
September 5, 2025

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

Dear Mr. Proffitt,

Fiscal Year 2025 has been marked by continuous improvement and changes.

Throughout this review period, our hospital has experienced significant activity and undergone notable transformations.

Osawatomie State Hospital (OSH) remains committed to continuously evaluating and enhancing active treatment approaches and exploring diverse methods to improve patient care. Concurrently, we prioritize supporting our staff by ensuring they have access to the necessary resources, training, and tools required to perform their duties effectively. This dual focus on advancing treatment quality and strengthening workforce capacity is central to our ongoing efforts to deliver exceptional care and maintain a supportive work environment. To ensure comprehensive patient evaluations, we have implemented an annual care plan review meeting involving all members of the treatment team, including medical providers and pharmacy. This collaborative review process ensures patients are assessed not only from a psychiatric perspective but also in regard to their overall medical needs, with input from all relevant stakeholders.

A central objective for our hospital has been increased community involvement. As evident from the budget details, we have worked diligently to become a true community partner again this year. The hospital remains actively engaged in numerous community events, discussions, and coalitions, demonstrating a commitment not only to presence but also to meaningful support and collaboration within the community.

Looking forward to the next year, our hospital department leaders are establishing partnerships with universities. The goal is to engage interns and develop practicum opportunities in diverse disciplines such as recreational therapy, social work, clinical therapy, nursing, and psychology services. We already host five psychology students, one social work student and collaborate with three nursing schools, reinforcing our belief that the hospital provides an exceptional learning environment. Our Psychology Program has completed

their APA Application to be an accredited graduate program for doctoral and postgraduate internships and residencies.

The Biddle remodel project has been successfully completed, marking a significant milestone in our facility's development. Despite unforeseen challenges, the team executed a smooth and timely transition, with patients moving into the new unit in September 2024. The relocation of the Adair Acute Care Hospital to the Biddle facility represents a critical step forward in our broader plan to revitalize additional units.

Additionally, with the support of an approved budget enhancement, we completed a comprehensive renovation of the facility's courtyard. This enhanced outdoor space now serves multiple purposes—supporting recreational therapy, leisure activities, and clinical services—providing a more holistic and therapeutic environment for patient care.

Over the past year, we initiated the demolition of two additional historic structures on campus: Carmichael Pavilion (established in 1923) and the Rush Building (established in 1931). As part of our ongoing efforts to enhance the campus environment, we have also conducted a comprehensive assessment to identify areas requiring improvement to achieve full ADA compliance. Several locations have been identified for updates and renovations, and planning is currently underway to address these accessibility needs.

Considering my ongoing duty, I offer you the budget.

Ashley L Byram LMSW,
Superintendent
Osawatomie State Hospital

AGENCY OVERVIEW:

OSH is a psychiatric facility which provides inpatient treatment for mentally ill adults from 45 counties in Kansas in collaboration with 12 Community Mental Health Centers (CMHCs). The hospital is an integral part of the continuum of mental health services, providing stabilization and rehabilitation to individuals with severe mental illness who cannot, or will not, access these services elsewhere. The hospital is one of four institutions supervised by KDADS and is one of two state institutions which provide mental health services.

OSH specializes in stabilizing psychiatric conditions so patients can return to their communities and receive less intense treatment. OSH's pillars of strength are People, Quality, Finance, Service, Community and Growth. We have tasked ourselves with using these tools to become leaders in providing patient-centered services in a safe environment which leads to the most positive outcomes for every patient. This is accomplished by using evidence-based treatment approaches in a planned, consistent manner which recognizes the individual strengths of each patient and the capabilities of the staff to facilitate positive changes to build on those strengths. Staff work together with the patients to assist in their recovery and to promote self-sufficiency.

ACCREDITATION:

OSH is licensed by the Kansas Department of Health and Environment (KDHE). This agency conducts periodic surveys, both announced and unannounced, to determine compliance with applicable laws, regulations and standards.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

OSH is organized for budgetary purposes into the following five programs.

General Administration Program provides the overall administration and management of OSH. Included in General Administration is the superintendent's office, accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, patient canteen, purchasing, program assistants, information technology services, legal services, performance improvement, recruitment, and risk management.

Staff Development and Training Program provides staff education and development for the entire OSH Hospital System, as well as AAC through the MOU.

Clinical Program provides inpatient services for people 18 years of age and older with severe mental illness. This program is licensed for 116 beds divided into four main treatment tracks. Treatment is offered both within each unit and through a range of activity therapy groups. This program encompasses various services, including activity therapy, admission, agricultural therapy, clinical therapy, scheduling for direct care, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage.

Medical Services consists of psychiatric services, physical therapy, pharmacy, medical laboratory, x-ray, EKG-EEG, and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.

Physical Plant and Central Services operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for the entire campus.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys during this time by CMS which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new

standard of conditions. At this time a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60 patients. On December 15, 2017, AAC passed a CMS survey and became recertified.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency. New performance based budgeting metrics were put in place this fiscal year to measure how well OSH is achieving its defined goals.

The moratorium was lifted on January 3rd, 2022. OSH and AAC are now able to receive voluntary patients. OSH and AAC together are licensed for 206 beds.

Current statutory authority for OSH can be found in K.S.A. 76-1201 et seq. as amended. The "Act for Obtaining Care and Treatment for the Mentally Ill Person" (K.S.A. 59-2901 through 59-2941), revised in 1976 and 1986, is of special significance because it controls hospital activities related to the protection of patients' constitutional and human rights, particularly those that ensure due process for the involuntary patient.

The 2019 Kansas Legislature approved transferring authority for the Sexual Predator Treatment Program (SPTP) – MiCo House Reintegration Facility from Larned State Hospital to OSH. The MiCo House is located on the grounds at OSH and all operating costs are now reflected in the OSH budget.

The 2019 Kansas Legislature also approved a measure that would renovate two additional units at OSH. The purpose of the renovation was to provide additional capacity to lift the moratorium on admissions to allow for voluntary admissions. The FY 2021 Budget for KDADS included \$5.0 million from State General Fund (SGF) to renovate the Biddle building. The FY 2021 Budget for OSH included \$500,000 from building funds to renovate the B2 building. The B2 remodel was completed in May 2022. The Biddle Building remodel is currently underway with an expected completion date of August 2024 and an occupancy date of September 2024.

VISION: The Right care, at the Right time, in the Right place.

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS: People, Quality, Finance, Service, Community, Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration

Medical Services

Clinical Services

Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2026, OSH requests revised expenditures totaling \$42,742,771 of which \$40,242,566 is from the State General Fund. For FY 2027, OSH requests revised expenditures totaling \$40,972,773 of which \$38,374,627 is from the State General Fund.

For FY 2026, a supplemental is requested for agency nursing totaling \$7,000,000 in State General Fund. Specific to OSH, \$1,500,000 is requested in OSH SGF. For FY 2027, enhancements are requested totaling \$5,000,000 in State General Fund. Specific to OSH, \$3,000,000 is requested in OSH SGF. More detailed information is available in the change package portion of the narrative.

OUTCOMES OVERVIEW:

Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for OSH, covering expenditures and related financial information. The information in this section discusses OSH's outcomes. Subsequent narratives, those specifically discussing OSH's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

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

Agency Name: Osawatomie State Hospital
Program Title: Agency Outcomes

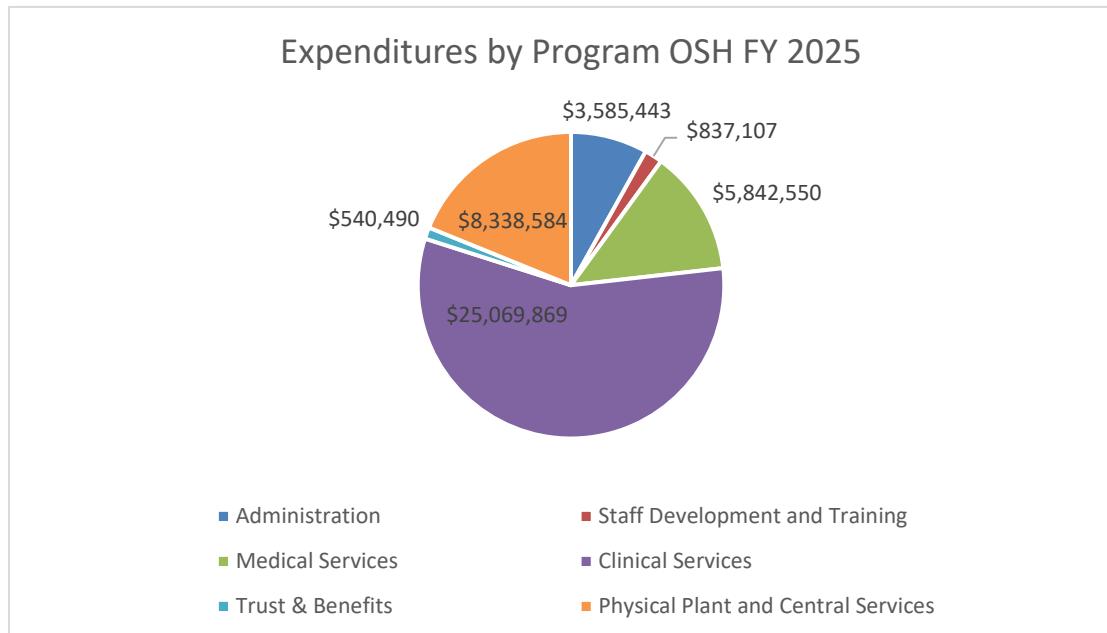
The substantial reduction in FTE positions is attributable to a systematic revision of budgeting procedures. Positions vacant for a period exceeding six months were deliberately unfunded to more accurately align budget projections with anticipated salary expenditures, shrinkage rates, and contractual service costs.

FY 2023 through FY 2027 OSH Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	31.5	30.0	21.0	21.0	21.0
Staff Development and Training	5.4	2.5	4.7	4.7	4.7
Medical Services	16.5	16.0	12.6	12.6	12.6
Clinical Services	241	227.6	143.5	143.5	143.5
Physical Plant/Central Services	62.6	57.2	54.6	54.6	54.6
TOTAL APPROVED POSITIONS	357	333	236	236	236

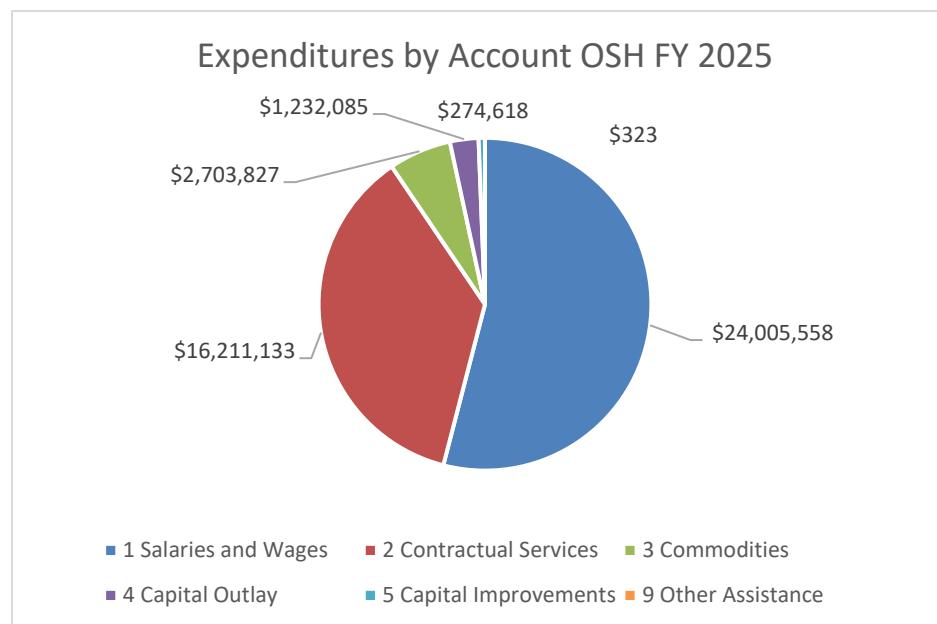
Projected Overall Shrinkage FY 2026: 3.16%

Projected Overall Shrinkage FY 2027: 2.95%

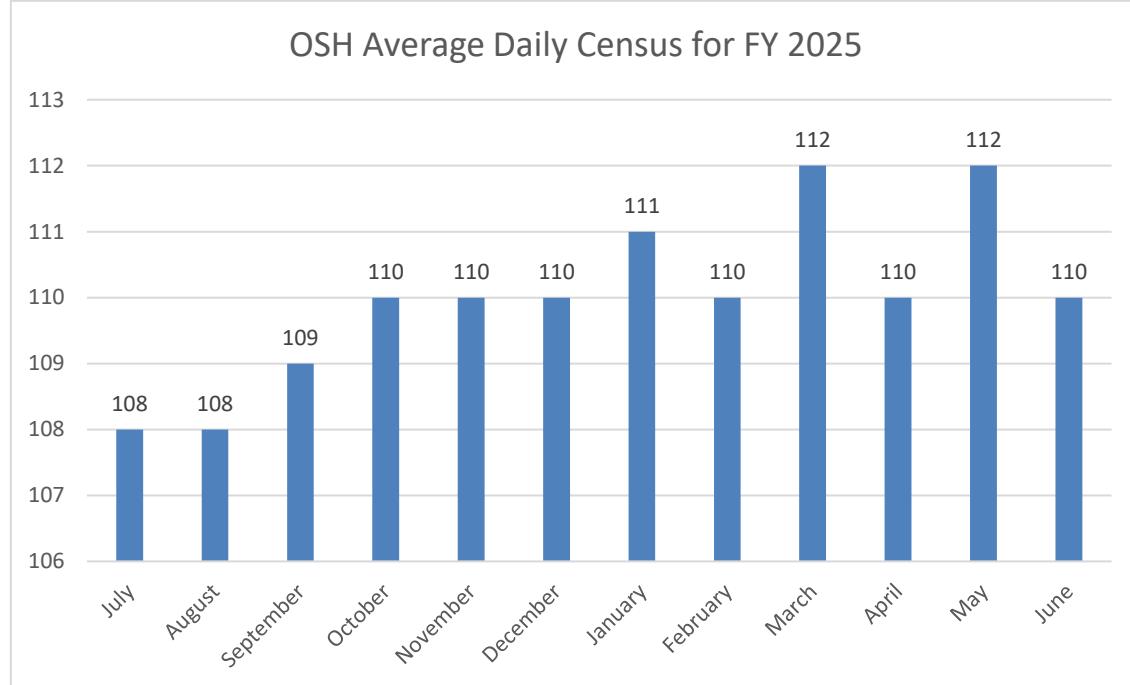
Expenditures by Program OSH FY 2025	
Program	Amount
Administration	\$ 3,585,443
Staff Development and Training	\$ 837,107
COVID-19 (ARPA Funds)	\$ 213,501
Medical Services	\$ 5,842,550
Clinical Services	\$ 25,069,869
Trust & Benefits	\$ 540,490
Physical Plant and Central Services	\$ 8,338,584
Total	\$ 44,427,544



Expenditures by Account OSH FY 2025	
Account	Amount
1 Salaries and Wages	\$ 24,005,558
2 Contractual Services	\$ 16,211,133
3 Commodities	\$ 2,703,827
4 Capital Outlay	\$ 1,232,085
5 Capital Improvements	\$ 274,618
9 Other Assistance	\$ 323
Total	\$ 44,427,544



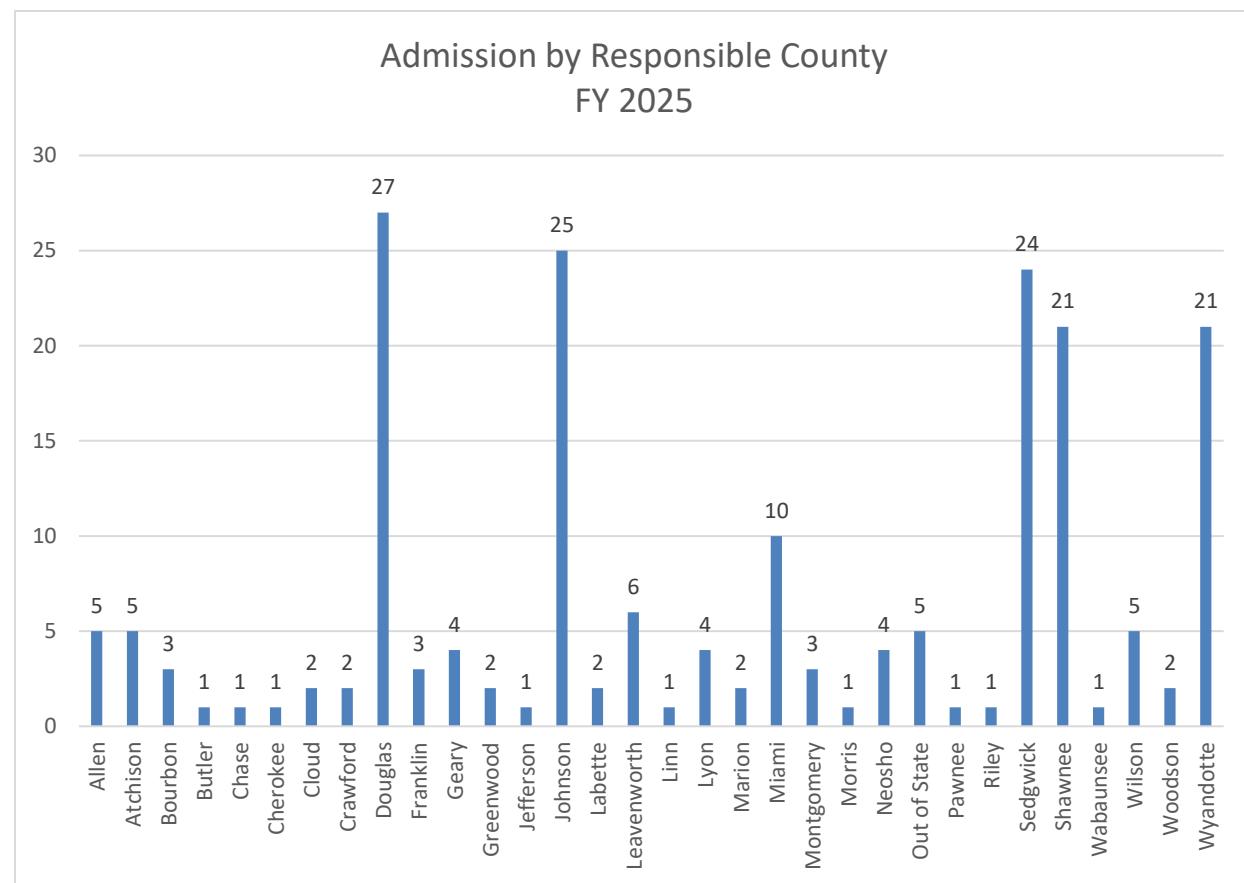
OSH ADC FY 2025	
July	108
August	108
September	109
October	110
November	110
December	110
January	111
February	110
March	112
April	110
May	112
June	110



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

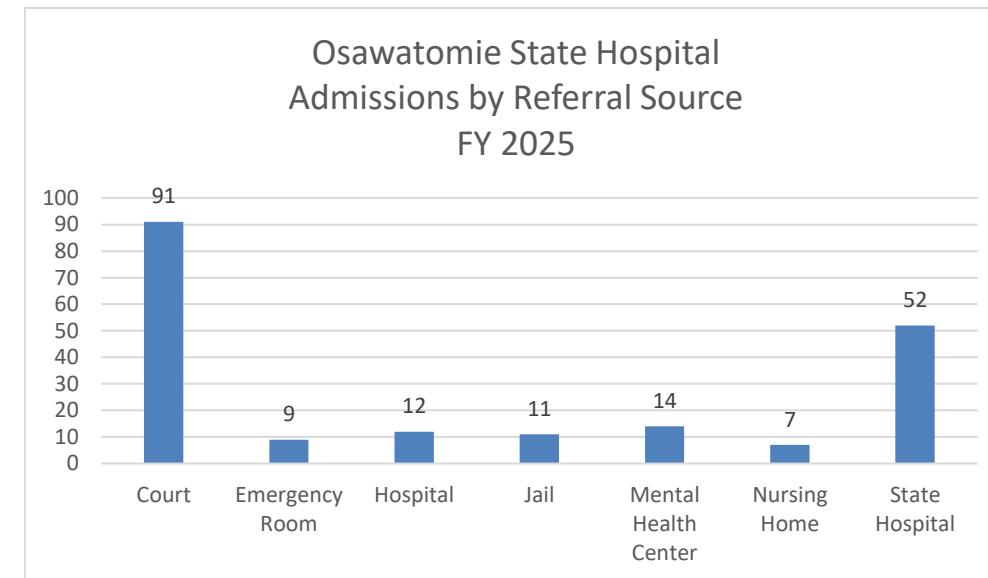
Agency Name: Osawatomie State Hospital
Program Title: Agency Outcomes

Responsible County Admissions	
Allen	5
Atchison	5
Bourbon	3
Butler	1
Chase	1
Cherokee	1
Cloud	2
Crawford	2
Douglas	27
Franklin	3
Geary	4
Greenwood	2
Jefferson	1
Johnson	25
Labette	2
Leavenworth	6
Linn	1
Lyon	4
Marion	2
Miami	10
Montgomery	3
Morris	1
Neosho	4
Out of State	5
Pawnee	1
Riley	1
Sedgwick	24
Shawnee	21
Wabaunsee	1
Wilson	5
Woodson	2
Wyandotte	21



FY 2026 – FY 2027

Referral Source	# of Admits
Court	91
Emergency Room	9
Hospital	12
Jail	11
Mental Health Center	14
Nursing Home	7
State Hospital	52



Supplemental/Enhancement Request #1/2: Funding for Contracted (Traveling) Direct Care Staff

Justification: Osawatomie State Hospital (OSH) respectfully requests a supplemental appropriation of \$7,000,000 in State General Funds (SGF) for FY 2026, and an enhancement of \$5,000,000 in SGF for FY 2027 to support the continued use of contracted (traveling) direct care staff. These funds are necessary to maintain the required staffing levels and meet established staff-to-patient core ratios. The use of contracted direct care staff at OSH was a necessity even prior to the COVID-19 pandemic. However, since the onset of the pandemic, OSH has experienced a persistent decline in the retention of full-time registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs). This decline reflects a broader national trend across the healthcare sector.

According to the 2023 AMN Healthcare survey of 18,000 registered nurses, burnout, staffing shortages, and workplace safety concerns have driven many nurses to reconsider their roles. The survey revealed that only 15% of nurses planned to remain in their current positions, while the remaining 85% expressed intentions to transition into roles in administration, travel nursing, education, or leave the profession entirely (AMN Healthcare, 2023 Survey).

In response to these challenges, OSH has taken multiple steps to retain and support full-time staff over the past four years. These include:

- Increasing wages and shift differentials
- Expanding training in de-escalation techniques
- Enhancing the use of contracted (traveling) direct care staff to stabilize staffing levels
- Implementation of pick-up shift bonus to fill vacant shifts
- Allowing RNs to self-schedule

Despite these efforts, OSH continues to struggle to recruit and retain sufficient full-time employees to meet core staffing levels. While recent Pay Plan initiatives and the implementation of innovative shift pick-up bonus structures offer promise, it will take time for these measures to yield meaningful staffing gains. In FY 2024, OSH spent \$17.93 million on contracted direct care staff. In FY 2025, that expense is projected to decrease by approximately 15%, totaling \$15.18 million. While this reduction is encouraging, it still reflects a substantial financial burden. Without additional SGF support, OSH would be forced to consider reductions in building maintenance, ancillary programs, or even closure of treatment units—actions that would significantly impair OSH's capacity to serve the counties that rely on it for critical mental health care services.

Survey of Registered Nurses by Anon,
[URL:https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnssurey-2023.pdf](https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnssurey-2023.pdf).



Description	FY 2026		FY 2027	
	SGF		SGF	
Funding for Contracted (Traveling) Direct Care Staff	\$ 7,000,000		\$ 5,000,000	

Supplemental/Enhancement Request #2/2: Additional Funding for two Activity Specialists and one Activity Therapist for Leisure & Fitness

OSH currently operates four treatment units with two Leisure and Fitness staff (Activity Specialists) assigned to each unit (8 total plus a working supervisor). To provide group therapy services seven days a week, staff work either Tuesday-Saturday or Sunday-Thursday, resulting in only 1 staff being available per unit on four days of the week (Monday, Friday, Saturday and Sunday). Due to enhanced staff to patient ratios to monitor for potential risk factors including elopement risks, patients are only able to attend off unit activities Tuesday, Wednesday and Thursdays. Any more than three patients require two staff to leave the locked unit and any number of patients on the enclosed patios require at least two staff.

Psychiatric patients often struggle with metabolic syndromes, making physical activity crucial and strongly encouraged. OSH has a gymnasium and activity center which could offer patients opportunities for movement and increased activity which could help improve physical health. Increasing access to these areas on campus would be beneficial to the health of the patients. An additional two FTEs for the Leisure and Fitness Department would help facilitate better access to these off-unit areas on a more frequent basis. These additional staff working Tuesday-Saturday and Sunday-Thursday would assist on all units throughout the day rather than being assigned to a specific program and could allow for additional opportunities for patients to utilize the activity facilities available.

In addition to 2 activity specialists, OSH is also requesting one additional Activity Therapist specializing in music. The hospital currently has a single music therapist who provides services across all treatment units Monday-Friday. Current staffing levels allow for at most one music group per day per unit. Patients often respond very well to creative arts (music and art) as it provides the opportunity to process emotions and thoughts non-verbally and music is impactful to patients regardless of cognitive limitations. An additional music therapist (Activity Therapist) would allow for an increased number of groups to be provided for patients each day as well as increased opportunity for patients to engage in individual music therapy sessions.

Description	FY 2027	
	SGF	
Funding for two Activity Specialists and one Activity Therapist (Music Therapy) for Leisure and Fitness	\$	207,837

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

Agency Name: Osawatomie State Hospital
Program Title: Administration

EXPLANATION OF RECEIPT ESTIMATES - DA 405

FY 2026 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984
	Adair Acute Care	SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0						\$0
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957

FY 2027 State General Fund Limitations											
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036
	Adair Acute Care	SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0		\$15,000,000				\$15,000,000
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000
363	Kansas Neurological Institute	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150
	Total SGF				\$174,306,483	\$54,474	\$0	\$15,000,000	\$0	\$0	\$190,882,457

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

Agency Name: Osawatomie State Hospital
Program Title: Administration

EXPLANATION OF RECEIPT ESTIMATES - DA 405													
			FY 2026 Fee Funds										
Agency	Name	Fund Name	Fund	BU	Receipts	FY 2026 Estimated C&H	FY 2026 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure Request	Supplemental Request
410	Lamed State Hospital	LSH Fee Fund	2073	2100	\$3,811,351		-	\$690,848		-	\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354		-	\$760,459		-	\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900		-	\$1,782,401		-	(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0		-	\$1,499,914	-	(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100		-	\$1,541,311		-	(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196		-	(\$403,301)	-	\$1,499,914	-	\$8,386,809	
631	South Central Regional	SCR Fee Fund	2512	2512	\$0							\$0	
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0							\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000		-	\$406,700		-	\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000		-	\$2,143,696	-	-	(\$5,642,689)	\$17,501,007	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914		-	\$645,513		-	(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000		-	\$1,180,576	-	-	(\$227,474)	\$21,953,102	
Total Fee Fund					\$69,740,815		\$0	\$10,248,117		\$0	(\$8,544,793)	\$71,444,139	
			FY 2027 Fee Funds									FY 2027 Adjusted Expenditure Request	Supplemental Request
Agency	Name	Fund Name	Fund	BU	Receipts	FY 2027 Estimated C&H	FY 2027 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure Request	Supplemental Request
410	Lamed State Hospital	LSH Fee Fund	2073	2100	\$3,932,727		-	\$0		-		\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133		-	\$0	-	-	-	\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900		-	\$65,096		-	-	\$2,597,996	
		OSH TXIX No limit	2080	4300	\$0		-	\$0	-	-	-	\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100		-	\$2,291,308		-	\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000		-	\$0	-	-	\$0	\$7,000,000	
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000			\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0					\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000		-	\$491,700		-	-	\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000		-	\$5,642,689	-	-	(\$7,642,689)	\$19,500,000	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	\$1,424,914		-	\$318,226		-	(\$240,352)	\$1,502,788	
		Title XIX No limit	2060	2200	\$22,000,000		-	\$227,474	-	-	(\$409,482)	\$21,817,992	
Total Fee Fund					\$71,693,774		\$0	\$9,036,493		\$0	\$1,500,000	(\$8,292,523)	\$73,937,744

FY 2026 – FY 2027

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Medicare A	420610	\$0	\$0	\$0	\$0	\$0
Medicare B	420610	\$0	\$0	\$0	\$0	\$0
Insurance	420610	\$270,359	\$328,546	\$478,068	\$400,000	\$400,000
Private Pay-Care & Hosp.	420610	\$444,386	\$377,636	\$315,189	\$285,000	\$285,000
Kansas Debt Set Off	420610	\$25,727	\$15,049	\$12,604	\$15,000	\$15,000
Total Hospitalization		\$740,472	\$721,231	\$805,862	\$700,000	\$700,000
Clerical Charges	420400	\$0	\$0	\$0	\$0	\$0
Educational Charges	420500	\$0	\$0	\$0	\$0	\$0
Other Service Charges	420990	\$50	\$111	\$218	\$250	\$250
Sale of Salvage	422500	\$0	\$0	\$0	\$0	\$0
Sale of Unusable Condemned	422600	\$10,000	\$9,773	\$0	\$0	\$0
Sale of Meals & Proces. Food	422700	\$15	\$0	\$0	\$0	\$0
Other Interest	430900	\$20	\$312	\$132	\$150	\$150
Rent of Unimproved Land	431100	\$0	\$0	\$0	\$0	\$0
Rent of Real Estate & Bldg.	431200	\$23,000	\$37,025	\$31,552	\$30,000	\$30,000
Other Misc Revenue	459090	\$0	\$0	\$0	\$0	\$0
Insurance Reimbursement	461200	\$0	\$0	\$0	\$0	\$0
Estate Recovery	462100	\$0	\$0	\$0	\$0	\$0
Recovery of Current FY Expen.	462110	\$525	\$2,331	\$3,522	\$5,000	\$5,000
Reimbursement and Refunds, Other	462900	\$75	\$20	\$0	\$0	\$0
Recovery of Prior FY Expen.	469010	\$3,000	\$20,389	\$34,602	\$35,000	\$35,000
Other NonRevenue Receipts	469090	\$95	\$10,308	\$11,445	\$12,500	\$12,500
Total		\$777,252	\$801,500	\$887,333	\$782,900	\$782,900

Explanation of Receipts

OSH experienced an unusual increase in patient revenue due to a mix of admissions with increased access to payer sources. OSH

continues to see increasing numbers in patients covered by insurance. Only about 50% of the patient population at OSH has access to any payer sources and OSH is not able to receive Medicare or Medicaid reimbursement.

