

August 26, 2024

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

Dear Mr. Proffitt,

Fiscal Year 2024 has been marked by continuous improvement and changes.

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

Osawatomie State Hospital has systematically evaluated various patient groups and treatment methods to identify the most effective strategies for patient well-being and engagement. This perspective shift emphasizes prioritizing approaches that yield optimal results, rather than adhering strictly to traditional practices. Our teams have scrutinized patient environments and staff interactions to ensure implementation of the best Trauma Informed Practices.

A central objective for our hospital has been increased community involvement. As evident from the budget details, we have worked diligently to become a true community partner.

Over the past year, we have bolstered both our Horticultural and Agricultural Programs. Moving beyond group activities, we are focused on offering additional community services and fostering community connections. For instance, our Horticulture program has partnered with the City of Osawatomie to provide them with flowers. Initiatives such as the First Friday's vendor fair and holiday light show, open to the public, have been established. We've actively engaged in the community, participating in float presentations in two parades that were staff-built. Collaborating with the Rotary and participating in numerous career fairs, we are striving to recruit new employees.

Concurrently, we've been enhancing our Supportive Employment Program to equip patients with practical skills applicable to vocational rehabilitation and community reintegration. Notably, participants in our Supportive Employment Program have shown significant progress. Patients are now more engaged in their treatment, showing improved personal hygiene and increased social

interaction. Our Recreational Therapy and Leisure Departments are actively exploring ways to boost patient involvement in their treatment. With the reopening of our activity center, we have implemented ideas such as patient carnivals and other social activities.

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

A significant project is underway with the Biddle remodel, projected to be completed ahead of schedule. Despite unforeseen challenges, we anticipate moving in by September 2024. Following this, our Adair Acute Care Hospital will transition to the Biddle facility, a step toward revitalizing other units.

Recognizing the importance of maintaining our aging buildings, our Facilities Services Department has taken on regular maintenance and necessary repairs. A refined operational framework and advanced electronic tracking system have enhanced these efforts, optimizing resource allocation and operational efficiency.

We've also completed the demolition of two historic structures on our grounds: DeJong (established in 1902) and West Pavilion (established in 1912).

Considering my ongoing duty, I offer you the budget.



Ashley L Byram LMSW,
Superintendent
Osawatomi State Hospital

AGENCY OVERVIEW:

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

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

ACCREDITATION:

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

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 2025, OSH requests revised expenditures totaling \$44,242,707 of which \$42,136,589 is from the State General Fund. For FY 2026, OSH requests revised expenditures totaling \$44,570,840 of which \$42,041,710 is from the State General Fund. For FY 2025, a supplemental is requested for agency nursing totaling \$11,000,000 in State General Fund. Specific to OSH, \$3,250,000 is requested in OSH SGF. For FY 2026, enhancements are requested totaling \$11,253,723 in State General Fund. Specific to OSH, \$3,503,723 is requested in OSH SGF. More detailed information is available in the change package portion of the narrative.

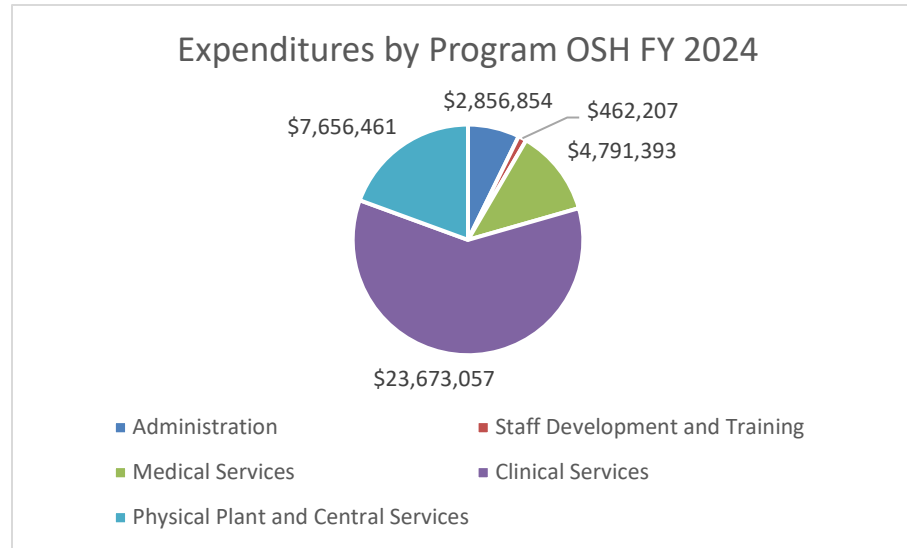
OUTCOMES OVERVIEW:

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

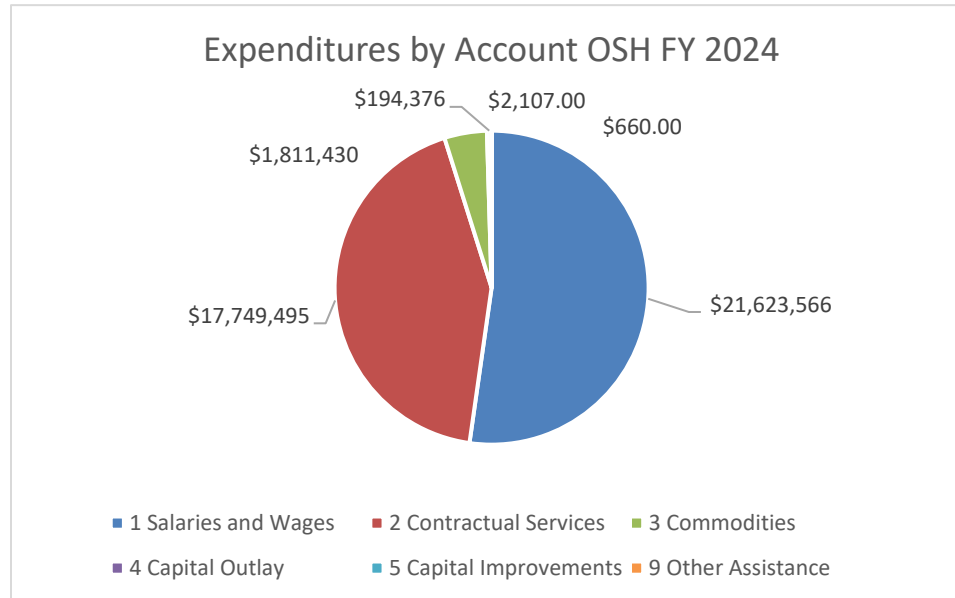
FY 2022 through FY 2026 OSH Approved FTE Positions	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Programs	Approved FTE	Approved FTE	Approved FTE	Approved FTE	Approved FTE
Administration	31.50	31.50	30.00	23.25	23.25
Staff Development and Training	5.35	5.35	2.50	3.60	3.60
Medical Services	16.50	16.50	16.00	16.11	16.11
Clinical Services	241.00	241.00	227.61	228.21	230.21
Trust & Benefits	6.00	6.00	6.00	6.00	6.00
Physical Plant/Central Services	62.60	62.60	57.20	57.20	57.20
SPTP/MiCo House	21.00	23.40	23.40	32.48	32.48
TOTAL APPROVED POSITIONS	383.95	386.35	362.71	366.85	368.85

Projected Overall Shrinkage FY 2025: 34.4%
Projected Overall Shrinkage FY 2026: 35.2%

