September 5, 2026

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

Dear Mr. Proffitt,

Fiscal Year 2026 has been marked by continuous improvement and changes.

Throughout this review period, Osawatomie State Hospital (OSH) has experienced significant activity and continued transformation across clinical services, workforce development, campus infrastructure, and education and training. These efforts reflect the hospital's ongoing commitment to providing high-quality psychiatric treatment while adapting to the changing needs of the individuals served and preparing the organization for the future.

OSH remains committed to continuously evaluating and enhancing active treatment approaches and identifying innovative and effective methods to improve patient care. During the past year, the hospital has experienced a notable shift in its patient population, with an increasing proportion of patients committed through the criminal court system compared with civil commitments. This change has introduced different clinical and operational challenges and has required treatment teams to adapt their approaches, interventions, and staff training to address the unique needs of this population. Units have worked to modify treatment strategies and strengthen staff competencies to ensure services remain responsive to patient needs while supporting safety, recovery, and successful progression through treatment.

At the same time, OSH recognizes the ability to provide effective psychiatric treatment depends on a well-trained, supported, and resilient workforce. The hospital continues to prioritize staff development by providing access to the resources, training, education, and tools necessary for employees to perform their responsibilities effectively. The combination of advancing treatment practices and strengthening workforce capacity is central to OSH's efforts to improve patient outcomes, maintain a safe and supportive environment, and meet the increasingly complex needs of the hospital's patient population.

Campus Transformation and Infrastructure

OSH has also made significant progress in addressing the condition and long-term sustainability of its historic campus. Over the past year, the

hospital completed the demolition of two historic structures, Carmichael Pavilion, established in 1923, and the Rush Building, established in 1931. Demolition has also been initiated on West Cottage, established in 1927, and George York School, established in 1921. In total, six structures have been razed on the OSH campus during the past two years.

This work represents continued progress toward addressing aging structures and improving the overall campus environment. As OSH moves forward, the hospital will continue to evaluate its facilities and infrastructure needs to ensure the physical environment supports patient safety, staff effectiveness, and the hospital's long-term operational needs.

Development of OSH as a Psychiatric Training Hospital

Looking ahead, OSH is building on its clinical expertise by expanding partnerships with universities and other educational institutions. Developing OSH as a psychiatric training hospital is a strategic priority that will strengthen the hospital's ability to educate future behavioral health professionals while also enhancing the knowledge and capabilities of its current workforce.

OSH currently maintains contracts with four universities to provide nursing clinical experiences. In 2026, 109 nursing students completed clinical rotations at OSH, providing these future professionals with direct experience in psychiatric nursing and exposure to the complexities of treating individuals with serious mental illness in a hospital setting. OSH anticipates the number of nursing students completing clinical experiences at the hospital will continue to increase as university partnerships expand. The hospital is also serving as a preceptor site for master's-level nursing students, providing advanced learners with opportunities to develop clinical skills and a deeper understanding of psychiatric nursing and interdisciplinary treatment.

OSH has expanded its continuing education offerings, including opportunities for Continuing Education Units (CEUs), and is working to make these educational opportunities available to professionals and community partners beyond the hospital. These efforts support the ongoing professional development of OSH employees while creating an opportunity for the hospital to share its specialized clinical knowledge and experience with the broader behavioral health workforce. Expanding continuing education further establishes OSH as a resource for professional learning and reinforces the hospital's role in advancing psychiatric treatment beyond its own campus.

The OSH Psychology Program has also made substantial progress in developing a formal training program. The program has completed its application for APA accreditation and is currently awaiting a site visit. In addition, OSH currently supports one postdoctoral fellow, two doctoral interns, four PsyD practicum students, and one master's-level social work student through training and educational opportunities at the hospital. These learners represent multiple professional disciplines and contribute to an increasingly interdisciplinary training environment.

Goals for the Coming Year

Over the coming year, OSH's goal is to continue developing meaningful and sustainable university partnerships while increasing internship, practicum, preceptorship, and clinical training opportunities across disciplines. Priority areas include recreational therapy, social work, clinical

therapy, nursing, and psychology. Expanding opportunities across these disciplines will increase the number and diversity of students and trainees exposed to psychiatric hospital treatment while strengthening OSH's ability to recruit, develop, and retain qualified behavioral health professionals.

These partnerships also provide OSH with an opportunity to formalize and share the specialized expertise developed by its clinical workforce. By serving as educators and expert trainers, OSH professionals can contribute to the development of the next generation of behavioral health providers while strengthening their own professional development and clinical practice. In this way, education and training are not separate from the hospital's treatment mission; they are an important component of sustaining and improving that mission.

Collectively, OSH's progress in clinical practice, workforce development, campus transformation, and academic partnerships demonstrates an organization that is actively preparing for the future while responding to current needs. The hospital is strengthening its capacity to provide effective psychiatric treatment, investing in the workforce required to deliver that treatment, addressing long-standing infrastructure needs, and establishing the foundation for OSH to become a recognized center for psychiatric education and clinical training.

As OSH continues this work, the hospital's priorities remain focused on improving the quality and effectiveness of treatment, maintaining a safe and supportive environment, developing and retaining a highly skilled workforce, and ensuring that campus resources support contemporary psychiatric care.

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 44 counties in Kansas in collaboration with 15 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 five institutions supervised by KDADS and is one of three 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 2027, OSH requests revised expenditures totaling $67,522,955 of which $54,510,167 is from the State General Fund. For FY 2028, OSH requests revised expenditures totaling $68,514,215 of which $9,021,345 is from the State General Fund.
For FY 2028, an enhancement is requested totaling $860,000 in OSH SGF for key card access. More detailed information is available in the supplemental and enhancement portion of the narrative.

OUTCOMES OVERVIEW:

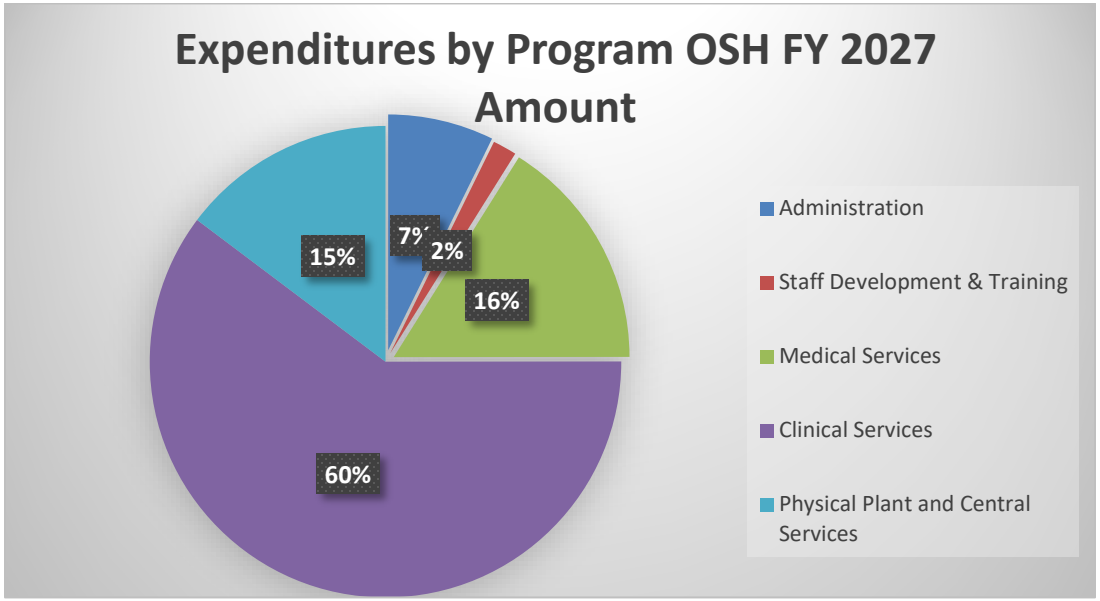
Agency Outcomes presents information related to patient admissions like referral sources and county locations of admissions. Furthermore, it provides insights into various facets of inpatient care, including the number of patients served and the duration of their stays. Lastly, the outcomes include financial 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.

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.

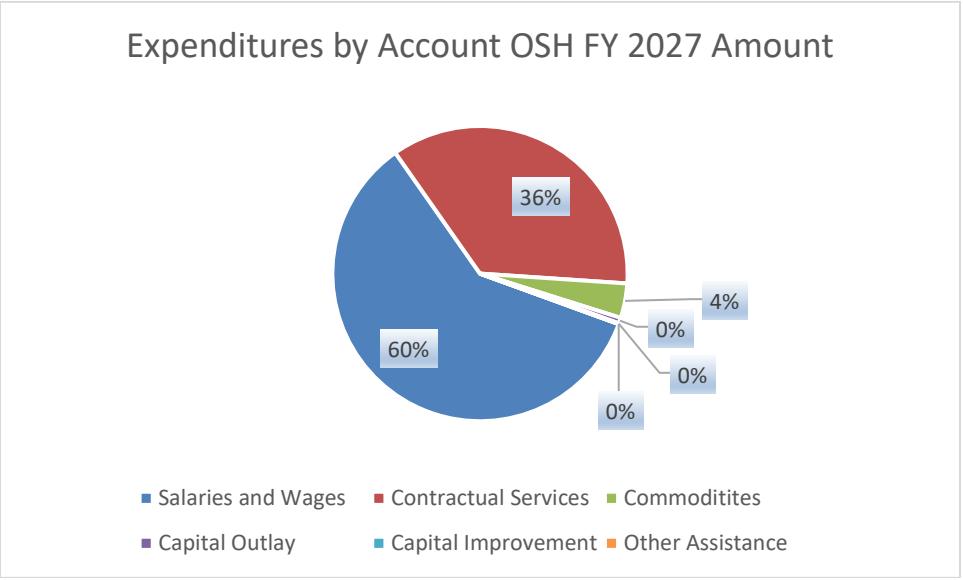
FY 2023 through FY 2027 OSH Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	31.5	30.0	23.3	21.0	21.0
Staff Development and Training	5.4	2.5	3.6	4.7	4.7
Medical Services	16.5	16.0	16.1	12.6	12.6
Clinical Services	241	227.6	228.2	143.5	143.5
Trust & Benefits	6	6.0	6.0	6.0	6.0
Physical Plant/Central Services	62.6	57.2	57.2	54.6	54.6
TOTAL APPROVED POSITIONS	**362.95**	**339.31**	**334.35**	**242.38**	**242.38**

Projected Overall Shrinkage FY 2027: 2.95%
Projected Overall Shrinkage FY 2028: 2.95%

Expenditures by Program OSH FY 2026	
Program	**Amount**
Administration	$ 3,181,408
Staff Development and Training	$ 719,638
Medical Services	$ 7,041,187
Clinical Services	$ 26,401,937
Physical Plant and Central Services	$ 6,452,915
Total	**$ 43,797,085**