OSH did continue to have nonrevenue receipts in FY 2025. OSH received rent from patients at the MiCo House, as part of their program goals. Moving into FY 2026 and FY 2027, OSH anticipates continuing to see the same payer mix, with the potential for an increase in insurance and private payers.

PROGRAM: Administration – 01030

Program Overview:

This program forms the basis of the hospital's operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining licensing status, and managing vital activities. The General Administration Program is responsible for the overall administration and management of OSH. This includes various components like the Superintendent's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment.

BUSINESS SERVICES:

The Business Services Department at Osawatomie State Hospital (OSH) encompasses Accounts Receivable, Accounts Payable, the Snack Shack, and the Post Office/Cashier Office.

- The Accounts Receivable team is responsible for all patient billing activities, including both daily and monthly billing processes.
- The Accounts Payable unit ensures timely and accurate payment of hospital expenses in compliance with vendor contracts and state statutes.
- The Utilization Review Department plays a critical role in reviewing patient charts to assess medical necessity for continued stays and verifying the accuracy of related charges. It also coordinates with insurance providers by submitting medical documentation to support reimbursement and proper billing.
- The Post Office/Cashier Office manages incoming and outgoing mail, oversees the Patient Trust Fund, and supports hospital-wide printing needs.

Together, these units ensure financial integrity, operational efficiency, and support services across the hospital.

Goals and Updates:

1. Complete timely and accurate processing of admissions through insurance verification, financial discovery, and Ability-to-Pay processes.
2. Complete workflow improvement of the Electronic Health Record (EHR) program, Wellsky.
3. Reduce errors throughout the purchase order and voucher process.

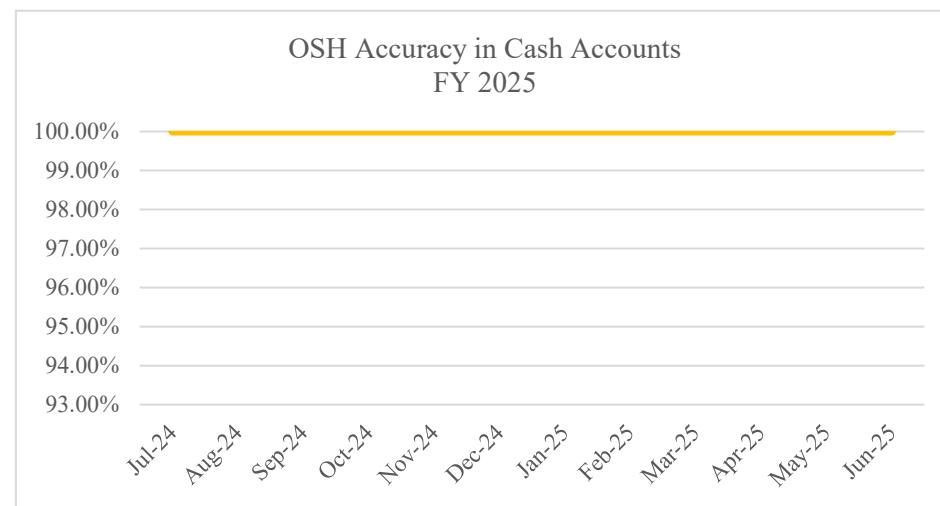
Performance Based Budgeting Goals:

Goal: 98% of all cash transactions by the Cashiers in the Post Office will be accurate. All offices will be recorded and tracked throughout the year. Quarterly random audits will also be used to determine percentage of accuracy.

Measurement: Cash transaction accuracy recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



INFORMATION TECHNOLOGY:

Information Technology (IT) has automated and innovated several processes at Osawatomie State Hospital (OSH). In Q4 of 2024 the hospital migrated to well sky specialty care for their EHR solution. IT provides user management support, support with forms, and data extract request and form building. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), as well as data bridge management between these systems when issues arise. Patient Care System (PCS) and Patient Care System 2.0 (PCS2.0) have received security improvements and are considered in maintenance mode while remaining available to HIM department for historical records. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. IT provides general office equipment and computer management training, maintenance, installations, and repairs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

Goals and Updates:

The glucometer system for diabetes management was successfully updated and in use by laboratory. Phase one efforts for camera system upgrade and overhead paging upgrade were completed next. Camera system upgrades include outdoor camera installation project to be completed in conjunction with a contracted vendor and improve internal camera viewability by adjusting and additions as directed by risk management department. Additionally, the next phase of the overhead paging project will begin soon by including additional speakers being installed, adjusting output of existing speakers, and continuing to refine the administrative phones that can send prerecorded messages. The IT department will complete windows 11 upgrade to maintain endpoint security and working to providing new laptops and desktops through desktop as a service program. While working on Windows 11 project, IT team will surplus retired equipment and keep an inventory of new and retired equipment. Finally, The IT team will be implementing new servers and storage and migrating all virtual servers to new platform.

HUMAN RESOURCES:

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits.

Goals and Updates:

Over the past few years, many practices, forms, and processes have been developed and improved in the AAC/OSH HR. We continue to develop these practices, forms, and processes to maintain and enhance an effective and efficient workflow. The employee transfer request process, which takes seniority, references, and work performance into consideration for each applicant has continued to be successful. These have shown a great deal of improvement to our HR department, we continue to be proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. This will continue through 2025 and into 2026. The Human Resources department has and will further refine the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Performance Based Budgeting Goals:

Goal: Track percentage of employees that turnover in a month

Measurement: Number of employees that turnover recorded every month

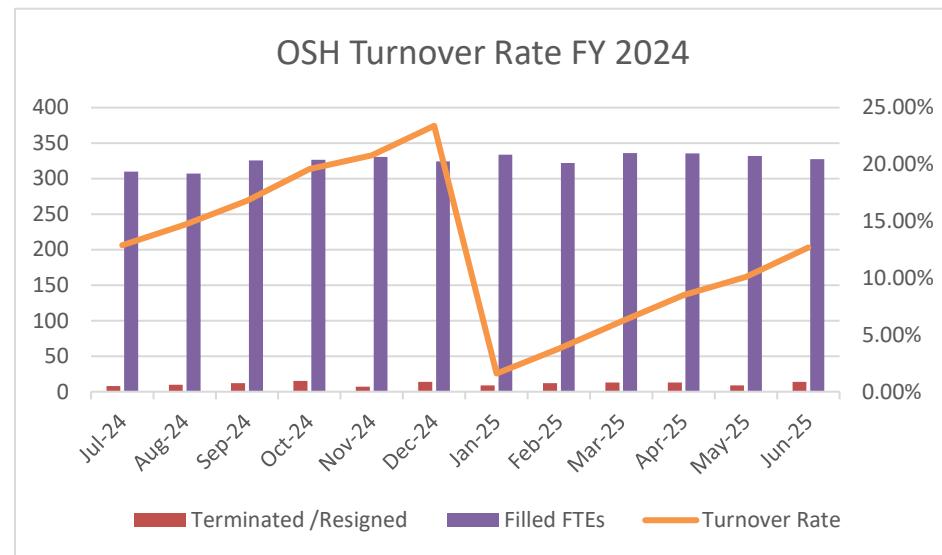
Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Turnover Rate	2.8%	11.2%	12.6%	12.0%	12.0%

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

Agency Name: Osawatomie State Hospital
Program Title: Administration

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-24	8	309.99	12.90%
Aug-24	10	306.97	14.70%
Sep-24	12	325.54	16.80%
Oct-24	15	326.41	19.60%
Nov-24	7	330.41	20.80%
Dec-24	14	324.43	23.40%
Jan-25	9	333.63	1.60%
Feb-25	12	322.14	3.80%
Mar-25	13	336.12	6.20%
Apr-25	13	335.63	8.50%
May-25	9	332.14	10.10%
Jun-25	14	327.67	12.70%



Goal: Track percentage of employee vacancies in a month

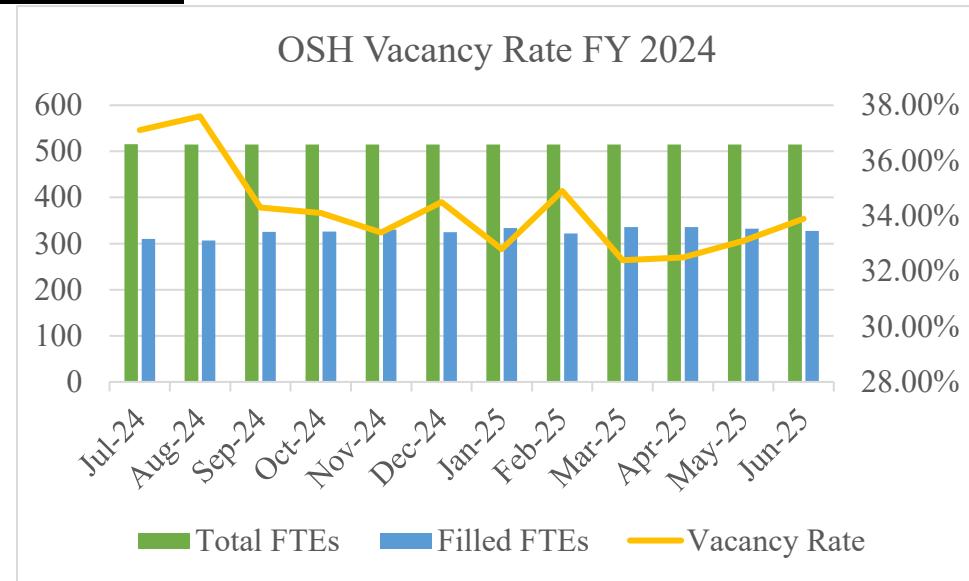
Measurement: Number of employees' vacancies recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Vacancy Rate	32.6%	37.9%	34.2%	32.0%	32.0%

FY 2026 – FY 2027

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-25	515	310	37.1%
Aug-25	515	307	37.6%
Sep-25	515	326	34.3%
Oct-25	515	326	34.1%
Nov-25	515	330	33.4%
Dec-25	515	324	34.5%
Jan-25	515	334	32.8%
Feb-25	515	322	34.9%
Mar-25	515	336	32.4%
Apr-25	515	336	32.5%
May-25	515	332	33.1%
Jun-25	515	328	33.9%



RISK MANAGEMENT:

Risk Management at Osawatomie State Hospital is dedicated to fostering a culture of safety by supporting departments in identifying, analyzing, and addressing potential risks. The department collaborates closely with Nursing, Security, IT, and others to ensure incidents submitted to Risk Management are communicated to the appropriate directors for review and corrective action. By monitoring trends and reviewing adverse events, Risk Management helps inform departmental decision-making and supports the continuous improvement of safety practices throughout the facility.

Goals and Updates:

The Risk Management department has continued to advance training, communication, and safety efforts across the hospital. Updated training materials and targeted education emails were introduced to improve staff understanding of key procedures. The department has worked to strengthen collaboration with other hospital departments, focusing on proactive risk identification and early intervention. Recent projects include expanding campus camera coverage, addressing paging system limitations, and aligning safety protocols with other state hospitals. In addition, Risk Management has introduced a positive recognition initiative to highlight and

encourage staff contributions to a safer hospital environment.

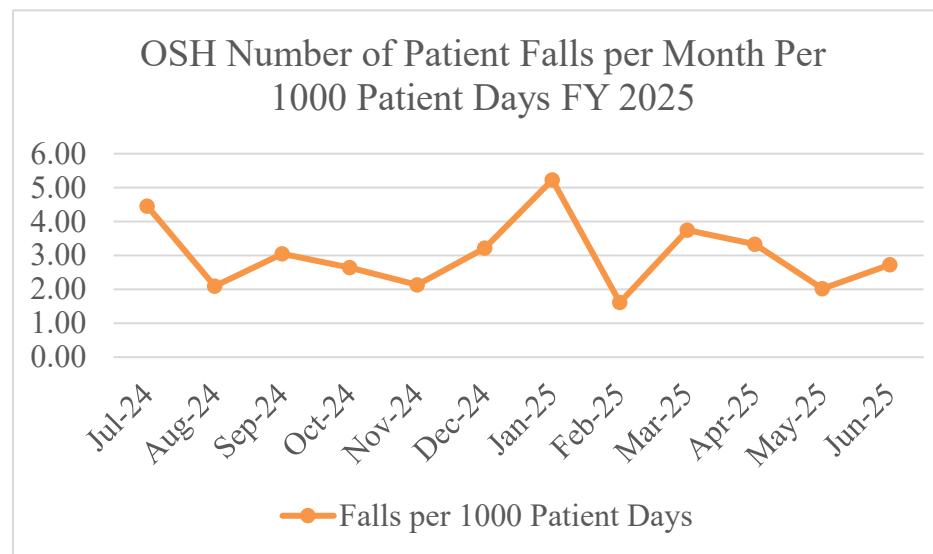
Performance Based Budgeting Goals:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of patient falls recorded monthly

Department Responsible: Risk Management

Month	Falls per 1,000 Patient Days
Jul-24	4.45
Aug-24	2.09
Sep-24	3.05
Oct-24	2.64
Nov-24	2.13
Dec-24	3.22
Jan-25	5.23
Feb-25	1.61
Mar-25	3.75
Apr-25	3.33
May-25	2.02
Jun-25	2.73

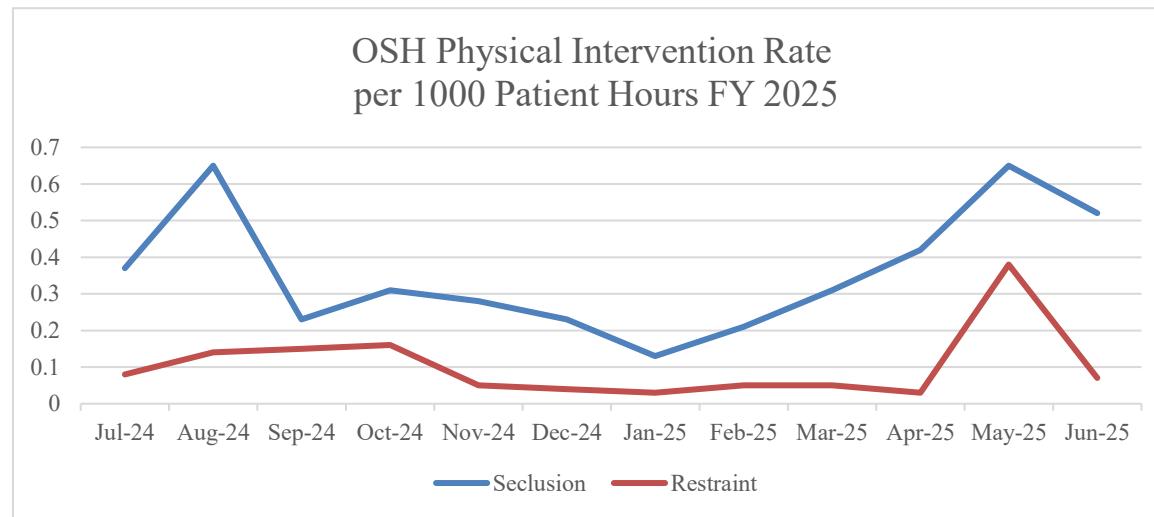


Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

Month	Seclusion	Restraint
Jul-24	0.37	0.08
Aug-24	0.65	0.14
Sep-24	0.23	0.15
Oct-24	0.31	0.16
Nov-24	0.28	0.05
Dec-24	0.23	0.04
Jan-25	0.13	0.03
Feb-25	0.21	0.05
Mar-25	0.31	0.05
Apr-25	0.42	0.03
May-25	0.65	0.38
Jun-25	0.52	0.07



HEALTH INFORMATION MANAGEMENT:

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). Following American Health Information Management Association (AHIMA), state and federal guidelines enable the department to provide high quality and complete medical records through quality control and validation processes. Even though closed, Rainbow Mental Health Facility (RMHF) records are kept within OSH electronic health record known as Patient Care System (PCS) and after the closure of Topeka State Hospital its statistical cards were relocated to Osawatomie State Hospital for holding.

In addition to processing records, release of information requests, and genealogy requests the OSH HIM Department is responsible for medical coding, utilization review, data requests, monthly reporting, admissions, unit support via Program Assistants, fulfilling survey requests, and auditing.

Goals and Updates:

The HIM Department has been instrumental in the go live event of our new electronic health record (EHR) as of October of 2024. Many of the old processes were continued through December of 2024 to ensure a smooth transition to the new platform and disaster planning in case any issues arose during that time. We have continued to help build and streamline processes within our new EHR with other departments. There have been many challenges we have overcome in the months since go live such as the Lab Interface we have worked with multiple vendors to ensure that it is working appropriately. We continue to monitor issues like this to ensure success.

In addition to rolling out of the new EHR we needed to adjust several different processes, one of which is the Patient Time Checks. The new EHR did not meet the standards and procedures needed to comply. An application was developed in collaboration with IT and Nursing to ensure that all needs were met. We are at the closing stages of the project and will be going live with it soon.

Some of our projects we were working diligently on last fiscal year rolled into this fiscal year due to the new EHR. The modernization project for our older records continues on as we work through issues. With the help of IT we identified several issues and fixed those issues so that we could continue to work. We are about 99% complete with the OSH project, started scanning of the RMHF records, and Outpatient records.

Performance Based Budgeting Goals

Goal: 100% of discharged charts will be scanned into the electronic medical record within 30 days of patient discharging

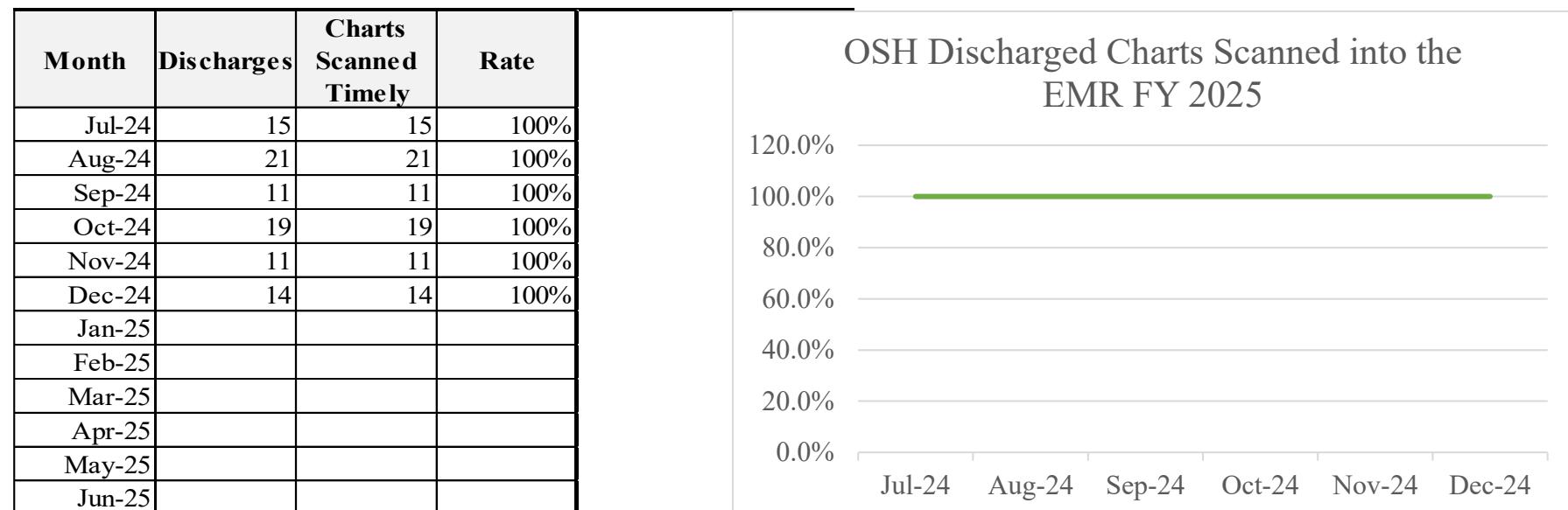
Measurement: Percentage of discharge charts scanned reported monthly

Department Responsible: Health Information Management

In October 2024, OSH went live with a new EHR, Wellsky. We continued to process charts through December 2024.

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

Agency Name: Osawatomie State Hospital
Program Title: Administration



Expenditures for Administration:

Administration	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,665,344.00	\$ 1,855,500.00	\$ 2,484,143.00	\$ 5,714,242.00	\$ 5,149,444.00
Shrinkage	\$ -	\$ -	\$ -	\$ (279,663.00)	\$ (213,010.00)
Contractual Services	\$ 898,640.00	\$ 896,496.00	\$ 814,584.00	\$ 836,402.00	\$ 833,902.00
Commodities	\$ 15,800.00	\$ 32,590.00	\$ 20,037.00	\$ 32,825.00	\$ 32,825.00
Capital Outlay	\$ 99,309.00	\$ 74,002.00	\$ 266,679.00	\$ 154,750.00	\$ 154,750.00
Other Assistance	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 2,679,093.00	\$ 2,858,588.00	\$ 3,585,443.00	\$ 6,458,556.00	\$ 5,957,911.00

FY 2026 – FY 2027

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 21.02 FTEs in FY 2026 and FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the Governor's pay plan increase and the increase of maximum bonuses from \$3,500 to \$10,000 per employee. The bonuses were allowed by legislature but unfunded. All bonuses, shift differentials, overtime, and temporary positions were included in administration as a lump sum.

FY 2026: \$5,714,242 is requested. The shrinkage rate is 4.89%.

FY 2027: \$5,149,444 is requested. The shrinkage rate is 4.14%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, Microsoft 365, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program

FY 2026: \$836,402 is requested.

FY 2027: \$833,902 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records, miscellaneous supplies used by all hospital programs.

FY 2026: \$32,825 is requested.

FY 2027: \$32,825 is requested.

Account Codes 54000 – 54900: Capital Outlay

FY 2026 – FY 2027

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

Agency Name: Osawatomie State Hospital
Program Title: Administration

The funds requested for this object code will be used to purchase equipment, lease computer equipment through Desktop as a Service, and other information processing equipment necessary to maintain operation of both administration and all of OSH.

FY 2026: \$154,750 is requested.

FY 2027: \$154,750 is requested.

Account Codes 55000: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Staff Development and Training – 01070

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

STAFF DEVELOPMENT AND TRAINING:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (OSH). SD&T uses oral presentations, computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

Goals and Updates:

Expo 2025 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide the hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2025 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional trainings, staff proficiency in these areas should increase. New mats were acquired for staff to use when they are on the floor practicing skills during CPR training.

Performance Based Budgeting Goals

Goal: Education will be offered each month for both AM and PM shifts.

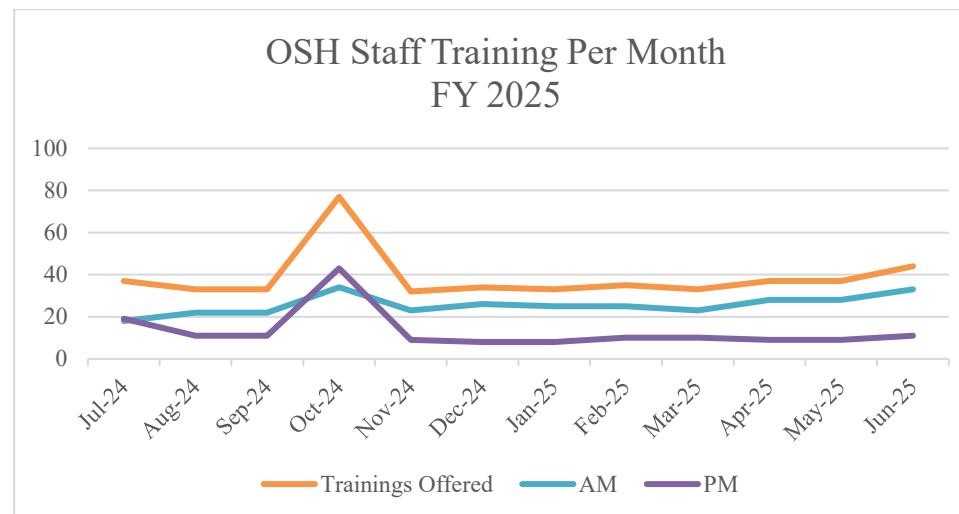
Narrative Information – DA 400
Division of the Budget
State of Kansas

Agency Name: Osawatomie State Hospital
Program Title: Staff Development and Training

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-24	37	18	19
Aug-24	33	22	11
Sep-24	33	22	11
Oct-24	77	34	43
Nov-24	32	23	9
Dec-24	34	26	8
Jan-25	33	25	8
Feb-25	35	25	10
Mar-25	33	23	10
Apr-25	37	28	9
May-25	37	28	9
Jun-25	44	33	11



Expenditures for Staff Development and Training:

Staff Development and Training	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$396,954.00	\$417,626.00	\$814,392.00	\$ 579,872.00	\$ 582,718.00
Shrinkage		\$ -	\$ -	\$ (25,000.00)	\$ (25,000.00)
Contractual Services	\$ 36,082.00	\$ 23,575.00	\$ 9,471.00	\$ 15,000.00	\$ 15,000.00
Commodities	\$ 12,030.00	\$ 21,006.00	\$ 11,026.00	\$ 12,400.00	\$ 12,400.00
Capital Outlay	\$ -	\$ -	\$ 2,218.00	\$ 2,200.00	\$ 2,200.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$445,066.00	\$462,207.00	\$837,107.00	\$ 584,472.00	\$ 587,318.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 4.71 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$579,872 is requested. The shrinkage rate is 4.31%.

FY 2027: \$582,718 is requested. The shrinkage rate is 4.29%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention. In FY 2022, an expanded CPI class was introduced to provide additional training to staff to create a safer working environment for both patients and staff.

FY 2026: \$15,000 is requested.

FY 2027: \$15,000 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program.

FY 2026: \$12,400 is requested.

FY 2027: \$12,400 is requested.

Account Codes 54000 – 54900: Capital Outlay

Funds requested for necessary capital for Staff Development.

FY 2026: \$2,200 is requested.

FY 2027: \$2,200 is requested.

PROGRAM: Medical Services – 83000

Program Overview:

All psychiatric and medical services provided to the patients at the Osawatomie State Hospital are done under the auspices of the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, Dentistry, Podiatry, Physical Therapy and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a MOU.

MEDICAL SERVICES:

The Medical Staff at Osawatomie State Hospital consists of physicians, medical and psychiatric APRNs, and dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible to provide regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medicare and Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible for admitting patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic and patient centered approach in patient care. They actively participate in performance improvement activities, clinical governance, identification of areas for improvement.