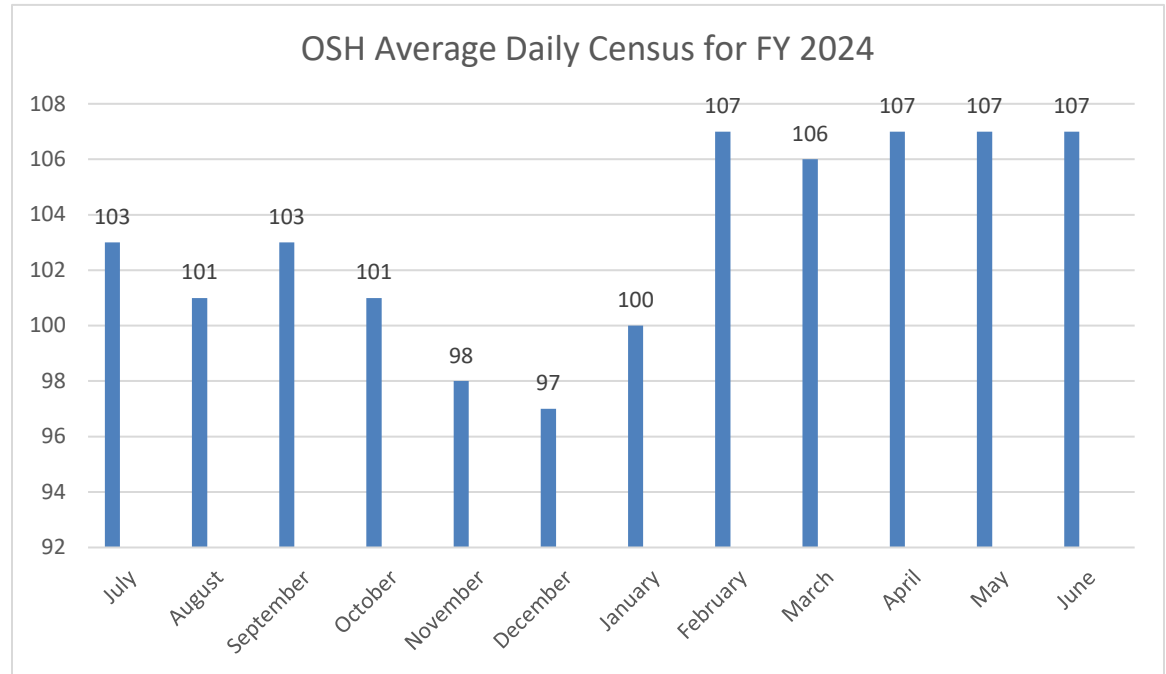
Expenditures by Program OSH FY 2024	
Program	Amount
Administration	\$ 2,856,854
Staff Development and Training	\$ 462,207
Medical Services	\$ 4,791,393
Clinical Services	\$ 23,673,057
Physical Plant and Central Services	\$ 7,656,461
Total	\$ 39,439,972



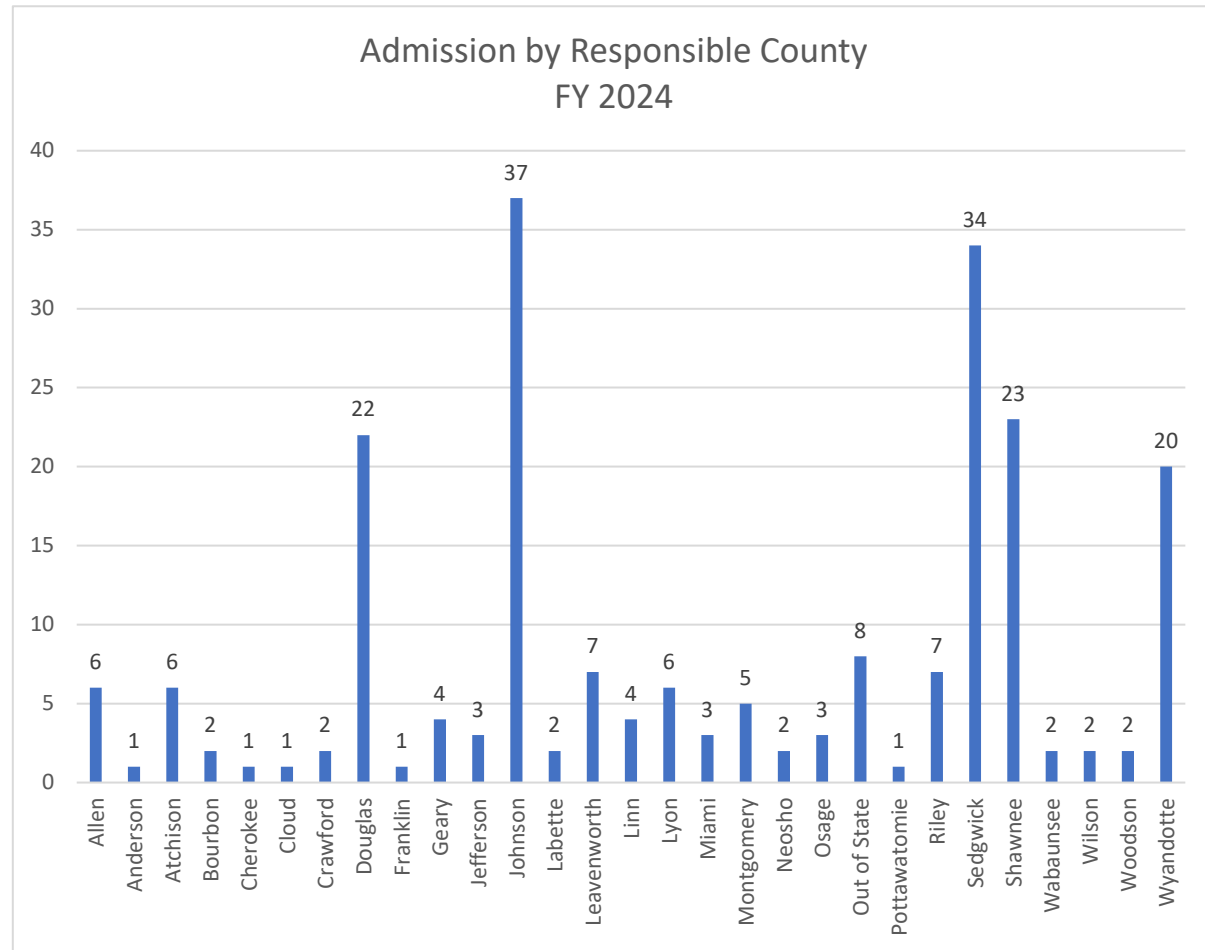
Expenditures by Account OSH FY 2024	
Account	Amount
1 Salaries and Wages	\$ 21,623,566
2 Contractual Services	\$ 17,749,495
3 Commodities	\$ 1,811,430
4 Capital Outlay	\$ 194,376
5 Capital Improvements	\$ 2,107.00
9 Other Assistance	\$ 660.00
Total	\$ 41,381,634



OSH ADC FY 2024	
July	103
August	101
September	103
October	101
November	98
December	97
January	100
February	107
March	106
April	107
May	107
June	107

