents which limits their ability to provide individual therapy treatment sessions. Further, due to limitations of group space and daily living needs (meal and medication times throughout the day), reduces the times group therapy can be provided and the number of groups that can be provided each quarter. Given the length of time of some individuals in SPTP, we are also required to continually research and purchase additional treatment materials to continue teaching residents new treatment concepts, or present prior treatment concepts in a different way. Activity

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Therapists who provide the recreational services have an even higher staffing ratio of 50:1. Moreover, the four (4) Activity Therapists provide these services across three different buildings. Additional Activity Therapists are utilized to provide specific Psychoeducation or Vocational Training Program services. These individuals are also required to provide these types of services across the three buildings housing different groups of the overall SPTP population. This significantly limits Activity Therapy, Psychoeducation services, and Vocational Training Program Services. Moreover, the VTP is the only means for which a resident may earn money, which they need to have in order to be successful on Tier Three, Transitional Release, and Conditional Release. There are only 2 VTP positions, which limits the amount of jobs available for residents to secure funds for advancement.

The Reintegration Facilities at Larned State Hospital (Meyer House East), Osawatomie State Hospital (MiCo House) and Parsons State Hospital and Training Center (Maple and Willow Houses) can each manage 16 Residents (48 total) in the more community-oriented aspects of SPTP. At present, the funds allocated for care at these facilities have been used to establish a very effective program for transition into the community and are able to adequately address resident’s needs. Future challenges for community care and treatment for those with aging/medical or I/DD issues will need to be addressed. This includes finding adequate transportation for some residents with medical limitations (Traumatic Brain Injuries, eyesight issues). Given the locations of these Reintegration Facilities, there are limited opportunities for alternative transportation (i.e. buses, Lyft, etc.). For the residents on Conditional Release, SPTP has fulfilled its charge to rehabilitate individuals who can safely function in the community. However, due to the resident’s ages, sometimes living independently or semi-independently poses concern during emergent needs. For example one resident recently suffered a heart attack and had to be transported emergently out-of-state; this required additional intervention by the Conditional Release Monitor. Residents who are medically incapable of caring for themselves, and statutory living requirements, limits their ability to ever live in a nursing home, and creates a longer transport for routine and emergent medical care.

**Account Code 5100: Salaries and Wages**

Summary: The 291 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 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$19,476,424 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$17,895,174 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$12,457,292 is requested.

**FY 2026:** \$12,660,375 is requested.

**Account Codes 5300 - 5390: Commodities**

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

**FY 2025:** \$1,461,816 is requested.

**FY 2026:** \$1,477,573 is requested.

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

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

**FY 2025:** \$70,800 is requested.

**FY 2026:** \$98,000 is requested.

**Account Code 55500: Total Other Assistance**

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

**FY 2025:** \$2,000 is requested.

**FY 2026:** \$2,000 is requested.

| <b>Program Name</b>      | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>   | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|--------------------------|--|--|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Sexual Treatment Program | Direct Support Services                | Percent of documentation of nursing coverage and acuity entered into Plexus monthly.   | 84%                    | 92%                    | 78%                    | 90%                     | 90%                     |
|                          |  | Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.                                | 100%                   | 98%                    | 100%                   | 98%                     | 99%                     |
|                          | Medical and Nursing Services           | Percent of completed admission intake assessment by medical within 24 hours of admission.  | 100%                   | 80%                    | 93%                    | 100%                    | 100%                    |
|                          |  | Percent of completed admission intake assessment by nursing within 24 hours of admission.  | 100%                   | 87%                    | 80%                    | 100%                    | 100%                    |
|                          |  | Percent of completed nursing progress notes on time (as per policy).   | 69%                    | 69%                    | 76%                    | 90%                     | 90%                     |
|                          |  | Percent of time Comprehensive Integrated Treatment Plan (CITP) is posted in the medical record by end of day following the staffing. | 95%                    | 96%                    | 94%                    | 100%                    | 100%                    |

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

| <b>Program Name</b>                | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>  | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|------------------------------------|--|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Sexual Treatment Program Continued | Social Services                        | Percent of completed psychosocial assessments within policy timeframes.   | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                                    | Psychological Services                 | Percent of scheduled treatment groups held.   | 80%                    | 75%                    | 91%                    | 90%                     | 95%                     |
|                                    | New Crimes                             | Percent of substantiated felony cases committed by SPTP residents (where victim(s) want to prosecute) presented to the county attorney for prosecution. | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                                    | Reintegration Program                  | Resident progress will be monitored and reviewed every quarter.   | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |

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**PROGRAM:** Ancillary Services – 80000

**Program Overview:**

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

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

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

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

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by the lab.

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

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

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

The Psychology Department provides a wide array of services including individual and group psychotherapy, crisis intervention,



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psychological assessments, psychological testing, treatment planning and implementation, consultation, behavior support plans, forensic evaluations, reports to the court, expert court testimony and training for staff and patients. Furthermore, the Psychology Department has membership on various committees (e. g., Ethics Committee, Employee Retention Committee, and Clinical Executive Committee.). The Psychology Department offers an American Psychological Association (APA) accredited internship program which trains up to three interns each year. The program was granted the highest accreditation status (10 years) in 2019, and will be visited again in 2028 for reaccreditation. The Post-Doctoral Fellowship at LSH is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) which provides educational standards for training to psychologists that have graduated with their doctorate degree and need a year of supervised experience to obtain licensure in Kansas and other states. We have many staff members who are alums of these programs. Lastly, the LSH psychology department offers placements for practicum students.