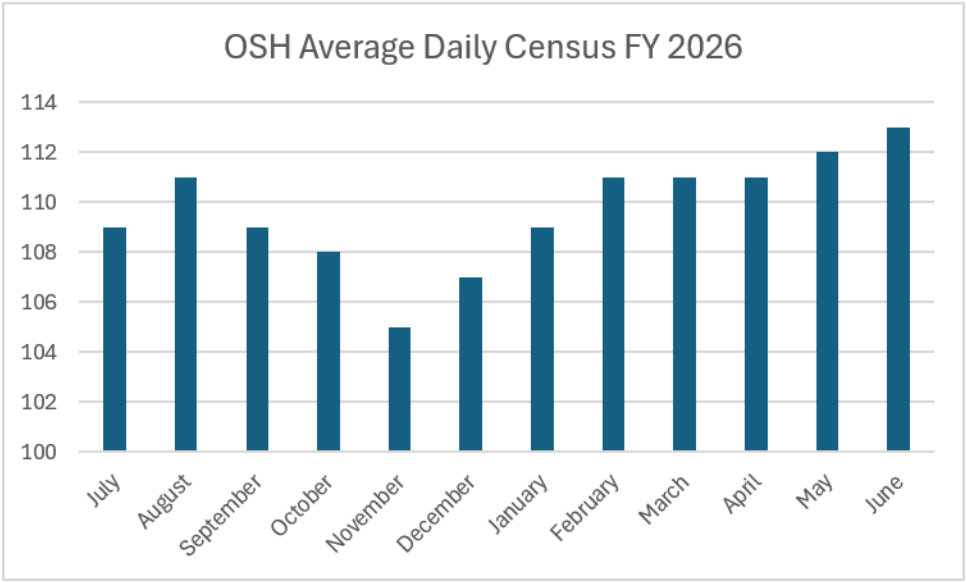


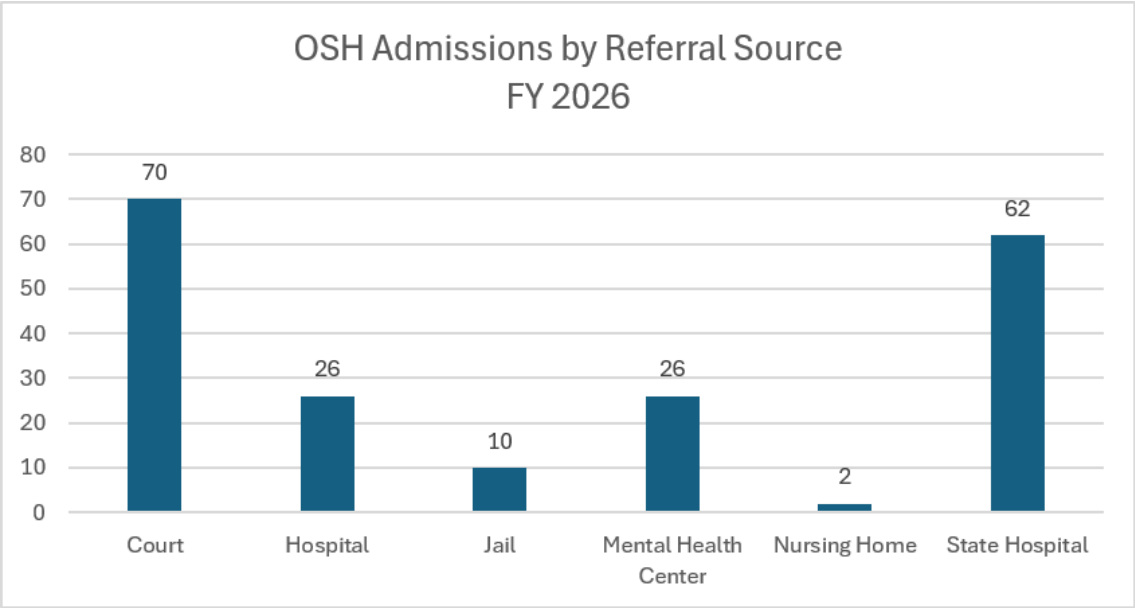
Expenditures by Account OSH FY 2026	
Account	**Amount**
1 Salaries and Wages	$ 44,379,830
2 Contractual Services	$ 26,606,319
3 Commodities	$ 2,815,570
4 Capital Outlay	$ 460,500
5 Capital Improvement	$ 55,000
9 Other Assistance	$ 5,000
TOTAL	$ 74,322,219



ADC FY 2026 OSH

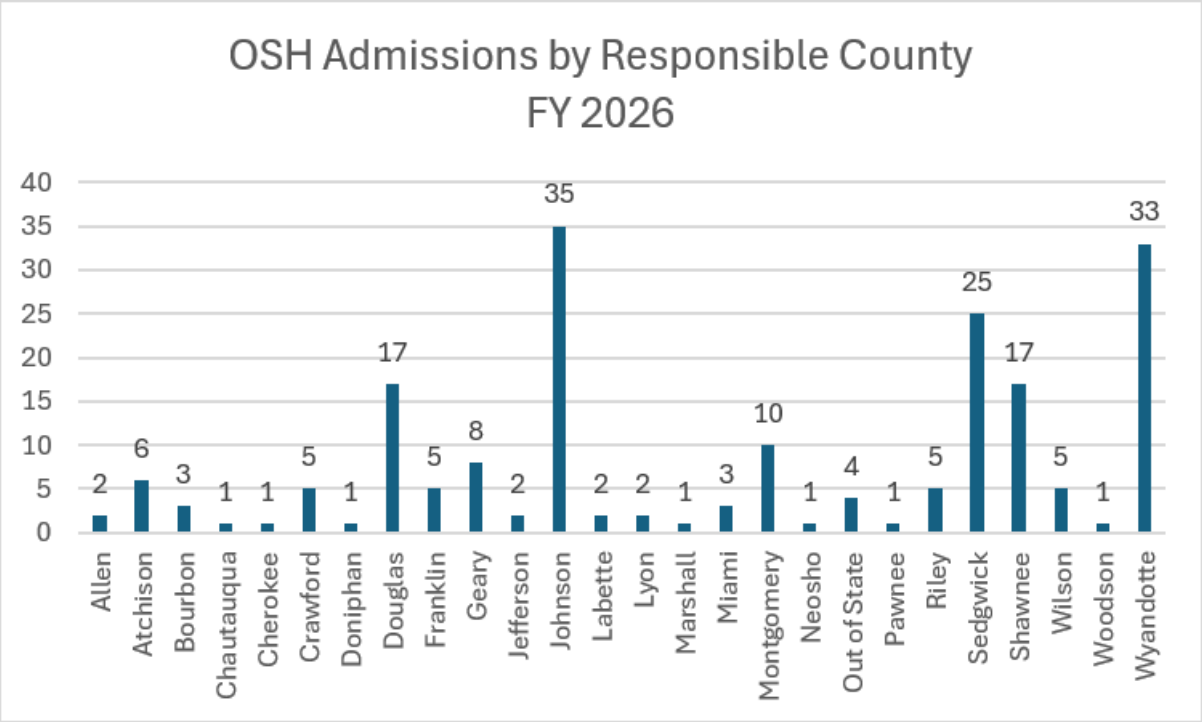
Month	ADC
July	109
August	111
September	109
October	108
November	105
December	107
January	109
February	111
March	111
April	111
May	112
June	113





Referral Source	Admissions
Court	70
Hospital	26
Jail	10
Mental Health Center	26
Nursing Home	2
State Hospital	62

Responsible County	Admissions
Allen	2
Atchison	6
Bourbon	3
Chautauqua	1
Cherokee	1
Crawford	5
Doniphan	1
Douglas	17
Franklin	5
Geary	8
Jefferson	2
Johnson	35
Labette	2
Lyon	2
Miami	3
Montgomery	10
Neosho	1
Out of State	4
Pawnee	1
Riley	5
Sedgwick	25
Shawnee	17
Wilson	5
Woodson	1
Wyandotte	33


OSH Admissions by Responsible County
FY 2026
40
35
30
25
20
15
10
5
0
2
6
3
1
1
5
1
17
5
8
2
35
2
2
1
3
10
1
4
1
5
25
17
5
1
33
Allen
Atchison
Bourbon
Chautauqua
Cherokee
Crawford
Doniphan
Douglas
Franklin
Geary
Jefferson
Johnson
Labette
Lyon
Marshall
Miami
Montgomery
Neosho
Out of State
Pawnee
Riley
Sedgwick
Shawnee
Wilson
Woodson
Wyandotte

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

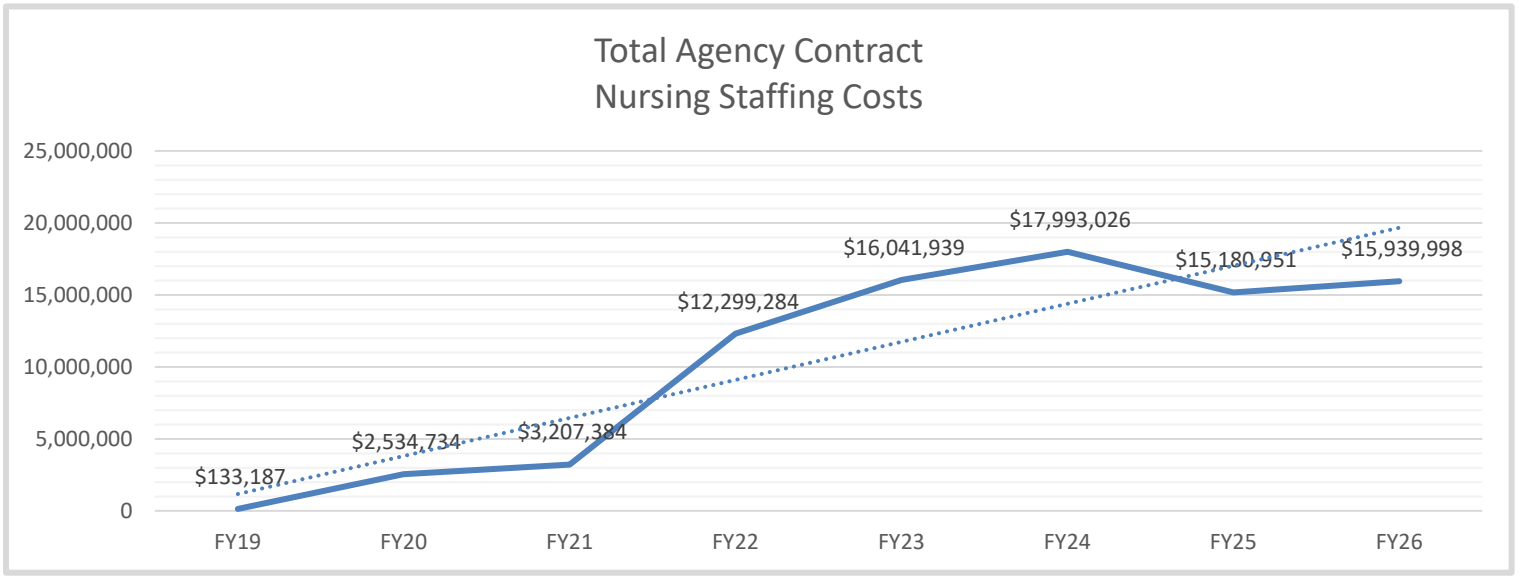
Justification: OSH is requesting a supplemental of $2,000,000 SGF in FY 2027 and an enhancement of $2,000,000 SGF in FY 2028 to fund contracted direct care staff needed to meet the established direct care staff to patient treatment ratios. While contracted (traveling) staffing was needed to safely staff OSH before the pandemic, since COVID, OSH has seen a steady decline in retention of registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs).

Over the past six years, OSH has implemented several strategies to improve recruitment and retention of direct care staff. These efforts include enhanced de-escalation training, competitive wage increases, expanded shift differentials, self-scheduling opportunities for registered nurses, and the strategic use of contracted (traveling) staff to ensure safe staffing levels and maintain required staff-to-patient ratios.