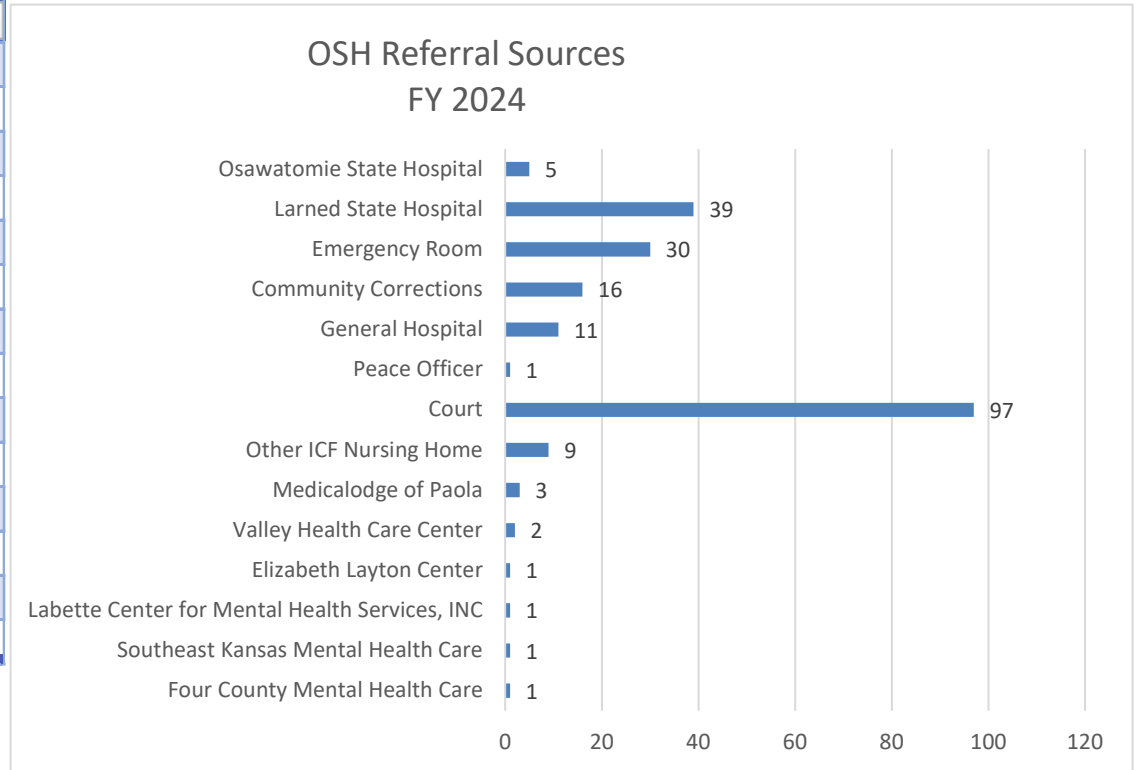


County	# of Admi
Allen	6
Anderson	1
Atchison	6
Bourbon	2
Cherokee	1
Cloud	1
Crawford	2
Douglas	22
Franklin	1
Geary	4
Jefferson	3
Johnson	37
Labette	2
Leavenworth	7
Linn	4
Lyon	6
Miami	3
Montgomery	5
Neosho	2
Osage	3
Out of State	8
Pottawatomie	1
Riley	7
Sedgwick	34
Shawnee	23
Wabaunsee	2
Wilson	2
Woodson	2
Wyandotte	20



FY 2025 – FY 2026

Referral Source	# of Admits
Four County Mental Health Care	1
Southeast Kansas Mental Health Care	1
Labette Center for Mental Health Services, INC	1
Elizabeth Layton Center	1
Valley Health Care Center	2
Medicalodge of Paola	3
Other ICF Nursing Home	9
Court	97
Peace Officer	1
General Hospital	11
Community Corrections	16
Emergency Room	30
Larned State Hospital	39
Osawatomie State Hospital	5



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

Justification: OSH is requesting a supplemental of \$11,000,000 in FY 2025 SGF and an enhancement of \$11,000,000 in FY 2026 to fund contracted direct care staff needed to meet the established direct care staff to patient core ratios. While contracted (traveling) staffing was a necessity for OSH pre pandemic, since COVID, OSH has seen a steady decline in retention of registered nurses (RNs), licensed practical nurses (LPNs), and mental health technicians (MHTs).

This issue is not specific to OSH. It was reported in the AMN Healthcare 2023 survey of 18,000 registered nurses, a growing number of nurses are leaving the profession because of burnout, staffing shortages, and concerns for safety. The survey also pointed out only 15% of nurses surveyed intended to continue in their current roles, with 85% looking to move into different roles, including administration or positions outside of direct patient care, contracted travel nursing, going back to school, or leaving the profession.

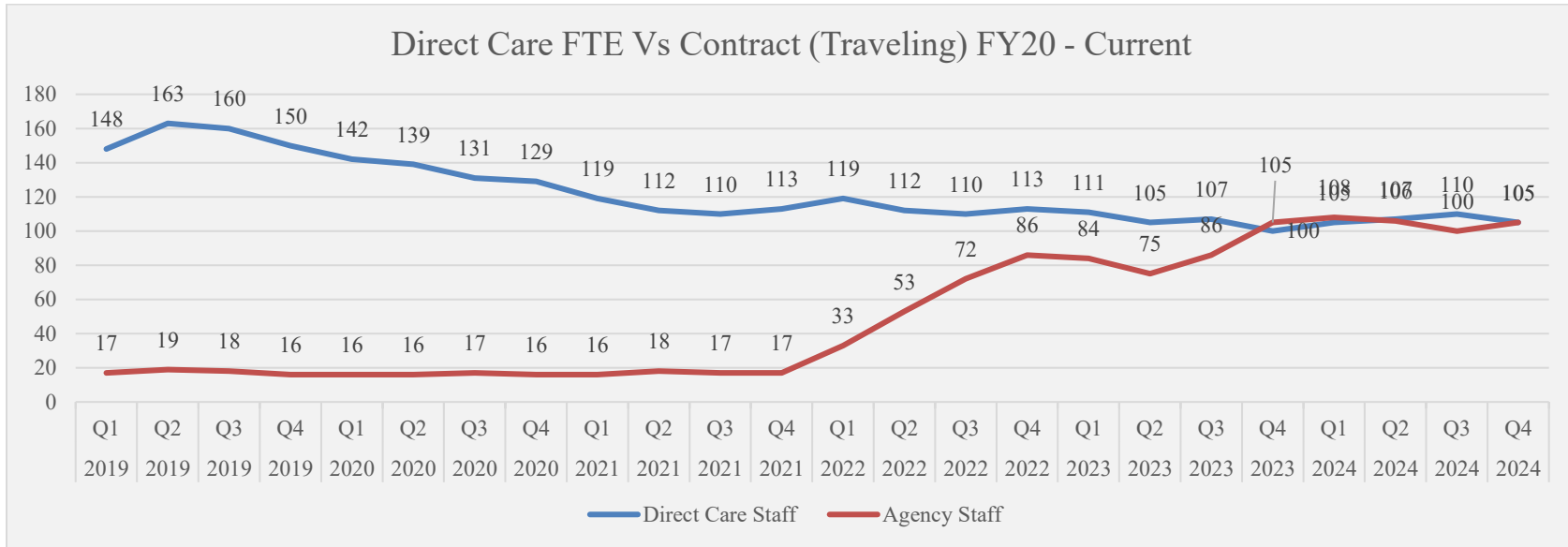
In the past four years, OSH has instituted measures to try and retain direct care full time employees. These measures include increased training in de-escalation techniques, increased wages, additional shift differentials, and the increased utilization of contracted (traveling) staffing to prevent staff to patient levels falling below core. While these efforts have slowed the number of staff leaving, it has not made up for the past exodus of staff or the inability to find enough replacement full time employees.

While OSH is optimistic the recent Pay Plan initiatives and unique shift pick-up bonus structure will help in recruiting direct care staff, OSH will need to continue to utilize contract (traveling) direct care staff until enough full-time employees are hired to meet the staff to patient cores needed. Contracted (traveling) direct care staff comes at a premium, with OSH not only paying for the staff, but the overhead of the contracted vendor the direct care staff is employed by. On average, contracted (traveling) direct care staff costs between 50% to 150% more than a full-time employee, including the cost of benefits.

In FY 2024, OSH spent \$17.93 million on contracted (traveling) direct care staff. To sustain current operations until the full effect of the Pay Plan wage increases and bonuses are felt, OSH will require additional SGF funding to pay for utilization of contracted (traveling) nurses. Without the additional SGF funding, OSH would need to cut resources to building maintenance, other ancillary programs, or shut down units which can't be staffed. All these options would severely limit OSH's ability to continue to serve the counties who depend on the agency to treat patients unable to access resources closer to their community.

Survey of Registered Nurses by Anon,

[URL:https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf](https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-healthcare-rnsurey-2023.pdf)



Description	FY 2025	FY 2026
	SGF	SGF
Funding for Contracted (Traveling) Direct Care Staff	\$ 11,000,000	\$ 11,000,000

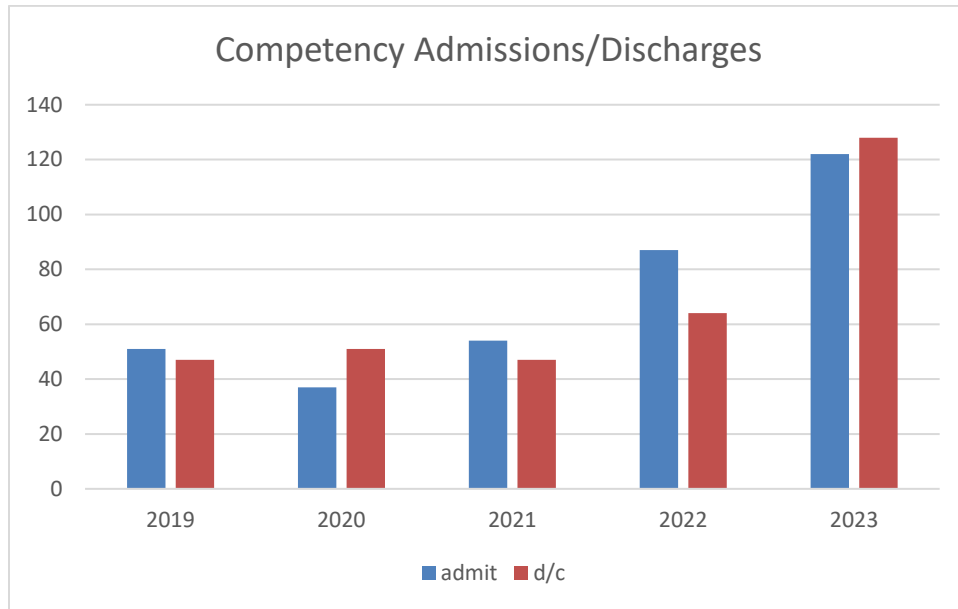
Supplemental/Enhancement Request #2/2: Addition of two Psychologists

Justification: OSH psychologists provide psychological treatment and evaluation for approximately 116 patients across four treatment units. In addition, assessment and supervision services are available to Adair Acute Care under a memorandum of understanding (MOU) for an additional 43 patients. OSH currently has 3.5 FTE psychologists on staff, in addition to a department director who is also a licensed psychologist.