Goals and Updates:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies; The department needs one or more Psychiatric Advanced Practice Nurse Practitioner and two more Staff Physician Specialists. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

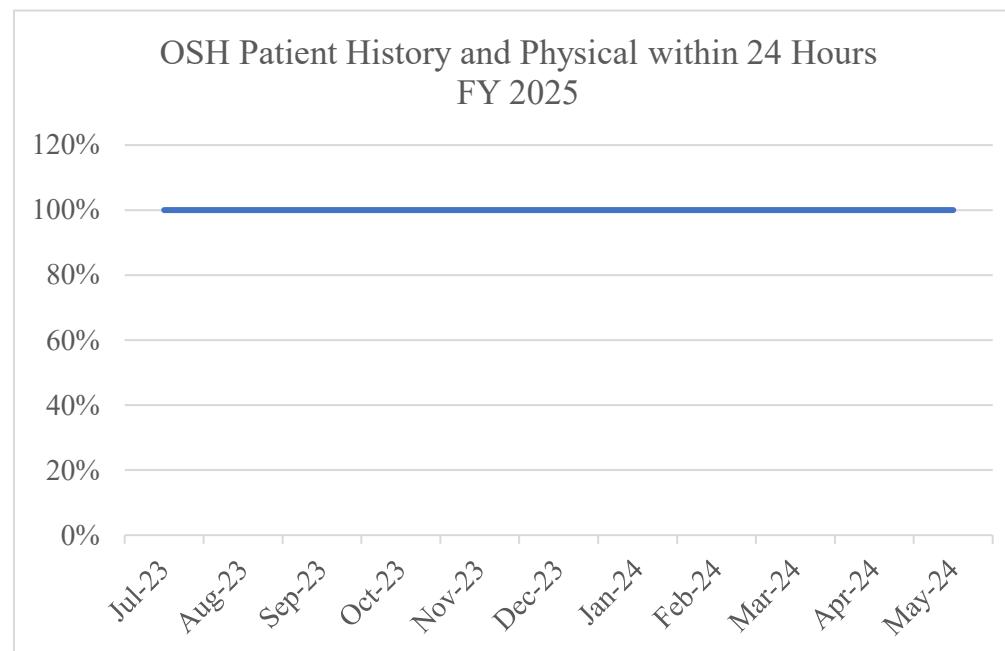
Performance Based Budgeting Goals

Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: Percentage of patients having a complete history and physical within 24 hours of admission

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%

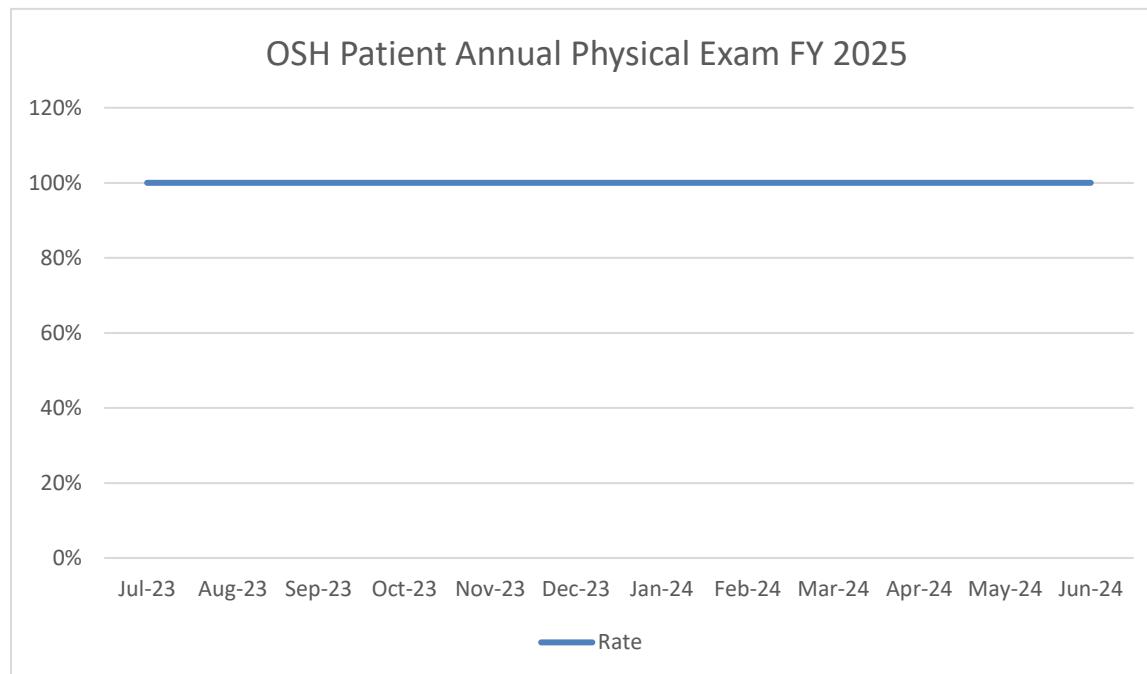


Goal: 100% of patients will receive an annual physical and neurological examination to promote health of patients remaining at the hospital for periods longer than one year

Measurement: Percentage of patients having an annual physical exam recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



Performance Based Budgeting Goals:

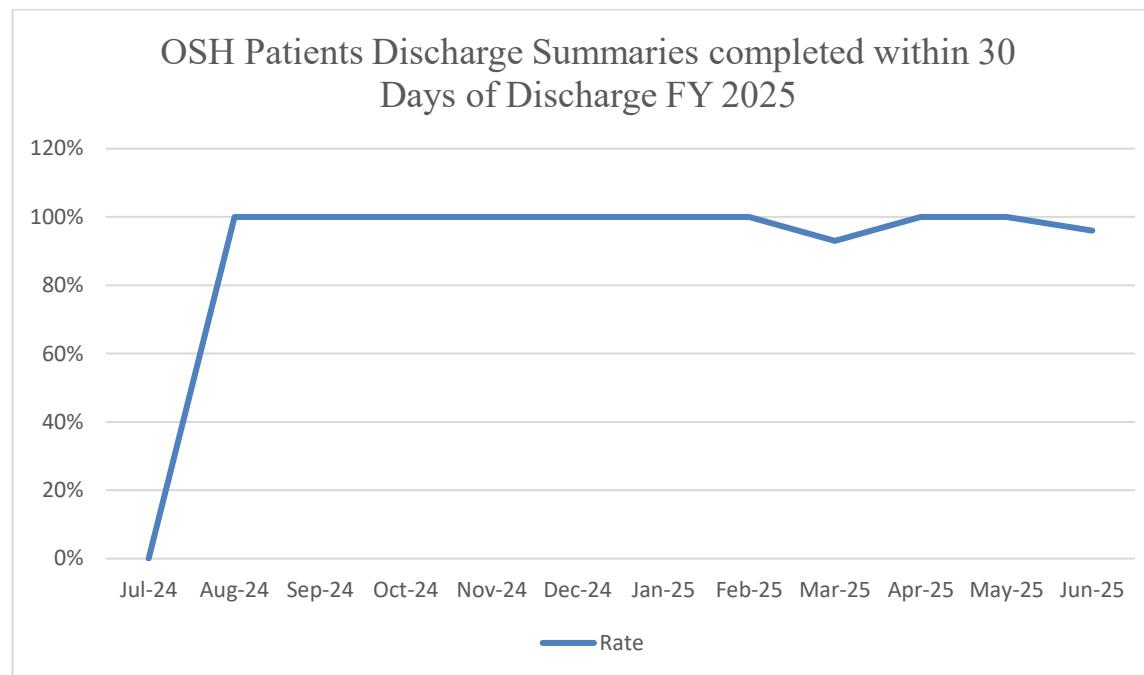
FY 2026 – FY 2027

Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge

Measurement: Percentage of patients discharged having a discharge summary completed recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	0%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	93%
Apr-25	100%
May-25	100%
Jun-25	96%



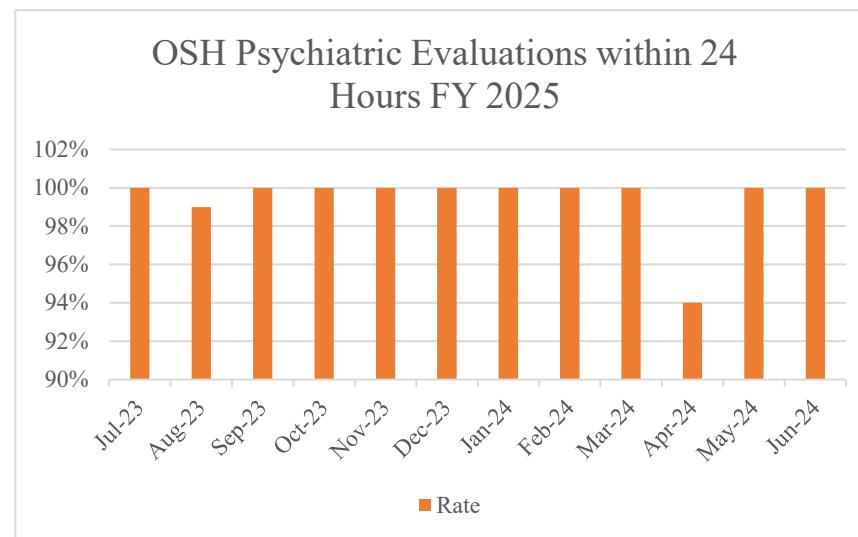
Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

FY 2026 – FY 2027

Measurement: Percentage of patients having a psychiatric evaluation within 24 hours of admission recorded monthly

Department Responsible: Medical Services

Month	Rate
Jul-24	100%
Aug-24	99%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	94%
May-25	100%
Jun-25	100%



Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	99%	99%	99%
Percent of patients evaluated and Psychiatric Evaluation documented within 24 hours of admission.	99%	99%	99%	99%	99%

PHARMACY:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomie State Hospital (OSH). Pharmacists under the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. Clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available on-call 24/7 to address both clinical and operational inquiries. PipelineRx, a remote pharmacy verification service, provides pharmacy coverage for order verification and review when OSH pharmacists are not on-site. An OSH pharmacist is on-call for distribution problems after business hours. Additionally, the pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescription at the hospital and establish guidelines to ensure the safe prescribing of medications.

Goals and Updates:

Pharmacy would like to expand staffing to include three full-time pharmacist positions to have a 60:1 patient pharmacist ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. The focus is on interdepartmental collaboration to improve patient care by pharmacists becoming an active member of the patient treatment team with proactive input on medication management decisions. In June 2025 the pharmacy implemented remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines.

July 2025 was the third anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department has updated its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy, in collaboration with the medical staff, is reviewing the hospital formulary medication management resource book and plans to publish the revised edition in January 2026. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospital's antimicrobial stewardship, in addition to listing medications on the formulary. As new medications come on the market and prescribing practices change the pharmacy in collaboration with the Medical Staff review new guidelines and medications

to evaluate implementation. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students.

LABORATORY:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

Goals and Updates:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, collaborating with HIM, Nursing and Medical services to streamline processes and documentation abilities, and expanding communication resources from electronic medical record systems to increase efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$2,511,177.00	\$2,948,872.00	\$2,947,598.00	\$ 3,271,524.00	\$ 3,279,154.00
Shrinkage	\$ -	\$ -	\$ -	\$ (100,000.00)	\$ (100,000.00)
Contractual Services	\$1,021,630.00	\$1,008,377.00	\$1,438,906.00	\$ 1,654,618.00	\$ 1,654,618.00
Commodities	\$ 613,433.00	\$ 826,527.00	\$1,398,283.00	\$ 1,029,080.00	\$ 1,029,080.00
Capital Outlay	\$ 9,224.00	\$ 7,617.00	\$ 57,763.00	\$ 22,000.00	\$ 22,000.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$4,155,464.00	\$4,791,393.00	\$5,842,550.00	\$ 5,877,222.00	\$ 5,884,852.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 12.61 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance, and longevity. This program consists of staff in the following departments:

FY 2026: \$3,271,524 is requested. The shrinkage rate is 3.05%.

FY 2027: \$3,279,154 is requested. The shrinkage rate is 3.05%.

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy and other equipment as needed. Service agreements on most of these items are required. Service agreements provide for the purchase of professional consultant services in specialized fields such as dental, psychiatry, radiology, pathology, podiatry, EKG-EEG, gynecology, optometry, obstetrics, neurology, physical therapy and audiology. Also included are the costs incurred to treat patients at outside medical facilities such as KU Medical Center and other providers when needed. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need.

FY 2026: \$1,654,618 is requested.

FY 2027: \$1,654,618 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, physical therapy, pharmacy, psychological testing and dental services.

FY 2026: \$1,029,080 is requested.

FY 2027: \$1,029,080 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds would allow replacement of medical equipment as needed.

FY 2026: \$22,000 is requested.

FY 2027: \$22,000 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Clinical Services – 84000

Program Overview:

The Clinical Services Program provides most group and individual psychotherapy for the patients admitted for inpatient care at the Osawatomie State Hospital. Services are provided to patients in licensed beds across five distinct treatment programs. Therapeutic activities occur seven days a week, 365 days a year. Within each treatment program, care for the patient is individualized according to his/her unique presenting concerns with coordination and oversight being provided by an interdisciplinary team (IDT) of mental health professionals. The approach used in each program is drawn from evidence-based practices and this approach is regularly reviewed to ensure it remains an accepted and effective standard of care. Clinical Services includes the activity therapies subprogram which provides patients with specialized clinical services in music, vocational, and recreation therapy, as well as more general leisure skills training consistent with their presenting psychiatric concerns. Prior to admission, all patients are assessed by a Community Mental Health Center (CMHC) screener, and they may subsequently be admitted on a voluntary or involuntary basis, depending on the results of the CMHC screen and the patient's level of understanding/cooperation. OSH provides some Clinical Services to AAC through a MOU.

PSYCHOLOGY AND THERAPY SERVICES:

Psychology and Therapy Services is comprised of psychologists, masters level therapists, leisure and fitness, and other support staff. The primary function of this department is to provide direct individual and group treatment services to patients at the hospital. Modalities vary by sub-department and are based on the unique needs of the patients on each treatment program. Services include individual therapy / contacts, group therapy, other group or individual activities, psychological assessment, and treatment planning. Additionally, for the psychologists and therapists, ongoing education is a component of the services provided – this may include provision of continuing education to the department or hospital, involvement with new hire orientation/training or other educational activities. Psychologists and sub-department supervisors also provide supervision to assigned staff.

Goals and Updates:

Psychology Department:

Due to changing needs of the hospital, the department director and one additional psychologist took responsibility for completing care and treatment reports and testimony beginning in September 2024. Initially, coverage was provided for two treatment programs, but

this increased to all OSH treatment programs by December, with the director and another psychologist covering. These reports and court testimony were previously the responsibility of the unit psychiatrists. Two additional FTE psychologist positions were approved by the Legislature for FY2026, once filled, these staff will each take responsibility for reports and testimony for a treatment program, allowing better distribution of work and integration with the treatment team. All new psychologists as well as an existing FTE psychologist will receive training on competency to stand trial evaluations, further aiding the hospital in remaining timely with completion of criminal court evaluations.

In the past year, significant progress has been made with the development of the doctoral training program and the formal application to become an APPIC/APA internship was submitted in July 2025. If approved, the hospital will be listed for the match process this fall and interns would be on site September of 2026. A post-doctoral residency position remains available but has not been filled. The hospital continues to serve as a year-long practicum site for students in doctoral psychology programs and the class of 2024-2025 included 3 therapy students and 2 assessment students. A new group of students began their practicum in July 2025 and will remain until June 2026.

Clinical Therapy:

Clinical therapists continue to provide most psychoeducational groups across the campus. As part of their annual evaluation expectations, department staff have been tasked with providing case presentations and education to new hire orientees, students, existing staff, or the community. Therapists have continued to provide practicum experiences to master's level social work students pursuing advanced studies. The MA level psychology practicum student from last fiscal year completed her training and has been hired as a clinical therapist placed on one of the criminal court units. There are multiple current vacancies within the department.

SUPPORTED EMPLOYMENT:

The Supported Employment department at OSH provides patients with opportunities to develop vocational job skills and work experiences helpful for community life. The goal of the program is to better prepare patients for life after their discharge from OSH. Patients have to be on "yellow band" status (able to leave their treatment units with supervision) and the team must agree that the patient is a good candidate for supported employment. Department staff assist with getting patients replacement birth certificates, Social Security cards as well as Identification Cards (ID) if they do not possess these documents. The departments provide on-unit groups on two units for those patients interested in working or wanting to learn how to build resumes, cover letters, budgeting etc. Patients involved in working through the department are provided with a minimum wage position with oversight and supervision by staff.

Goals and Updates:

The Supported Employment program has continued to grow in scope over the past year. The resident workshop that was being developed at the time of the FY 2024 budget submission is now active and has employed multiple resident workers. Patients and staff have worked together to build flower planters, tables, and small to large decorative items. They continue to expand their list of items and are working to develop a catalog as well as a showroom. Work locations for patients have increased over the past year; in addition to the workshop, patients are now also working at the greenhouse and another has been placed in the facilities department. The Supported Employment department requires ongoing monitoring and adjustments as patients discharge and others become eligible for employment or when the needs of existing resident workers change.

LEISURE AND FITNESS:

The Leisure and Fitness Department emphasizes a healthy lifestyle, improved coping skills, and effective symptom management through diverse group and individual activities. These include physical exercises for movement and relaxation, creative endeavors for self-expression and crafting, and social activities to foster meaningful interactions. Monthly group activity calendars consider individual preferences and activity levels, while music therapy and creative arts sessions further promote overall wellness, enhancing patient care.

Goals and Updates:

In the past year, the Leisure and Fitness Department has held steady regarding staffing levels. An additional half-time position is posted to help with both staff: patient ratios for transport and supervision of patients at off-unit activities. The department has continued to provide hospital-wide events for patients, including dances and carnivals as well as holiday programs and a field day. The activity center was unavailable for part of last fiscal year due to repair/replacement to the cooling system but is being used regularly again. Groups were redeveloped/updated for each treatment unit and implemented in the last quarter of FY 2025.

Ongoing goals are to increase utilization of the gym and eventual use of the swimming pool once it is renovated as part of the hospital's 5 year capital improvement plan. An increase to staffing levels has been requested, specifically two additional activity therapists and one additional music therapist. The hospital currently has only one music therapist for four treatment units and over 100 patients, a second person would allow increased group opportunities as well as bolstered abilities to provide individual music therapy. An increase of two activity specialists would allow increased opportunities to utilize off unit locations such as the gym and activity center.

AGRICULTURE THERAPY:

Agriculture Therapy serves patients at OSH. Horticulture and animal activity groups are offered to referred patients, aiming to enhance their abilities for life outside the hospital. Staff is available seven days a week, providing daily care to plants and program animals. Through engaging activities and personalized attention, rapport is built with patients, teaching them valuable horticultural skills and animal care techniques. The horticulture group covers gardening, plant propagation, landscaping, indoor plant care, and therapeutic gardening. Meanwhile, the animal activity group involves animal care, training, animal-assisted therapy, education, and community outreach. By fostering connections with nature and animals, the goal is to improve the patients' quality of life and equip them with marketable job skills or lifelong recreational interests for community integration.

Goals and Updates:

Greenhouse:

Revitalization efforts for the hospital greenhouses and horticulture building continue and there are projects planned this year. A rank-ordered list of projects has been submitted, including window repair and improvement or replacement of existing climate control systems. Patient gardens, raised beds, and a staff/community garden were planted again this year and patients have enjoyed growing and eating the vegetables from the gardens. Profits from plant and vegetable sales are returned to the department budget for the following year's soil and seeds.

Animal Program:

Program animals continue to have routine visits to the treatment units in addition to 1:1 appointments for patients as requested by the treatment team. 1:1 visits may be requested to help patients manage difficult emotions such as anxiety or depression and are also utilized as reinforcers to help patients remain safe to themselves or to motivate or encourage progress in other areas. Tootsie Roll the miniature pony and the dogs, Dixon and Brunner, continue to play a significant role in physical therapy sessions. These activities are led by the hospital's physical therapist and are supported by agriculture staff.

Community Vitality:

“Little Farm on the Hill” at Osawatomie State Hospital remains actively involved in community events. The department director and Tootsie Roll have joined other hospital staff in local parades and participated in the Miami County Fall Farm Tour. Plants were sourced and sold to the City of Osawatomie for their planters and garden areas. The “First Friday Farmer’s Market,” was provided again this year every 2 weeks May -July, although attendance was lower than prior years. Quarterly educational and experiential

events, such as holiday gnome making, painting, terrarium building, and gardening educational workshops remain popular, offering opportunities for both staff and community members to engage and learn.

SOCIAL SERVICES:

The Social Services Department at Osawatomie State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge process. The department comprises several essential components, namely patient advocacy, peer support, clinical chaplain services, case managers, and social workers responsible for discharge planning.

Social Workers/Case Managers meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Moreover, social workers/case managers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Osawatomie State Hospital's Social Services Department, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Peer Support is an integral component of the hospital's approach to patient care, where individuals with shared experiences provide emotional and practical support to patients. By fostering understanding and empathy, peers offer encouragement, act as role models for recovery, reduce stigma surrounding mental health and medical conditions, and create supportive group environments for open discussions and skill-sharing. This peer-driven support system empowers patients in their journey to overcome challenges, promoting self-advocacy and a sense of belonging throughout their treatment and recovery process.

The Clinical Chaplain plays a vital role in the Social Services Department at Osawatomie State Hospital, offering crucial spiritual support to patients throughout their treatment. They provide individual and group spiritual guidance, addressing the diverse beliefs of patients and ensuring their spiritual needs are met. Additionally, the Clinical Chaplain offers emotional and psychological assistance, serving as a compassionate listener and helping patients develop coping strategies. They collaborate with the interdisciplinary team, contribute to end-of-life care, and provide education to staff on respecting patients' spiritual beliefs. With a focus on holistic well-being, the Clinical Chaplain enhances patients' resilience and fosters a supportive and inclusive healthcare environment.

Goals and Updates:

The Social Services Department is dedicated to meeting patients' needs through the coordination of discharge, aftercare, appointments, treatment programs, and more. However, three vacant positions for social workers remain unfilled due to salary constraints. We have had to utilize agency staffing to fill three vacant positions.

Education for staff will be provided: focusing on maintaining licensures (credit hours), improving patient interactions, work-life balance. The Peer Support program, particularly the Motivational Enhancement Program, empowers patients during treatment. Funding is included for the Motivational Enhancement “ME” Store, goods for holiday parties for patient units, and for Peer Support to attend the Kansas Recovery Peer Support Conference annually to stay up to date with best practices and discharge planning. The overarching goal remains to deliver exceptional care, adapt, and continuously improve services for patients.

Performance Based Budgeting Goals:

Goal: Track and trend percentage of discharged patients readmitted within 30 days

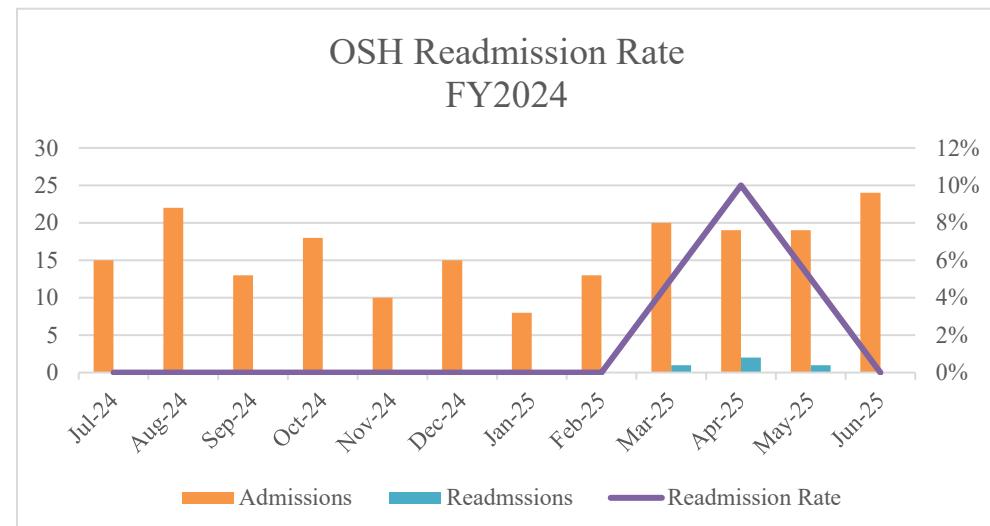
Measurement: Percentage of patients readmitted within 30 days

Department Responsible: Social Services

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

Agency Name: Osawatomie State Hospital
Program Title: Medical Services

Month	Admissions	Readmissions	Readmission Rate
Jul-24	15	0	0%
Aug-24	22	0	0%
Sep-24	13	0	0%
Oct-24	18	0	0%
Nov-24	10	0	0%
Dec-24	15	0	0%
Jan-25	8	0	0%
Feb-25	13	0	0%
Mar-25	20	1	5%
Apr-25	19	2	10%
May-25	19	1	5%
Jun-25	24	0	0%



Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients who are readmitted within 30 days of discharge.	2.0%	1.8%	2.0%	2.0%	2.0%

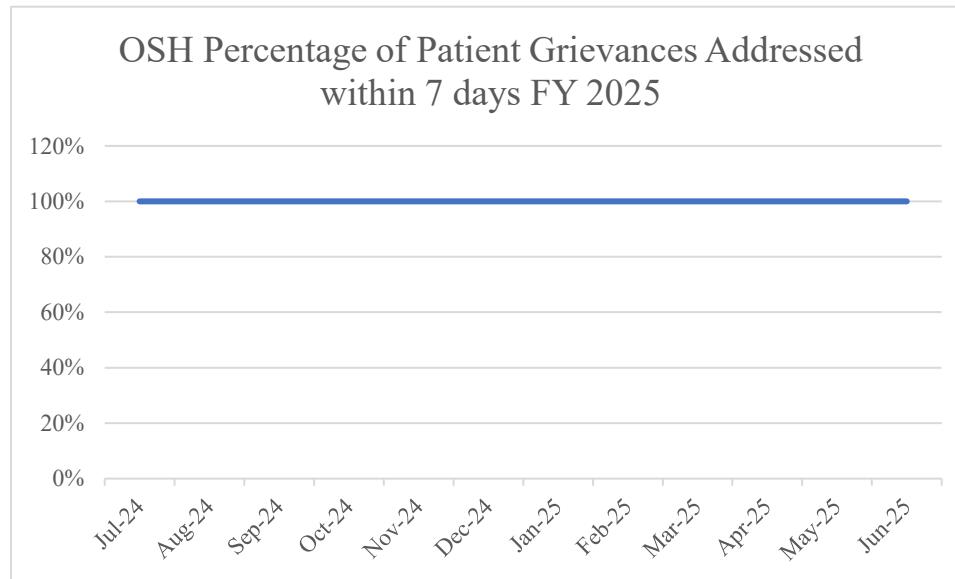
Goal: 100% of reported grievances will be addressed by the Patient Advocate within 7 days

Measurement: Percentage of grievances addressed reported monthly

Department Responsible: Patient Advocates

FY 2026 – FY 2027

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



DIETARY SERVICES:

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. Department dietitians regularly meet with patients to provide education and consultation to patients. The dieticians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with a food service company to ensure food quality standards are met.

Goals and Updates:

N/A

NURSING:

The Nursing Department at Osawatomie State Hospital plays a critical role in assessing and treating individuals who present with
FY 2026 – FY 2027

complex mental health and medical conditions. Our department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

The Nursing Department conducts thorough assessments of patients upon admission, taking into account both their mental health and medical conditions. Our nurses gather essential information, perform physical and mental health evaluations, and collaborate with other healthcare professionals to develop individualized treatment plans.

Integrated Care and Treatment:

Our nursing professionals deliver integrated care, addressing both mental health and medical needs of our patients. They administer medications, closely monitor their effects, and ensure compliance with prescribed treatment regimens. Additionally, they provide ongoing support, education, and counseling to patients, promoting holistic well-being and recovery.

Physical Health Monitoring:

Recognizing the interconnectedness of mental and physical health, our nursing staff monitors vital signs, conducts regular physical health assessments, and collaborates with medical professionals to address any medical concerns that may arise during a patient's stay. This integrated approach ensures comprehensive care and timely interventions.

Crisis Intervention and Stabilization:

Our nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide immediate support, implement de-escalation strategies, and ensure a safe environment for patients and staff. Their expertise helps stabilize individuals in distress and facilitates the development of personalized treatment plans. All nursing staff participate in regular safety training programs that focus on crisis intervention, de-escalation techniques, and the safe use of restraints when absolutely necessary. These training sessions are designed to ensure that our team is prepared to manage any situation that may arise, minimizing the risk of harm to patients and staff.

Collaborative Multidisciplinary Approach:

The Nursing Department works collaboratively with a multidisciplinary team, including psychiatrists, psychologists, social workers, and other healthcare professionals. Through regular team meetings, our nurses contribute their valuable insights, actively participate in treatment planning, and coordinate care to optimize patient outcomes.

Staff Development:

To maintain a high standard of care, the Nursing Department is committed to the continuous professional development of its staff. We believe that well-trained, confident nurses are better equipped to deliver safe and effective care. We offer ongoing education and training opportunities for our nursing staff, including workshops, trauma-informed care, and boundary trainings. These opportunities ensure that our nurses remain current with the latest best practices in mental health care. New staff members are paired with experienced mentors who provide guidance, support, and feedback as they acclimate to the unit.

Patient and Family Education:

Nurses in our department take the initiative to educate patients and their families about mental health conditions, medical treatments, medications, and coping strategies. They provide guidance on managing symptoms, fostering healthy lifestyles, and promoting long-term recovery, empowering individuals to actively participate in their own care.

Goals and Updates:

The Nursing Department remains committed to enhancing the quality of patient care and overall departmental functioning through a focused set of initiatives and continuous improvement efforts. A central goal is to complete quarterly trainings for nursing staff, tailored to identified improvement needs based on performance trends, patient outcomes, and evolving best practices. These trainings include physical intervention and de-escalation training, new policy education, fall reduction planning and education, and initiatives that support a trauma-informed approach to psychiatric care.

To align with the implementation of a new electronic health record (EHR) system, the department is actively updating policies and procedures to reflect both the technical changes and the integration of evidence-based practices. These updates ensure consistency, safety, and compliance with regulatory standards while improving documentation accuracy and clinical workflows.

The department has prioritized competency evaluation and trainings for staff to ensure that they possess the necessary skills and knowledge to provide high-quality care. By regularly assessing clinical competencies, the department aims to identify areas for improvement and provide targeted training to enhance staff capabilities.

The department is actively working with staff to improve their ability to identify and manage psychiatric crises and improve trauma informed care. By implementing evidence-based interventions and crisis management techniques, staff will be better equipped to handle challenging situations and provide optimal care to patients in need.

In addition to internal development, the department continues to prioritize collaboration with community healthcare organizations and nursing schools. These partnerships are instrumental in expanding clinical learning opportunities, fostering professional development, and supporting the department's long-term goal of evolving into a teaching hospital specializing in psychiatric care. This transformation emphasizes continuous learning, mentorship, and academic collaboration to advance the quality of mental health treatment and nursing practice.