To reduce long-term reliance on contracted staff, OSH also implemented a policy limiting agency staff who reside within 60 miles of the hospital to a maximum of two years of employment. This encourages recruitment into permanent positions while maintaining continuity of care.

Although these initiatives have helped slow employee turnover, they have not been sufficient to recover from the significant loss of experienced staff or overcome the ongoing challenges of recruiting enough qualified full-time employees to meet operational needs. As a result, OSH continues to rely on contracted staffing to safely operate the hospital.

Supplemental and enhanced funding is needed to support continued recruitment and retention initiatives, reduce dependence on contract staffing, and ensure the hospital can maintain a stable, qualified workforce capable of providing safe, high-quality psychiatric care to Kansans.



Description	FY 2027 SGF	FY 2028 SGF
Funding for Contracted (Traveling) Direct Care Staff	**$2,000,000**	**$2,000,000**

Supplemental/Enhancement Request #2/2: Funding to staff A Building

Justification: The renovation of A Building represents a significant investment in the future of Osawatomie State Hospital (OSH) and will expand the hospital's capacity to provide safe, high-quality inpatient psychiatric services. While capital improvement funding addresses the physical infrastructure, additional operating funding is necessary to staff the renovated building and ensure it can be fully utilized.

The renovated A Building will add 30 individual patient beds, increasing the hospital's ability to serve Kansans experiencing acute mental illness, reduce wait times for inpatient psychiatric treatment, and improve access to behavioral health services through the state. Without adequate staffing, this newly renovated space cannot be safely occupied or licensed for patient care, resulting in an underutilized state investment.

The enhancement request funds recruiting and retaining the multidisciplinary workforce required to safely operate the renovated unit, including registered nurses, mental health technicians, psychiatrists, social workers, therapists, housekeeping, and other essential support personnel. Staffing levels are based on patient acuity, regulatory requirements, and the need to provide continuous 24-hour care in a secure inpatient psychiatric setting.

After evaluating the operational costs of opening these beds as either an Osawatomie State Hospital (OSH) licensed unit or as an Adair Acute Care (AAC) CMS-certified unit, operating the additional beds as an OSH licensed unit is the more fiscally responsible option. The estimated annual personnel cost to operate the unit as an OSH licensed unit is approximately $4.66 million in salaries alone, compared to $5.22 million if operated as an AAC certified unit—an annual savings of nearly. 559,227. The increased costs associated with an AAC unit are primarily driven by additional staffing requirements necessary to meet CMS Conditions of Participation, including increased registered nurse coverage and other regulatory requirements. While those standards are appropriate for the existing AAC program, they are not required for an OSH licensed psychiatric unit.

Equally important, the additional beds being requested are the beds most needed by Kansas' community mental health centers, emergency departments, law enforcement agencies, and other referring providers. The greatest demand across the state continues to be for state psychiatric hospital beds serving civil and forensic patients requiring longer-term stabilization and treatment, rather than additional short-term acute care beds. Expanding OSH licensed capacity directly addresses the state's current access challenges, reduces delays in admission, and increases the availability of the level of care community providers are consistently requesting.

Position / Financial Measure	30-Bed Licensed	30-Bed Certified	Difference
Registered Nurse	8 FTE	16 FTE	+8 FTE
Social Worker	2 FTE	2 FTE	—
Therapist	2 FTE	4 FTE	+2 FTE
Psychiatrist	2 FTE	2 FTE	—
LMHT/LPN	8 FTE	0 FTE	-8 FTE
MHDDT	24 FTE	24 FTE	—
Leisure & Fitness	4 FTE	4 FTE	—
Housekeeping	2 FTE	2 FTE	—
TOTAL FTEs	**52**	**54**	**+2 FTE**
Total Annual Personnel Cost	**$4,661,154**	**$5,220,381**	**+$559,227**
Annual Personnel Cost per Bed	**$155,372**	**$174,013**	**+$18,641**

Description	FY 2028 SGF	Description	FY 2028 SGF
Funding for Staffing for A building increase bed capacity by 30 for Licensed Beds	**$4,700,000**	**Funding for Staffing for A building increase bed capacity by 30 for Certified Beds**	**$5,200,000**

Supplemental/Enhancement Request: Campus-Wide Access Control

Justification: Osawatomie State Hospital is proposing a campus-wide enhancement to replace and expand its current physical key and electronic access control systems. The project would install modern card reader access controls on all active buildings across the hospital campus, improving security, accountability, and the hospital's ability to promptly control building access.

Safety and security concerns were identified during a recent Legislative Post Audit review of the facility, including concerns related to the hospital's control and management of physical keys. Currently, staff members are assigned physical keys at the time of hire that allow them to enter designated buildings throughout the campus. When an employee separates from employment, the hospital relies on the individual to return all assigned keys. When keys are lost or not returned, they may continue to provide unauthorized access to hospital buildings unless locks are replaced or rekeyed.

A modern electronic access control system would significantly reduce this risk. Electronic access cards can be activated based on an employee's position and assigned work location. When an employee leaves the hospital, changes positions, or no longer requires access to a particular area, their access can be immediately modified or deactivated. Even when a card is not returned, it can be electronically disabled and will no longer open hospital doors. This provides a level of security and accountability that cannot be achieved through the continued use of traditional physical keys.

Currently, East Biddle and West Biddle, where Adair Acute Care is housed, are the only patient buildings using a functioning card reader access control system. Staff assigned to these buildings can use an electronic access card rather than a physical key to enter the facility. Adair A, Adair B, and Adair C have older card reader systems; however, those systems are outdated and require significant repair or replacement.

The proposed project would repair, replace, standardize, and expand electronic access controls throughout the campus. Card readers would be installed at designated entrances to patient-care buildings, administrative areas, operational facilities, storage locations, and other active hospital buildings. A standardized campus-wide system would allow the hospital to centrally manage access permissions, deactivate credentials, review access activity, and assign building access based on an employee's duties and operational needs.

The total project would cost $860,000 and has been divided into three priorities based on patient safety, operational risk, and the value of assets located within each building.

Priority One: Patient-Care Buildings — $245,000

Priority One would address buildings where patients are housed. This phase would include repairing or replacing outdated access control systems and installing modern card readers at designated entrances to patient-care buildings that do not currently have a reliable electronic access control system.

Patient-care buildings represent the hospital's highest security priority. Improving access controls in these areas would help prevent unauthorized entry, protect patients and staff, and allow the hospital to immediately remove access when an employee separates from employment or changes job responsibilities. This phase would also provide greater consistency across patient buildings by establishing a standardized method of entry and access management.

Priority Two: Buildings Housing Fiscal Assets — $255,000

Priority Two would include active buildings where financial records, cash, inventory, medications, equipment, supplies, vehicles, information systems, or other valuable fiscal assets are stored.

These locations may be vulnerable when access is controlled primarily through physical keys that can be lost, copied, or not returned. Electronic access controls would allow the hospital to limit entry to authorized employees, promptly remove access when necessary, and maintain an electronic record of card activity. This would strengthen internal controls and provide additional protection for state property and hospital resources.

Priority Three: All Other Active Campus Buildings — $360,000

Priority Three would extend card reader access controls to all remaining active buildings on the Osawatomie State Hospital campus.

Completing this phase would provide the hospital with a comprehensive and consistent campus-wide access control system. Staff access could be assigned according to position, department, work location, shift, and operational responsibility. This would reduce the number of physical keys issued, improve key and access accountability, and simplify access management across the campus.

Priority	**Project Component**	**Purpose**	**Estimated Cost**
Priority One	**Patient-Care Buildings**	Repair or replace outdated	**$245,000**

		access control systems and install modern card readers at designated entrances to patient-care buildings. This phase focuses on protecting patients and staff by preventing unauthorized access and allowing immediate removal of employee access when needed.	
Priority Two	**Buildings Housing Fiscal Assets**	Install electronic access controls in buildings that house financial records, medications, equipment, supplies, vehicles, information systems, and other valuable state assets. This phase strengthens internal controls and protects hospital resources.	**$255,000**
Priority Three	**All Other Active Campus Buildings**	Extend electronic card reader access controls to all remaining active campus buildings, creating a standardized campus-wide access management system and reducing reliance on physical keys.	**$360,000**
TOTAL	**Comprehensive Campus-Wide Access Control System**	**Full implementation of all three priorities**	**$860,000**

EXPLANATION OF RECEIPT ESTIMATES - DA 405

FY 2027 State General Fund Limitations

Agency	Name	Fund Name	Fund	BU	FY 2027 Approved Expenditures	FY 2027 Re-appropriation	Transfers	Supplemental Package	SGF Transfers	FY 2026 Cash Forward	FY 2027 Adjusted Expenditure Request
410	Larned State Hospital										
		SGF Operating	1000	0103	$62,805,814	-	-	$18,000,000	-	-	$80,805,814
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF-SPTP New Crime	1000	0110	$0	-	-	-	-	-	$0
		SGF - SPTP	1000	0200	$27,284,209	-	-	-	-	-	$27,284,209
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	$38,586,561	$21,150	-	$2,000,000	-	-	$40,607,711
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF SPTP-MiCo	1000	0200	$2,665,506	$3,100	-	-	-	-	$2,668,606
	Adair Acute Care										
		SGF Certified Care	1000	0101	$13,227,607	$6,093	-	-	-	-	$13,233,700
631	South Central Regional										
	Mental Health Hospital	SGF Operating	1000	0100	$35,000,000	-	-	-	-	-	$35,000,000
507	Parsons State Hospital										
		SGF Operating	1000	0100	$22,697,807	-	-	-	-	-	$22,697,807
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF- SPTP	1000	0200	$2,738,086	-	-	-	-	-	$2,738,086
363	Kansas Neurological Institute										
		SGF Operating	1000	0303	$19,891,222	-	-	-	-	-	$19,891,222
		SGF Hospitality	1000	0304	$150	-	-	-	-	-	$150
	Total SGF				$224,897,412	$30,343	$0	$20,000,000	$0	$0	$244,927,755

FY 2028 State General Fund Limitations

Agency	Name	Fund Name	Fund	BU	FY 2028 Estimated Expenditures	FY 2028 Re-appropriation	Transfer	Enhancement Package	SGF Transfers	KDADS Transfer IN	FY 2028 Adjusted Expenditure Request
410	Larned State Hospital										
		SGF Operating	1000	0103	$65,031,478	-	-	$22,766,076	-	-	$87,797,554
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF-SPTP New Crime	1000	0110	$0	-	-	-	-	-	$0
		SGF - SPTP	1000	0200	$28,217,539	-	-	-	-	-	$28,217,539
494	Osawatomie State Hospital										
		SGF Operating	1000	0100	$40,068,521	-	-	$7,560,000	-	-	$47,628,521
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF SPTP-MiCo	1000	0200	$2,743,504	-	-	-	-	-	$2,743,504
	Adair Acute Care										
		SGF Certified Care	1000	0101	$13,617,597	-	-	-	-	-	$13,617,597
631	South Central Regional										
	Mental Health Hospital	SGF Operating	1000	0100	$36,230,730		-	11,059,789.00	-	-	$47,290,519
507	Parsons State Hospital										
		SGF Operating	1000	0100	$22,697,807	-	-	$276,744	-	-	$22,974,551
		SGF Hospitality	1000	0104	$150	-	-	-	-	-	$150
		SGF- SPTP	1000	0200	$2,738,086	-	-	-	-	-	$2,738,086
363	Kansas Neurological Institute										
		SGF Operating	1000	0303	$21,087,357	-	-	$1,388,326	-	-	$22,475,683
		SGF Hospitality	1000	0304	$150	-	-	-	-	-	$150
	Total SGF				$232,433,219	$0	$0	$43,050,935	$0	$0	$275,484,154