Psychologists provide direct patient services including individual and group psychotherapy and assessment (for diagnostic clarification, informing treatment or discharge planning, and for court needs such as competency to stand trial). Additionally, psychologists are involved in indirect services such as administrative and/or clinical supervision, education and training for hospital staff, oversight and development of practicum, internship and postdoctoral training programs. In mid-2022, due to a growing wait list across the state and increasing pressures for competency to stand trial treatment/ evaluation, OSH converted one of its existing treatment programs into a secondary competency treatment program. Our existing psychologists are not able to focus purely on evaluations due to other job duties/responsibilities.

Adding two additional psychologist positions would allow for improved distribution of assessment referrals, staff supervision, quality of work, and turn-around times for testing completion. It is anticipated additional psychologists would allow OSH to admit, treat, and discharge patients more efficiently, leading to decreased time on the state competency waiting list. Finally, the addition of two psychologists would allow for assistance with court reports and testimony for care of all hospital patients. This is critical to relieve the building pressure on the psychiatry staff due to their shortages. Consequently, this would improve the workload of the psychiatrists and ensure the best patient care for our patients.

Since opening a second unit in mid-2022, admission and discharge numbers for competency patients have increased accordingly. Additional psychologists will be a benefit both if our competency bed numbers remain the same (by decreasing the potential wait for an assessment once deemed ready for testing) and would be necessary in order to maintain the current level of service should additional competency units be opened. The graph below illustrates the baseline number of competency admissions/discharges prior to 2022 and the impact the additional unit has had since its creation.



Description	FY 2026
	SGF
Funding for the addition of two Psychologists	\$ 253,723

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

Agency Name: Osawatomi State Hospital
 Program Title: Revenue

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

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

Agency Name: Osawatomi State Hospital
 Program Title: Revenue

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

Explanation of Receipts - DA 405						
Revenue Source	Revenue Account Code	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Medicare A	420610					
Medicare B	420610					
Insurance	420610	\$154,720	\$270,359	\$328,546	\$300,000	\$300,000
Private Pay-Care & Hosp.	420610	\$423,227	\$444,386	\$377,636	\$335,000	\$335,000
Kansas Debt Set Off	420610	\$38,404	\$25,727	\$15,049	\$15,000	\$15,000
	420610					
Total Hospitalization		\$616,351	\$740,472	\$721,231	\$650,000	\$650,000
Clerical Charges	420400					
Educational Charges	420500					
Other Service Charges	420990	\$65	\$50	\$111	\$0	\$0
Sale of Salvage	422500			\$0	\$0	\$0
Sale of Unusable Condemed	422600	\$11,748	\$10,000	\$9,773	\$10,000	\$10,000
Sale of Meals & Proces. Food	422700	\$16	\$15	\$0	\$0	\$0
Other Interest	430900	\$23	\$20	\$312	\$0	\$0
Rent of Unimproved Land	431100	\$0				
Rent of Real Estate & Bldg.	431200	\$22,501	\$23,000	\$37,025	\$35,000	\$60,000
Other Misc Revenue	459090					
Insurance Reimbursement	461200					
Estate Recovery	462100					
Recovery of Current FY Expen.	462110	\$537	\$525	\$2,331	\$0	\$0
Reimbursement and Refunds, Other	462900	\$79	\$75	\$20	\$0	\$0
Recovery of Prior FY Expen.	469010	\$3,334	\$3,000	\$20,389	\$20,000	\$20,000
Other NonRevenue Receipts	469090	\$138	\$95	\$10,308	\$15,000	\$15,000
Total		\$654,792	\$777,252	\$801,500	\$730,000	\$755,000

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 2024. OSH received rent from patients at the MiCo House, as part of their program goals. Moving into FY 2025 and FY 2026, OSH anticipates continuing to see the same payer mix, with the potential for an increase in insurance and private payers with the lifting of the moratorium and voluntary patients being admitted.

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 is made of Accounts Receivable, Accounts Payable, Utilization Review and the Post Office. The Accounts Receivable Department does all the billing for patient services for Osawatome State Hospital (OSH). The patient billing is a process that is done daily as well as monthly. The Accounts Payable Department pays the hospital bills according to supplier contracts and the state statues. The Utilization Department reviews patient charts for medical necessity of continued stay and determines that charges are correct. Reviews are done with insurance companies providing medical information to determine insurance billing. The hospital Post Office/Cashier Office is also included in this department. The Post Office receives incoming mail and prepares the outgoing mail, and oversees the Patient Trust Fund, and printing documents that are needed hospital wide.

Goals and Updates:

The Business Office has several goals:

1. Increase in self-pay and insurance receipts by 5%.
2. The State is implementing a standardized Electronic Health Record (EHR) program. This program is set to go-live at OSH in October 2024.
3. The Department has begun looking at the time frame of general ledger entries being made. The goal is to have all entries made in the month of the expenditure, therefore showing a true picture of the month.

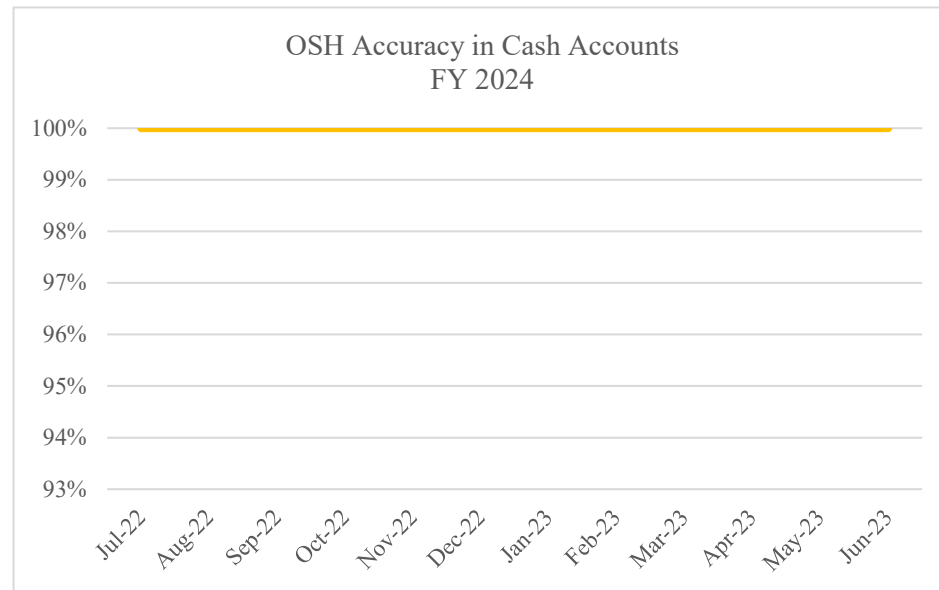
Performance Based Budgeting Goals:

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

Measurement: Cash transaction accuracy recorded monthly

Department Responsible: Business Services

Month	Accuracy
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



INFORMATION TECHNOLOGY:

Information Technology (IT) has automated and innovated several processes at Osawatomi State Hospital. All charts for patients are housed within a “home-grown” Electronic Health Record (EHR). IT also provides constant support for the EHR. Additionally, IT provides general office equipment and computer management training, maintenance, installations, and repairs. IT regularly maintains and provides upkeep for the following critical systems for the functioning of the hospital: Patient Account Management (PAM), Medical Records Management System (MRM), Patient Care System (PCS), Patient Care System 2.0 (PCS2.0), as well as data bridge management between these systems when issues arise. Maintenance of off the shelf systems for patient health and safety such as medication management (WinPharm), laboratory services (LabDaq) and their integrations with the EHR occurs. Additionally, the building access, video surveillance, overhead paging, and building heat, ventilation, and air conditioning systems are maintained.