A key focus moving forward is to recruit and retain competent, full-time state-employed nursing staff. Building a stable and highly trained workforce is essential to ensuring consistent, high-quality care, reducing reliance on agency personnel, and fostering a strong, team-based culture aligned with the department's long-term vision.

By maintaining a structured approach to staff education, workforce development, policy updates, and community engagement, the Nursing Department is reinforcing its commitment to high-quality, patient-centered psychiatric care.

Performance Based Budgeting Goals:

Goal: Med Consult Book will be audited twice a week looking for the following measures: A temporary issue will be created 100% of the time, Clinical Guidelines/Nurse's noted will be followed 100% of the time, and medications will be ordered/entered into WinPharm if needed.

Measurement: % of Med Consults with relevant temporary issue created, % of Med Consults with guidelines/notes completed, and % of Med Consults with medications ordered/entered in WinPharm

Department Responsible: Nursing

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Med Consults with a relevant temp issue created	100%	96%	93%	75%	78%	90%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	91%	83%	91%	91%	95%
% of Med Consults with CGs or Nurses' Notes completed	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	95%	79%	81%	91%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	88%	90%	91%	90%	98%

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

Agency Name: Osawatomie State Hospital
Program Title: Medical Services

% of Med Consults with medications ordered/entered into WinPharm (if needed as indicated by guidelines)	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		97%	100%	96%	96%	100%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		100%	97%	98%	100%	100%	98%

Goal: 100% of Initial Nursing Assessments will be completed within 12 hours of admission. Vital signs (including height and weight) will be recorded in the Initial Nursing Assessment of 95% of admissions. 100% of Nursing Care Plans will be considered complete. To be considered complete the plans must include: the presenting psychiatric issue, identified risk (suicidal ideation or aggression), major medical issues.

Measurements: % of Initial Nursing Assessments completed within 12 hours of admission, % of Nursing Assessments with Vital Signs, % of Nursing Care Plans complete.

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Initial Nursing Assessments completed within 12 hours of admission	100%	92%	100%	100%	100%	100%	90%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	100%	94%	91%	94%
% of Nursing Assessments with vital signs	95%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	100%	78%	100%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
% of Nursing Care Plans complete	100%	94%	94%	100%	100%	100%	88%
		July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		85%	88%	100%	88%	92%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	94%	94%	100%	87%	100%

SCHEDULING:

FY 2026 – FY 2027

The scheduling department staffs and schedules the patient units with proper ratios to ensure patient care and safety for patients and staff for Osawatomie State Hospital (OSH). The department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all during the AM shift. During the NOC shift the department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 4 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all.

Staff are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave.

The nursing service staff schedule is developed in accordance with current policy and procedure. The daily shift schedule is evaluated. This is on-going and requires hourly changes. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs. At times, the Scheduling Department manager reports out shortages or reaches out to determine if other departments can assist with coverage- like pulling escorts, activities, or Non Nursing Volunteers to assist with coverage.

Goals and Updates:

There has been marked improvement in the department as changes have been implemented. A top priority and focus for the upcoming year will be to improve the accuracy of staffing sheets and working hard on filling any gaps in coverage to provide a full team on every unit. With improvement, the department will have the assurance state staff are used prior to utilizing and allowing overtime for OSH.

INFECTION CONTROL:

Infection Control at OSH has one purpose: identifying and preventing infections while reducing disease transmission risk. The primary goal is delivering safe, cost-effective care to patients and preventing infection spread among patients, staff, visitors, and others in the healthcare environment. This program is designed to prevent and minimize healthcare-associated infections by integrating infection prevention and control principles into all aspects of practice. Additionally, comprehensive education and resources are provided to equip all staff with necessary knowledge for creating a safe environment for everyone within the facility.

The Infection Control program's implementation extends across all departments, fostering a unified effort to promote a safe healthcare setting for all who enter the organization.

Goals and Updates:

The focus of the Infection Prevention and Control department is developing a more efficient and cost-effective manner for continual assessment and modification of infection prevention and control services based on regulations, standards, scientific studies, and internal evaluations and guidelines. Departmental goals include recruiting infection control personnel, providing specialized infection control training and education, expanding technology resources, reinforcing clinical practices related to infection prevention and control, strengthening infection surveillance processes, streamlining healthcare personnel health processes and records, expanding hand hygiene education and monitoring, providing infection control-related educational opportunities, and collaborating with the nursing department and facility and environmental services departments to build and maintain specific environmental monitoring and continuous quality improvement activities based on principles of infection prevention and control and regulatory compliance requirements.

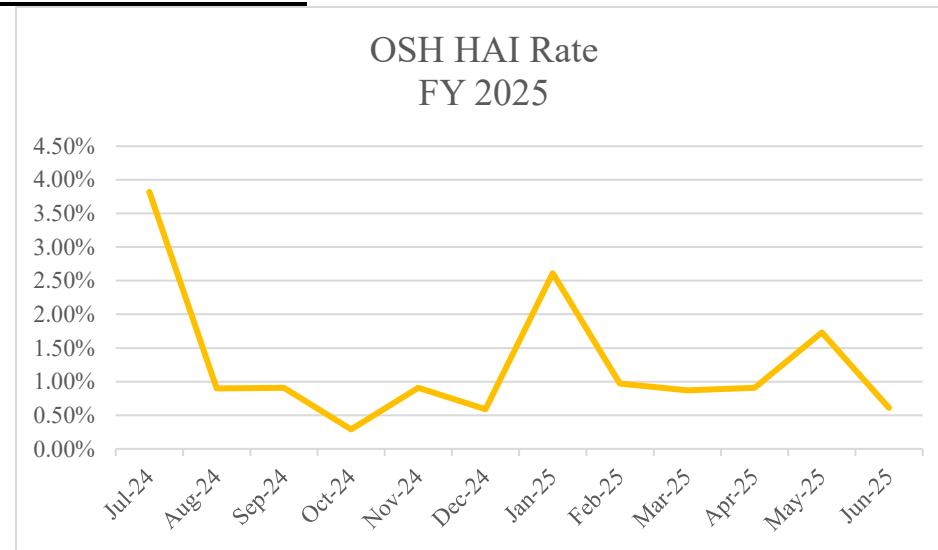
Performance Based Budgeting Goals:

Goal: The healthcare associated infection rate at OSH will remain below the national average of 4%

Measurement: Infection rate recorded monthly

Department Responsible: Infection Control

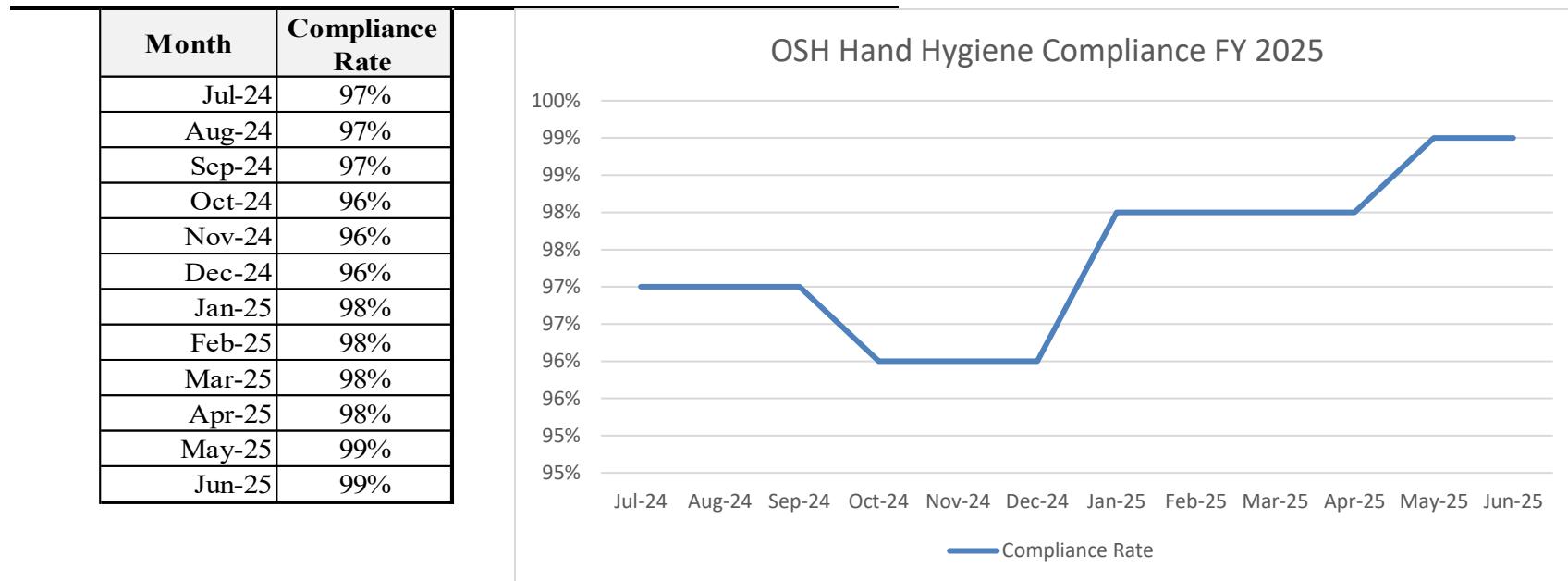
Month	HAI Rate
Jul-24	3.82%
Aug-24	0.90%
Sep-24	0.91%
Oct-24	0.29%
Nov-24	0.91%
Dec-24	0.59%
Jan-25	2.61%
Feb-25	0.97%
Mar-25	0.87%
Apr-25	0.91%
May-25	1.73%
Jun-25	0.61%



Goal: 95% of staff are following the 5 moments of handwashing

Measurement: Percentage of staff in compliance with 5 moments of handwashing reported monthly

Department Responsible: Infection Control



TRIAGE:

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

Goals and Updates:

Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year the plan to continue to try to schedule admissions to see if they can

be spread out throughout the day.

NURSING EDUCATION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of our EHR Wellsky to ensure accurate documentation. Wellsky is utilized as a system to display medication orders, and LMHTs, RNs, and LPNs are trained to effectively manage and verify these orders. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the Pyxis, document instances of wasted medication, record insulin usage, and to document controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, the EHR Wellsky is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

Goals and Updates:

The EXPO event serves as Nursing Education's annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2025 EXPO, Staff Development and training will use feedback from department heads on areas their staff may need focused trainings. Staff Development and Training have added Pop-up trainings throughout the year, this decision was made in response to staff concerns regarding potential shortcomings in critical areas that need to be addressed as we are alerted to them. Pop-up trainings are also provided on the night shift. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

Expenditures for Clinical Services:

Clinical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 10,636,713.00	\$ 11,025,859.00	\$ 12,352,462.00	\$ 12,461,481.00	\$ 12,544,937.00
Shrinkage	\$ -	\$ -	\$ -	\$ (215,000.00)	\$ (215,000.00)
Contractual Services	\$ 11,982,655.00	\$ 12,586,699.00	\$ 12,096,058.00	\$ 10,917,744.00	\$ 9,515,535.00
Commodities	\$ 42,116.00	\$ 60,499.00	\$ 607,721.00	\$ 647,275.00	\$ 647,275.00
Capital Outlay	\$ -	\$ -	\$ 13,305.00	\$ 600.00	\$ 600.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Other Assistance	\$ -	\$ -	\$ 323.00	\$ -	\$ -
Total	\$ 22,661,484.00	\$ 23,673,057.00	\$ 25,069,869.00	\$ 23,812,100.00	\$ 22,493,347.00

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to OSH. The program is organized into four treatment units supervised by the Chief Nursing Officer who oversees the treatment process. The program consists of Direct Care staff including MH/DD Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Psychologists, Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians, and staff that operate the Patient's/staff Coffee Shop. The LMHT Program is also budgeted in this program. Funds requested will provide salary and wage funds for 143.45 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$12,461,481 is requested. The shrinkage rate is 1.7%.

FY 2027: \$12,544,937 is requested. The shrinkage rate is 1.71%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program. This includes the agency nursing expenditures for OSH.

FY 2026: \$10,917,744 is requested.

FY 2027: \$9,515,535 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing, Sodexo related expenses, and more.

FY 2026: \$647,275 is requested.

FY 2027: \$647,275 is requested.

Account Codes 54000 – 54900: Capital Outlay

Funds requested for small capital items.

FY 2026: \$600 is requested.

FY 2027: \$600 is requested.

Account Codes 55000 – 55900: Capital Improvements

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Physical Plant and Central Services – 96000

Program Overview:

This program encompasses a central heating plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital. The broader scope of Central Services makes Facility Services responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security overseeing ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

OPERATIONS:

The smooth functioning of Osawatomie State Hospital (OSH) relies on Operations, which encompass Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, Compliance, Health Information Management and Safety & Security. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Compliance includes our quality assurance and performance improvement system along with our policies and procedures. Simultaneously, Safety & Security provide protection and preparedness for emergencies, including the implementation of life safety measures.

Goals and Updates:

To strengthen operational effectiveness at Osawatomie State Hospital by maintaining rigorous safety and compliance standards while empowering departmental leaders to actively engage staff and foster a positive, accountable, and collaborative workplace culture. This goal will be achieved through the following strategic focus areas:

- Regulatory Compliance and Safety Assurance:**

Maintain full alignment with federal, state, and accreditation requirements, including those from CMS, KDHE, and State Fire Marshal. Regular internal audits, policy reviews, and corrective action plans will be implemented to ensure that hospital

operations continuously meet or exceed safety and compliance expectations. Emphasis will be placed on the Environment of Care, Life Safety Code standards, and emergency preparedness.

- **Leadership Development and Staff Engagement:**

Equip department leaders with tools and training to strengthen team communication, increase transparency, and promote shared ownership of operational goals. Leaders will be encouraged to conduct routine check-ins, recognize staff contributions, and solicit employee feedback to support morale and workplace satisfaction.

- **Culture of Accountability and Continuous Improvement:**

Promote a culture where staff at all levels understand the connection between their roles and the hospital's mission of delivering quality mental health care. This includes the development of performance benchmarks, improved incident reporting processes, and collaborative problem-solving to address operational challenges.

- **Workplace Environment and Staff Retention:**

Foster a supportive work environment by addressing employee concerns, providing appropriate resources, and encouraging professional development opportunities. Initiatives will focus on improving staff retention, reducing burnout, and enhancing overall job satisfaction.

- **Integrated Communication and Operational Oversight:**

Enhance interdepartmental coordination by standardizing communication channels and streamlining processes to ensure consistent, efficient service delivery across the hospital campus.

By upholding high standards of safety and compliance while investing in leadership engagement and culture development, this goal supports the hospital's mission of delivering safe, effective, and compassionate care to Kansans experiencing mental health crises.

FACILITY SERVICES:

Facility Services ensures the continuous and reliable operation of a facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomie State Hospital (OSH). The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

Goals and Updates:

The Facilities Services Department plans to develop and implement a comprehensive preventive maintenance program within the

Facility Services Department at Osawatomie State Hospital, with the objective of ensuring the continuous, safe, and efficient operation of all vital building systems and equipment. This initiative will focus on enhancing the hospital's ability to maintain a therapeutic and compliant environment that supports the delivery of high-quality care to patients.

Key components of this goal include:

- **Asset Inventory and Condition Assessment:** Conduct a complete inventory and condition assessment of all facility infrastructure, including HVAC, plumbing, electrical, life safety, and medical support systems to establish maintenance baselines and risk prioritization.
- **Preventive Maintenance Scheduling:** Develop and adhere to detailed, manufacturer-recommended and code-compliant preventive maintenance schedules using TMA to track work orders, inspections, and recurring tasks.
- **Compliance and Safety Alignment:** Align maintenance activities with applicable regulatory standards, including KDHE, CMS, and NFPA codes, to ensure that life safety systems and critical infrastructure support a secure environment for both staff and patients.
- **Workforce Training and Resource Allocation:** Invest in ongoing staff development and resource planning to ensure that facility technicians are equipped with the skills, tools, and support necessary to execute preventive maintenance duties effectively and efficiently.
- **Performance Monitoring and Continuous Improvement:** Establish key performance indicators, such as equipment downtime, response times, and compliance audit scores, to evaluate program effectiveness and drive continuous improvement efforts.

By proactively addressing maintenance needs and minimizing the risk of equipment failure, this goal supports operational continuity, reduces long-term costs, and enhances the overall safety and reliability of the physical environment at Osawatomie State Hospital.

POWER PLANT:

The Power Plant Department is responsible for the efficient operation, maintenance, and oversight of the power plant facility at Osawatomie State Hospital. Department personnel manage and operate complex equipment including turbines, generators, boilers, water systems, and control systems to ensure the continuous, reliable delivery of essential utilities. Their responsibilities include routine inspections, preventative maintenance, and timely repairs aimed at optimizing system performance, reducing downtime, and upholding the highest safety standards.

In addition to supporting critical hospital infrastructure, the department ensures compliance with all applicable environmental

regulations, working to reduce the facility's ecological footprint. Through a commitment to operational excellence and sustainability, the Power Plant Department plays a vital role in maintaining a safe, functional, and energy-efficient environment for patients, staff, and visitors.

Goals and Updates:

Over the past year, the Power Plant underwent significant upgrades, including the installation of a new boiler and other modernized equipment. As we move into the upcoming year, our primary focus will be on building the knowledge and capabilities needed to properly operate and maintain this new equipment.

Our goal is to shift from a primarily reactive maintenance approach to a comprehensive preventive maintenance program. By acquiring the necessary tools, training, and systems, we aim to proactively manage all equipment within the Power Plant. This proactive strategy will help ensure the long-term reliability and performance of the recently installed systems, protecting the hospital's investment and supporting uninterrupted operations.

GROUNDS:

The 300-acre landscape of the Osawatomie State Hospital is maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

Goals and Updates:

The Grounds Department is dedicated to creating and maintaining a safe, functional, and visually appealing environment that honors the historical character of Osawatomie State Hospital. In the year ahead, our efforts will focus on preserving the campus's unique heritage while prioritizing the safety of patients, staff, and visitors.

A key initiative will involve the careful restoration and upkeep of historically significant landscaping elements, ensuring that they are maintained in a way that reflects their original charm while meeting modern safety standards. This includes evaluating older trees and structures for stability, enhancing lighting in high-traffic areas, and maintaining clear walkways to reduce trip hazards. Seasonal

maintenance—including snow and ice removal—will continue to be carried out with precision and care to ensure safe passage throughout the hospital grounds.

Through thoughtful planning and attention to detail, the Grounds Department remains committed to balancing safety and historical preservation, ensuring that our campus remains both beautiful and secure for all who visit, work, and heal here.

SAFETY AND SECURITY:

Safety and Security provides Osawatomie State Hospital security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively, and a close working relationship with the Osawatomie Police and Fire Department enhances the campus's emergency response capabilities. The hospital's fire department has been dissolved, and fire coverage is now provided by the City of Osawatomie. Safety and Security collaborates closely with the Kansas State Fire Marshal's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, weekly and monthly building inspections, as well as daily door checks and animal control.

Goals and Updates:

As our workforce continues to grow, our foremost priority remains ensuring that all team members—both new and existing—are fully equipped with the training, tools, and support needed to uphold a safe and secure environment for patients, staff, and visitors. In a healthcare setting where regulations and safety standards are constantly evolving, it is critical that our department remains adaptable, informed, and prepared.

To meet these demands, we are enhancing our commitment to robust, ongoing training programs that cover essential safety protocols, emergency response procedures, regulatory compliance, and proper equipment use. These programs are designed to do more than simply prepare staff for their individual roles—they aim to instill a department-wide culture of safety, accountability, and continuous improvement. Training is not limited to onboarding; it is a career-long process delivered through computer-based learning, hands-on experiences, and skill-based competency assessments to ensure our team remains sharp and compliant with current standards.

As rules, guidelines, and best practices continue to shift, our department remains committed to staying ahead. We are proactively reviewing and updating our protocols and training materials to align with the latest regulatory requirements and industry standards. This ensures that we not only meet compliance expectations but exceed them, keeping our hospital community safe and secure in an

ever-changing landscape.

In addition, Safety and Security Officers will increase their presence on patient units to provide active support, deter potential crises, and reinforce a visible culture of safety. This hands-on approach helps build trust, prevent incidents, and ensure that staff and patients feel protected and supported throughout the hospital.

CUSTODIAL SERVICES:

The Custodial Services Department at Osawatomie State Hospital (OSH) plays a vital role in creating a clean, safe, and welcoming environment for patients, staff, and visitors alike. With the support of AgTac Services (ATS) team members, the department has risen to meet staffing challenges while continuing to deliver top-tier cleanliness and hygiene. From daily upkeep to deep-cleaning routines, their responsibilities cover every corner of the hospital—including restrooms, patient units, staff rooms, showers, and public areas. In patient care areas, the team expertly strips and cleans beds and rooms, maintains day halls, and keeps technician and nurse stations spotless. Their comprehensive methods include sweeping, mopping, dusting, buffing, and floor waxing. They also manage patient laundry with precision—washing, folding, sorting, and ensuring soiled clothing is properly separated for hygienic handling. Over the past fiscal year, the team has taken their work to the next level by implementing enhanced cleaning schedules, which include daily tasks, deep-cleaning cycles, and specialized protocols for vacated spaces to ensure every area is fresh, clean, and ready for the next occupant.

Goals and Updates:

In the coming year, Custodial Services will prioritize staff training and development. Building on a new onboarding process, the department will focus on ongoing education to ensure compliance with CDC guidelines as well as state and federal regulations.

PROCUREMENT:

The Procurement Department is to ensure that Osawatomie State Hospital (OSH) runs as smoothly as possible when it comes to procuring goods and services while charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the OSH Chief Financial Officer, to purchase order dispatched and the items are ordered. Items purchased are inspected to ensure correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and make recommendations of contract awards to the Department of Administration Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

Goals and Updates:

The department will continue to streamline processes and ensure ongoing support for the daily operations of Osawatomie State Hospital.

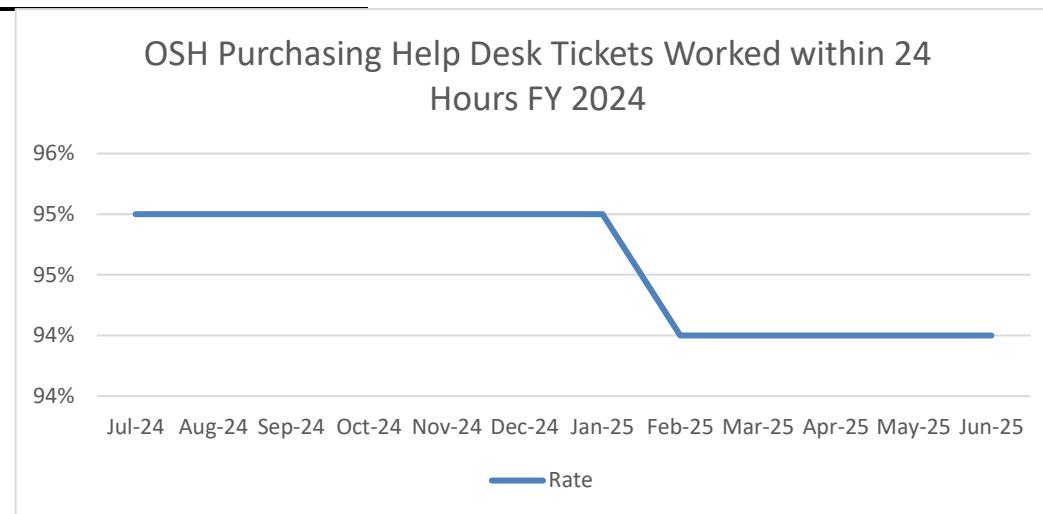
Performance Based Budgeting Goals:

Goal: 100% of the requests for Goods and Services on the OSH Help Desk will be answered within 24 hours of submission. This will be tracked monthly.

Measurement: Percentage of requests recorded monthly

Department Responsible: Business Services

Month	Rate
Jul-24	95%
Aug-24	95%
Sep-24	95%
Oct-24	95%
Nov-24	95%
Dec-24	95%
Jan-25	95%
Feb-25	94%
Mar-25	94%
Apr-25	94%
May-25	94%
Jun-25	94%



Expenditures Physical Plant and Central Services:

Central Services	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 3,521,901.00	\$ 3,841,804.00	\$ 4,906,290.00	\$ 3,743,789.00	\$ 3,778,839.00
Shrinkage	\$ -	\$ -	\$ -	\$ (210,000.00)	\$ (210,000.00)
Contractual Services	\$ 3,096,945.00	\$ 2,910,064.00	\$ 1,845,732.00	\$ 1,586,950.00	\$ 1,586,950.00
Commodities	\$ 879,506.00	\$ 795,350.00	\$ 624,046.00	\$ 340,575.00	\$ 340,575.00
Capital Outlay	\$ 164,571.00	\$ 107,136.00	\$ 687,898.00	\$ 99,500.00	\$ 99,500.00
Capital Improvements	\$ -	\$ 2,107.00	\$ 274,618.00	\$ 40,000.00	\$ 40,000.00
Other Assistance	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 7,662,923.00	\$ 7,656,461.00	\$ 8,338,584.00	\$ 5,600,814.00	\$ 5,635,864.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages for 54.6 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026 – FY 2027

FY 2026: \$3,743,789 is requested. The shrinkage rate is 5.61%.

FY 2027: \$3,778,839 is requested. The shrinkage rate is 5.56%.

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. In addition to the cost and delivery charges for natural gas are gas for several houses the hospital owns but do not rent to staff. Trash service is provided by contract. Also, included in this category is repair and service completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts..

FY 2026: \$1,586,950 is requested.

FY 2027: \$1,586,950 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies.

FY 2026: \$340,575 is requested.

FY 2027: \$340,575 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of OSH.

FY 2026: \$99,500 is requested.

FY 2027: \$99,500 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Sexual Predator Treatment Program - MiCo House Reintegration Facility – 86000

Program Overview:

It is the mission of the Sexual Predator Treatment Program (SPTP) to promote safety for the community as well as to promote the welfare of the program's residents in a manner which fosters reintegration into a safe and stable environment for all Kansans. It is the vision of the SPTP to provide residents with the knowledge and tools needed for their reintegration back into society and production of non-violent citizens without compromising community safety.

The reintegration facilities are state-funded programs housed on the grounds of Larned State Hospital (LSH), Osawatomie State Hospital (MiCo House), and Parsons State Hospital & Training Center (Maple House/Willow House). Each facility is limited to sixteen beds per any one county in the State of Kansas. The reintegration facilities serve residents that are on Tier Three of the Sexual Predator Treatment Program and on Court-Ordered Transitional Release. To be evaluated as ready for Tier Three of the program, a resident must have successfully progressed through the residential portion of SPTP at LSH and have a motivation to re-enter open society and conduct their lives in a responsible manner. These residents are reviewed and interviewed by the Progress Review Panel and are determined to be appropriate candidates for a reintegration program based on clinical recommendation from the Progress Review Panel.

Duration of the program depends primarily on the resident's compliance with treatment, therapy, and program rules. Residents move to one of the Reintegration Facilities at Larned, Osawatomie, or Parsons to offer residents a safe, step-by-step way of moving into an outpatient mode of functioning. The reintegration facilities provide shelter, monetary assistance, and transportation to aid the residents while they are establishing themselves financially.

SPTP has seen significant changes in participation since implementing enhancements to the program in the past several years. This increase in participation has resulted in more residents being reviewed by the Progress Review Panel for advancement to the reintegration facilities.

Reintegration Facility staff are required to be aware of the residents' whereabouts through visual contact, phone checks, and electronic monitoring software while on the grounds of the facility(s) and throughout the early steps of transition. Reintegration Facility staff

assist with transports, surveillance, conducting searches (room, computer, logbook, vehicle, and person), maintaining accountability of residents, enforcing program policies and rules, and ensuring the safety of the community and facility. OSH provides Human Resources services, Financial Services, Transportation Services, Information Technology, Grounds Maintenance and Environmental Services to SPTP MiCo House via a Memorandum of Understanding.

Current and Budget Year Operations:

The treatment program used by MiCo House is positive, supportive, motivational, and encourages the Resident to work towards active treatment participation, problem-solving, employment and community housing. Treatment is individualized, solution focused and refined with detailed objectives and expected outcomes directed at the Resident's presenting problems. Overall, MiCo House has adopted a therapeutic community model to help facilitate resident's healthy, safe, and pro-social transition into the community.

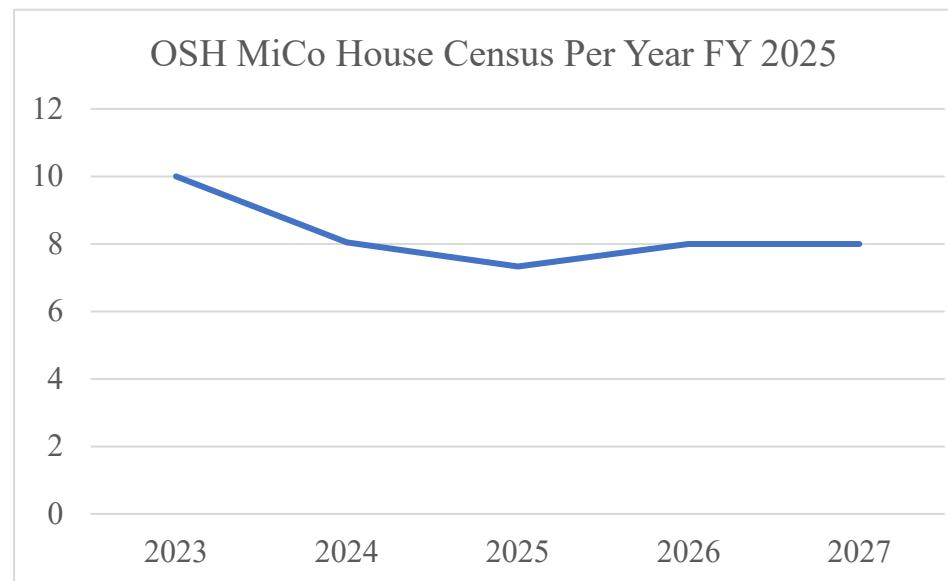
Long-Term Trends:

The first long-term trend is the substantial growth of the Sexual Predator Treatment Program, resulting in increasing numbers of Tier Three Residents (Reintegration). With the increased numbers comes additional expenditures for staffing, transportation, and supervision.