FY 2027 – FY 2028

EXPLANATION OF RECEIPT ESTIMATES - DA 405

FY 2027 Fee Funds

Agency	Name	Fund Name	Fund	BU	FY 2027 Estimated C&H Receipts	FY 2027 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2027 Cash Forward	FY 2027 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	$4,219,111		$1,150,286				$5,369,397	$1,150,286
		Title XIX No limit	2074	2200	$2,000,000		$692,058		$10,000,000		$12,692,058	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	$1,059,383		$1,999,249			($558,427)	$2,500,205	$1,440,822
		OSH TXIX No limit	2080	4300	$0		$1,181,575			$0	$1,181,575	
	Adair Acute Care	OSH Certified Care	2079	4201	$5,008,864		$1,343,659			($797,412)	$5,555,111	$546,247
		OSH TXIX Cert Care No Limit	2080	4301	$103,499		$740,479		$7,000,000	($607,381)	$7,236,597	
631	South Central Regional	SCR Fee Fund	2512	2512	$500,000		-			$0	$500,000	$0
	Mental Health Hospital	SCR XIX No limit	2126	2126	$1,500,000		$0			$0	$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	$1,150,000		$341,300			($340,500)	$1,150,800	$800
		Title XIX No limit	2083	2300	$18,500,000		$583,209			($299,017)	$18,784,192	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	$1,410,567		$317,816			($225,595)	$1,502,788	$92,221
		Title XIX No limit	2060	2200	$23,000,000		$237,960			($671,970)	$22,565,990	
	Total Fee Fund				$58,451,424	$0	$8,587,591	$0	$17,000,000	($3,500,302)	$80,538,713	
		Total Title XIX			$62,103,499	$0	$3,435,281	$0	$17,000,000	($1,578,368)	$63,960,412	$0
		KDADS Transfer			$60,000,000							
		KDADS Revenue			$60,000,000							

FY 2028 Fee Funds

Agency	Name	Fund Name	Fund	BU	FY 2028 Estimated C&H Receipts	FY 2028 Estimate Adj	Cash Forward	Add'tl Misc Revenue	Other Transfer	FY 2028 Cash Forward	FY 2028 Adjusted Expenditure	Supplemental Request
410	Larned State Hospital	LSH Fee Fund	2073	2100	$4,286,405		$0				$4,286,405	$0
		Title XIX No limit	2074	2200	$2,000,000		$0		$10,000,000		$12,000,000	
494	Osawatomie State Hospital	OSH Fee Fund	2079	4200	$1,059,383		$558,427			$0	$1,617,810	$558,427
		OSH TXIX No limit	2080	4300	$0		$0				$0	
	Adair Acute Care	OSH Certified Care	2079	4201	$5,008,864		$797,412			($113,040)	$5,693,236	$684,372
		OSH TXIX Cert Care No Limit	2080	4301	$103,499		$607,381		$7,000,000	($116,792)	$7,594,088	
631	South Central Regional	SCR Fee Fund	2512	2512	$500,000		$0				$500,000	$0
	Mental Health Hospital	SCR XIX No limit	2126	2126	$1,500,000		$0				$1,500,000	
507	Parsons State Hospital	PSH Fee Fund	2082	2200	$1,150,000		$340,500			($339,700)	$1,150,800	
		Title XIX No limit	2083	2300	$19,500,000		$299,017			($238,220)	$19,560,797	
363	Kansas Neurological Institute	KNI Fee Fund	2059	2000	$1,410,567		$225,595			($249,512)	$1,386,650	($23,917)
		Title XIX No limit	2060	2200	$23,000,000		$671,970			($619,159)	$23,052,811	
	Total Fee Fund				$59,518,718	$0	$3,500,302	$0	$17,000,000	($1,676,423)	$78,342,597	$1,218,882
		Total Title XIX			$63,103,499	$0	$1,578,368	$0	$17,000,000	($974,171)	$63,707,696	$0
		KDADS Transfer			$61,000,000							
		KDADS Revenue			$61,000,000							

OBJ

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 2026. OSH received rent from patients at the MiCo House, as part of their program goals. Moving into FY 2027 and FY 2028, 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, 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.

INFORMATION TECHNOLOGY:

The Information Technology (IT) department drives operational efficiency, clinical innovation, and safety at Osawatomie State Hospital. IT provides ongoing user management, form building, and data extraction. The team maintains critical systems including WellSky, data bridges, and legacy platforms like Patient Account Management, Medical Records Management, PCS and PCS 2.0 for historical records, alongside systems such as Pyxis and LabDaq. Beyond software, IT delivers hardware management, user training, and maintenance for general office equipment, building access, video surveillance, overhead paging, and HVAC systems. Funding directly supports system reliability, compliance, and the digital and physical security essential for patient care.

Goals and Updates:

Actively working to close out the camera project, this includes passing the project over to stakeholders and allowing for the system to be maintained via IT tickets. We are wrapping on the paging project by handing it off to stakeholders for oversight and management. We have implemented numerous upgrades to our inventory replacing outdated machines and providing necessary software upgrades to meet industry standards. We have enabled secure boot across our servers and our workstations to modernize our security standards. Our Server migration project has entered its first steps to retire our 2012 servers and migrate to our new 2025 cluster as well as migrating our virtual servers to the new platform. Finally we are working to modernize infrastructure for interdepartmental communication.

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. As well as reviewing and providing assistance with the evaluations through the Kansas Learning Performance Management (KLPM) system. Updates and maintains tracking of multiple sets of data including but not limited to, vacancy rates, turnover rates, KLPM completion, recruitment highlights and updates, worked hours, payroll processing, and bonus input and payout. HR also provides guidance and assistance with employee relations and policies.

Goals and Updates:

AAC/OSH Human Resources continues to develop practices, forms, and processes to maintain and enhance an effective and efficient workflow. We have worked with other hospitals under Kansas Department of Aging and Disability Services (KDADS) to align procedures in all HR aspects. For recruitment, the search for Physician Specialist applicants through Jackson Physician Search has proved successful with the hire of a Board-Certified Physician as well as two other candidates expressing intent to join OSH employment soon. With reclassifying multiple positions to Certified Nursing Aide, we have been able to encourage several agency staff to hire on State side. The employee transfer request process as well as the agency to State converting processes have continued to be improved. The HR department has and will continue to further refine these processes as well as those for progressive discipline and disciplinary letters alongside KDADS Central office HR. These will continue through 2026 and into 2027.

Performance Based Budgeting Goals:

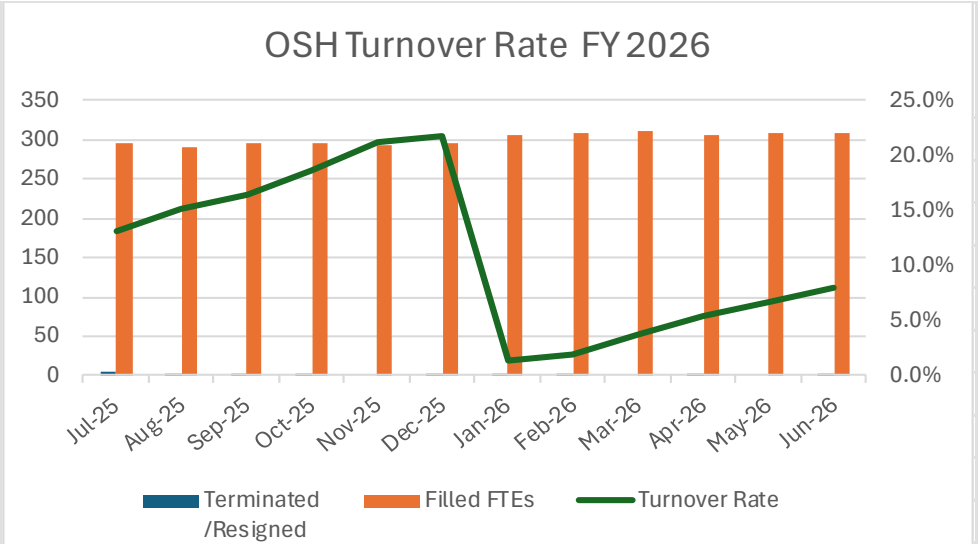
Goal: Track percentage of employees that turnover in a month

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 Actuals	FY 2027 Estimate
Annual Employee Turnover Rate	6.3%	10.7%	12.5%	11.1%	10.0%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-25	5	295.93	13.1%
Aug-25	1	291.95	15.1%
Sep-25	1	296.95	16.4%
Oct-25	3	294.84	18.7%
Nov-25	0	292.93	21.1%
Dec-25	2	295.42	21.8%
Jan-26	3	307.17	1.3%
Feb-26	2	309.64	2.0%
Mar-26	0	310.64	3.7%
Apr-26	2	306.13	5.4%
May-26	0	309.13	6.7%
Jun-26	2	307.62	8.0%



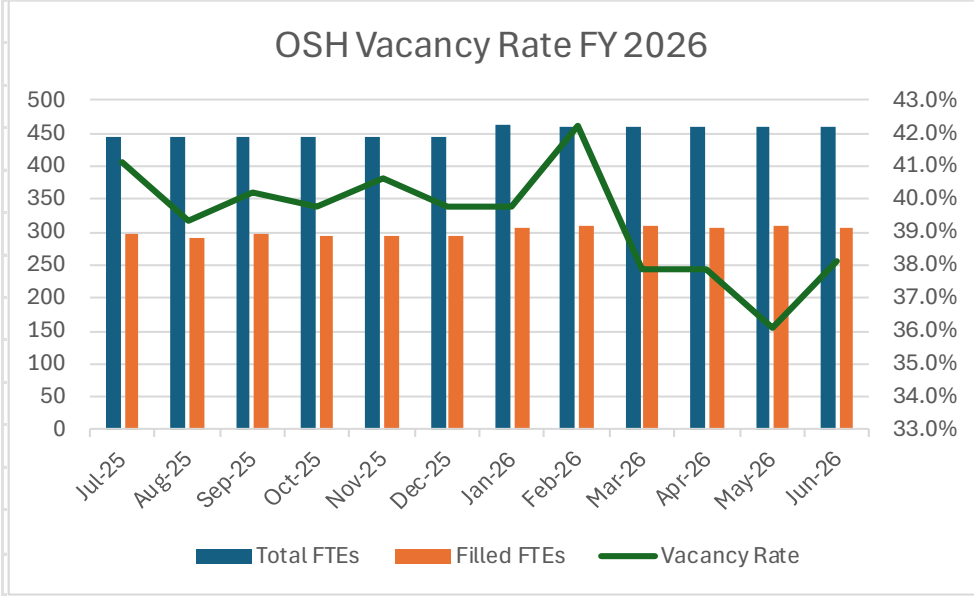
Goal: Track percentage of employee vacancies in a month

Measurement: Number of employees' vacancies recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate
Employee Vacancy Rate	39.3%	38.2%	33.9%	39.4%	33.0%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-25	443.99	295.93	41.1%
Aug-25	443.99	291.95	39.3%
Sep-25	443.99	296.95	40.2%
Oct-25	444.48	294.84	39.8%
Nov-25	444.48	292.93	40.7%
Dec-25	444.48	295.42	39.8%
Jan-26	462.83	307.17	39.8%
Feb-26	459.83	309.64	42.2%
Mar-26	459.83	310.64	37.9%
Apr-26	459.83	306.13	37.9%
May-26	459.83	309.13	36.1%
Jun-26	460.08	307.62	38.1%



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:

Risk Management has continued to advance several major safety initiatives this year. This past fiscal year, the department worked with IT to complete over 70 new camera installations, adding outdoor coverage and upgrading high-risk areas on the units. The department also led an extensive vendor evaluation for new crisis de-escalation training program to supplement CPI for security staff, comparing multiple vendors through calls, peer-hospital meetings, and staff feedback; Handle with Care was selected as the leading candidate, and the contract and purchase order have been signed and sent to the vendor, with training dates now pending leadership

confirmation. In parallel, Risk Management advanced the Security Monitoring Station project, working with IT to move equipment through Security approval and toward formal IT intake, and is developing a Camera Expansion Proposal with IT and Operations to extend camera coverage further across the facility. Additional work included an on-campus body camera demonstration for security leadership, continued evaluation of staff personal alarm badge technology, and ongoing tracking of patient falls and physical intervention metrics from July 2025 through June 2026 to support proactive risk identification.