Goals and Updates:

The department is finalizing security updates for all desktop workstations and has successfully upgraded the LabDaq laboratory system. It is currently working on upgrading the glucometer system for diabetes management. Anticipating the implementation of a new Electronic Health Record (EHR) system, the department looks forward to improved patient outcomes. Additionally, they are actively enhancing existing systems, including the video surveillance system, overhead paging, and exploring emergency text alerts to staff cell phones. These efforts aim to boost the hospital's overall technological efficiency and effectiveness.

HUMAN RESOURCES:

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

Goals and Updates:

Since January 2023, many practices, forms, and processes have been developed and improved in the recruitment section of HR. The employee transfer request process has been implemented, which takes seniority, references, and work performance into consideration for each applicant. The process for posting our positions on our Kansas website and with the other subsequent websites we use to present our vacancies. This new process allows for jobs to be posted and withdrawn in a repetitive fashion, while also helping to reduce the chances of a missed applicant. Even though the statistics have not shown a great deal of improvement yet, the department is

proactive in dedicating the time, attention, and resources needed into these new and/or updated processes. This has further continued into 2024. The Human Resources department has further refined the process of progressive discipline and disciplinary letters alongside KDADS Central office HR.

Performance Based Budgeting Goals:

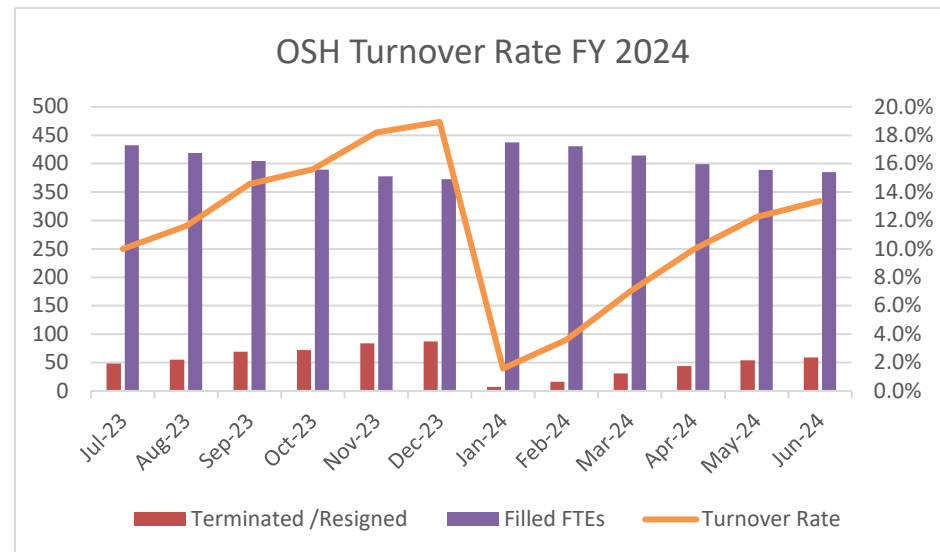
Goal: Track percentage of employees that turnover in a month

Measurement: Number of employees that turnover recorded every month

Department Responsible: Human Resources

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Employee Turnover Rate	3.2%	2.8%	11.2%	10.2%	9.5%

Month	Terminated /Resigned	Filled FTEs	Turnover Rate
Jul-23	48	432	10.0%
Aug-23	55	419	11.6%
Sep-23	69	405	14.6%
Oct-23	72	389	15.6%
Nov-23	84	377	18.2%
Dec-23	87	372	18.9%
Jan-24	7	437	1.6%
Feb-24	16	431	3.6%
Mar-24	31	414	7.0%
Apr-24	44	399	10.0%
May-24	54	389	12.2%
Jun-24	59	385	13.4%



FY 2025 – FY 2026

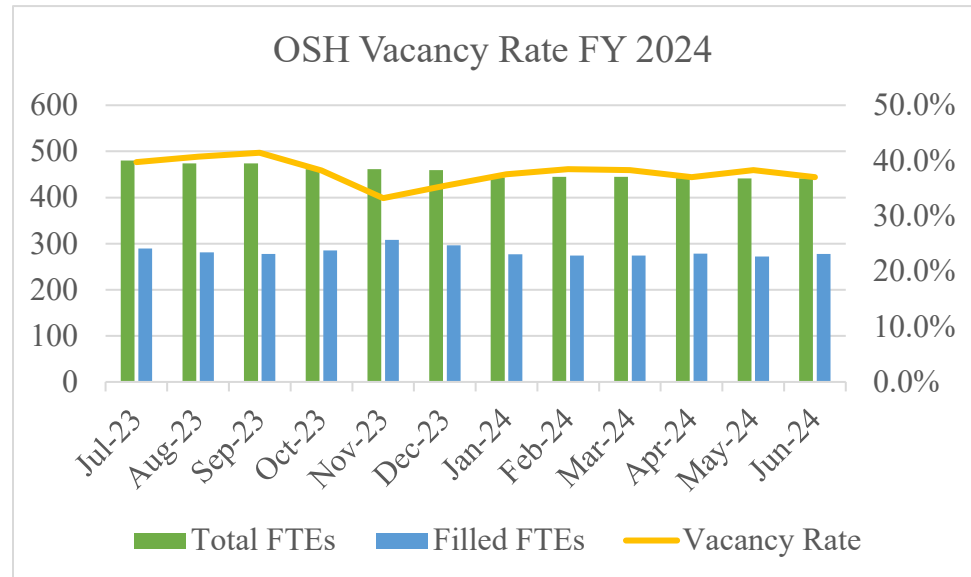
Goal: Track percentage of employee vacancies in a month

Measurement: Number of employees’ vacancies recorded monthly

Department Responsible: Human Resources

Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Employee Vacancy Rate	28.6%	32.6%	37.9%	35.5%	33.5%

Month	Total FTEs	Filled FTEs	Vacancy Rate
Jul-23	480	290	39.7%
Aug-23	474	281	40.7%
Sep-23	474	278	41.4%
Oct-23	461	285	38.2%
Nov-23	461	308	33.2%
Dec-23	459	296	35.5%
Jan-24	443	277	37.5%
Feb-24	445	274	38.4%
Mar-24	444	274	38.3%
Apr-24	442	278	37.0%
May-24	441	272	38.3%
Jun-24	441	278	37.0%



RISK MANAGEMENT:

Risk Management at Osawatomi State Hospital is dedicated to safeguarding both patients and staff by fostering a culture of safety across the hospital. Collaborating closely with various departments, such as Nursing, Security, and IT, the department proactively addresses potential risks while also refining safety protocols. Through comprehensive analysis of adverse events and regular safety drills, Risk Management ensures safety measures are effectively implemented and continuously improved. By balancing ongoing projects with the need to respond to immediate risks, the department maintains a safe and trustworthy environment, prioritizing the well-being of everyone within the facility.

Goals and Updates:

The Risk Management department has made significant progress in enhancing training, communication, and safety initiatives. Updated training materials have been introduced, and education emails were implemented to improve staff understanding of key procedures. Various drills, including emergency response scenarios, were conducted to ensure readiness. The department continues to collaborate across hospital departments to address safety concerns, with recent projects focused on upgrading security measures such as door locks and camera installations. Additionally, efforts are ongoing to improve systems like the hospital’s paging system and overall camera coverage, while also aligning protocols with other hospitals to strengthen safety practices.