The second long-term trend which continues are Residents who are elderly and may never reach a level of independent living in the community. MiCo House is currently experiencing the impact of the second trend with Residents who will need geriatric care, prior to being approved by the Court to earn Conditional Release, with no long-term care facilities willing to care for a Sex Offender.

The third long-term trend is a large percent of MiCo House residents have both a severe and persistent mental disorder, longstanding personality disorder and chemical dependency disorders and this number is expected to increase. Thus, it is necessary to treat all problems at the same time. MiCo House residents currently receive therapy and medication services from Clinical Associates, PA, in Lenexa, KS. Clinical Associates can also provide treatment for alcohol and chemical dependency. MiCo House also uses community-based support programs which include Alcoholics Anonymous, Narcotics Anonymous and Sex Abusers Anonymous.

OSH MiCo House Census Per Year FY 2025				
2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimates	2027 Estimates
10.00	8.04	7.33	8.00	8.00



Expenditures MICO House:

MICO House	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,546,175.00	\$ 1,533,905.00	\$ 1,889,033.00	\$ 2,306,877.00	\$ 2,280,929.00
Shrinkage	\$ -	\$ -	\$ -	\$ (131,530.00)	\$ (131,530.00)
Contractual Services	\$ 416,897.00	\$ 322,916.00	\$ 322,979.00	\$ 383,712.00	\$ 383,712.00
Commodities	\$ 49,354.00	\$ 46,156.00	\$ 53,198.00	\$ 47,875.00	\$ 47,875.00
Capital Outlay	\$ 7,606.00	\$ 3,022.00	\$ 56,361.00	\$ 21,050.00	\$ 21,050.00
Capital Improvements	\$ 5,940.00	\$ -	\$ -	\$ 5,000.00	\$ 5,000.00
Other Assistance	\$ 7,229.00	\$ 660.00	\$ 3,740.00	\$ 5,000.00	\$ 5,000.00
Total	\$ 2,033,201.00	\$ 1,906,659.00	\$ 2,325,311.00	\$ 2,637,984.00	\$ 2,612,036.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 32.48 FTEs for 26 pay periods, fringe benefits, health insurance and longevity. The FTE increase is due to increased allocation of expenses for employees that assist with MICO house operations administratively.

FY 2026: \$2,306,877 is requested. The shrinkage rate is 5.70%

FY 2027: \$2,280,929 is requested. The shrinkage rate is 5.77%

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program.

FY 2026: \$383,712 is requested.

FY 2027: \$383,712 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2026: \$47,875 is requested.

FY 2027: \$47,875 is requested.

Account Codes 54000 – 54900: Capital Outlay

These funds will be used to service the MICO House building with any assets as required.

FY 2026: \$21,050 is requested.

FY 2027: \$21,050 is requested.

Account Codes 55000 – 55900: Capital Improvements

These funds will be used to service the MICO House building with any capital improvements as required.

FY 2026: \$5,000 is requested.

FY 2027: \$5,000 is requested.

Account Codes 59000-59900: Other Assistance

These funds will be used to provide a stipend for MICO House residents who are without income.

FY 2026: \$5,000 is requested.

FY 2027: \$5,000 is requested.

September 5, 2025

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

Dear Mr. Proffitt:

Despite the challenges posed by today's competitive healthcare labor market, Adair Acute Care (AAC) continues to deliver high-quality patient care. AAC has successfully met the community's needs by offering social detoxification, care for voluntary patients, and treatment for involuntary patients. Over the past fiscal year, AAC has experienced an increase in the number of acute psychiatric patients, making safety the top priority for both patients and staff.

Recent Medicare Surveys of AAC have highlighted the need to adapt to the increasingly acute population. In response, we have introduced zone strategies to ensure staff are optimally positioned during crises, thereby reducing risk. Additionally, we have implemented new auditing procedures, including clinical reviews, to focus on patients whose potential for violence may pose risks to the treatment environment.

Ongoing construction projects will modernize the infrastructure needed for several departments. Mainly, the renovation of the Biddle Courtyard boosts the Recreation and Expressive Therapy Department's ability to provide an even higher standard of care by having more ways for patients to engage in enhancing their physical and mental well-being throughout their treatment. In addition, making all patient rooms private on AAC was a forward-thinking decision that aligns with best practices for treating high-acuity patients. It not only enhances the therapeutic environment but also supports better outcomes, safety, and patient satisfaction. Studies have shown that private rooms can lead to faster recovery times, potentially reducing the length of stay for patients, which is beneficial for both the patient and the facility's operational efficiency. Shared rooms can sometimes lead to conflicts or stress due to differing patient needs or behaviors. Private rooms eliminate this issue, reducing the likelihood of agitation or escalation in patients. The elimination of shared rooms allows AAC to function at full capacity by eliminating the need to separate patients due to conflicts.

East Biddle has more group space available. Having more group rooms equates to patients having more opportunities to engage in structured activities, such as art therapy, music therapy, or skill-building groups. This engagement can lead to improved mental health

outcomes by promoting active participation in their treatment. With additional group rooms, the facility can offer a wider range of therapeutic activities simultaneously. This allows for a more personalized treatment approach, as different groups can be conducted at the same time, catering to various patient needs and preferences.

Having the courtyard instead of small concrete patios also enhances patient care. Being confined indoors for extended periods can be challenging for patients. Access to an outdoor courtyard provides a change of scenery, which can alleviate feelings of restlessness and improve mood. The courtyard can be a gathering place for patients to socialize, participate in group activities, or engage in outdoor therapy sessions. Social interaction in a relaxed, natural setting can foster a sense of community and reduce feelings of isolation.

Efforts to retain staff as well as creating an enriching and supportive work environment continue with a partnership with the Kansas University Education Center to bring peer support to AAC. Bringing a peer support perspective to our staff will enhance patient care and staff outcomes. In the coming year, AAC hopes to provide more educational opportunities through providing Continuing Education credits to all licensed staff and install other initiatives for staff.

With all of this in mind, I am proud to submit the following for your review. I thank you on behalf of our patients and staff as we continue to serve those who cannot turn to anywhere else for urgent psychiatric care.



Clint Glidewell, LSCSW, LMAC, MBA
CEO
Adair Acute Care at
Osawatomie State Hospital

AGENCY OVERVIEW:

Abolitionist and Reverend Samuel Lyle Adair generously donated the land which would later become Osawatomie State Hospital (OSH). In honor of his legacy, Adair Acute Care (AAC) is named after him. AAC serves as a psychiatric facility primarily focused on providing inpatient treatment for mentally ill adults from 45 counties in eastern and central Kansas. As part of the continuum of mental health services, AAC plays a crucial role in stabilizing and rehabilitating individuals with severe mental illness who are unable or unwilling to access these services elsewhere. AAC is licensed alongside Osawatomie State Hospital (OSH) under the supervision of KDADS, but AAC is also certified under the Centers for Medicare & Medicaid Services (CMS).

ACCREDITATION AND CERTIFICATION:

AAC operates as a free-standing hospital, situated on the Osawatomie State Hospital campus. Its licensing is overseen by the Kansas Department of Health and Environment (KDHE). KDHE conducts regular and unannounced surveys to assess adherence to relevant laws, regulations, and standards. Additionally, AAC holds certification from the Centers for Medicare and Medicaid Services (CMS). CMS conducts periodic surveys to ensure compliance with applicable laws, regulations, and standards.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

AAC is organized for budgetary purposes into the following five programs. Some services are provided to AAC through a Memorandum of Understanding (MOU) with OSH:

- **General Administration Program** provides the overall administration and management of AAC. Included in General Administration is the CEO's office, the Chief Financial Officer, performance improvement and risk management. All other administration programs are provided through the MOU. These include accounting, accounts payable, billing and collections, budget, cashier and post office, contract management, credentialing, employee benefits, health information management, human resource management, patient accounts, purchasing, program assistants, information technology services, legal services, and recruitment.
- **Staff Development Program** provides staff education and development for AAC through the MOU.
- **Clinical Programs** provides inpatient services for people 18 years of age and older with severe mental illness. This program has 43 beds divided across two units. Treatment is provided on each unit, as well as, through a variety of activity therapy groups. Services within this program include activities therapy, admission, clinical therapy, direct care scheduling, infection control, nursing administration, nutrition services, peer support, psychology, unlicensed nursing, social work, and triage. Clinical Programs are provided to AAC through the MOU.

- **Medical Services** consists of psychiatric services, pharmacy, medical laboratory, x-ray, EKG-EEG and dental services, as well as outside medical services. Psychiatric coverage is provided twenty-four hours a day, throughout every day of the year with routine psychiatric and medical services being provided throughout the week.
- **Physical Plant and Central Services** operates the central heating plant, maintains buildings including electrical, cooling, carpentry, grounds maintenance, environment of care, laundry services and supplies for all programs, as well as property management that maintains oversight over the hospital assets, including capitalized assets. Physical plant and central services also include safety and security for AAC through the MOU.

STATUTORY HISTORY:

In 1863, the Kansas Legislature granted permission for the establishment of the "Osawatomie Insane Asylum" on a 160-acre site in Osawatomie, Kansas. The initial structure, known as "The Lodge," was completed by early 1866, a two-story house with room for 12 beds, costing \$500. Construction on the Main Building, designed according to the "Kirkbride Plan," began in 1866 and spanned 15 years, expanding its capacity to 1,400 beds with a total cost of \$500,000. Renamed the Osawatomie State Hospital (OSH) in 1901, it fell under the Department of Social and Rehabilitation Services (SRS) in 1973, which later became the Department of Children and Families (DCF) in 2012. This led to the formation of the Kansas Department for Aging and Disability Services (KDADS), currently responsible for overseeing the hospital.

In 1963, OSH became known as a rehabilitation center due to several newly added amenities to assist the patients with recovery which included a swimming pool, a modern gymnasium, and a well-equipped auditorium.

During 2015, OSH was the first hospital in the nation to be surveyed under the new CMS (Centers for Medicare and Medicaid Services) standards related to ligature free environments. OSH underwent numerous surveys by CMS during this time which resulted in terminating certification of the hospital on December 21, 2015, due to the inability to bring the entire campus up to the new conditions of participation. At that time, a moratorium was established in 2015 (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients which decreased the bed capacity by 61. This moratorium also limited OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145.

As a response to the decertification, the hospital made improvements to the physical plant at Adair A-building. The environment was brought up to meet the new ligature free environment standards along with bringing, staffing levels up to standard and improving operational practices to correct the deficiencies cited by CMS. In August 2016, these two living units were functionally separated from the hospital to form Adair Acute Care (AAC). This is functionally considered a free-standing hospital with a maximum census of 60

patients. On December 15, 2017, AAC passed a CMS survey and became recertified. At that time, a moratorium was established (K.S.A. 59-2968), limiting OSH to a maximum census of 145 patients—reducing bed capacity by 61. The moratorium also restricted OSH from admitting voluntary patients unless there was no one on the waiting list and the census was below 145. Most recently, the moratorium was removed, and AAC altered its service capacity by opening the Biddle Building with 2 units with 43 private rooms.

A Memorandum of Understanding (MOU) was established between OSH and AAC, allowing AAC to outsource certain administrative, medical, clinical, physical plant and central service support services to OSH. These services are reported on a monthly, quarterly, and annual schedule. The quality of service is directly tied to the strategic plan developed by the agency.

VISION: The Right care, at the Right time, in the Right place

AGENCY MISSION: Working together to provide excellent care that promotes recovery and self-sufficiency.

VALUES: Compassion, Teamwork, Professionalism, Communication, Respect and Efficiency.

PILLARS: People, Quality, Finance, Service, Community, Growth

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION:

Administration
Medical Services
Clinical Services
Physical Plant and Central Services

FINANCIAL REQUEST:

For FY 2026, AAC requests revised expenditures totaling \$19,960,636 of which \$8,877,835 is from the State General Fund. For FY 2027, AAC requests revised expenditures totaling \$23,662,367 of which \$11,175,355 is from the State General Fund.

For FY 2026, a supplemental is requested for agency nursing totaling \$7,000,000 in State General Fund. Specific to AAC, \$5,500,000 is requested in AAC SGF. For FY 2027, an enhancement is requested for agency nursing totaling \$5,000,000 in State General Fund. Specific to AAC, \$2,000,000 is requested in AAC SGF. More detailed information is available in the change package portion of the OSH narrative.

OUTCOMES OVERVIEW:

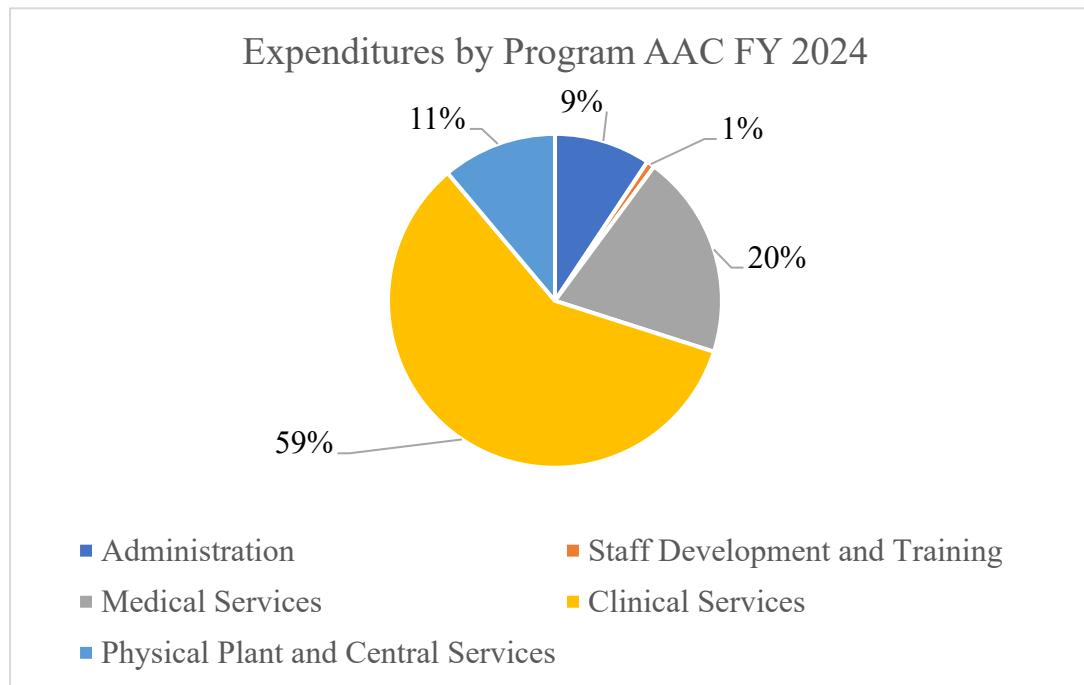
Agency outcomes present information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial data for Adair Acute Care (AAC) provided through a MOU from OSH, covering expenditures and related financial information. The information in this section discusses AAC's outcomes. Subsequent narratives, those specifically discussing AAC's various departments and their roles, offer comprehensive details about the objectives and performance metrics established for a specific department, encompassing both the State of Kansas and the national level.

The substantial reduction in FTE positions is attributable to a systematic revision of budgeting procedures. Positions vacant for a period exceeding six months were deliberately unfunded to more accurately align budget projections with anticipated salary expenditures, shrinkage rates, and contractual service costs.

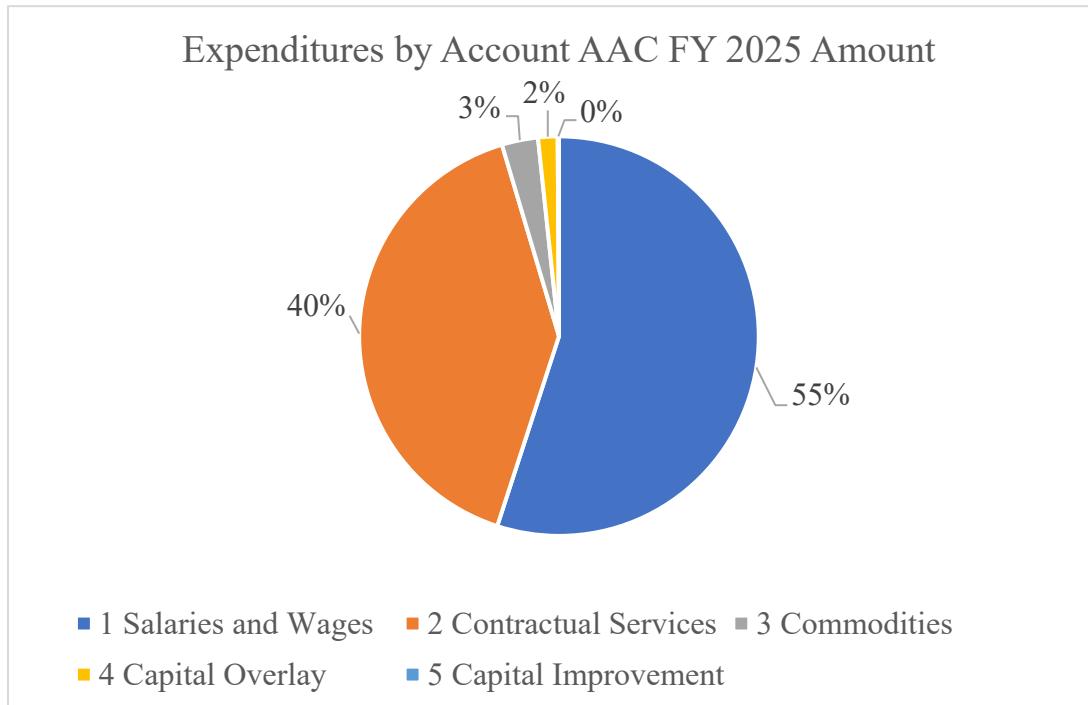
FY 2023 through FY 2027 AAC Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	21.50	23.00	24.79	24.79	24.79
Staff Development and Training	1.50	2.20	2.35	2.35	2.35
Medical Services	12.50	13.00	12.39	12.39	12.39
Clinical Services	92.50	95.50	67.25	67.25	67.25
Physical Plant/Central Services	27.00	39.50	30.30	30.30	30.30
TOTAL APPROVED POSITIONS	155.00	173.20	137.08	137.08	137.08

Projected Overall Shrinkage FY 2026 – 7.98%
Projected Overall Shrinkage FY 2027 – 7.83%

Expenditures by Program AAC FY 2025	
Program	Amount
Administration	\$ 2,344,255
Staff Development and Training	\$ 197,429
Medical Services	\$ 4,972,779
Clinical Services	\$ 14,791,738
Physical Plant and Central Services	\$ 2,792,074
TOTAL	\$ 25,098,275



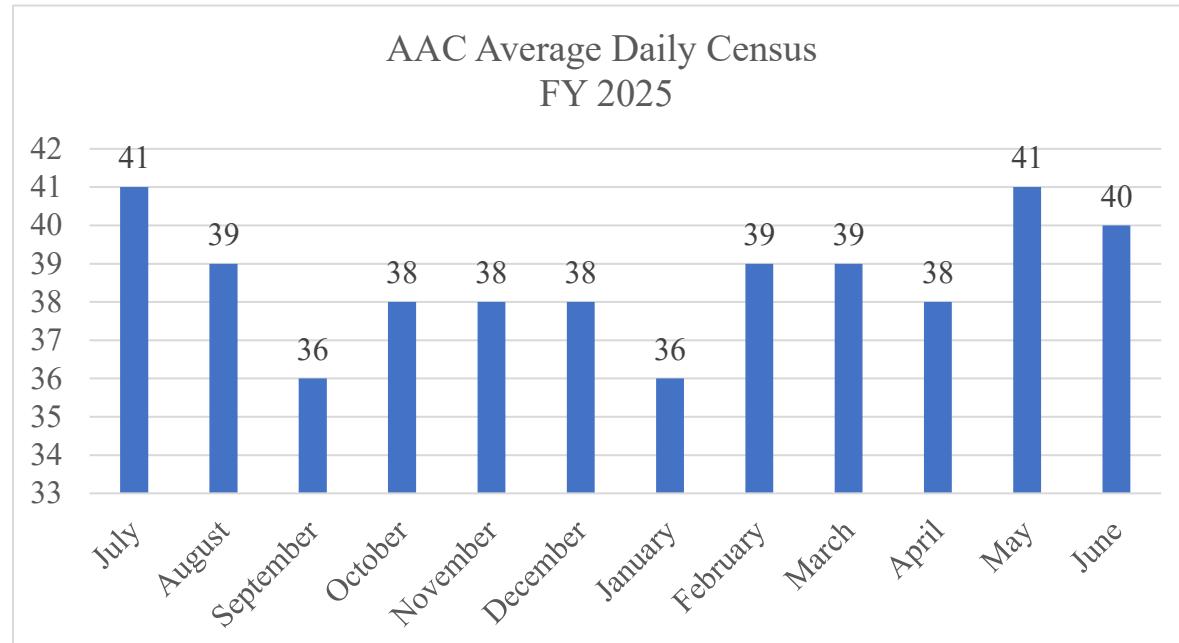
Expenditures by Account AAC FY 2025	
Account	Amount
1 Salaries and Wages	\$ 13,805,549
2 Contractual Services	\$ 10,136,230
3 Commodities	\$ 734,370
4 Capital Overlay	\$ 395,859
5 Capital Improvement	\$ 26,267
9 Other Assistance	\$ -
TOTAL	\$ 25,098,275



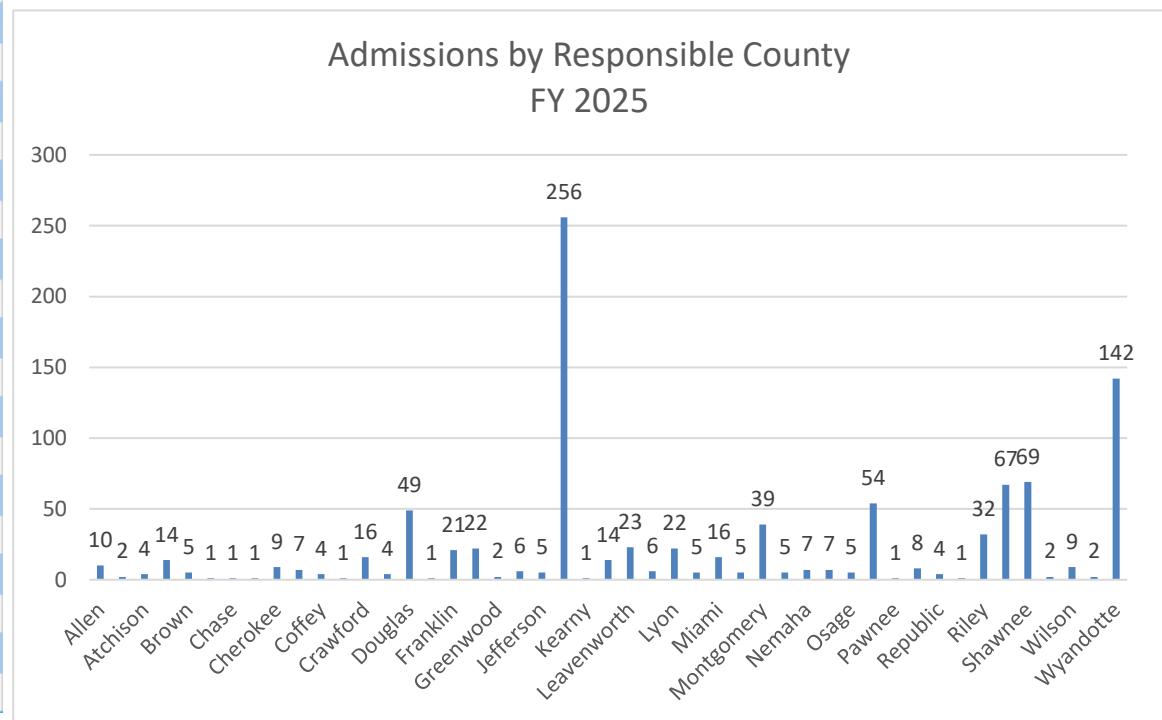
Total Patients Served

Description	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Total Patients Served	1,032	1,071	990	1,000	1,000

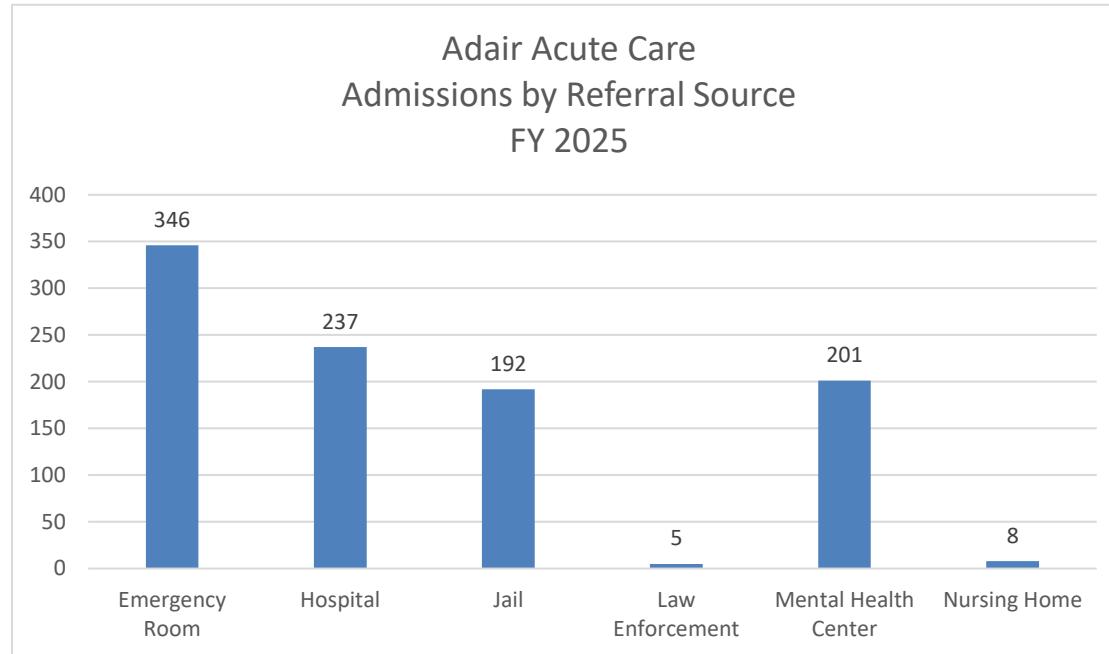
AAC ADC FY 2025	
July	41
August	39
September	36
October	38
November	38
December	38
January	36
February	39
March	39
April	38
May	41
June	40



Responsible County	Admissions
Allen	10
Anderson	2
Atchison	4
Bourbon	14
Brown	5
Butler	1
Chase	1
Chautauqua	1
Cherokee	9
Cloud	7
Coffey	4
Cowley	1
Crawford	16
Doniphan	4
Douglas	49
Elk	1
Franklin	21
Geary	22
Greenwood	2
Jackson	6
Jefferson	5
Johnson	256
Kearny	1
Labette	14
Leavenworth	23
Linn	6
Lyon	22
Marshall	5
Miami	16
Mitchell	5
Montgomery	39
Morris	5
Nemaha	7
Neosho	7
Osage	5
Out of State	54
Pawnee	1
Pottawatomie	8
Republic	4
Rice	1
Riley	32
Sedgwick	67
Shawnee	69
Wabaunsee	2
Wilson	9
Woodson	2
Wyandotte	142



Referral Source	# of Admits
Emergency Room	346
Hospital	237
Jail	192
Law Enforcement	5
Mental Health Center	201
Nursing Home	8