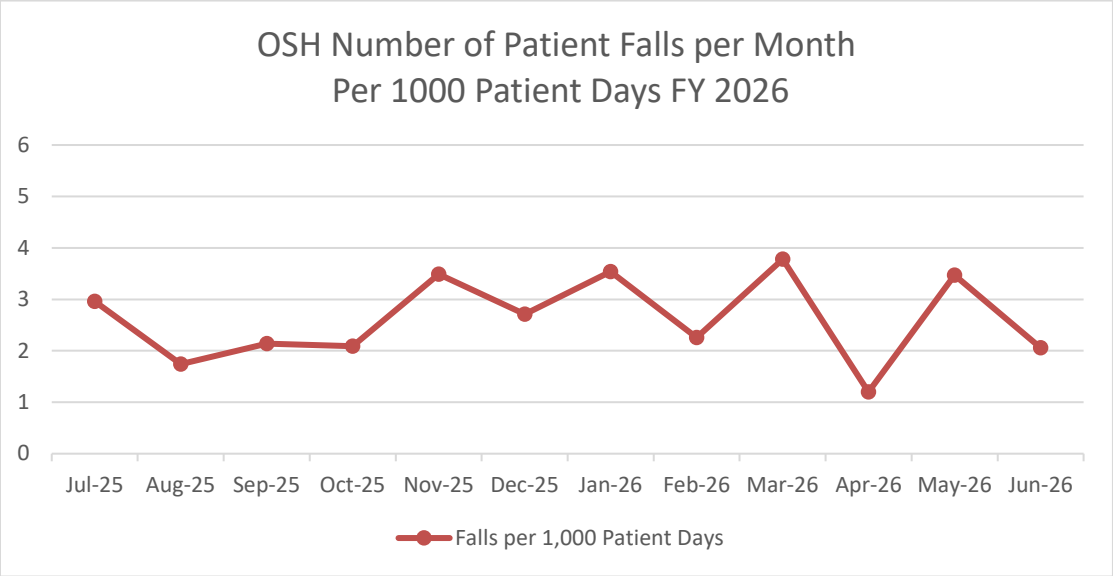
Performance Based Budgeting Goals:

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-25	2.96
Aug-25	1.74
Sep-25	2.14
Oct-25	2.09
Nov-25	3.49
Dec-25	2.71
Jan-26	3.54
Feb-26	2.26
Mar-26	3.78
Apr-26	1.2
May-26	3.47
Jun-26	2.06

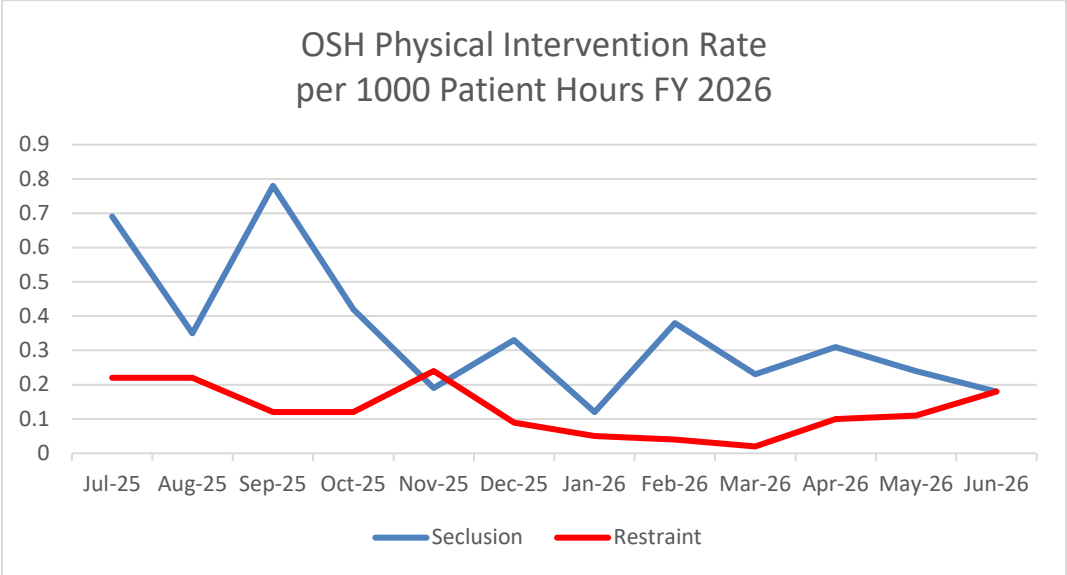


Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

Month	Seclusion	Restraint
Jul-25	0.69	0.22
Aug-25	0.35	0.22
Sep-25	0.78	0.12
Oct-25	0.42	0.12
Nov-25	0.19	0.24
Dec-25	0.33	0.09
Jan-26	0.12	0.05
Feb-26	0.38	0.04
Mar-26	0.23	0.02
Apr-26	0.31	0.1
May-26	0.24	0.11
Jun-26	0.18	0.18



HEALTH INFORMATION MANAGEMENT:

The Health Information Management (HIM) Department oversees core medical record operations for Osawatomie State Hospital (OSH). To ensure strict regulatory compliance and data integrity, the department aligns its practices with the American Health Information Management Association (AHIMA), state, and federal guidelines. In addition to current operations, the department manages historical data custody for retired state facilities. This includes maintaining records for the closed Rainbow Mental Health Facility (RMHF) within the Patient Care System (PCS) database, as well as securing the archived statistical cards from the former Topeka State Hospital. To optimize operational efficiency and update infrastructure, the legacy Patient Care System (PCS) was formally retired in December 2024. Most of the daily operations have transitioned to a modernized Electronic Health Record (EHR) platform.

Beyond core record processing, release of information (ROI), and genealogy fulfillment, the OSH HIM Department manages critical revenue cycle and compliance functions. This includes medical coding, auditing, utilization review, and admissions. Additionally, the department drives organizational oversight and clinical support through comprehensive EHR administration, cross-disciplinary process streamlining, data management, monthly reporting, survey fulfillment, and dedicated unit assistance via Program Assistants.

Goals and Updates:

Since the implementation of the new Electronic Health Record (EHR) in October 2024, the Health Information Management (HIM) Department has successfully advanced its initiative to update procedures, streamline workflows, and develop sustainable solutions to support hospital operations, regulatory compliance, and patient care. The department has worked collaboratively with Information Technology (IT), Business Services, clinical departments, and external vendors to address system limitations while ensuring critical hospital functions remain operational and compliant.

A significant accomplishment was the development of an external Patient Time Check (PTC) system after it was determined that the accountability flow sheets previously used by the facility could not be effectively incorporated into the new EHR. HIM collaborated with IT to design and implement a solution tailored to the hospital's operational needs while maintaining strict documentation and compliance standards.

HIM also partnered with IT to develop a patient scheduling system for group therapies. The new EHR did not provide the functionality previously available through the Patient Care System (PCS), requiring the development of an alternative process that could meet the facility's clinical, scheduling, and documentation requirements.

To further support regulatory compliance, HIM developed an external charting-requirement tracking process for use across multiple disciplines. This functionality provides departments with a mechanism to monitor required clinical documentation and identify outstanding charting requirements when the current EHR does not provide sufficient functionality to support these compliance-monitoring needs.

The department has also worked extensively with IT and multiple external vendors to establish and improve the Laboratory Services interface with the EHR. These efforts have included troubleshooting interface issues, refining workflows, and streamlining processes to ensure continuity of laboratory services and accurate transmission of information.

Additionally, HIM has continued to review and update EHR documentation across multiple hospital departments to better align

electronic documentation with clinical workflows, operational requirements, and applicable compliance standards. This work remains an ongoing initiative as the facility continues to optimize the EHR following implementation.

HIM has also made substantial progress in the modernization and preservation of historical patient records. Osawatomie State Hospital STAT cards have been completed and uploaded into the PCS database. The department is currently processing Rainbow Mental Health Facility STAT cards and outpatient STAT cards for uploading into the appropriate PCS and outpatient databases. Both historical-record modernization projects are projected to be completed by the end of calendar year 2026.

Finally, HIM continues to work closely with Business Services to strengthen Revenue Cycle workflows within the new EHR. This collaboration focuses on identifying system and process gaps, developing workable solutions, and improving workflows necessary to support accurate, timely, and compliant patient billing. These efforts are ongoing as the facility continues to refine Revenue Cycle operations within the new EHR environment.

Collectively, these initiatives demonstrate HIM's continued role in supporting the hospital's transition to the new EHR, addressing system limitations, modernizing historical records, maintaining regulatory compliance, and developing sustainable processes that support clinical, administrative, and financial operations.

Expenditures for Administration:

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 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 2027: $5,031,192 is requested. The shrinkage rate is 4.89%.

FY 2028: $4,579,703 is requested. The shrinkage rate is 4.89%.

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 2027: $836,402 is requested.

FY 2028: $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 2027: $32,825 is requested.

FY 2028: $32,825 is requested.

Account Codes 54000 – 54900: Capital Outlay

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 2027: $154,750 is requested.

FY 2028: $154,750 is requested.

Account Codes 55000: Other Assistance

No funds requested.

FY 2027: $0 is requested.

FY 2028: $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 the orientation and ongoing education of all hospital staff at Osawatomie State Hospital (OSH). SD&T utilizes a variety of instructional methods, including instructor-led presentations, computer-based training (CBTs), and hands-on skills training, to ensure employees receive comprehensive education and maintain required competencies.
SD&T also provides Continuing Education (CE) credit opportunities to fulfill state re-licensure requirements for licensed nursing staff, including LMHTs, LPNs, RNs, and APRNs, as well as other licensed professionals throughout the facility, including therapists, social workers, and psychologists.

Director of Staff Development and Training provides leadership and oversight for the department, nursing education and programs by monitoring educational outcomes, continuing education credit hours and applicable staff licensing requirements. Serving as the Coordinator for the Long-Term Continuing Nursing Education (LT-CNE) provider for Osawatomie State Hospital. Preparing and submitting required annual reports and the five-year LT-CNE renewal report. Maintaining documentation of Continuing Education credits earned for the Kansas State Board of Nursing (KSBN) and Behavioral Sciences Regulatory Board (BSRB). Ensuring CE certificates are issued and records are securely maintained electronically. Serving as the KLMS Administrator for Osawatomie State Hospital. Creating and managing computer-based trainings for ongoing education and training new educational programs requested by hospital departments.