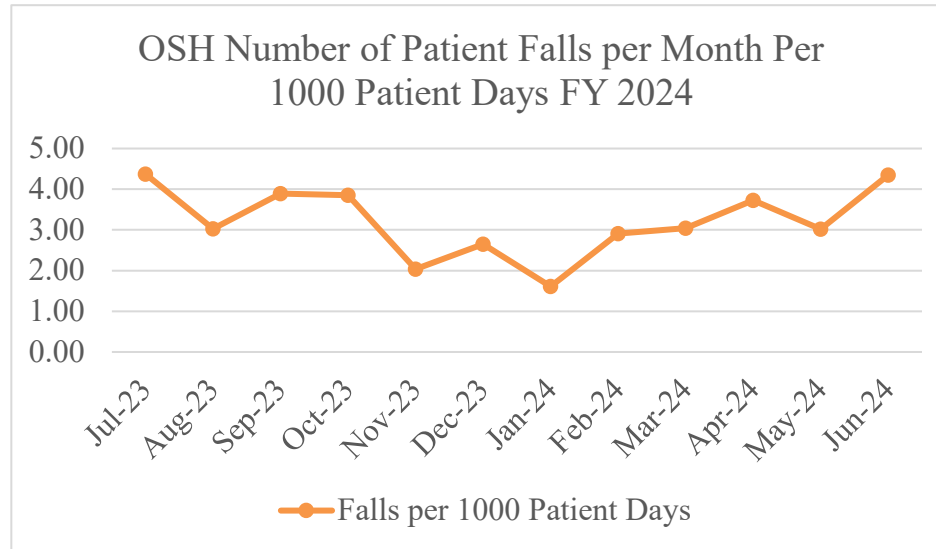
Performance Based Budgeting Goals:

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-23	4.37
Aug-23	3.03
Sep-23	3.89
Oct-23	3.85
Nov-23	2.04
Dec-23	2.65
Jan-24	1.61
Feb-24	2.91
Mar-24	3.04
Apr-24	3.73
May-24	3.02
Jun-24	4.35

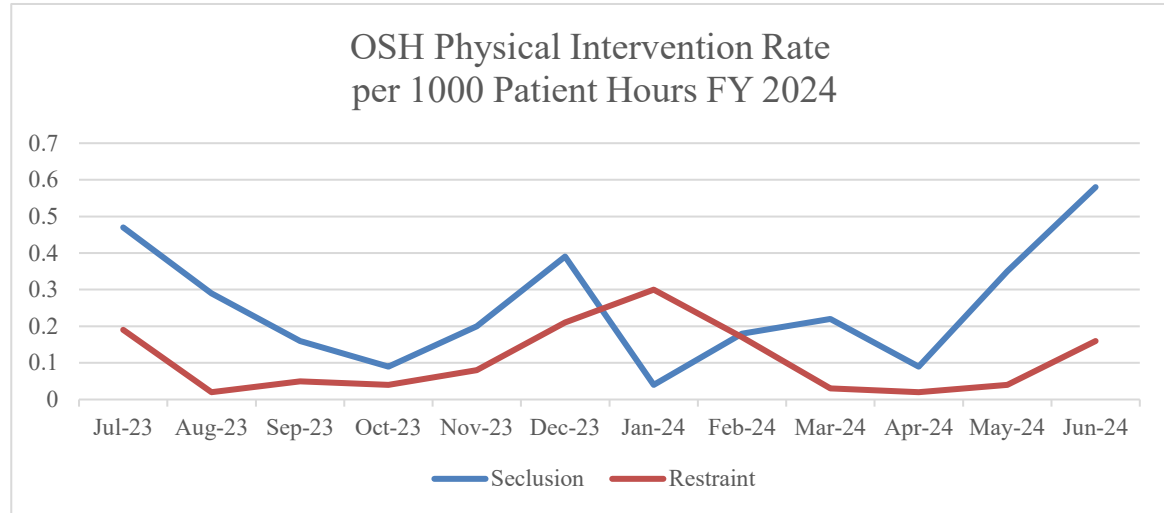


Goal: Monthly Physical Interventions rate will be below .30 per 1000 patient hours for all physical interventions

Measurement: Use of Seclusion/Restraints per 1000 patient hours

Department Responsible: Risk Management

Month	Seclusion	Restraint
Jul-23	0.47	0.19
Aug-23	0.29	0.02
Sep-23	0.16	0.05
Oct-23	0.09	0.04
Nov-23	0.2	0.08
Dec-23	0.39	0.21
Jan-24	0.04	0.3
Feb-24	0.18	0.17
Mar-24	0.22	0.03
Apr-24	0.09	0.02
May-24	0.35	0.04
Jun-24	0.58	0.16



HEALTH INFORMATION MANAGEMENT:

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

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

Goals and Updates:

The HIM Department has been working diligently to modernize our data and make items electronic that were previously only paper. While working with our IT department to make electronic databases for our historical statistical cards. OSH is about 98% complete,

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Agency Name: Osawatomie State Hospital
Program Title: Administration

RMHF still needs to be uploaded, and our outpatient cards are currently being processed. With the introduction of the new Electronic Health Record system, Wellsky, to our facility, we have been preparing to transition our hybrid records to an electronic format in anticipation of our go-live date in October.

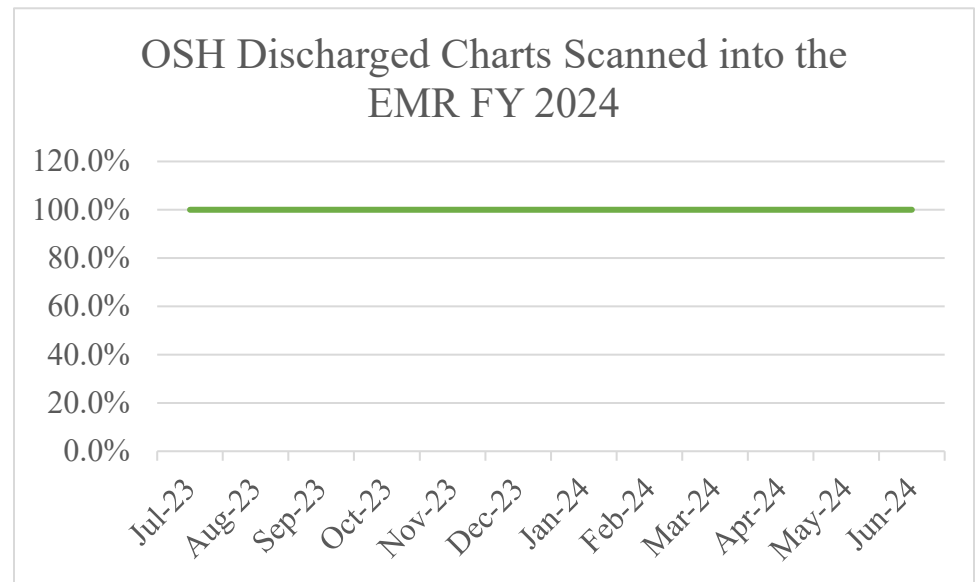
Performance Based Budgeting Goals

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

Measurement: Percentage of discharge charts scanned reported monthly

Department Responsible: Health Information Management

Month	Discharges	Charts Scanned Timely	Rate
Jul-23	20	20	100%
Aug-23	9	9	100%
Sep-23	12	12	100%
Oct-23	22	22	100%
Nov-23	23	23	100%
Dec-23	23	23	100%
Jan-24	16	16	100%
Feb-24	17	17	100%
Mar-24	18	18	100%
Apr-24	21	21	100%
May-24	22	22	100%
Jun-24	12	12	100%



Expenditures for Administration:

Administration	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$1,911,773	\$1,665,344	\$1,855,500	\$5,666,282	\$5,678,791
Shrinkage	\$0	\$0	\$ -	\$ (477,769.00)	\$ (861,177.00)
Contractual Services	\$962,512	\$898,640	\$896,496	\$900,123	\$900,123
Commodities	\$31,710	\$15,800	\$32,590	\$210,375	\$15,375
Capital Outlay	\$131,443	\$99,309	\$74,002	\$40,000	\$40,000
Other Assistance	\$0	\$0	\$0	\$0	\$0
Total	\$3,037,438	\$2,679,093	\$2,858,588	\$6,339,011	\$5,773,112

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for positions and represents funding for 23.25 FTEs in FY 2025 and FY 2026 for 26 pay periods, fringe benefits, health insurance and longevity. This increase in salaries and wages is due to the Governor’s pay plan increase and the increase of maximum bonuses from \$3,500 to \$10,000 per employee. This was allowed by legislature but unfunded.

FY 2025: \$5,666,282 is requested. The shrinkage rate is 8.4%.

FY 2026: \$5,678,791 is requested. The shrinkage rate is 15.1%.

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, 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 2025 – FY 2026

FY 2025: \$900,123 is requested.

FY 2026: \$900,123 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 2025: \$210,375 is requested.

FY 2026: \$210,375 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds requested for this object code will be used to purchase equipment, micro-computers, and other info processing equipment necessary to maintain operation of both administration and all of OSH.