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

Agency Name: Adair Acute Care at OSH
Program Title: Receipt Estimates

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 State General Fund Limitations												
Agency	Name	Fund Name	Fund	BU	FY 2026 Approved Expenditures	FY 2026 Re-appropriation	Transfers	Supplemental/ Reduction Package	SGF Transfers	FY 25 Cash Forward	FY26 Adjusted Expenditure Request	
410	Larned State Hospital	SGF Operating	1000	0103	\$51,808,305	\$7,724	-	-	-	-	\$51,816,029	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0	
		SGF - SPTP	1000	0200	\$27,144,514	\$7,030	-	-	-	-	\$27,151,544	
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$40,242,566	-	-	-	-	-	\$40,242,566	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF SPTP-MiCo	1000	0200	\$2,637,984	-	-	-	-	-	\$2,637,984	
		Adair Acute Care										
		SGF Certified Care	1000	0101	\$8,877,835	-	-	-	-	-	\$8,877,835	
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0						\$0	
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,248,645	-	-	-	-	-	\$22,248,645	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF- SPTP	1000	0200	\$2,728,817	\$39,720	-	-	-	-	\$2,768,537	
363	Kansas Neurological	SGF Operating	1000	0303	\$18,617,217	-	-	-	-	-	\$18,617,217	
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150	
Total SGF					\$174,306,483	\$54,474	\$0	\$0	\$0	\$0	\$174,360,957	
FY 2027 State General Fund Limitations												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated Expenditures	FY 2027 Re-appropriation	Transfer	Enhancement/ Reduction Package	SGF Transfers	KDADS Transfer IN	FY27 Adjusted Expenditure Request	
410	Larned State Hospital	SGF Operating	1000	0103	\$52,469,390	-	-	-	-	-	\$52,469,390	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF-SPTP New Crime	1000	0110	\$0	-	-	-	-	-	\$0	
		SGF - SPTP	1000	0200	\$27,144,514	-	-	-	-	-	\$27,144,514	
494	Osawatomie State Hospital	SGF Operating	1000	0100	\$38,374,627	-	-	-	-	-	\$38,374,627	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF SPTP-MiCo	1000	0200	\$2,612,036	-	-	-	-	-	\$2,612,036	
		Adair Acute Care										
		SGF Certified Care	1000	0101	\$11,175,355	-	-	-	-	-	\$11,175,355	
631	South Central Regional Mental Health Hospital	SGF Operating	1000	0100	\$0		\$15,000,000				\$15,000,000	
507	Parsons State Hospital	SGF Operating	1000	0100	\$22,534,289	-	-	-	-	-	\$22,534,289	
		SGF Hospitality	1000	0104	\$150	-	-	-	-	-	\$150	
		SGF- SPTP	1000	0200	\$2,700,000	-	-	-	-	-	\$2,700,000	
363	Kansas Neurological	SGF Operating	1000	0303	\$18,871,646	-	-	-	-	-	\$18,871,646	
		SGF Hospitality	1000	0304	\$150	-	-	-	-	-	\$150	
Total SGF					\$175,882,457	\$0	\$15,000,000	\$0	\$0	\$0	\$190,882,457	

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

Agency Name: Adair Acute Care at OSH
Program Title: Receipt Estimates

EXPLANATION OF RECEIPT ESTIMATES - DA 405												
FY 2026 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2026 Estimated C&H Receipts	FY 2026 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2026 Cash Forward	FY 2026 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,811,351	-	\$690,848		-	\$0	\$4,502,199	\$0
		Title XIX No limit	2074	2200	\$8,185,354	-	\$760,459		-	\$0	\$8,945,813	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$782,900	-	\$1,782,401		-	(\$65,096)	\$2,500,205	\$0
		OSH TXIX No limit	2080	4300	\$0	-	\$1,499,914	-	(\$1,499,914)		\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$5,011,100	-	\$1,541,311		-	(\$2,291,308)	\$4,261,103	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,290,196	-	(\$403,301)	-	\$1,499,914	-	\$8,386,809	
631	South Central Regional	SCR Fee Fund	2512	2512	\$0						\$0	
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0						\$0	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$406,700		-	\$0	\$1,641,700	\$0
		Title XIX No limit	2083	2300	\$21,000,000	-	\$2,143,696	-	-	(\$5,642,689)	\$17,501,007	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$645,513		-	(\$318,226)	\$1,752,201	\$0
		Title XIX No limit	2060	2200	\$21,000,000	-	\$1,180,576	-	-	(\$227,474)	\$21,953,102	
	Total Fee Fund				\$69,740,815	\$0	\$10,248,117	\$0	\$0	(\$8,544,793)	\$71,444,139	
FY 2027 Fee Funds												
Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	\$3,932,727	-	\$0		-		\$3,932,727	\$0
		Title XIX No limit	2074	2200	\$8,307,133	-	\$0	-	-	-	\$8,307,133	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	\$2,532,900	-	\$65,096		-	-	\$2,597,996	
		OSH TXIX No limit	2080	4300	\$0	-	\$0	-	-	-	\$0	
	Adair Acute Care	OSH Certified Care	2079	4201	\$3,261,100	-	\$2,291,308		-	\$0	\$5,552,408	\$0
		OSH TXIX Cert Care No Limit	2080	4301	\$7,000,000	-	\$0	-	-	\$0	\$7,000,000	
631	South Central Regional	SCR Fee Fund	2512	2512	\$500,000		\$0				\$500,000	\$0
	Mental Health Hospital	SCR XIX No limit	New1	New1	\$0				\$1,500,000		\$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	\$1,235,000	-	\$491,700		-	-	\$1,726,700	\$0
		Title XIX No limit	2083	2300	\$21,500,000	-	\$5,642,689	-	-	(\$7,642,689)	\$19,500,000	
363	Kansas Neurological Institut	KNI Fee Fund	2059	2000	\$1,424,914	-	\$318,226		-	(\$240,352)	\$1,502,788	
		Title XIX No limit	2060	2200	\$22,000,000	-	\$227,474	-	-	(\$409,482)	\$21,817,992	
	Total Fee Fund				\$71,693,774	\$0	\$9,036,493	\$0	\$1,500,000	(\$8,292,523)	\$73,937,744	\$0

FY 2026 – FY 2027

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Medicare A	420610	\$1,341,669	\$1,291,075	\$1,722,883	\$1,200,000	\$1,200,000
Medicare B	420610	\$85,099	\$75,519	\$74,603	\$75,000	\$75,000
Insurance	420610	\$1,993,234	\$2,171,572	\$4,377,312	\$3,655,000	\$3,655,000
Private Pay-Care & Hosp.	420610	\$62,612	\$57,487	\$36,000	\$40,000	\$40,000
Kansas Debt Set Off	420610	\$19,415	\$24,557	\$35,977	\$30,000	\$30,000
	420610					
Total Hospitalization		\$3,502,029	\$3,620,210	\$6,246,775	\$5,000,000	\$5,000,000
Clerical Charges	420400	\$0	\$0	\$0	\$0	\$0
Educational Charges	420500	\$0	\$0	\$0	\$0	\$0
Other Service Charges	420990	\$ (128.00)	\$213	\$622	\$750	\$750
Sale of Salvage	422500	\$0	\$0	\$0	\$0	\$0
Sale of Unusable Condemed	422600	\$0	\$0	\$0	\$0	\$0
Sale of Meals & Proces. Food	422700	\$0	\$0	\$0	\$0	\$0
Other Interest	430900	\$1,227	\$1,401	\$1,227	\$1,500	\$1,500
Rent of Unimproved Land	431100	\$0	\$0	\$0	\$0	\$0
Rent of Real Estate & Bldg.	431200	\$0	\$0	\$0	\$0	\$0
Other Misc Revenue	459090	\$0	\$0	\$0	\$0	\$0
Insurance Reimbursement	461200	\$0	\$0	\$0	\$0	\$0
Estate Recovery	462100	\$0	\$0	\$0	\$0	\$0
Recovery of Current FY Expen.	462110	\$0	\$1,194	\$0	\$0	\$0
Reimbursement and Refunds, Othe	462900	\$0	\$0	\$0	\$0	\$0
Recovery of Prior FY Expen.	469010	\$0	\$0	\$8,094	\$8,500	\$8,500
Other NonRevenue Receipts	469090	\$11	\$4,346	\$326	\$350	\$350
Total		\$3,503,139	\$3,627,364	\$6,257,044	\$5,011,100	\$5,011,100

Explanation of Receipts

In Fiscal Year 2025, Adair Acute Care (AAC) surpassed the revenue projections outlined in the FY 2025–2026 Budget submission. This achievement is largely attributable to enhanced transparency facilitated by the implementation of the new Electronic Health Record (EHR) system, which enabled direct oversight and timely follow-up of claim submissions. Internal process improvements and heightened accountability have fostered a culture that prioritizes securing funding from external sources. Furthermore, workflows were optimized to ensure claims are submitted promptly, thereby minimizing the risk of payment denials.

Over the past three fiscal years, the Osawatomie State Hospital (OSH) billing department, which provides services to AAC under the Memorandum of Understanding (MOU), has conducted thorough data analysis to determine the underlying causes of payer denials. This review revealed that the primary issue was not outright denials but rather the need for resubmissions due to payer-specific information requests that are not automatically populated in the existing billing forms. Consequently, there has been an increase in manual claim submissions to circumvent the necessity for resubmissions. Although this approach requires a greater investment of time and resources, it has resulted in a notable increase in payment collections.

EXPENDITURE JUSTIFICATION

PROGRAM: Administration – 01031

Program Overview:

This program includes Adair Acute Care's (AAC) operations, ensuring essential tasks for facility management are carried out. Its main goals include overseeing treatment quality for proper patient care, maintaining accreditation, and managing vital activities. The General Administration Program is responsible for the overall administration and management of AAC. This includes various components Chief Executive Officer's office, Chief Financial Officer, performance improvement, risk management, accounts payable, billing and collections, budgeting, cashier and post office operations, contract management, credentialing, employee benefits, health information management, human resources, patient accounts, patient canteen services, procurement, program assistants, information technology services, legal support, and recruitment. Importantly, OSH also provides administrative support to AAC through a Memorandum of Understanding (MOU).

BUSINESS SERVICES:

The Business Services Department at Osawatomie State Hospital encompasses Accounts Receivable, Accounts Payable, Accounting and the Post Office/Cashier Office.

- The Accounts Receivable team is responsible for all patient billing activities, including both daily and monthly billing processes. This includes billing for services provided to Adair Acute Care (AAC) through an established Memorandum of Understanding (MOU).
- The Accounts Payable/Accounting unit ensures timely and accurate payment of hospital expenses in compliance with vendor contracts and state statutes.
- The Utilization Review Department plays a critical role in reviewing patient charts to assess medical necessity for continued stays and verifying the accuracy of related charges. It also coordinates with insurance providers by submitting medical documentation to support reimbursement and proper billing.
- The Post Office/Cashier Office manages incoming and outgoing mail, oversees the Patient Trust Fund, and supports hospital-wide printing needs.

Together, these units ensure financial integrity, operational efficiency, and support services across the hospital.

Goals and Updates:

FY 2026 – FY 2027

1. Complete timely and accurate processing of admissions through insurance verification, financial discovery, and Ability-to-Pay processes.
2. Complete workflow improvement of the Electronic Health Record (EHR) program, Wellsky.
3. Reduce errors throughout the purchase order and voucher process.

INFORMATION TECHNOLOGY:

Information Technology (IT) has automated and innovated several processes at Osawatomie State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. In October of 2024, the hospital migrated to Wellsky Specialty Care for its EHR solution. IT provides user management support, support with forms, and data extract request and form building. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), as well as data bridge management between these systems when issues arise. Patient Care System (PCS) and Patient Care System 2.0 (PCS2.0) have received security improvements and are considered in maintenance mode while remaining available to the Health Information Management department for historical records. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR continues. IT provides general office equipment and computer management training, maintenance, installations, and repairs. Finally, the building access, video surveillance, overhead paging, building heat, ventilation, and air conditioning systems are maintained by the department.

Goals and Updates:

The glucometer system for diabetes management was successfully updated and in use by the Medical Laboratory. Phase one efforts for the camera system upgrade and overhead paging upgrade were completed. The upgrade of the camera system includes an outdoor camera installation project to be completed in conjunction with a contracted vendor. Then, improvement of internal camera viewability will be analyzed by adjusting and adding to the current coverage. The next phase of the overhead paging project will begin soon by including additional speakers being installed, adjusting output of existing speakers, and continuing to refine the administrative phones that can send prerecorded messages. The IT department will complete the Windows 11 upgrade to maintain endpoint security, and the department is working to provide new laptops and desktops through Dell's desktop as a service program. While working on the Windows 11 project, the IT team will surplus retired equipment and keep an inventory of new and retired equipment. Finally, the IT team will be implementing new servers and storage and migrating all virtual servers to new platform.

HUMAN RESOURCES:

The Human Resources (HR) Department at Osawatomie State Hospital is responsible for managing the employee life cycle: recruiting, hiring, onboarding, training, discipline, termination and administering employee benefits. Through a memorandum of understanding, OSH serves staff for Adair Acute Care (AAC).

Goals and Updates:

Over the past few years, many practices, forms, and processes have been developed and improved within HR, and we continue to develop these to maintain and enhance an effective and efficient workflow. The employee transfer request process - which takes seniority, references, and work performance into consideration - for each applicant has continued to be successful. Overall, there has been a great deal of improvement to our HR department, as we continue to be proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. Finally, the Human Resources department has and will further refine the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Performance Based Budgeting Goals:

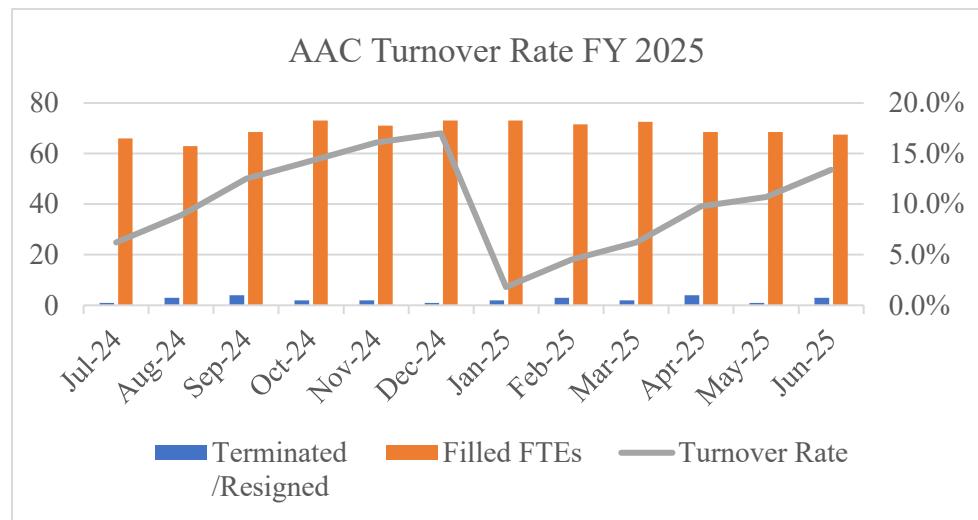
Goal: Track percentage of employees that turnover in a month/year

Measurement: Monthly turnover

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Annual Employee Turnover Rate	1.5%	7.4%	10.1%	8.0%	8.0%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-24	1	66.02	6.2%
Aug-24	3	63.02	8.9%
Sep-24	4	68.53	12.5%
Oct-24	2	73.04	14.3%
Nov-24	2	71.04	16.1%
Dec-24	1	73.04	17.0%
Jan-25	2	73.04	1.8%
Feb-25	3	71.53	4.5%
Mar-25	2	72.53	6.2%
Apr-25	4	68.53	9.8%
May-25	1	68.53	10.7%
Jun-25	3	67.53	13.4%



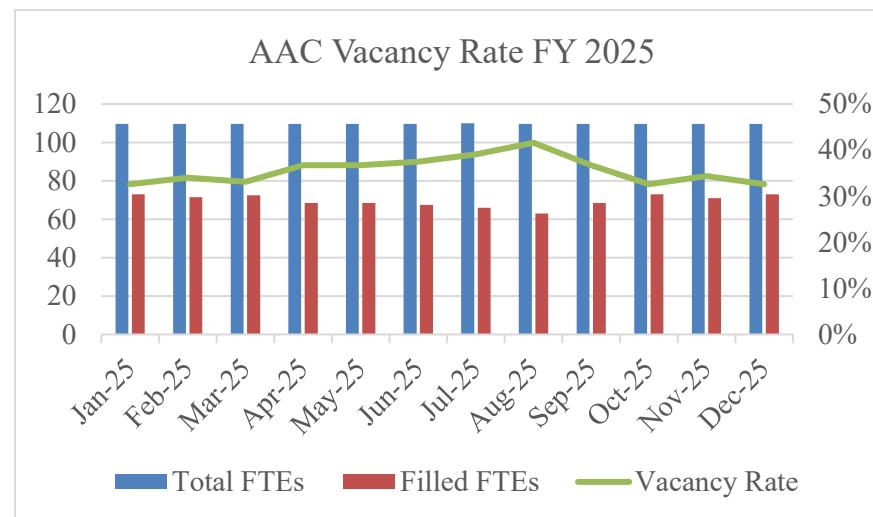
Goal: Record number of filled and vacant positions in a month/year

Measurement: Number of filled and vacant positions recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Employee Vacancy Rate	31.8%	38.8%	35.6%	32.0%	32.0%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-24	110	66.02	39.1%
Aug-24	109.6	63.02	41.6%
Sep-24	109.6	68.53	36.7%
Oct-24	109.6	73.04	32.6%
Nov-24	109.6	71.04	34.4%
Dec-24	109.6	73.04	32.6%
Jan-25	109.6	73.04	32.6%
Feb-25	109.6	71.53	34.0%
Mar-25	109.6	72.53	33.1%
Apr-25	109.6	68.53	36.7%
May-25	109.6	68.53	36.7%
Jun-25	109.6	67.53	37.5%



RISK MANAGEMENT:

The Risk Management and Performance Improvement Department coordinates the AAC Risk Management program. This involves developing policies and procedures to identify and address risks across various services and departments. The department is responsible for reviewing all reportable incidents, determining standards of care, and referring cases to appropriate supervisors and committees for feedback, education, and follow-up. The department actively tracks trends within the hospital and provides input for improvement based on the identified patterns. Risk Management also participates in state and federal surveys and assists with tracer projects throughout the year. Overseeing performance improvement measures for each department, the team continually monitors trends and offers input accordingly. Furthermore, the department analyzes data, devises improvement strategies, implements changes, and ensures compliance with state and federal regulations, all with the goal of enhancing patient safety and promoting improvement while effectively managing potential risks.

Goals and Updates:

The focus in Risk Management remains on providing education and training to staff aimed at minimizing risks, ensuring safety for both patients and staff on the units, and maintaining compliance with state and federal guidelines. In the upcoming year, there will be

a primary emphasis on collaborating with specific departments to enhance their goals. The goal is to provide constructive feedback to aid staff in recognizing increasing symptoms in patients, intervening early using the least restrictive measures, and improving physical intervention documentation. Although incident reporting is currently low throughout AAC, the aim is to encourage more reporting from non-risk management staff. To achieve this, education on reporting requirements, expectations set by hospital leadership, and state and federal regulations will be provided. The AAC Risk Management staff will continue tracking performance measures and offering individualized input to departments based on their current performance trends.

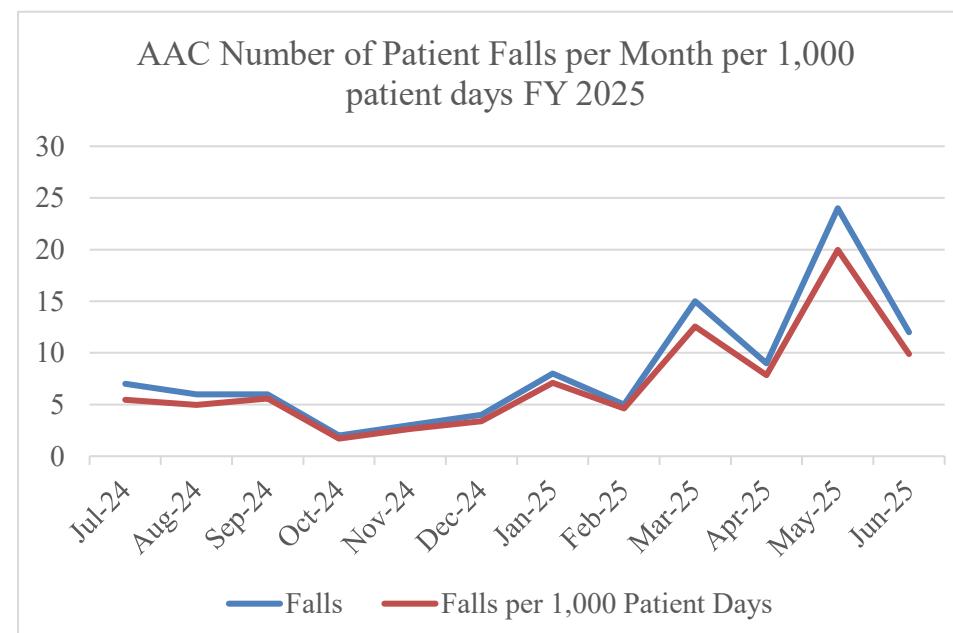
Performance Based Budgeting Goals:

Goal: Number of patient falls per month per 1,000 patient days will be tracked and trended

Measurement: Number of Patient Falls

Department Responsible: Risk Management

Month	Falls	Falls per 1,000 Patient Days
Jul-24	7	5.45
Aug-24	6	4.96
Sep-24	6	5.59
Oct-24	2	1.70
Nov-24	3	2.63
Dec-24	4	3.39
Jan-25	8	7.11
Feb-25	5	4.63
Mar-25	15	12.56
Apr-25	9	7.83
May-25	24	19.97
Jun-25	12	9.89

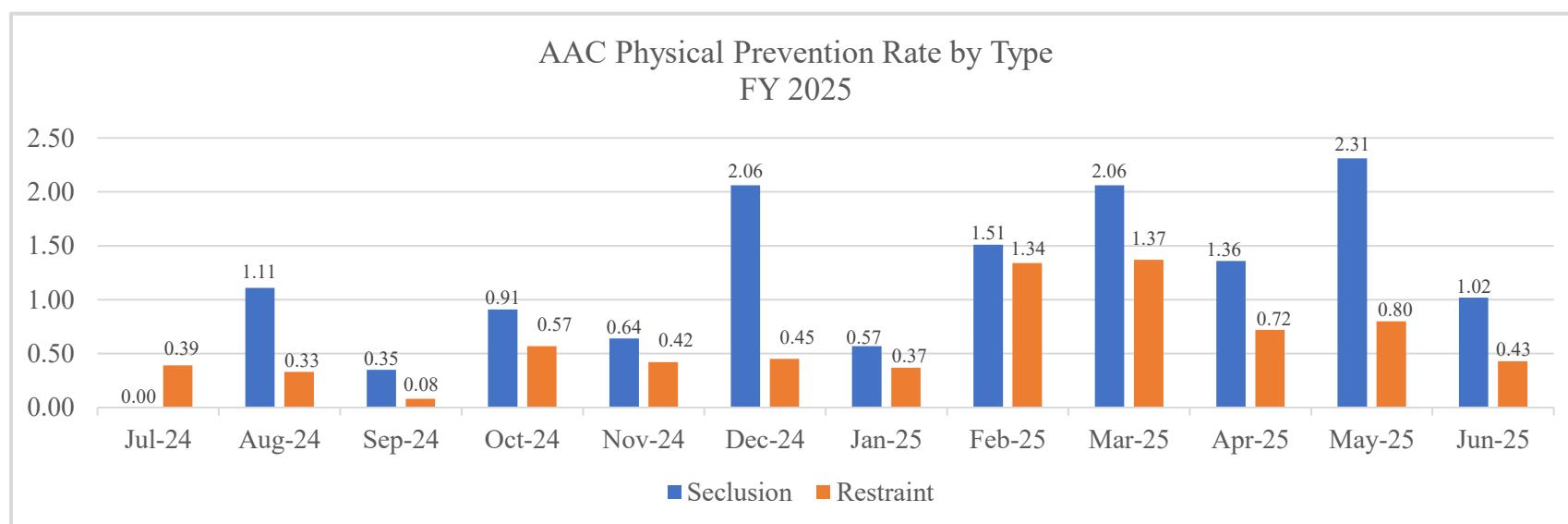


Goal: The monthly Physical interventions rate will be below .30 per 1,000 patient hours for all physical interventions

Measurement: Physical intervention rate recorded monthly

Department Responsible: Risk Management

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Average restraint hours per 1,000 inpatient hours	1.71	0.48	0.61	0.5	0.5
Average seclusion hours per 1,000 inpatient hours	0.84	1	1.22	1	1



HEALTH INFORMATION MANAGEMENT:

The Health Information Management Department provides the operation to service medical records for Osawatomie State Hospital (OSH). OSH provides services to Adair Acute Care (AAC) through a Memorandum of Understanding (MOU). Following American Health Information Management Association (AHIMA), state, and federal guidelines enable the department to provide complete medical records through quality control and validation processes.

Goals and Updates:

The HIM Department has been instrumental in planning and implementing our new electronic health record (EHR), Wellsky. Many of the processes utilizing the outdated systems were continued through December of 2024 to ensure a smooth transition to the new platform and disaster planning in case any issues arose during that time. We have continued to help build and streamline processes within our new EHR with other departments. There have been many challenges we have overcome since launching Wellsky such as the Lab Interface, patient time checks, Revenue Cycle Manager, and more.

In addition to rolling out of the new EHR we needed to adjust several different processes, one of which is the Patient Time Checks. The new EHR did not meet the standards and procedures needed to comply. An application was developed in collaboration with IT and Nursing to ensure that all needs were met. This platform was implemented and runs on patient units. The modernization project for our older records continues as we work through barriers.

Expenditures Administration:

Administration	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 1,589,060.00	\$ 1,998,713.00	\$ 1,879,809.00	\$ 3,681,123.00	\$ 3,432,227.00
Shrinkage	\$ -	\$ -	\$ -	\$ (261,757.00)	\$ (225,000.00)
Contractual Services	\$ 399,487.00	\$ 449,761.00	\$ 324,471.00	\$ 372,272.00	\$ 369,772.00
Commodities	\$ 14,306.00	\$ 24,947.00	\$ 16,103.00	\$ 6,350.00	\$ 6,350.00
Capital Outlay	\$ 36,309.00	\$ 86,812.00	\$ 123,872.00	\$ 66,750.00	\$ 66,750.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$2,039,162.00	\$2,560,233.00	\$2,344,255.00	\$3,864,738.00	\$3,650,099.00

Account Code 51000: Salaries and Wages

Funds requested will provide salaries and wages for positions and represents funding for 24.79 FTEs in FY 2026 and 24.79 FTEs in FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the legislatively approved pay plan increase and the increase in maximum bonuses from \$3,500 to \$10,000 per employee. The bonuses were allowed by legislature but unfunded. All bonuses, shift differentials, overtime, and temporary positions were included in administration as a lump sum.

FY 2026: \$3,681,123 is requested. The shrinkage rate is 7.11%.

FY 2027: \$3,432,227 is requested. The shrinkage rate is 6.56%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses projected for this program including those allocated to the agency from the Department of Administration such as data, telecom, Microsoft 365, postage, OITS and Statewide Management Accounting and Reporting Tool (SMART). These expenses include communications (local phone & cell phones), equipment rental (copiers), travel, medical and service contracts, employment lab testing, KBI record checks and data management fees needed for accreditation (NRI). Staff recruitment resources are included here. Monies are also projected for shredding services, fees for an outside contractor to assist with the preparation of the annual Medicare & Medicaid cost reports, travel for all staff assigned to the program.

FY 2026: \$372,272 is requested.

FY 2027: \$369,772 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies for the departments in this program. Included are office supplies for medical records and miscellaneous supplies used by all administration departments.

FY 2026: \$6,350 is requested.

FY 2027: \$6,350 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase equipment, lease computers through Desktop as a Service (DTaaS), and other information processing equipment necessary to maintain operation of both administration and all AAC.

FY 2025: \$66,750 is requested.

FY 2026: \$66,750 is requested.

PROGRAM: Staff Development and Training – 01070

Program Overview:

The Staff Development and Training Program at Osawatomie State Hospital (OSH) is dedicated to delivering educational opportunities that enhance individual performance, foster personal growth, and lead to positive patient outcomes. Through a Memorandum of Understanding, OSH provides educational services to Adair Acute Care (AAC). Comprehensive training has been extended to supervisory and departmental staff, ensuring an environment of safety and collaboration. This initiative directly impacts patient experiences by fostering healing, communication, and patient-centered treatment, with an evolving focus on tailored services aligned with patient needs.

STAFF DEVELOPMENT AND TRAINING:

Staff Development and Training (SD&T) is responsible for orientation of all hospital staff at Osawatomie State Hospital (OSH). Through a Memorandum of Understanding, OSH provides services for Adair Acute Care (AAC). SD&T uses oral presentations,

computer-based training (CBTs), and hands-on training to orientate employees. SD&T also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Nursing Staff (LMHT, LPN, RN, APRN) as well as other licensed staff across the facility (Therapist, Social Workers, Psychologist).

Goals and Updates:

Expo 2025 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2025 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional training courses, staff proficiency in these areas should increase. New mats were acquired for staff to use when they are on the floor practicing skills during CPR training. Training staff on the floor allows for more realistic training for CPR, as we only allow staff to do skills on the table if they have an accommodation.

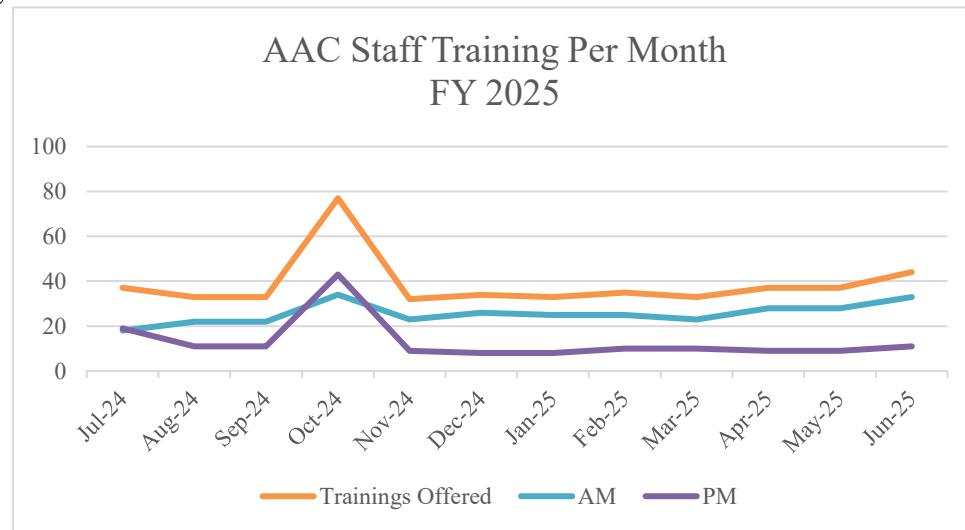
Performance Based Budgeting Goals:

Goal: Education will be offered each month for both AM and PM shifts.