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

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

**Current and Budget Year Operations:**

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

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 2025 base budget and beyond totaling \$32,650,133 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.

| <b>Ancillary Supplemental Request</b> | <b>FY 2025</b>      | <b>FY 2026</b>      |
|---------------------------------------|---------------------|---------------------|
| Agency Nursing Staff                  | \$32,650,133        | \$32,650,133        |
| <b>Total</b>                          | <b>\$32,650,133</b> | <b>\$32,650,133</b> |

**Account Code 5100: Salaries and Wages**

Summary: The 67.5 FTE positions and 2 Non-FTE Unclassified Permanent Positions approved positions in this program provide administrative and direct care services to every area of the program. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,853,775 is requested. The shrinkage rate is 26.2%.

**FY 2026:** \$9,255,031 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$556,869 is requested.

**FY 2026:** \$563,377 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 2025:** \$531,367 is requested.

**FY 2026:** \$536,679 is requested.

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**PROGRAM:** Trust and Benefits – 85000

**Program Overview:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Current and Budget Year Operations:**

Financial Statements are produced by LSH Financial Services and submitted annually to Division of Accounts and Reports for audit. FY 2024 ending balances in the Trust and Benefit funds are:

- Patient Benefit Fund: \$115,266.56
- Canteen Fund: \$175,863.89
- Work Therapy Fund (Prairie Treasures): \$199,055.54
- LSH Wood Crafters: \$7,733.68
- LSH Mental Health Conference (Benefit Fund): \$4,790.80
- Employee Use Fund: \$14,379.73
- Route 264 Sunflower Grill: \$19,677.28

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

**Program Overview:**

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

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

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

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

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

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

The Food Service Department was privatized in July 2013 and management of these service needs were outlined by a contract prepared by KDADS and Larned State Hospital. In July of 2018, Sodexo was awarded the food service management contract. Sodexo provides all food services for patients, residents, and staff at LSH along with children and staff for Caring Hands Daycare Center



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which is housed on LSH campus. LSH campus has four buildings that have full-service kitchens available for use of daily meal preparations. These daily food services include three meals along with three snacks designated for morning, afternoon, and evening. Each patient and resident has their own individual diet order developed by the in-house medical provider and is followed by the contractor. Sodexo also provides meals and/or snacks for special events such as holidays that occur throughout the year and program activities. LSH also has a contracted clinical dietitian who performs nutritional assessments at the request of the physician’s as well as for those patients/residents at high risk. Additionally, the clinical dietician assists with Sodexo and LSH staff trainings for food handling along with carrying out specific audits for each of the four kitchens.

The Laundry Department processed 927,210 pounds of textiles and clothing items for LSH and LSCF in FY 2024. Listed below is the percentage for each agency:

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

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

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

**Current and Budget Year Operations:**

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

**Account Code 5100: Salaries and Wages**

Summary: The 155 FTE in this program consist of staff in Engineering, Environmental Services, Safety and Security, Purchasing/Supply and Laundry services. Funding requested is for all current positions for 26 pay periods FY 2025 and FY 2026, including fringe benefits, health insurance and longevity.

**FY 2025:** \$9,271,119 is requested. The shrinkage rate is 24.2%.

**FY 2026:** \$8,523,592 is requested. The shrinkage rate is 30.7%.

**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 2025:** \$648,973 is requested.

**FY 2026:** \$653,359 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 2025:** \$1,036,198 is requested.

**FY 2026:** \$1,047,025 is requested.

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

Summary: Capital Outlay is requested for computer and office equipment. In FY 2025, LSH plans to replace a tractor and mower attachment to mow the campus, it will be utilized for snow removal and other projects throughout the 78-acre campus. LSH will replace a Safety and Security vehicle in FY 2025 to replace a vehicle that is aging and having mechanical issues.

**FY 2025:** \$189,539 is requested.

**FY 2026:** \$11,000 is requested.

**Account Code 57000: Non-Expense**

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

**FY 2025:** \$3,350 is requested.

**FY 2026:** \$3,300 is requested.

| <b>Program Name</b>                 | <b>Subprogram Name (if applicable)</b> | <b>Performance Measure</b>   | <b>FY 2022 Actuals</b> | <b>FY 2023 Actuals</b> | <b>FY 2024 Actuals</b> | <b>FY 2025 Estimate</b> | <b>FY 2026 Estimate</b> |
|-------------------------------------|--|--|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| Physical Plant and Central Services | Facilities Maintenance                 | Maintain TJC Standards for Accreditation Program: Hospital Chapter: Environment Of Care as evidenced by documentation 95% current and deficiencies corrected within 30 days of notice.   | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                                     |  | Percent of compliance with all utility systems to meet all regulatory agency requirements (Kansas Department of Water Resources, Kansas Department of Health and Environment, and Kansas Corporation Commission) as evidenced by immediately correcting deficiencies unless time extensions are permitted. | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |
|                                     | Capital Improvement                    | Identify capital improvement needs such as architectural, mechanical, plumbing, electrical, program improvements, new facilities and facility remodels as evidenced by being within 3 years of “end of life cycle” to prevent interference with patient care and patient programming.                      | 100%                   | 100%                   | 100%                   | 100%                    | 100%                    |

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**CAPITAL IMPROVEMENTS:**

**Program Overview:**

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

LSH received \$200,000 in Spark State Efficiency and Modernization Program in FY 2023 which consisted of \$90,000 for Key Control and \$110,000 for ATC Generator. The Key Control funds were expended in FY 2024. The ATC Generator reappropriated to FY 2025 and a PO will be established for these funds prior to 12/31/2024 as the BID event was not finalized for this expense in FY 2024.

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

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

Summary: LSH received \$110,000 in Spark State Efficiency and Modernization Program in FY2023 for Patient Buildings (ATC) Generator and Motor Replacement, these funds reappropriated into FY2025.

**FY 2025:** \$110,000 is requested.

**FY 2026:** \$0 is requested.