FY 2025: \$40,000 is requested.

FY 2026: \$40,000 is requested.

Account Codes 55000: Other Assistance

These funds will be used for potential property damage or loss claims.

FY 2025: \$0 is requested.

FY 2026: \$0 is requested.

PROGRAM: Staff Development and Training – 01070

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

STAFF DEVELOPMENT AND TRAINING:

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

Goals and Updates:

Expo 2024 will serve as the SD&T annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training CBTs. SD&T will provide the hands-on training for nursing such as oxygen, vital signs, nebulizer, Hoyer lift, sit-to-stand lift and glucometer check offs. SD&T will also provide training for any staff member who is required to have restraint training, covering how to use the restraint bed with Velcro restraints and the restraint chair. The 2024 EXPO, the emphasis will be on training all staff on the LifeVac choking device and the AED as these are required annually and CPR (which they initially get the training in) is bi-annually. By adding additional trainings, staff proficiency in these areas should increase.

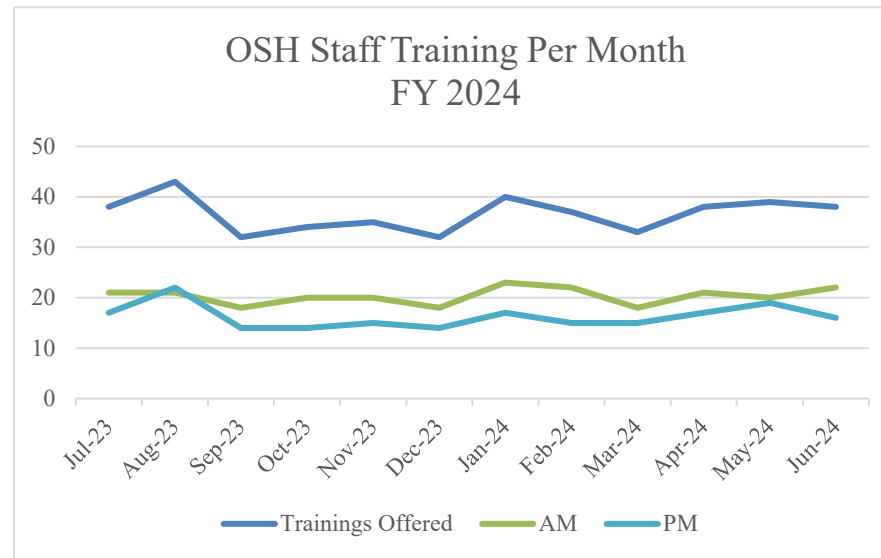
Performance Based Budgeting Goals

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

Measurement: Number of education opportunities offered monthly reported.

Department Responsible: Staff Development and Training

Month	Trainings Offered	AM	PM
Jul-23	38	21	17
Aug-23	43	21	22
Sep-23	32	18	14
Oct-23	34	20	14
Nov-23	35	20	15
Dec-23	32	18	14
Jan-24	40	23	17
Feb-24	37	22	15
Mar-24	33	18	15
Apr-24	38	21	17
May-24	39	20	19
Jun-24	38	22	16



Expenditures for Staff Development and Training:

Staff Development and Training	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$519,093.00	\$396,954.00	\$417,626.00	\$412,031.00	\$ 414,411.00
Shrinkage	\$ -		\$ -	\$ -	\$ -
Contractual Services	\$ 39,956.00	\$ 36,082.00	\$ 23,575.00	\$ 20,550.00	\$ 20,550.00
Commodities	\$ 22,661.00	\$ 12,030.00	\$ 21,006.00	\$ 20,570.00	\$ 20,570.00
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Improvements	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$581,710.00	\$445,066.00	\$462,207.00	\$453,151.00	\$ 455,531.00

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 3.6 FTEs and represents funding for positions for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2025: \$412,031 is requested. The shrinkage rate is 0%.

FY 2026: \$414,411 is requested. The shrinkage rate is 0%.

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 2025: \$20,550 is requested.

FY 2026: \$20,550 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 2025: \$20,570 is requested.

FY 2026: \$20,570 is requested.

Account Codes 54000 – 54900: Capital Outlay

No funds requested.

FY 2025: \$0 is requested.

FY 2026: \$0 is requested.

PROGRAM: Medical Services – 83000

Program Overview:

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

MEDICAL SERVICES:

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

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

Goals and Updates:

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

positions are filled, the department will have continuous flexibility amongst scheduling of staff. There will be some retirements in the department year. If these positions are filled promptly, scheduling will remain fluid.

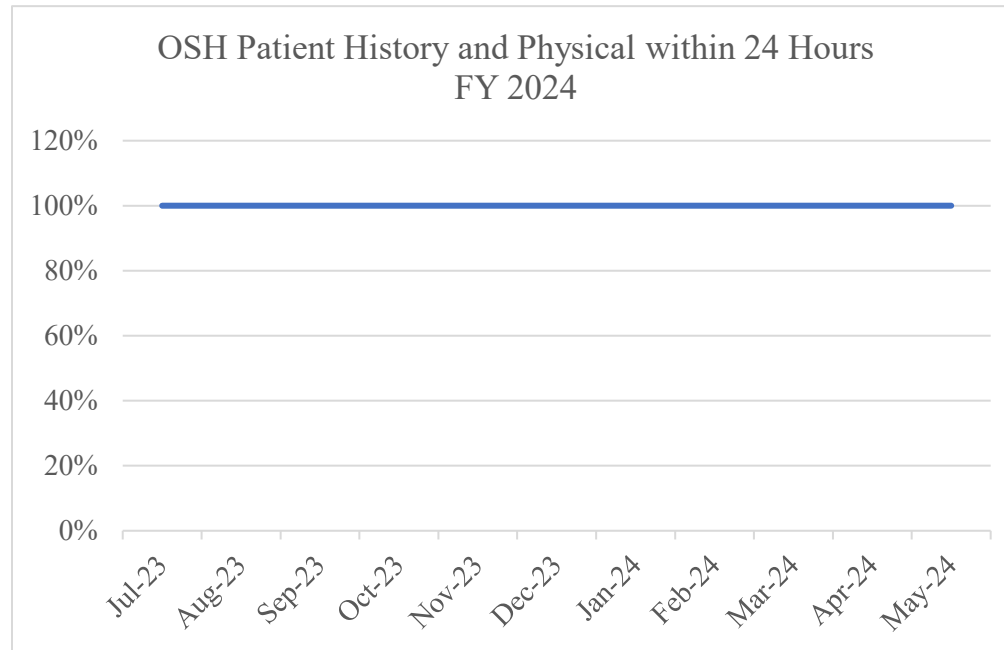
Performance Based Budgeting Goals

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

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

Department Responsible: Medical Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



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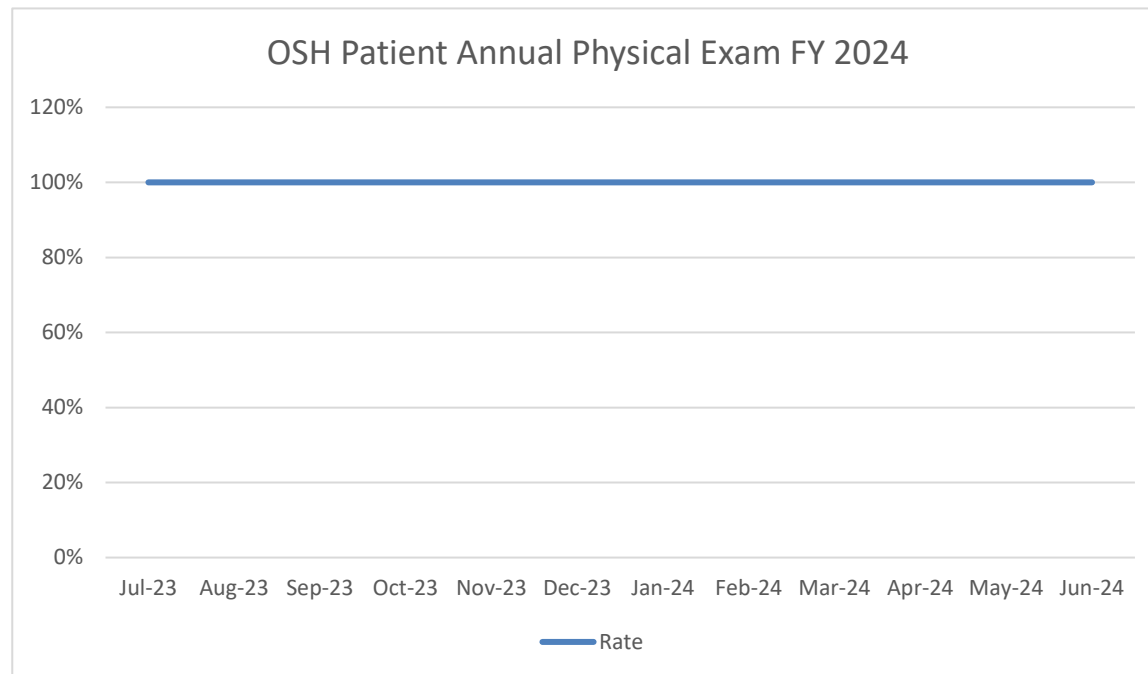
Agency Name: Osawatomie State Hospital
Program Title: Medical Services