Goals and Updates:

EXPO 2026 will serve as the annual competency training program for Osawatomie State Hospital employees. The program is

designed to provide essential knowledge and skills development through a combination of hands-on instruction and computer-based training (CBTs). The addition of hands-on training opportunities and expanded educational offerings is intended to strengthen staff proficiency, promote consistency in practice, and enhance employee confidence in performing essential patient-care and safety-related skills. We have also expanded our educational offerings to include Continuing Education courses led by external presenters for licensed staff. These presenters bring diverse experiences, perspectives, and areas of expertise that may differ from those within our facility, providing staff with valuable opportunities to broaden their knowledge and learn new approaches. These courses are open to all staff, including those who do not maintain a professional license, as the information and skills presented can benefit everyone in supporting safe, high-quality patient care.

Expenditures for Staff Development and Training:

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 2027: $579,888 is requested. The shrinkage rate is 4.31%.

FY 2028: $607,899 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 2027: $15,000 is requested.

FY 2028: $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 2027: $12,400 is requested.

FY 2028: $12,400 is requested.

Account Codes 54000 – 54900: Capital Outlay

Funds requested for necessary capital for Staff Development.

FY 2027: $2,200 is requested.

FY 2028: $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 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 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, and identification of areas for improvement. Medical staff have also implemented a Foot Care Clinic as an APRN became certified to provide these needed services in house which has since decreased outside medical appointments. The team has also developed a program to provide IV fluids and/or antibiotics on campus as well.

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 six more Staff Physician Specialists. If these positions are filled, the department will have continuous flexibility amongst scheduling of staff. If these positions are filled promptly, scheduling will remain fluid.

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. On the other hand, 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 operational inquiries and issues requiring a pharmacist to physically be on grounds. 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:

The hospital implemented remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration in July 2025. This remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2026 was the fourth anniversary of implementing Pyxis machines on every patient unit. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department is planning to update Pyxis to the latest software version available starting in March 2027. Pharmacy updated its medication unit packaging machine in April 2026 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 department is implementing software that tracks medication providences to comply with federal DSCA regulations. The pharmacy, in collaboration with the medical staff,

published the hospital formulary medication management resource book 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. Medications listed on the hospital formulary are under continual review and revision, as new medication comes on the market and prescribing practices change. Pharmacy has expanded its drug information resources to include UpToDate, Clinical Pharmacology, The Pharmacist's letter, Stahl on-line and the Sandford Guide. Pharmacy is collaborating with the psychiatric physicians to enable pharmacists to actively manage patients on Clozaril therapy via established protocols.

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:



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: $7,631,448 is requested. The shrinkage rate is 3.05%.

FY 2027: $10,082,311 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 2027: $1,654,618 is requested.

FY 2028: $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 2027: $1,029,080 is requested.

FY 2028: $1,029,080 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds would allow replacement of medical equipment as needed.

FY 2027: $22,000 is requested.

FY 2028: $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:

The psychology department provides clinical leadership and supervision to the masters level therapists in addition to provision of direct patient service. Psychologists provide group and individual therapy as well as treatment team leadership in similar ways to masters level clinicians as well as provide psychological assessment to assist in diagnosis or determination of specific areas of difficulty or deficit (such as dementia, intellectual disability or feigned/malingered symptoms). Psychologists also provide specialty competency to stand trial evaluations and other forensic reports for the criminal court population at the hospital. Since 2024, the department director and one additional psychologist continue to be responsible for care and treatment reports and testimony across all OSH units. Coverage for this service began to relieve the psychiatry department.

Goals and Updates:

Two FTE psychologist positions remain vacant since they were approved by the Legislature for FY2026. The salaries for the doctoral level staff were reviewed and found to be substantially lower than comparable positions at Larned State Hospital. A proposal was made and accepted for aligning the salaries across the state facilities. This adjustment will also impact how the vacant positions are advertised.

In the past year, significant progress was made with the development of the doctoral training program. The application to become an APPIC/APA

internship was submitted in July 2025 and OSH was accepted as an APPIC member internship site. The hospital participated in the 2026-2027 internship match and successfully matched with two doctoral interns who began their year of training at OSH in July, 2026. Interns will have rotations in general inpatient treatment, forensic treatment including competency to stand trial evaluation, and leadership.

A post-doctoral residency position has also been filled for the 2026-2027 academica year, and this individual began at OSH in early August. Post-doctoral training will mirror internship experiences for general and forensic work and will also include care and treatment evaluation and court testimony. The hospital has submitted the APA self-study and is awaiting a site visit from the APA before accreditation can be granted.

The hospital continues to serve as a year-long practicum site for students in doctoral psychology programs and the class of 2025-2026 included 3 therapy students and 2 assessment students. A new group of students began their practicum in July 2026 and will remain until June 2027.

Primary ongoing goals remain focused around obtaining APA accreditation for the internship program and maintaining or expanding the post-doctoral residency program. Both internship and residency programs may have positive impacts on vacancy rates if individuals are interested in pursuing a FTE position post training. Clinical groups will also be a focus area this year with multiple additional groups planned across treatment units; a component of internship and residency training includes group and individual and these individuals are currently working to identify group topics and initial plans for group.

Clinical Therapy:

Clinical therapy provides group and individual therapy to patients across all OSH units. Therapists serve as leaders in treatment team and work closely with the other professional staff on the unit to develop and monitor treatment plans tracking patient goals and progress. Clinical therapists continue to provide most psychoeducational groups across the campus. As part of their annual evaluation expectations, department staff provide 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.

Goals and Updates:

There are multiple current vacancies within the department. Utilization of agency/contract therapy staff was considered but not pursued at this time due to the addition of the doctoral interns and post-doctoral resident who provide group and individual treatment to patients while also receiving oversight and supervision from the fully licensed psychology staff. Goals for the coming year are maintaining or increasing provision of supervision to masters level practicum students as this has been an area leading to conversion of individuals from student to therapist in prior years. Review and adjust existing clinical groups to address any changed needs on the units. Last year we attended the KU job/practicum fair and this and other similar events may help to increase visibility to grow interest in OSH as a training site or job site.

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 must 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. Patients involved working through the department are provided 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 remains active and employs 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 have a small showroom available as well as a brochure. Monthly emails are sent across campus to announce new projects. The workshop has been commissioned for multiple large scale community projects, often through provision of items for charity events. The workshop also works with HR and the superintendent's office to provide plaques for staff retiring or being given other acknowledgements.

In the past year, the department has been a factor in the discharges of multiple complex patients. Department staff worked extensively to assist patients in obtaining their identification, including proof of citizenship. Staff have accompanied patients to their discharge locations for support, including traveling with a patient for a long-distance discharge to family on the west coast as the patient was not capable of independent travel.

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 fluctuated regarding staffing levels and currently has 1 FTE vacancy and one half-time (999) vacancy. In the past year, the hospital's music therapist retired leaving a vacancy which was converted into a general LF position due to inability to fill existing creative arts vacancies. The department has continued to provide hospital-wide events for patients, including dances and carnivals as well as holiday programs and a field day. Schedules for music and art were adjusted this year to increase services provided (prior to retirement of the music therapist). Art groups were increased and are structured to allow for both single hours and double (2-hour blocks) for each unit throughout the week to allow opportunities for greater depth and participation.

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.

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:

Patient gardens, raised beds, and a staff/community garden were planted last fiscal year with patients enjoying harvest and groups about preservation in the late summer and early fall of 2025. Profits from plant and vegetable sales are returned to the department budget for the following year's soil and seeds.

Significant damage was sustained to both greenhouses due to a hail event occurring in April, 2026. Due to the extent of the damage, patient groups at that area were discontinued. The smaller of the two greenhouses was repaired and groups have resumed with revisions to utilize the single space. Plans are in place to repair the larger greenhouse but this has not yet occurred. Despite the destructive storm, staff were able to salvage and plant outside gardens and when patients were able to return to the greenhouses they have been able to care for those spaces.

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 Plants were sourced and sold to the City of Osawatomie for their planters and garden areas. Plant sales including spring baskets, fall mums and holiday poinsettias and cacti continued to be available to staff and members of the community.

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, one vacant position for a social worker remains unfilled due to salary constraints.

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.

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 develops and evaluates 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:
Dietary service continues to work with our contracted vendor to ensure the timeliness of meals delivered to the units while maintaining appropriate food temperature along with providing appropriate diets. OSH has seen an increase in dietary texture modifications which require oversite.

NURSING:

The Nursing Department at Osawatomie State Hospital plays a critical role in the assessment, treatment, safety, and recovery of individuals with complex psychiatric and medical needs. Nursing services are provided through a multidisciplinary approach that integrates psychiatric care, medical management, crisis intervention, patient safety, and recovery-focused treatment.

During the past year, the Nursing Department has continued to focus on strengthening patient safety, expanding services that can be provided on-site, improving staff competency, modernizing nursing processes, and building a stable and qualified state workforce. Several significant initiatives were implemented to improve patient outcomes, reduce unnecessary transfers to outside medical facilities, enhance staff accountability, and support the hospital's continued development as a teaching hospital specializing in psychiatric care.

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:
Over the past fiscal year, the Nursing Department has continued to focus on improving patient safety, expanding on-site services, strengthening staff competency, and improving the overall quality of psychiatric and medical care provided at Osawatomie State Hospital. Several significant initiatives were implemented, including the transition to electronic patient safety time checks, with staff education and ongoing monitoring to improve the accuracy and accountability of required safety observations. The department also implemented patient hygiene tracking, along with an Involuntary Removal of Clothing policy and associated staff training, to provide a more consistent approach to addressing hygiene, infection-control, and safety concerns.

Patient safety and medical care capabilities were further enhanced through the purchase of eight new hospital beds with integrated fall alarms and scales, which will strengthen fall-prevention efforts and allow for a reduction in 1:1 observations utilized specifically for fall risk while patients are in bed. The department also established a designated RN IV Therapy Team, allowing appropriately trained

nurses to provide limited antibiotic therapy and IV hydration on-site when clinically appropriate, reducing the need to transport patients to outside medical facilities for services that can safely be provided at OSH.

Additional initiatives included implementing a wheelchair-accessible transport van and completing staff training on wheelchair lift operation and safe patient transportation. Nursing also began participating in a Secure Transport Vehicle Workgroup in May 2026 to develop safer transportation options for patients at high risk for AWOL, with enhanced transportation processes already successfully utilized for several high-risk transports. Designated Mental Health Technicians were also trained to assist with the hospital's new on-site dental clinic, further supporting efforts to expand healthcare services available to patients without requiring outside transportation.

Staff development and emergency preparedness remained priorities throughout the fiscal year. Nursing continued Dr. Heart medical emergency simulations, physical intervention and de-escalation training, and competency-based education. Staff successfully utilized this training during an actual choking emergency, providing life-saving interventions before the patient was transferred for additional medical evaluation. The department also collaborated with the Compliance Committee to participate in quarterly mock surveys, using identified findings to strengthen regulatory readiness, nursing practice, documentation, and staff education.
The department successfully implemented Lippincott as an evidence-based clinical resource and continues to update nursing policies and procedures to reflect current evidence-based practices, regulatory requirements, and changes in electronic healthcare systems.