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-24	37	18	19
Aug-24	33	22	11
Sep-24	33	22	11
Oct-24	77	34	43
Nov-24	32	23	9
Dec-24	34	26	8
Jan-25	33	25	8
Feb-25	35	25	10
Mar-25	33	23	10
Apr-25	37	28	9
May-25	37	28	9
Jun-25	44	33	11



Expenditures Staff Development and Training:

Staff Development and Training	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 160,311.00	\$ 206,156.00	\$ 187,559.00	\$ 289,936.00	\$ 291,356.00
Shrinkage	\$ -	\$ -	\$ -	\$ (25,000.00)	\$ (25,000.00)
Contractual Services	\$ 4,369.00	\$ 11,787.00	\$ 4,909.00	\$ 10,000.00	\$ 10,000.00
Commodities	\$ 3,805.00	\$ 7,244.00	\$ 3,852.00	\$ 6,225.00	\$ 6,225.00
Capital Outlay	\$ -	\$ -	\$ 1,109.00	\$ 1,200.00	\$ 1,200.00
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$168,485.00	\$225,187.00	\$197,429.00	\$282,361.00	\$ 283,781.00

Account Code 51000: Salaries and Wages

FY 2026 – FY 2027

Funds requested will provide salary and wage funds for 2.35 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$289,936 is requested. The shrinkage rate is 8.62%.

FY 2027: \$291,356 is requested. The shrinkage rate is 8.58%.

Account Codes 52000 – 52900: Contractual Services

This category includes training for Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention, as well as other training opportunities.

FY 2026: \$10,000 is requested.

FY 2027: \$10,000 is requested.

Account Codes 53000 – 53900: Commodities

The funds requested for this object code will be used to purchase various professional supplies related to training CPR, CPI, and other staff development training courses.

FY 2026: \$6,225 is requested.

FY 2027: \$6,225 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

These funds are requested for capital outlay for staff development.

FY 2026: \$1,200 is requested.

FY 2027: \$1,200 is requested.

PROGRAM: Medical Services – 83001

Program Overview:

All psychiatric and medical services provided to the patients at the Adair Acute Care at OSH (AAC) are done under the Medical and Surgical Services Program. From the initial evaluation, through day-to-day care, and up to the point of discharge, the medical staff forms the backbone of the medical and medication management for the patients being treated at the hospital. Coverage is provided on a “24/7” basis so that a physician is always available to address the treatment needs of the patients. In addition, ancillary treatment is provided through the medical service including the Medical Laboratory, Pharmacy, and other contracted services as appropriate to meet the needs of the patient. OSH provides some Medical Services to AAC through a Memorandum of Understanding.

MEDICAL SERVICES:

The Medical Staff at Osawatomie State Hospital consists of physicians, medical and psychiatric APRNs, and a dental consultant. The Medical Staff also serves Adair Acute Care (AAC) through a Memorandum of Understanding. The Medical Staff are responsible for providing quality, current, and safe psychiatric and medical services to all patients. They are fully trained and qualified to provide these services. Members of the Medical Staff undergo privileging and credentialing requirements which include review of their qualifications, licensures, DEA certifications, evidence-based patient assessments, treatment and management, and participation in required hospital wide training such as annual EXPO training, use of seclusion and restraint, CPI and BLS. The Clinical Director is responsible for providing regular checks and performance reviews to ensure compliance with the Medical Staff By laws, hospital procedures and policies, and standards and regulations by accrediting agencies such as Centers for Medical/Medicaid Services (CMS) and Kansas Department of Health and Environment.

Medical Staff members are responsible for admitting patients by performing psychiatric interviews, completing psychiatric evaluations, physical examinations and prescribing psychotropic and medical medications to address their psychiatric and medical needs. They collaborate and communicate closely with other hospital staff by participating in treatment team and discharge meetings to ensure seamless coordination and integration of services with the goal of providing a safe, holistic, and patient-centered approach in patient care.

Goals and Updates:

Aside from providing patient care, the goal of the Medical Staff for the coming year is to fill vacancies. The department needs one or more Psychiatric Advanced Practice Nurse Practitioners, one or more Staff Physician Specialist. If these positions are filled, the

department will have continuous flexibility amongst scheduling of staff.

Performance Based Budgeting Goals:

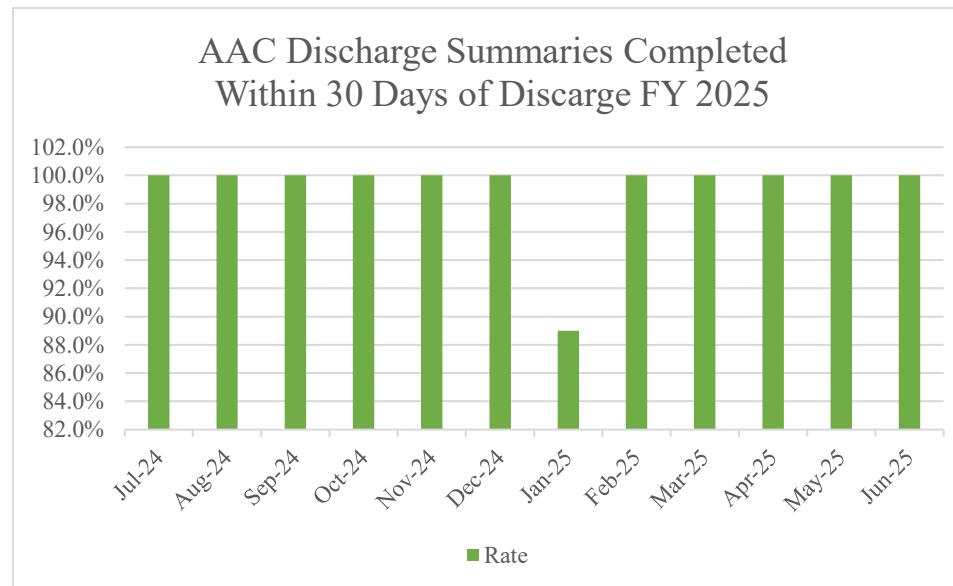
Goal: At least 95% of patients discharged will have a Discharge Summary completed within 30 days of discharge.

Measurement: % of patient discharge summaries completed within 30 days of discharge reported monthly.

Department Responsible: Clinical Director

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	99%	99%	99%

Month	Rate
Jul-24	100.0%
Aug-24	100.0%
Sep-24	100.0%
Oct-24	100.0%
Nov-24	100.0%
Dec-24	100.0%
Jan-25	89.0%
Feb-25	100.0%
Mar-25	100.0%
Apr-25	100.0%
May-25	100.0%
Jun-25	100.0%



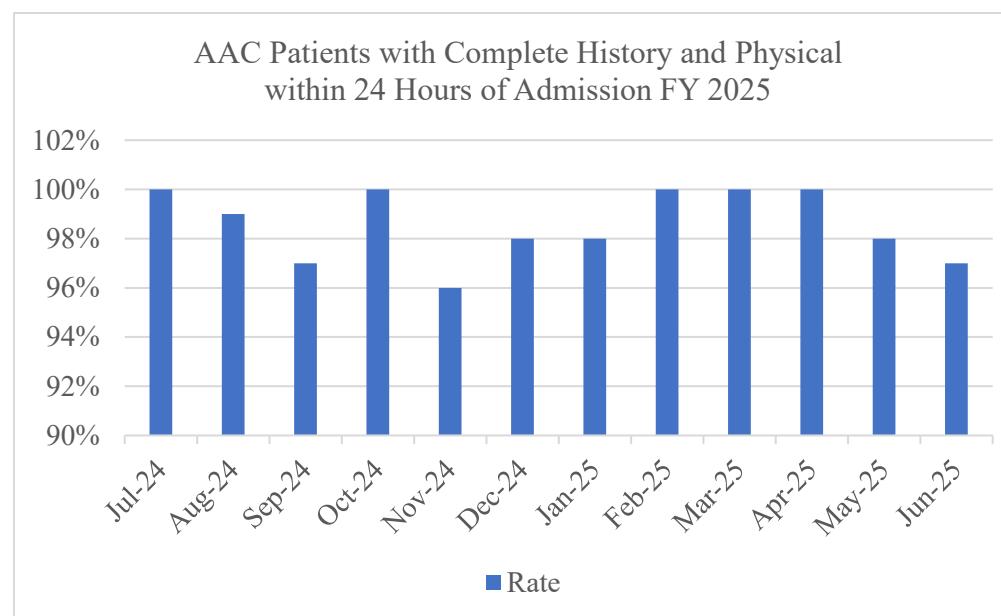
Goal: 100% of patients will have a complete history and physical within 24 hours of admission.

Measurement: % of patients with a complete history and physical completed recorded monthly.

Department Responsible: Medical Services

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Percent of patients who have: a history and physical completed within 24 hours of admission, examination signed and dated, all sections of the history and physical examination completed including review of Cranial Nerves II - XII and Impressions/Recommendations, reason documented if Rectal/Pelvic examination is deferred	99%	99%	99%	99%	99%

Month	Rate
Jul-24	100%
Aug-24	99%
Sep-24	97%
Oct-24	100%
Nov-24	96%
Dec-24	98%
Jan-25	98%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	98%
Jun-25	97%

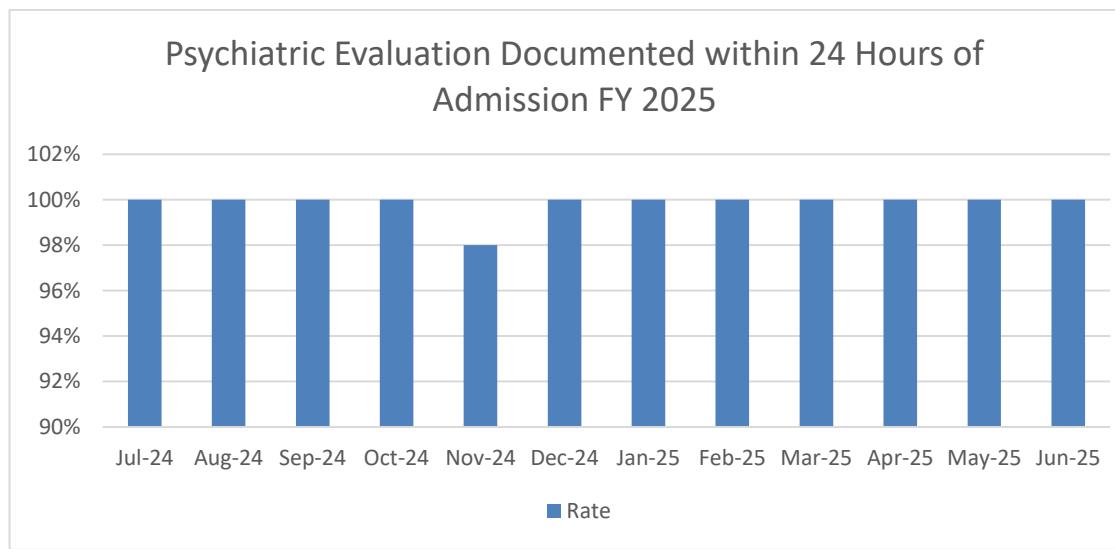


Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

Measurement: % of patients with a psychiatric evaluation that is completed and documented within 24 hours of admission

Department Responsible: Clinical Director

Month	Rate
Jul-24	100%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	98%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	100%
Jun-25	100%



PHARMACY:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use for Adair Acute Care at Osawatomie State Hospital (AAC). Pharmacists within the department are accountable for both clinical and distributive functions. Distributive functions include tasks such as checking and stocking the Pyxis machines to maintain an accessible and adequate medication supply when the pharmacy is closed, as well as filling discharge medications to ensure seamless continuity of care. Clinical functions involve reviewing medication orders to apply evidence-based therapeutic treatments, updating the hospital formulary to provide access to medications in accordance with current disease-state medication guidelines, and conducting patient chart reviews to assess current medication management.

Pharmacists are available 24/7 to address both clinical and operational inquiries. PipelineRx, a remote pharmacy verification service, provides pharmacy coverage for order verification and review when AAC pharmacists are not on-site. An AAC pharmacist is on-call for distribution problems after business hours. The pharmacy actively participates in the hospital's emergency response planning, infection prevention and control measures, management of hazardous medications, and incident reporting. Furthermore, they collaborate with the Medical Staff to develop a comprehensive formulary of medications available for prescribing at the hospital and establish guidelines to ensure safe medication use.

Goals and Updates:

In June 2025, the pharmacy implemented remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry approval prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2025 was the third anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and provides another safeguard for correct medication administration by utilizing the profile functionality. The department has updated its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy, in collaboration with the medical staff, is reviewing the hospital formulary medication management resource book and plans to publish the revised edition in January 2026. The book contains agreed upon prescribing criteria for some medications, therapeutic interchanges for certain medication classes, guidelines for COPD, Asthma, and the hospitals antimicrobial stewardship, in addition to listing medications on the formulary. As new medications come on the market and prescribing practices change, the pharmacy in collaboration with the Medical Staff review new guidelines and medications to evaluate implementation. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students.

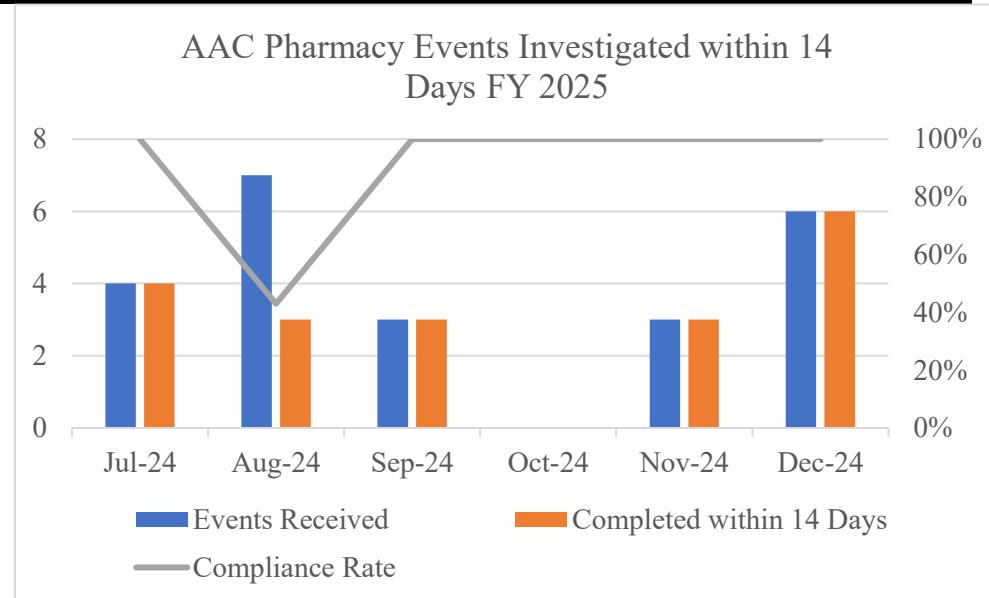
Performance Based Budgeting Goals:

Goal: 100% of reported Medication Alerts, Medication Variances and Adverse Drug Reactions (ADR) will be fully investigated with 14 days of receiving a report. Reporting changed after implementation of Wellsky.

Measurement: Percentage of events investigated with 14 days of receiving a report

Department Responsible: Pharmacy

Month	Events Received	Completed within 14 Days	Compliance Rate
Jul-24	4	4	100%
Aug-24	7	3	43%
Sep-24	3	3	100%
Oct-24	0	0	100%
Nov-24	3	3	100%
Dec-24	6	6	100%
Jan-25			
Feb-25			
Mar-25			
Apr-25			
May-25			
Jun-25			



LABORATORY:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomie State Hospital. Through a Memorandum of Understanding, OSH provides services to AAC. This department provides coverage for Medical Support Services (Ancillary Services) to meet requirements set forth in the performance of moderated and waived test complexities of a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

Goals and Updates:

The Laboratory department's primary objective is to enhance quality and productivity by devising a streamlined and economically viable approach to delivering laboratory, radiology, and ECG services. This strategy is rooted in adhering to regulations, standards, internal assessments, and guidelines, all of which collectively aid physicians and nurse practitioners in effectively diagnosing, treating, and managing patients. The department's specific goals encompass modernizing outdated equipment, collaborating with HIM, Nursing and Medical services to streamline processes and documentation abilities, and expanding communication resources from electronic medical record systems to increase efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$ 2,874,957.00	\$ 3,063,262.00	\$ 2,932,995.00	\$ 3,054,471.00	\$ 3,061,819.00
Shrinkage	\$ -	\$ -	\$ -	\$ (300,000.00)	\$ (300,000.00)
Contractual Services	\$ 831,044.00	\$ 997,130.00	\$ 1,694,724.00	\$ 2,471,666.00	\$ 2,807,026.00
Commodities	\$ 266,904.00	\$ 252,463.00	\$ 306,845.00	\$ 320,915.00	\$ 320,915.00
Capital Outlay	\$ 1,105.00	\$ 5,911.00	\$ 38,215.00	\$ 16,000.00	\$ 16,000.00
Other Assistance	\$ -	\$ 442.00	\$ -	\$ -	\$ -
Total	\$ 3,974,010.00	\$ 4,319,208.00	\$ 4,972,779.00	\$ 5,563,052.00	\$ 5,905,760.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 12.39 FTEs and represents funding for all current positions for 26 pay periods, fringe benefits, health insurance and longevity. This program consists of staff in the following departments:

FY 2026: \$3,054,471 is requested. The Shrinkage rate is 9.82%

FY 2027: \$3,061,819 is requested. The Shrinkage rate is 9.80%

Account Codes 52000 – 52900: Contractual Services

The larger amounts requested in this category represent professional fees. Professional fees are needed for the continuation of maintenance and service agreements. Maintenance agreements are for laboratory, EEG-EKG, x-ray, pharmacy, and other equipment as needed. Service agreements provide for the purchase of professional consultant services in specialized fields such as psychiatry, outside medical, radiology, pathology, dental, podiatry, EKG-EEG, and other services as deemed vital to treatment. Amounts for patient medical care sometimes fluctuate greatly between fiscal years depending on need. This area also includes the cost of contract staffing to provide coverage for vacancies, as well as recruitment resources.

FY 2026: \$2,471,666 is requested.

FY 2027: \$2,807,026 is requested.

Account Codes 53000 – 53900: Commodities

This category includes all supply type expenses projected for this program. Drug costs account for much of the amount in this category. With the increased number of psychotropic drugs becoming generic, changes in prescribing practices and the formulary costs have been reasonably consistent over the last two years. If new drugs are introduced which could benefit our patients, cost will increase. In addition to drug costs, the category also includes supplies used in the following areas: medical laboratory, X-Ray, EKG-EEG, pharmacy, and psychological testing.

FY 2026: \$320,915 is requested.

FY 2027: \$320,915 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase hospital beds, an IV pump, and other equipment necessary for the patients.

FY 2026: \$16,000 is requested.

FY 2027: \$16,000 is requested.

Account Codes 59000 – 59900: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Clinical Services – 84001

Program Overview:

FY 2026 – FY 2027

The Clinical Services Program at Adair Acute Care offers comprehensive group and individual psychotherapy to inpatients across two treatment programs, operating seven days a week, year-round. Each patient receives tailored care guided by an interdisciplinary team of mental health professionals, employing evidence-based practices regularly reviewed for effectiveness. The program encompasses specialized activity therapies like music, recreation therapy, alongside general leisure skills training. Before admission, patients undergo assessments by Community Mental Health Center screeners, leading to voluntary or involuntary admission. Additional services include Recreational Therapy for stress reduction, Social Services for communication and discharge planning, Clinical Therapy for interventions, Nutrition Services for dietary monitoring and education, Scheduling for staffing coordination, Patient Services for personalized needs, Psychology for evaluation, and both Licensed and Unlicensed Nursing for direct patient care and support.

RECREATION AND EXPRESSIVE THERAPIES:

The therapists on the Recreation and Expressive Therapies team at Adair Acute Care (AAC) provide evidence-based treatment services including leisure awareness and education programs, recreation-based games, visual and expressive arts, animal-assisted interventions, outdoor and nature activities, sports and physical activities, as well as music and rhythm, to help patients achieve their treatment goals and foster success in the community. These programs are designed to promote the acquisition and application of leisure-related skills, knowledge, attitudes, and behaviors to promote creative outlets as healthy ways for patients to express themselves and provide opportunities to utilize personal interests, skills, and talents to improve and maintain well-being. The goal of the department is to rehabilitate a patients' level of functioning and independence in life activities, promote individual health and wellness, as well as reduce restrictions to actively participating in life situations caused by illness.

Recreation and Expressive Therapists are “healthcare providers who plan, direct, deliver, and evaluate evidence-based therapy interventions for individuals with illnesses and/or disabling conditions.” Therapists on the Recreation and Expressive Therapies team perform a wide range of duties regarding patient care which includes the administration of an initial assessment within 72 hours of admission to determine a patient’s support systems, patterns, preferences, strengths, and goals, and development of a multidisciplinary treatment plan that is individualized and evidence-based with detailed objectives to address a patient’s unique needs. Treatment services are facilitated through group and individual therapy using evidence-based modalities to effectively address patients’ treatment needs. Patient progress or lack thereof is assessed and documented weekly, along with updating treatment plans accordingly. Aside from active treatment measures, team members also coordinate leisure activities, special events, and holiday celebrations, which are often facilitated by uncertified Recreation Specialists. Team members work to ensure leisure resources and opportunities are provided for patients’ independent leisure time.

Goals and Updates:

Over the past year, the AAC Recreation and Expressive Therapies department provided services to nearly 1,000 individuals at AAC. Services were offered 7 days a week, 365 days a year, even as the department struggled with extended leaves of absence and position vacancies. As a result, the department will continue to have ongoing expenses related to overtime until positions can be permanently occupied. The AAC Recreation and Expressive Therapies department will have ongoing expenses related to purchase of items and equipment for daily therapy programs, leisure activities, special events, and holiday celebrations, as well as future development of programs to benefit patients. Many items need to be replenished throughout the year such as art/craft supplies, stress balls, table games, books, etc. The department plans to continue to increase technological and media options available to patients (books, magazines, music, film, videogames, etc.) to use as part of active treatment and/or in their leisure time. The department hopes to continue to revise current programs, implement new programs, and in general advance the department to better serve the patient population. The department has visions to expand expressive therapy offerings with addition of Drama Therapy, Art Therapy, and/or Dance/Movement Therapy. With continued growth and expansion of the department, one can expect to have increased costs over the next year.

SOCIAL SERVICES:

The Social Services Department at Adair Acute Care at Osawatomie State Hospital enhances patient care by facilitating effective communication between various parties involved in the treatment and discharge planning process. AAC is a short term, acute care psychiatric facility, where crisis stabilization and quick returns to the community is the standard. The department comprises three essential components: social workers, patient advocacy, and case management.

Social Workers at Adair Acute Care meet with patients and the interdisciplinary team regularly to keep everyone informed about the patient's progress. They also collaborate with family members and community partners to create safe and effective discharge plans and arrange specialized aftercare. Social workers serve as a primary point of contact for patients' well-being, especially with members who are not directly involved in the patient's care team. They play a significant role in coordinating information flow regarding the patient's treatment progress and ensuring continuity of care once the patient returns to the community.

Patient Advocacy is a crucial function at Adair Acute Care, dedicated to safeguarding patients' rights and well-being. Advocates closely monitor hospital policies, support patients in decision-making, mediate conflicts, and ensure comprehensive care coordination for access to essential resources during and after treatment. Their goal is to empower patients, provide education, and serve as a vital link between patients and the healthcare system to enhance their overall care experience.

Case Management offers support for Social Workers and Patient Advocate in their essential functions, providing coverage, added resources and support for high needs patients, and in the development of resources.

Goals and Updates:

The Social Services Department continues to meet patients' needs through the coordination of treatment and discharge planning including individualized aftercare appointments, and more. However, two out of the three Social Work positions on AAC remain unfilled due to salary constraints, as agency workers continue to fill in any gaps. To enhance departmental skills, additional education courses will be introduced, focusing on maintaining licensures and improving patient interactions and work-life balance.

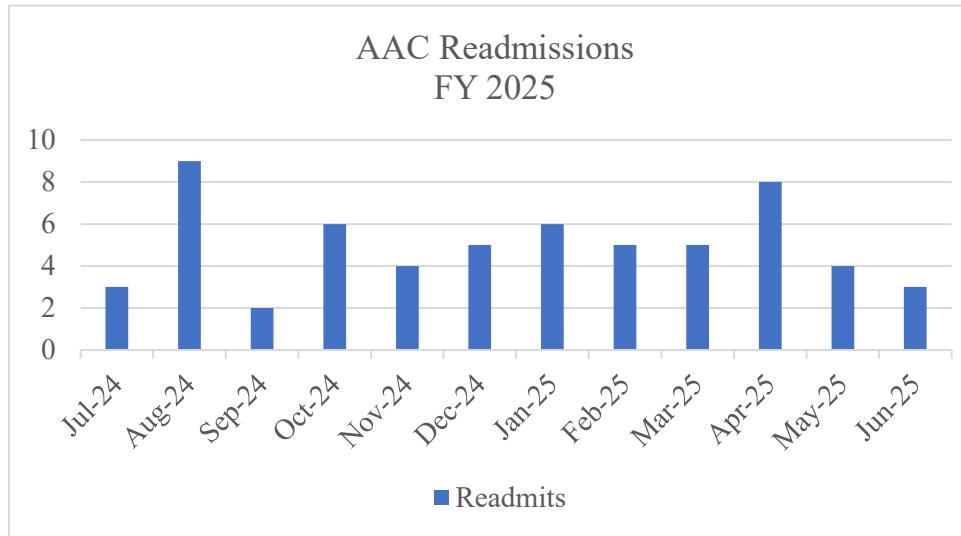
Performance Based Budgeting Goals:

Goal: 100% of patients readmitted within 30 days of discharge will be tracked to identify trends.

Measurement: Number of patients readmitted within 30 days of discharge reported monthly.

Department Responsible: Social Services

Month	Readmits
Jul-24	3
Aug-24	9
Sep-24	2
Oct-24	6
Nov-24	4
Dec-24	5
Jan-25	6
Feb-25	5
Mar-25	5
Apr-25	8
May-25	4
Jun-25	3



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

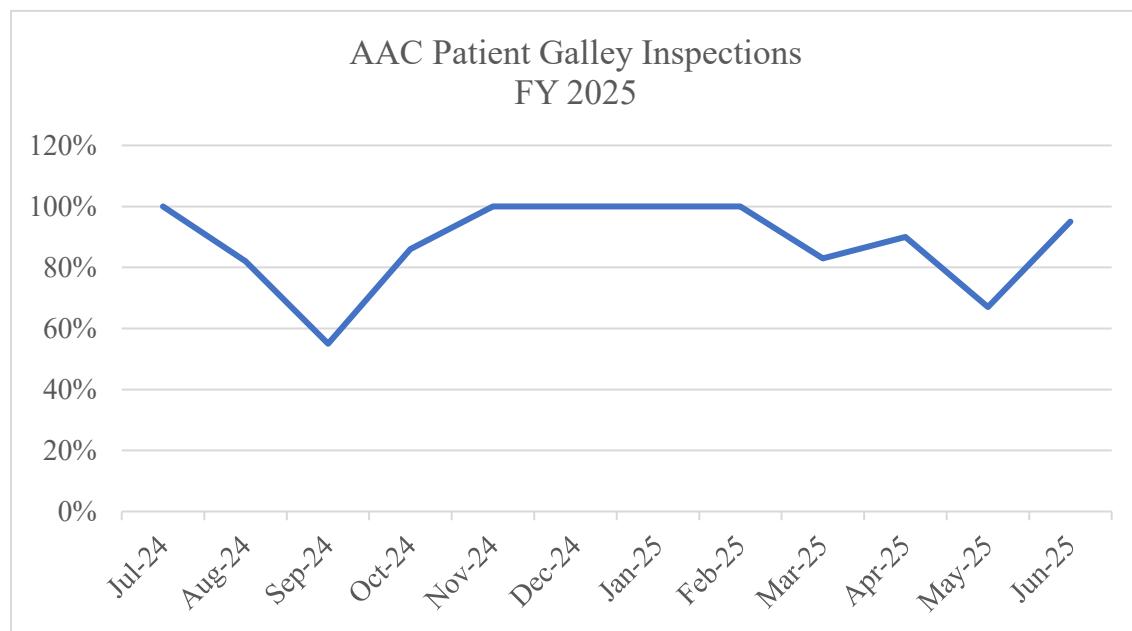
Agency Name: Adair Acute Care at OSH
Program Title: Expenditure Justification

Goal: Patient galley will be inspected daily, and issues identified are corrected.

Measurement: % of issues corrected reported monthly.