The Nursing Department successfully coordinated the temporary relocation of two patient care units to allow for facility upgrades and safety improvements within the units. These relocations required significant planning and collaboration between Nursing, Facilities, Safety and Security, and other hospital departments to ensure continuity of patient care throughout the transition. Nursing leadership coordinated staffing, patient movement, medication and equipment needs, and unit operations to minimize disruption to patients and staff. The upgrades are intended to improve the overall safety and functionality of the patient care environment while better supporting the needs of the hospital’s psychiatric patient population. Successfully completing these relocations while maintaining ongoing patient care demonstrates the department’s ability to adapt operations while continuing to prioritize patient and staff safety.

Moving forward, the Nursing Department will continue quarterly staff education based on identified improvement needs, expand patient safety and fall-reduction initiatives, strengthen on-site medical services, and maintain regulatory readiness. The department will also continue collaborating with nursing schools and community partners as OSH advances its goal of becoming a teaching hospital specializing in psychiatric care, while prioritizing the recruitment and retention of a competent, well-trained, full-time state workforce.

Performance Based Budgeting Goals:

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 – 25**	**Aug – 25**	**Sept – 25**	**Oct – 25**	**Nov – 25**	**Dec – 25**
% of Initial Nursing Assessments completed within 12 hours of admission	100%	94%	100%	100%	96%	86%	95%
		Jan – 26	**Feb – 26**	**Mar – 26**	**Apr – 26**	**May – 26**	**Jun – 26**
		100%	100%	95%	100%	100%	100%
		July – 25	**Aug – 25**	**Sept – 25**	**Oct – 25**	**Nov – 25**	**Dec – 25**
% of Nursing Assessments with vital signs	95%	94%	91%	100%	96%	93%	89%
		Jan – 26	**Feb – 26**	**Mar – 26**	**Apr – 26**	**May – 26**	**Jun – 26**
		90%	100%	91%	94%	92%	100%
		July – 25	**Aug – 25**	**Sept – 25**	**Oct – 25**	**Nov – 25**	**Dec – 25**
% of Nursing Care Plans complete	100%	83%	83%	95%	92%	93%	89%
		Jan – 26	**Feb – 26**	**Mar – 26**	**Apr – 26**	**May – 26**	**Jun – 26**
		100%	100%	95%	100%	100%	100%

SCHEDULING:

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:

Over the past fiscal year, the Scheduling Department, in collaboration with Nursing Leadership, has continued to focus on improving staffing stability, increasing the utilization of full-time state employees, reducing long-term reliance on agency personnel, and managing contract staffing costs. Several workforce initiatives were implemented during the year to strengthen recruitment and retention while ensuring adequate nursing coverage across the hospital. Workforce development also remains a priority, with enhanced screening of contract nursing candidates, continued recruitment of qualified full-time state employees, and the addition of CNA recruitment efforts to strengthen the state workforce and decrease reliance on contract staffing.

A significant initiative included establishing a designated maximum rate for onboarding agency Registered Nurses. This expectation was communicated directly to contracted staffing agencies, requiring agencies to meet the established rate in order to continue onboarding RN personnel. The initiative was successful, with agencies agreeing to reduce their RN rates to meet the hospital's requirements. This change has allowed the hospital to continue utilizing contract staff when necessary while improving fiscal responsibility and controlling agency staffing expenditures.

Nursing Leadership also implemented a term limit for agency personnel, addressing concerns related to long-term dependence on

contract staffing. Some agency employees had remained contracted with the hospital for four to five years. Under the new initiative, agency personnel are limited to a defined contract period, with the goal of encouraging qualified agency employees to transition into permanent state employment and creating greater accountability for the long-term use of contracted staff. This initiative successfully contributed to the transition of two agency RNs, one agency LPN, and two agency MHTs into state employment.

Additional strategies included the reclassification of selected positions to Certified Nursing Assistant (CNA) positions to better meet the needs of units caring for patients with higher medical acuity. Through this initiative, the department successfully hired three CNAs to provide additional support on medically complex units and strengthen the overall nursing care team.

These combined recruitment, scheduling, and workforce initiatives have contributed to measurable improvement in the percentage of nursing positions filled by state employees. In July 2025, approximately 44% of RNs and 54% of MHTs were state employees. By June 2026, state RN staffing had increased to 53% and state MHT staffing had increased to 56%. The nine-percentage-point increase in state RN staffing represents meaningful progress toward decreasing agency dependence and establishing a more consistent and sustainable workforce.

Moving forward, the Scheduling Department will continue to focus on accurate staffing and scheduling, filling coverage gaps, maximizing the appropriate utilization of state employees before agency and overtime resources, monitoring agency contract terms and rates, and supporting the recruitment and transition of qualified agency personnel into permanent state positions. Continued collaboration between Scheduling and Nursing Leadership will remain essential to maintaining appropriate staffing levels, controlling personnel costs, and building a stable workforce capable of meeting the increasingly complex needs of the hospital's patient population.

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:

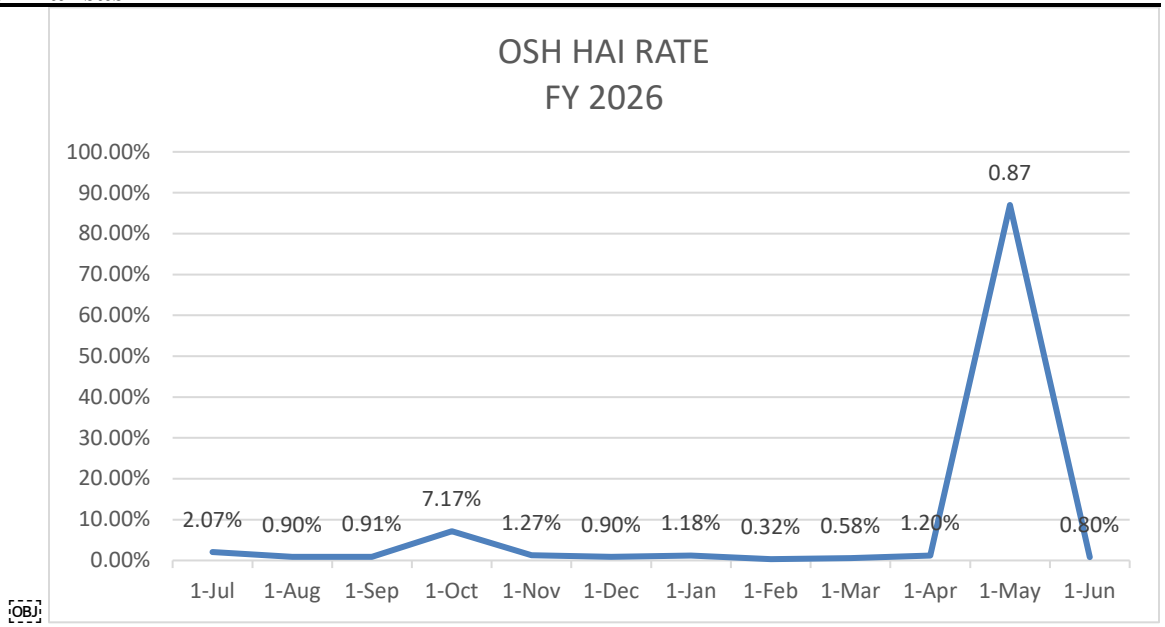
The focus of the Infection Prevention and Control department is developing a more efficient and cost-effective manner for continual assessment and modification of infection prevention and control services based on regulations, standards, scientific studies, and internal evaluations and guidelines. Departmental goals include retaining infection control personnel, providing specialized infection control training and education, expanding technology resources, securing and optimizing vaccine storage procedures, reinforcing clinical practices related to infection prevention and control, strengthening infection surveillance processes, streamlining and modernizing 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 2.6%

Measurement: Infection rate recorded monthly

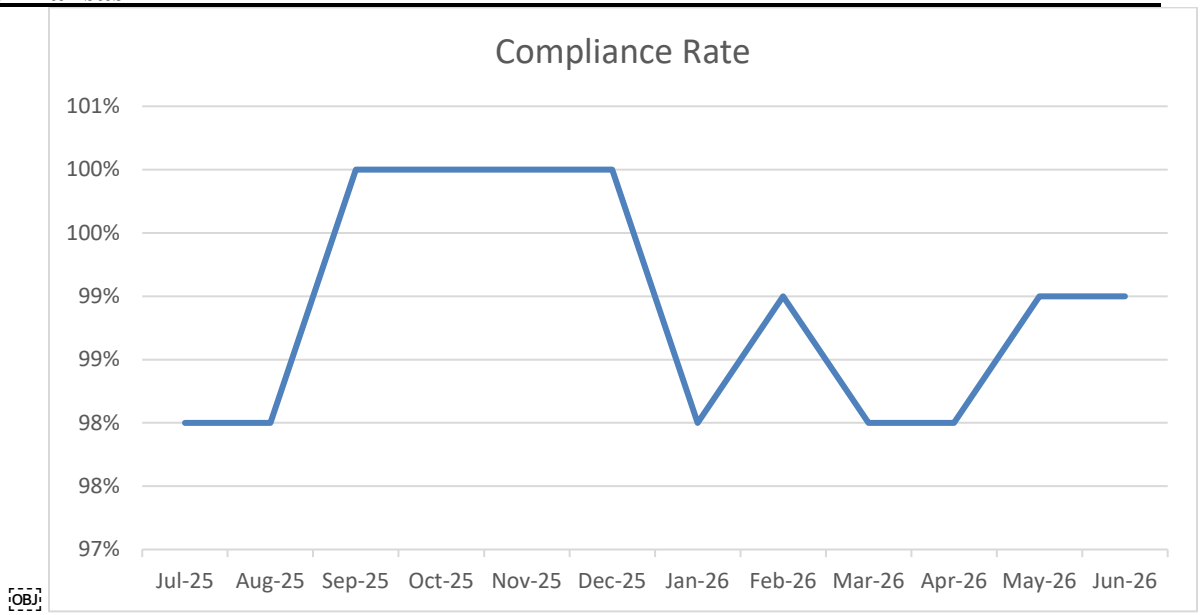
Department Responsible: Infection Control



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

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

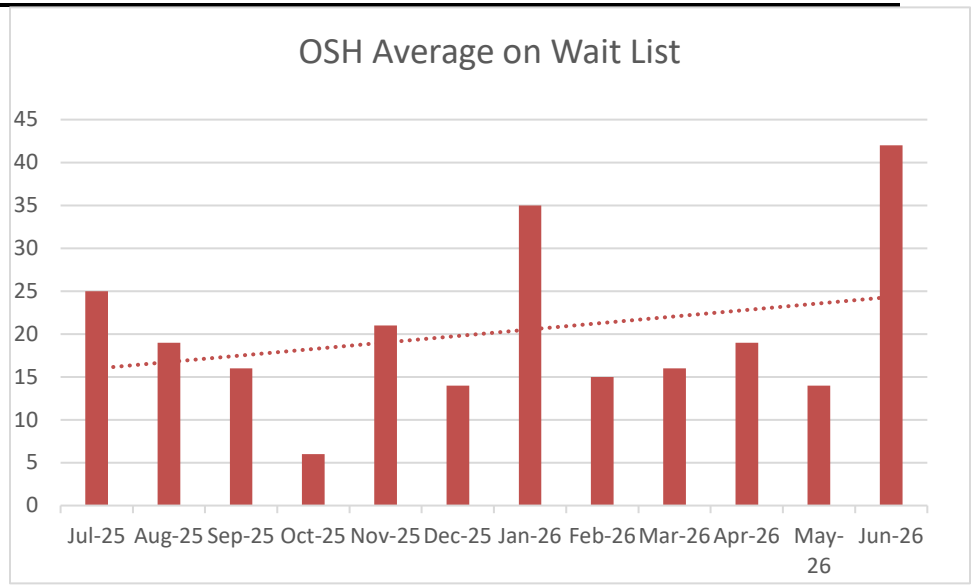
Department Responsible: Infection Control



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:



The Triage Department is fully staffed with three Registered Nurses who work with community partners to review and process all state mental health screens on potential patients to determine admission to Osawatomie State Hospital. In 2026 they will continue to strive to balance the increase of mental health screens we are receiving causing our waitlist to continue to increase causing longer wait times for patients awaiting admission. This increase has continued to remain at high volumes since June 2026.

PROGRAM: Physical Plant and Central Services – 96000

Operations Overview:

The smooth functioning of Osawatomie State Hospital depends heavily on the work of Operations, much of which takes place behind the scenes and often goes unnoticed when everything is working as it should. Operations provides the infrastructure, services, oversight, and support necessary to keep the hospital safe, functional, compliant, and prepared to meet the needs of patients, staff, and visitors.

Operations encompasses Project Management, Regulatory Compliance, Policies and Procedures, Custodial and Laundry Services, Safety and Security, and Facility Services. Facility Services includes the Power Plant, Grounds, Auto Shop, Paint Shop, HVAC, Plumbing, Electrical and other building and equipment maintenance functions. Together, these areas support the continuous operation and maintenance of hospital buildings, utilities, equipment, vehicles, grounds, and critical infrastructure.

Facility Services is responsible for maintaining hospital property and physical assets, including central heating and utility operations, building systems, equipment, grounds, vehicles, painting, HVAC, plumbing, and general repairs. Custodial and Laundry Services maintain clean and sanitary environments throughout the hospital while ensuring hospital linens and reusable items are properly cleaned, processed, distributed, and available for patient care areas. Safety and Security provides campus protection, emergency response support, life-safety oversight, and a visible presence throughout hospital buildings and grounds.

Operations also supports the hospital through Regulatory Compliance and Policies and Procedures, helping departments understand and meet applicable federal, state, and hospital requirements while maintaining clear, consistent, and current operational guidance. Project Management provides coordination and oversight for facility improvements, operational initiatives, and other projects that require collaboration across multiple departments.

From maintaining buildings and utilities to ensuring clean environments, reliable linen services, safe surroundings, regulatory compliance, effective policies, and coordinated projects, Operations serves as the foundation that allows clinical and administrative departments to focus on patient care. By bringing these functions together under a coordinated operational structure, OSH is better positioned to improve efficiency, share information, manage resources responsibly, and support the safe and reliable operation of the hospital.

Goals and Updates

During the coming year, Operations will place an increased focus on process improvement, efficiency, safety, regulatory compliance, and communication across the hospital campus. The goal is to help departments evaluate how work is completed, identify unnecessary barriers or duplication, improve consistency, and create practical processes that support both staff and hospital operations.

Key areas of focus will include:

- **Process Improvement and Operational Efficiency:** Work with departments across campus to review current workflows, identify opportunities for improvement, reduce unnecessary steps, and develop practical processes that allow staff to use their time and resources more effectively.
- **Safety and Regulatory Compliance:** Assist departments in understanding and meeting applicable federal, state, and hospital requirements. Operations will continue to support policy reviews, audits, corrective actions, Secuirty activities, Life Safety requirements, emergency preparedness, and other regulatory responsibilities.
- **Departmental Support and Collaboration:** Partner with department leaders and staff to address operational challenges, develop solutions, and ensure processes support both regulatory expectations and the realities of day-to-day hospital operations.
- **Communication and Information Sharing:** Improve the flow of operational information to both hospital leadership and hospital staff. This includes providing timely updates on projects, safety concerns, regulatory changes, operational disruptions, process changes, and other information that may impact departments across the campus.
- **Accountability and Continuous Improvement:** Establish clear expectations, monitor progress, and use data, audits, staff feedback, and operational outcomes to identify areas where additional improvements are needed.

Operations will continue to serve as the behind-the-scenes support system that keeps Osawatomie State Hospital running smoothly. By improving processes, strengthening communication, supporting regulatory compliance, and helping departments work more efficiently, Operations will provide the structure and resources necessary for the hospital to maintain a safe, reliable, and effective environment for patients, staff, and visitors.

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 Facility Services Department will develop and maintain a comprehensive asset inventory to improve tracking, accountability, maintenance planning, and long-term replacement planning for hospital facilities and equipment. The inventory will identify critical assets, document their location and condition, and provide Facility Services with accurate information needed to prioritize repairs and maintenance activities.

In addition, Facility Services will organize the Facility Services warehouse to maintain an inventory of commonly needed maintenance supplies, replacement parts, tools, and equipment. Maintaining these resources onsite and readily available will allow Facility Services staff to respond more quickly to maintenance requests and emergency repairs without unnecessary delays associated with locating or purchasing routine materials.

Key components of this initiative include:

- **Asset Inventory:** Develop and maintain an accurate inventory of facility infrastructure, equipment, tools, and other physical assets, including information such as location, condition, maintenance history, and anticipated replacement needs.
- **Warehouse Development:** Establish a centralized and organized warehouse for Facility Services supplies, tools, replacement parts, and commonly used maintenance materials.
- **Inventory Control:** Implement processes for tracking warehouse inventory, issuing supplies and tools, maintaining appropriate stock levels, and identifying materials that need to be reordered.
- **Critical Parts Availability:** Identify frequently used and mission-critical replacement parts that should be maintained onsite to reduce equipment downtime and delays in repairs.
- **Improved Repair Response:** Provide Facility Services staff with quick access to the supplies and tools necessary to complete routine and emergency repairs more efficiently.
- **Resource and Cost Management:** Monitor inventory usage to reduce duplicate purchases, unnecessary spending, lost tools, and excessive or obsolete supplies.

By improving asset tracking and creating a centralized Facility Services warehouse, OSH will strengthen accountability for its physical resources, improve staff access to necessary materials, reduce repair response times, and support the continued safe and reliable operation of the hospital's facilities.

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 continues to receive significant upgrades, including the installation of 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 will continue to keep campus safe, attractive, and consistent with its historic character. This includes maintaining lawns, landscaping, walkways, trees, and other outdoor areas for patients, staff, and visitors.

During the coming year, the department will place greater focus on using native plants, shrubs, and trees that are well suited to the local environment and help preserve the traditional appearance of the campus. Native landscaping can also reduce maintenance needs and support long-term sustainability.

Grounds staff will continue to inspect aging trees, maintain clear walkways, address trip hazards, and keep high-traffic areas safe and visible. Seasonal work such as mowing, leaf removal, storm cleanup, and snow and ice removal will also continue throughout the year.

SAFETY AND SECURITY:

Safety and Security continues to provide protection and support for patients, staff, and visitors throughout the Osawatomie State Hospital campus. The department responds to emergency situations, supports visitor check-in and campus telecommunications through on-site dispatch, and maintains a close working relationship with the City of Osawatomie Police and Fire Departments. Safety and Security also works with the Kansas State Fire Marshal's Office to support compliance with applicable safety requirements. Additional responsibilities include fire extinguisher inspections, building and door checks, campus patrols, and animal control.

Goals and Updates

During the coming year, Safety and Security will place an increased emphasis on training officers for safe and appropriate interactions with patients. Training will focus on communication, de-escalation, situational awareness, professional boundaries, trauma-informed interactions, and safe response techniques. These efforts are intended to help officers respond effectively while maintaining patient dignity, supporting clinical staff, and reducing the potential for incidents to escalate.

The department will also continue to increase the presence of Safety and Security Officers on patient units. Officers will spend additional time conducting rounds and maintaining visibility within patient care areas rather than relying primarily on response after an incident occurs. Increased unit presence will allow officers to become more familiar with the patient care environment, strengthen

working relationships with clinical staff, identify potential safety concerns earlier, and provide quicker response times when assistance is needed.

Ongoing training will remain a priority throughout the year and will include emergency response, regulatory requirements, equipment use, fire and life safety, and other competencies necessary for officers to perform their duties safely and effectively. Training will be reinforced through computer-based education, hands-on instruction, drills, and competency assessments.

CUSTODIAL SERVICES:

The Custodial Services Department at Osawatomie State Hospital continues to play an important role in maintaining a clean, safe, and sanitary environment for patients, staff, and visitors. Custodial staff are responsible for routine and detailed cleaning throughout patient and non-patient areas, including patient units, restrooms, offices, common areas, showers, staff spaces, and other hospital facilities. Responsibilities also include floor care, room turnover, deep cleaning, and the cleaning, pick up, delivery, sorting, and distribution of hospital linens throughout the campus. Contracted cleaning services continue to supplement state staffing as needed to maintain appropriate coverage across the hospital.

Goals and Updates

During the coming year, Custodial Services will place an increased focus on staff scheduling and daily work assignments to ensure appropriate coverage of all hospital areas while making the most effective use of available staff time. Schedules and assignments will be reviewed and adjusted based on operational needs, patient care priorities, staffing levels, linen service needs, and the cleaning requirements of individual buildings and departments.

Daily assignments will clearly identify staff responsibilities and priority areas, helping ensure that essential cleaning duties and linen services are completed consistently while reducing duplication of work and unnecessary travel between areas. This includes ensuring appropriate coverage for the collection of soiled linens, laundering and processing of hospital linens, and timely delivery of clean linens to patient units and other hospital areas. Supervisors will continue to monitor workloads, staffing needs, and completion of assigned duties so resources can be redirected when necessary to address vacancies, special cleaning needs, increased linen demands, or unexpected operational needs.

A major departmental goal will also be to recruit and fill available state Custodial Services positions. Increasing the number of state-employed custodial staff will improve workforce stability, strengthen consistency in training and work expectations, and reduce the department’s dependence on contracted cleaning services. The long-term goal is to establish sufficient state staffing levels to allow contracted custodial services to be discontinued while continuing to meet the cleaning, sanitation, and linen service needs of the

hospital.

PROCUREMENT:

The purpose of this department is to ensure that Osawatomie State Hospital (OSH) runs as smoothly as possible when it comes to procuring goods and services 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

Expenditures Physical Plant and Central Services:

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 2027: $3,445,276 is requested. The shrinkage rate is 5.61%.

FY 2028: $3,635,942 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 2027: $1,586,950 is requested.

FY 2028: $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 2027: $340,575 is requested.

FY 2028: $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 2027: $99,500 is requested.

FY 2028: $99,500 is requested.

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.

The 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 MICO Approved FTE Positions	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Actuals	FY 2026 Estimate	FY 2027 Estimate
	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
TOTAL APPROVED POSITIONS	**23.4**	**23.4**	**32.5**	**27.5**	**27.5**

Projected Overall Shrinkage FY 2026: 5.70%
Projected Overall Shrinkage FY 2027: 5.77%

OSH MiCo House Census Per Year FY 2025				
2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimates	2027 Estimates
10.00	8.04	7.33	10.00	11.00

Expenditures MICO House:

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 2027: $1,924,466 is requested. The shrinkage rate is 5.70%

FY 2028: $2,028,217 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 2027: $383,712 is requested.

FY 2028: $383,712 is requested.

Account Codes 53000 – 53900: Commodities
This category includes professional and scientific supplies for medical equipment and testing.

FY 2027: $47,875 is requested.

FY 2028: $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 2027: $21,050 is requested.

FY 2028: $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 2027: $5,000 is requested.

FY 2028: $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 2027: $5,000 is requested.

FY 2028: $5,000 is requested.