Department Responsible: Patient Advocate

Month	Issues Corrected
Jul-24	100%
Aug-24	82%
Sep-24	55%
Oct-24	86%
Nov-24	100%
Dec-24	100%
Jan-25	100%
Feb-25	100%
Mar-25	83%
Apr-25	90%
May-25	67%
Jun-25	95%

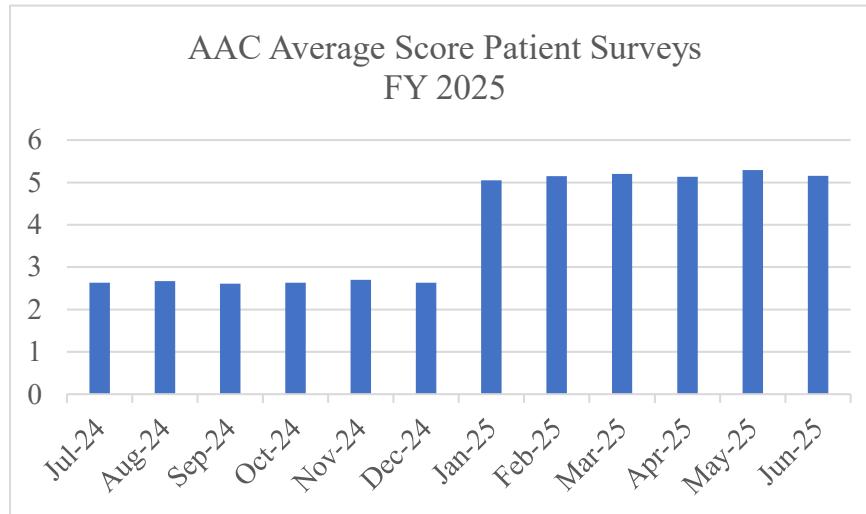


Goal: Score a 2.5 out of 3 on all sections of the survey. In January 2025 we changed to a new survey required by CMS. The ratings were different and instead of 0-3 it was changed to 0-6.

Measurement: Number reported, reported monthly

Department Responsible: Patient Advocate

Month	Average Score
Jul-24	2.63
Aug-24	2.67
Sep-24	2.61
Oct-24	2.63
Nov-24	2.7
Dec-24	2.63
Jan-25	5.05
Feb-25	5.15
Mar-25	5.2
Apr-25	5.13
May-25	5.29
Jun-25	5.16



CLINICAL THERAPY:

The Clinical Therapy Services department at Adair Acute Care (AAC) provides evidence-based treatment, helping patients achieve their treatment goals, and fostering success in the community. They conduct essential assessments, such as the Tobacco Use Assessment, Alcohol Use Disorders Identification Test (AUDIT), and Columbia Suicide Severity Rating Scales, to evaluate tobacco and alcohol usage patterns and suicide risk. Using comprehensive psychosocial assessments, the AAC Clinical Therapists develop individualized and evidence-based treatment plans with specific goals to address each patient's unique needs. Additionally, the AAC Clinical Therapy team delivers individual and/or group therapies utilizing evidence-based modalities to effectively address patients' treatment needs.

Goals and Updates:

Over the past year, the AAC Clinical Therapy Services department provided individual and group therapies and clinical assessments to approximately 1,000 individuals admitted to AAC which were offered seven days a week, even as the department struggled with

staffing challenges. The department currently has a 70% vacancy rate and requires significant agency staffing. As a result, the department will continue to have ongoing expenses related to utilizing agency staff to fill vacant positions until the position can be permanently occupied. In the coming year, the department is looking to increase educational and licensing opportunities for staff as it relates to social detoxification programs and substance abuse assessment/treatment.

DIETARY SERVICES:

The Dietary Services Department at Osawatomie State Hospital (OSH) serves the dietary needs of patients. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Department dietitians regularly meet with patients to provide education and consultation to patients. The dieticians also continuously develop and evaluate the nutrition program and nutrition education program to ensure better patient care. The department also works with the contracted food service company to ensure food quality standards are met.

Goals and Updates:

The most immediate goal of the Dietary Services Department is to fill the Director of Nutrition Position. If filled, the department will operate with more continuity.

NURSING:

The Nursing Department at Adair Acute Care (AAC) continues to play a central role in delivering high-quality care to individuals experiencing acute psychiatric conditions. As a short-term, crisis stabilization facility, AAC emphasizes rapid assessment, timely intervention, and a safe return to the community. Our nursing team is composed of highly skilled professionals who are committed to patient-centered, trauma-informed care that supports recovery and resilience.

Core Functions and Responsibilities

Comprehensive, Dual-Focused Assessment: Upon admission, staff conduct thorough physical and psychiatric assessments. These evaluations inform individualized care plans developed in collaboration with the multidisciplinary team, ensuring each patient's unique needs are addressed holistically.

Integrated Treatment Delivery: Nurses provide care that bridges mental and physical health, including medication administration, treatment monitoring, patient education, and emotional support. Emphasis is placed on adherence to evidence-based protocols, safe

medication practices, and patient empowerment through education.

Ongoing Physical Health Monitoring: Recognizing the vital link between physical and mental health, nurses monitor vital signs, perform focused physical assessments, and collaborate with medical providers to address emerging concerns. This integrated model ensures comprehensive care and early intervention when needed.

Crisis Response and De-escalation: Nursing staff are trained in crisis intervention techniques and play a pivotal role in maintaining safety. Their expertise in de-escalation and stabilization promotes a therapeutic environment, even in high-acuity situations.

Multidisciplinary Collaboration: The nursing team actively participates in interdisciplinary treatment planning, contributing clinical insights during daily rounds and care coordination meetings. This collaboration enhances communication, aligns goals across disciplines, and improves patient outcomes.

Patient Engagement: Nurses provide education to patients about mental health conditions, medications, recovery strategies, and aftercare planning. Through education and compassionate communication, they help patients navigate the path to wellness.

Goals and updates:

As we move into the new fiscal year, the Nursing Department remains focused on enhancing care delivery, improving safety, and investing in staff development. The key initiatives are advancing this mission are:

Enhanced Safety Through Zone Coverage: The zone coverage model continues to be a cornerstone of unit safety. Mental Health Technicians (MHTs) are assigned to designated zones for fixed time intervals each shift, ensuring consistent staff presence, improved observation, and enhanced situational awareness throughout the unit.

Structured Environmental Rounding: To maintain a safe and therapeutic environment, MHTs complete environmental rounds three times daily. These rounds include safety checks and cleanliness inspections of all patient areas. Nursing supervisors review and validate each round to ensure accountability and follow-through.

SCHEDULING:

The scheduling department schedules staff for the patient units with proper ratios to ensure patient care and safety for both patients and staff for Osawatomie State Hospital (OSH). OSH serves staff for Adair Acute Care (AAC) through an MOU. The department staffs East Biddle accordingly: 3 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all during the AM shift. During the NOC shift the department staffs each unit accordingly: 2 Registered Nurses (RN), 1 Licensed Practical Nurse (LPN)/Licensed Mental Health Technician (LMHT), 5 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to increasingly ensure safety for all. The department staffs West Biddle accordingly: 2 Registered Nurses (RN) and 3 Mental Health Technicians (MHT), in addition to staffing for current/potential 1:1 patient check(s) to ensure safety for all for both AM and NOC shifts.

Staff members are recruited to cover Requested Time Off (RTO), Crisis Prevention Institute (CPI)/Cardiopulmonary Resuscitation (CPR) trainings, patient appointments, sick leave, admin leave, work comp, and the Family Medical Leave Act leave. The Scheduling Department develops plans for establishing schedules in the required time frames, performs office management duties, and oversees the maintenance of required staffing data. The Department provides information that requires immediate attention to executive staff and delegates other matters to various management nursing staff in unit programs.

TRIAGE:

The Triage Department at Osawatomie State Hospital (OSH) plays a crucial role in assessing and processing state screens for potential patients referred by community mental health centers. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. Their main responsibility is to facilitate efficient communication among various stakeholders, including community partners, state agencies, community hospitals or sending agents, and the hospital psychiatrist. This communication is essential to determine whether psychiatric hospitalization is appropriate for the proposed patients, following established guidelines. The department collaborates closely with hospital administrators, the nursing department, and physicians to ensure that all relevant information about the proposed patients is communicated effectively. This comprehensive communication ensures that proper care and treatment can be provided if the patient is accepted for hospitalization.

Goals and Updates:

Triage is continuously working to effectively refine their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year the plan is to continue to try to schedule admissions to see if they can

be spread out throughout the day.

NURSING EDUCATION:

Nursing Education is the department responsible for training Nursing and Mental Health Technician Staff (MHT) at Osawatomie State Hospital (OSH). Nursing Education uses oral presentations, computer-based training (CBT), and hands-on training to orientate employees. Nursing Education also offers Continuing Education credit hours that fulfill the requirements for state relicensing for Licensed Mental Health Technicians (LMHT), Registered Nurses (RN), and Licensed Practical Nurses (LPN).

In response to staff concerns and incidents on campus, nurses receive extensive training focused on patient interaction, patient boundaries, and handling patient contraband. Additionally, training is provided on the use of our EHR, Wellsky, to ensure accurate documentation. Pyxis, a medication storage machine located on patient units, is also a part of the training. Nurses learn how to access medication through the Pyxis, document instances of wasted medication, record insulin usage, and to document controlled substance use such as anti-anxiety medication and specific painkillers. They are also instructed on conducting medication counts at the end of their shifts. Furthermore, Wellsky is used for documenting patient charts, and nursing staff are trained on what can and cannot be charted, the importance of accurately detailing events, and the legal significance of maintaining precise and comprehensive patient charts.

Goals and Updates:

The EXPO event serves as Nursing Education's annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. Looking ahead to the 2025 EXPO, Staff Development and training will use feedback from department heads on areas their staff may need focused trainings. Staff Development and Training have added Pop-up training throughout the year which are also provided on the night shift. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

INFECTION CONTROL:

At Adair Acute Care, the Infection Prevention Department aims to create a safe environment for everyone in the healthcare facility, achieved by recommending and implementing risk reduction practices throughout all departments and among individuals. The program ensures safe, cost-effective patient care by reducing healthcare-associated infections. The department educates all staff on

infection prevention principles and integrates them into standard practices across the organization. Employee Health supports the Infection Prevention and Control Program by providing vaccinations for staff and patients through a Memorandum of Understanding.

Goals and Updates:

In the past year, there were over 1,000 admissions to AAC. Each admission is reviewed within 72 hours to identify any infection risk or precautions. Risks identified are brought to the attention of the Medical Staff and Nursing staff. Unit rounding is done routinely to ensure the environment is clean and potential risks are identified and addressed as well as remaining compliant with CMS standards. The information collected from infections identified, environmental risks, and community risks are compiled together to develop the Infection Control Plan for the next year. Department goals are to strengthen all staff's knowledge of infection prevention practices, provide education routinely regarding policies and standards to ensure accreditation, collaboration with facilities and environmental services to ensure the environment is compliant with standards and decrease potential risks for infection through education and surveillance.

Performance Based Budgeting Goals:

Goal: 90% of staff are following the 5 moments of handwashing.

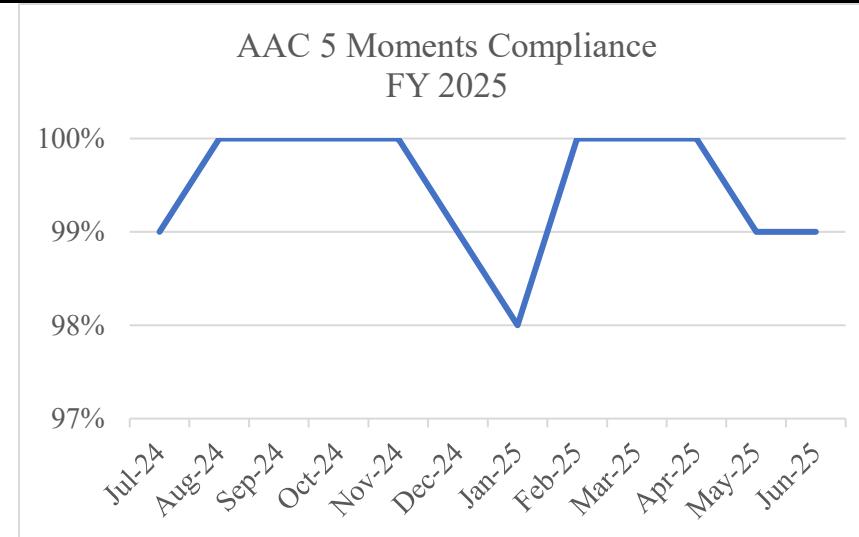
Measurement: % of staff identified in infection control rounding meeting compliance guidelines recorded monthly.

Department Responsible: Infection Control

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

Agency Name: Adair Acute Care at OSH
Program Title: Expenditure Justification

Month	Compliance Rate
Jul-24	99%
Aug-24	100%
Sep-24	100%
Oct-24	100%
Nov-24	100%
Dec-24	99%
Jan-25	98%
Feb-25	100%
Mar-25	100%
Apr-25	100%
May-25	99%
Jun-25	99%



Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Healthcare associated infections (HAI) will rate remains below national average of 3.0	1.0%	1.0%	3.1%	3.0%	2.5%
Percent of staff in compliance with the 5 moments of handwashing.	97.0%	98.0%	99.5%	99.0%	99.0%

Expenditures Clinical Services:

Clinical	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$6,481,726	\$6,874,206	\$7,275,447	\$6,287,077	\$6,327,700
Shrinkage	\$0	\$0	\$0	(\$325,465)	(\$325,465)
Contractual Services	\$4,997,165	\$7,344,243	\$7,182,169	\$2,968,057	\$4,981,508
Commodities	\$31,356	\$20,685	\$302,176	\$261,800	\$261,800
Capital Outlay	\$0	\$0	\$5,679	\$400	\$400
Other	\$0	\$699	\$26,267	\$0	\$0
Total	\$11,510,247	\$14,239,833	\$14,791,738	\$9,191,869	\$11,245,943

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to AAC. The program is organized into two treatment units supervised by one Clinical Program Director who oversees the treatment process. The program consists of Direct Care staff including Mental Health Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians. Funds requested will provide salary and wage funds for 67.25 FTEs in FY 2026 and 67.25 FTEs in FY 2027 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$6,287,077 is requested. The shrinkage rate is 5.18%.

FY 2027: \$6,327,700 is requested. The shrinkage rate is 5.14%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses. Most expenses in this category are used for contracted staffing, in both licensed and unlicensed staffing categories, as well as social services. It should be noted that in FY 2025, AAC had a 15% decrease in agency nursing but an increase in contract staffing for social work, clinical therapy, and physicians with an expectation that this need will continue in FY 2026 and FY 2027.

FY 2026: \$2,968,057 is requested.

FY 2027: \$4,981,508 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing.

FY 2026: \$261,800 is requested.

FY 2027: \$261,800 is requested.

Account Code 54000 – 54900: Capital Outlay & Improvements

The funds requested for this object code will be used for software procurement.

FY 2026: \$400 is requested.

FY 2027: \$400 is requested.

Account Codes 59000 – 59900: Other Assistance

No funds requested.

FY 2026: \$0 is requested.

FY 2027: \$0 is requested.

PROGRAM: Physical Plant and Central Services – 96001

Program Overview:

This program encompasses a central power plant operation, building and equipment maintenance, custodial and laundry services, and supply provision. This program and its subprograms fall under the purview of Osawatomie State Hospital (OSH). OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding. The broader scope involves Facility Services which is responsible for property management and grounds care, Housekeeping ensuring building cleanliness, Safety and Security provide oversight for

ground security and emergency situations, and Supply managing hospital inventory. The Laundry department ensures proper cleaning and sterilization of reusable items, all contributing to the efficient functioning and patient well-being within the hospital grounds. Finally, Procurement ensures a steady and proper flow of goods, services, and supplies to the campus.

OPERATIONS:

The smooth functioning of Osawatomie State Hospital (OSH) relies on Operations, which encompasses Facility Services, Power Plant, Grounds, Custodial Services, Laundry Services, Health Information Management and Safety & Security. Facility Services employs a skilled team of carpenters, auto technicians, HVAC specialists, electricians, and plumbers who maintain and repair the facility's infrastructure. The Power Plant division ensures a reliable and consistent power supply throughout the institution. The Grounds division, consisting of arborists and mowers, tends to the campus grounds and buildings, including winter road clearance. Custodial Services uphold a high standard of cleanliness by cleaning all buildings on a timely schedule. Laundry Services handle the cleaning, folding, and sorting of patient laundry on a large scale. Simultaneously, Safety & Security provide protection and preparedness for emergencies, including the implementation of life safety measures. OSH serves Adair Acute Care (AAC) through a Memorandum of Understanding.

Goals and Updates:

To strengthen operational effectiveness at Osawatomie State Hospital by maintaining rigorous safety and compliance standards while empowering departmental leaders to actively engage staff and foster a positive, accountable, and collaborative workplace culture.

This goal will be achieved through the following strategic focus areas:

- **Regulatory Compliance and Safety Assurance:**
Maintain full alignment with federal, state, and accreditation requirements, including those from CMS, KDHE, and State Fire Marshall. Regular internal audits, policy reviews, and corrective action plans will be implemented to ensure that hospital operations continuously meet or exceed safety and compliance expectations. Emphasis will be placed on the Environment of Care, Life Safety Code standards, and emergency preparedness.
- **Leadership Development and Staff Engagement:**
Equip department leaders with tools and training to strengthen team communication, increase transparency, and promote shared ownership of operational goals. Leaders will be encouraged to conduct routine check-ins, recognize staff contributions, and solicit employee feedback to support morale and workplace satisfaction.

- **Culture of Accountability and Continuous Improvement:**
Promote a culture where staff at all levels understand the connection between their roles and the hospital's mission of delivering quality mental health care. This includes the development of performance benchmarks, improved incident reporting processes, and collaborative problem-solving to address operational challenges.
- **Workplace Environment and Staff Retention:**
Foster a supportive work environment by addressing employee concerns, providing appropriate resources, and encouraging professional development opportunities. Initiatives will focus on improving staff retention, reducing burnout, and enhancing overall job satisfaction.
- **Integrated Communication and Operational Oversight:**
Enhance interdepartmental coordination by standardizing communication channels and streamlining processes to ensure consistent, efficient service delivery across the hospital campus.

By upholding high standards of safety and compliance while investing in leadership engagement and culture development, this goal supports the hospital's mission of delivering safe, effective, and compassionate care to Kansans experiencing mental health crises.

FACILITY SERVICES:

Facility Services ensures the continuous and reliable operation of the facility, power plant, buildings, structures, grounds, utility systems, as well as automotive and real property for the Osawatomie State Hospital (OSH). OSH serves Adair Acute Care through a Memorandum of Understanding. The responsibilities encompass both routine maintenance and emergency response to maintain these assets in optimal condition for continuous use. This skilled team of professionals is responsible for executing planned maintenance tasks, inspections, and repairs to prevent potential issues and ensure the longevity of the assets. Additionally, they promptly address emergency situations to minimize downtime and restore functionality. From conducting routine checks on equipment and systems to managing repairs and upgrades, the Facilities Department ensures the safety, efficiency, and seamless operation of the entire facility, contributing to the smooth functioning of day-to-day operation.

Goals and Updates:

The Facilities Services Department plans to develop and implement a comprehensive preventive maintenance program within the Facility Services Department at Osawatomie State Hospital, with the objective of ensuring the continuous, safe, and efficient operation of all vital building systems and equipment. This initiative will focus on enhancing the hospital's ability to maintain a therapeutic and compliant environment that supports the delivery of high-quality care to patients.

Key components of this goal include:

- **Asset Inventory and Condition Assessment:** Conduct a complete inventory and condition assessment of all facility infrastructure, including HVAC, plumbing, electrical, life safety, and medical support systems to establish maintenance baselines and risk prioritization.
- **Preventive Maintenance Scheduling:** Develop and adhere to detailed, manufacturer-recommended and code-compliant preventive maintenance schedules using TMA to track work orders, inspections, and recurring tasks.
- **Compliance and Safety Alignment:** Align maintenance activities with applicable regulatory standards, including KDHE, CMS, and NFPA codes, to ensure that life safety systems and critical infrastructure support a secure environment for both staff and patients.
- **Workforce Training and Resource Allocation:** Invest in ongoing staff development and resource planning to ensure that facility technicians are equipped with the skills, tools, and support necessary to execute preventive maintenance duties effectively and efficiently.
- **Performance Monitoring and Continuous Improvement:** Establish key performance indicators, such as equipment downtime, response times, and compliance audit scores, to evaluate program effectiveness and drive continuous improvement efforts.

By proactively addressing maintenance needs and minimizing the risk of equipment failure, this goal supports operational continuity, reduces long-term costs, and enhances the overall safety and reliability of the physical environment at Osawatomie State Hospital.

POWER PLANT:

The Power Plant is responsible for the efficient operation, maintenance, and management of the power plant facility at Osawatomie State Hospital. OSH serves Adair Acute Care through a Memorandum of Understanding. The department's personnel oversee, operate, and maintain complex equipment including turbines, generators, and control systems, ensuring the continuous and reliable production of electricity. They conduct routine inspections, perform repairs, and implement preventive measures to optimize plant performance and enhance safety standards. Additionally, the Power Plant Department adheres to environmental regulations, striving to minimize the facility's ecological footprint and contributing to the sustainable growth of power generation.

Goals and Updates:

Over the past year, the Power Plant underwent significant upgrades, including the installation of a new boiler and other modern equipment. As we move into the upcoming year, our primary focus will be on building the knowledge and capabilities needed to

properly operate and maintain this new equipment.

Our goal is to shift from a primarily reactive maintenance approach to a comprehensive preventive maintenance program. By acquiring the necessary tools, training, and systems, we aim to proactively manage all equipment within the Power Plant. This proactive strategy will help ensure the long-term reliability and performance of the recently installed systems, protecting the hospital's investment and supporting uninterrupted operations.

GROUNDS:

The landscape of the Osawatomie State Hospital and Adair Acute Care (through a Memorandum of Understanding) are maintained by the Grounds Department. Mowing, trimming, felling, planting trees and flowers, pruning and watering shrubs, and edging sidewalks and curbs are the department's focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department's responsibility.

Goals and Updates:

The Grounds Department is committed to maintaining an attractive and safe environment for all who visit and work at the hospital. Over the next year, the primary goal for the Grounds Department is to maintain the newly renovated patient courtyard while ensuring uninterrupted access and use by patients. Additionally, the department will collaborate with staff to develop an efficient system for clearing ice and snow from parking lots, prioritizing both safety and the availability of adequate parking for employees at our 24/7 facility.

SAFETY & SECURITY:

Safety and Security provides Osawatomie State Hospital and Adair Acute Care (through a Memorandum of Understanding) security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively and continues a close working relationship with the Osawatomie Police and Fire Department to enhance the campus' emergency response capabilities. The hospital's fire department has been dissolved, and fire coverage is now provided by the City of Osawatomie. Safety and Security collaborates closely with the Kansas State Fire Marshall's Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their

responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

Goals and Updates:

As our workforce continues to adapt, our foremost priority remains to ensure that all team members—both new and existing—are fully equipped with the training, tools, and support needed to uphold a safe and secure environment for patients, staff, and visitors. In a healthcare setting where regulations and safety standards are constantly evolving, it is critical that our department remains adaptable, informed, and prepared.

To meet these demands, we are enhancing our commitment to robust, ongoing training programs that cover essential safety protocols, emergency response procedures, regulatory compliance, and proper equipment use. These programs are designed to do more than simply prepare staff for their individual roles—they aim to instill a department-wide culture of safety, accountability, and continuous improvement. Training is not limited to onboarding; it is a career-long process delivered through computer-based learning, hands-on experiences, and skill-based competency assessments to ensure our team remains sharp and compliant with current standards.

As rules, guidelines, and best practices continue to shift, our department remains committed to staying ahead. We are proactively reviewing and updating our protocols and training materials to align with the latest regulatory requirements and industry standards. This ensures that we not only meet compliance expectations but exceed them, keeping our hospital community safe and secure in an ever-changing landscape.

In addition, Safety and Security Officers will increase their presence on patient units to provide active support, deter potential crises, and reinforce a visible culture of safety. This hands-on approach helps build trust, prevent incidents, and ensure that staff and patients feel protected and supported throughout the hospital.

CUSTODIAL:

The Custodial Services Department at Osawatomie State Hospital (OSH) plays a vital role in creating a clean, safe, and welcoming environment for patients, staff, and visitors alike. Through a Memorandum of Understanding, OSH serves facilities at Adair Acute Care (AAC). With the support of AgTac Services (ATS) team members, the department has risen to meet staffing challenges while continuing to deliver top-tier cleanliness and hygiene. From daily upkeep to deep-cleaning routines, their responsibilities cover every corner of the hospital—including restrooms, patient units, staff rooms, showers, and public areas. In patient care areas, the team

expertly strips and cleans beds and rooms, maintains day halls, and keeps technician and nurse stations spotless. Their comprehensive methods include sweeping, mopping, dusting, buffing, and floor waxing. They also manage patient laundry with precision—washing, folding, sorting, and ensuring soiled clothing is properly separated for hygienic handling. Over the past fiscal year, the team has taken their work to the next level by implementing enhanced cleaning schedules, which include daily tasks, deep-cleaning cycles, and specialized protocols for vacant spaces to ensure every area is fresh, clean, and ready for the next occupant.

Goals and Updates:

In the coming year, Custodial Services will prioritize staff training and development. Building on a new onboarding process, the department will focus on ongoing education to ensure compliance with CDC guidelines as well as state and federal regulations.

PURCHASING:

The purpose of the Purchasing Department is to ensure that Osawatomie State Hospital (OSH) and Adair Acute Care (AAC) run smoothly as possible when it comes to procuring goods and services. OSH serves AAC through a Memorandum of Understanding, charging AAC for goods and services based on utilization. The department oversees the purchasing and contract work for the agency using the purchasing authority, identifies business requirements for goods, materials, services and find reliable suppliers to meet these requirements. Contracted vendors or non-contracted vendors approved by the State of Kansas must be used.

OSH Purchasing & Contracts Department reviews each request for an appropriate vendor if items can be purchased on contract or off contract. It follows the requisition process from entry in the Statewide Management, Accounting, and Reporting Tool (SMART), ensuring correct accounting codes are used to ensure the proper funds are being utilized as directed by the Chief Financial Officer, to dispatching the purchase order, and placing the official order. Items purchased are inspected to ensure the correct shipment was received and communication with vendors is maintained if there are discrepancies in the order.

OSH Purchasing & Contracts Department create specifications or scope of work for bid events needed by the agency for goods, materials, or services. It reviews the bid documents and makes recommendations of contract awards to the Department of Administration's Office of Procurement & Contract through the Procurement Negotiations Committee and the bid evaluation process. Quotes are processed and requests are submitted for quotes to qualified vendors for requested items. Returned Quotes are inspected for processing and purchasing.

Goals and Updates:

The department proposes a new warehouse building, an upgraded inventory system, and a wage increase for the storekeeper position. A new warehouse would enable proper storage of certain assets. An upgraded inventory system would free the department of customer service issues with the current system. This would enable smoother operation of the department. The Storekeeper position having its wage increased would allow for more quality staff to hold the position, in turn allowing for better outcomes in the department.

Expenditures Physical Plant and Central Services:

Physical Plant and Central Services	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Salaries and Wages	\$1,792,393	\$1,994,963	\$1,529,739	\$2,067,341	\$2,085,509
Shrinkage	\$0	\$0	\$0	(\$315,000)	(\$315,000)
Contractual Services	\$825,791	\$761,814	\$929,957	\$618,675	\$618,675
Commodities	\$349,573	\$422,307	\$105,394	\$101,550	\$101,550
Capital Outlay	\$57,084	\$123,472	\$226,984	\$76,050	\$76,050
Capital Improvements	\$10,430	\$527	\$0	\$10,000	\$10,000
Other	\$0	\$0	\$0	\$0	\$0
Total	\$3,035,271	\$3,303,083	\$2,792,074	\$2,558,616	\$2,576,784

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 30.30 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2026: \$2,067,341 is requested. The shrinkage rate is 15.24%.

FY 2027: \$2,085,509 is requested. The shrinkage rate is 15.10%

Account Codes 52000 – 52900: Contractual Services

The major expense in this category is for utilities including natural gas, electricity, water and sewer service. Trash service is provided by contract. Also, included in this category is repair and service completed by non-OSH maintenance personnel. The repairs and servicing work that cannot be completed by OSH's maintenance staff includes specialized work on the stand-by electrical generating

system, compressor and electrical motor rebuilding, repair work on state-owned motor vehicles, fire alarm system maintenance, boiler maintenance, termite treatment services, hazardous chemical removal (i.e., paint, solvents), hydrostatic testing of fire extinguishers to comply with NFPA Life Safety Code Standards and other service contracts.

FY 2026: \$618,675 is requested.

FY 2027: \$618,675 is requested.

Account Codes 53000 – 53900: Commodities

Funds are requested for office and other operating supplies, tools used by the Facility Services staff, supplies used by the power plant in maintaining equipment, general supplies for the entire campus, nursing supplies, housekeeping and laundry supplies.

FY 2026: \$101,550 is requested.

FY 2027: \$101,550 is requested.

Account Code 54000 – 54900: Capital Outlay

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

FY 2026: \$76,050 is requested.

FY 2027: \$76,050 is requested.

Account Code 55000 – 55900: Capital Improvements

Funds are requested to address equipment needs, as well as capital outlay related to the upkeep of AAC.

FY 2026: \$10,000 is requested.

FY 2027: \$10,000 is requested.