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

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

Department Responsible: Medical Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



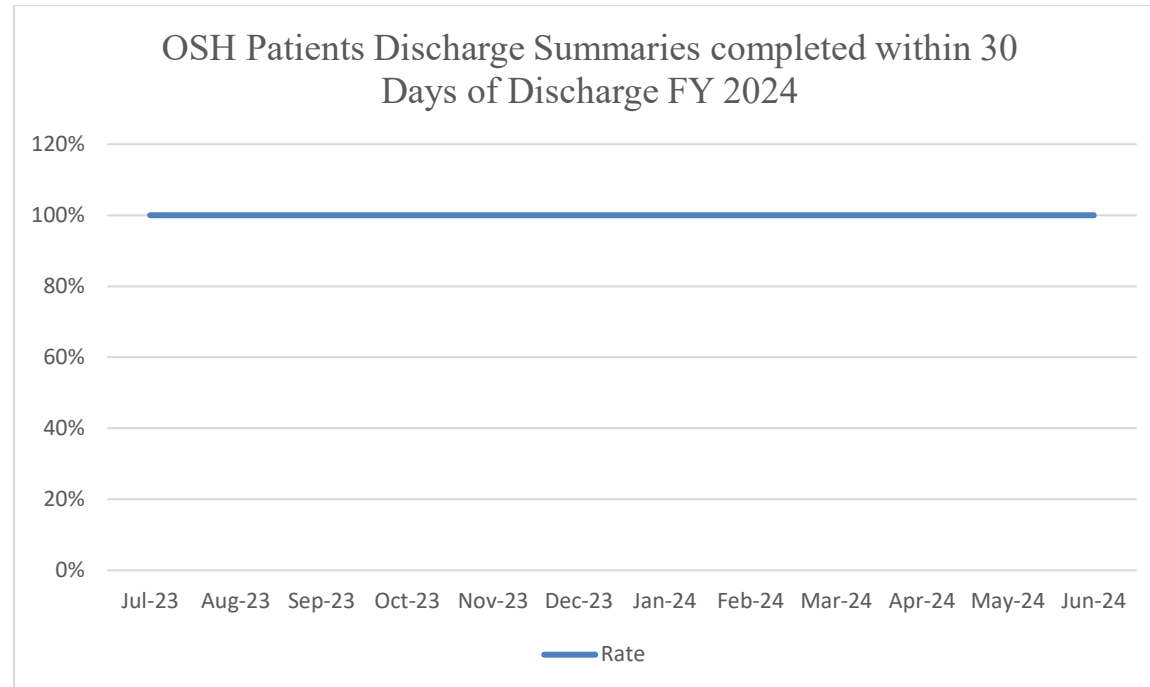
Performance Based Budgeting Goals:

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

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

Department Responsible: Psychology and Therapy Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%
Totals	100%

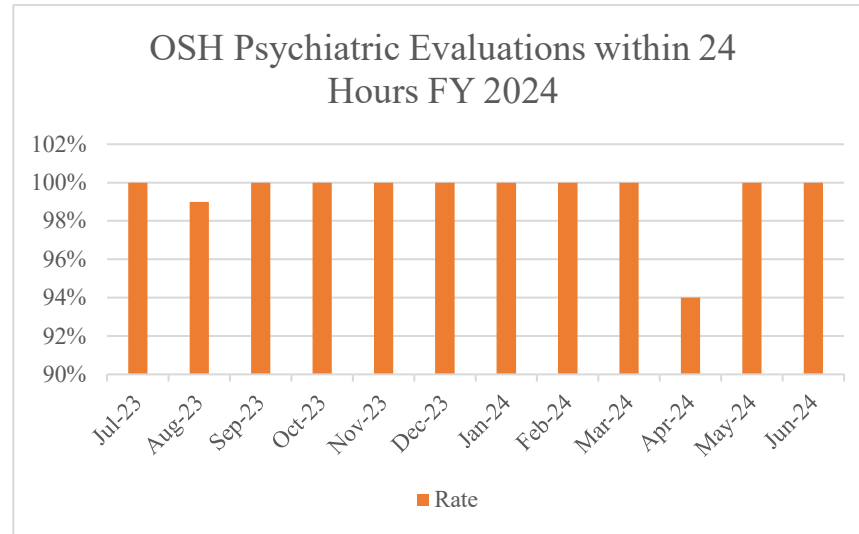


Goal: 100% of patients will be evaluated and the Psychiatric Evaluation documented within 24 hours of admission

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

Department Responsible: Psychology and Therapy Services

Month	Rate
Jul-23	100%
Aug-23	99%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	94%
May-24	100%
Jun-24	100%



Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of patients discharged having a Discharge Summary completed within 30 days of discharge.	100%	100%	100%	100%	100%
Percent of patients evaluated and Psychiatric Evaluation documented within 24 hours of admission.	95%	99%	99%	100%	100%

PHARMACY:

The Pharmacy Department ensures safe, effective, and cost-conscious medication use at Osawatomi 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 both clinical and operational inquiries. 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.

DEPARTMENT UPDATES:

In October 2024 the pharmacy is changing to Wellsky. This new electronic health record (EHR) will improve communication between state hospitals regarding treatment records for patients transferring between facilities. The hospital is pursuing remote pharmacy verification services to provide 24-hour, 365-day pharmacist order entry checking prior to medication administration. Remote verification services provide an additional safeguard to ensure correct medication administration in addition to automated dispensing machines. July 2024 was the second anniversary of implementing Pyxis machines on every patient unit on AAC. The machines have increased immediate medication access and by utilizing the profile functionality provides another safeguard for correct medication administration. The department is planning to update its medication unit packaging machine which allows the pharmacy to provide unit dose, barcoded medication to the units for administration. Scanning unit-dosed, barcoded medication prior to administration provides yet another safeguard for medication administration. The pharmacy department is implementing software that tracks medication providences to comply with federal Segregated Compounding Area regulations. The pharmacy, in collaboration with the medical staff, published the hospital formulary medication management resource book in January 2024. 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 is under continual review and revision, as new medication come on the market and prescribing practices change. Pharmacy is collaborating with the medical team to enable pharmacists to actively manage patients with chronic conditions by closing in on the goal of two units per pharmacist with a 60:1 patient ratio, allowing closer therapy review, greater input on medication decisions, and reduced errors. The focus is on interdepartmental collaboration to ensure patient care. Pharmacy will continue to work with the University of Kansas as an internship/externship site for pharmacy students and hopes to have student assignments in June 2025.

LABORATORY:

The primary purpose of the Laboratory Department is to provide phlebotomy services to Osawatomi 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, incorporating novel resources from laboratory information systems, and leveraging technology to heighten efficiency. This, in turn, aids clinical decision-making, accurate diagnoses, prompt treatment selection, minimal treatment delays, enhanced recovery, and disease prevention.

Expenditures Medical Services:

Medical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$3,407,407	\$2,511,177	\$2,948,872	\$5,404,785	\$5,412,269
Shrinkage	\$0	\$0	\$0	(\$3,000,000)	(\$3,000,000)
Contractual Services	\$752,864	\$1,021,630	\$1,008,377	\$810,965	\$810,965
Commodities	\$255,575	\$613,433	\$826,527	\$955,430	\$955,430
Capital Outlay	\$4,384	\$9,224	\$7,617	\$77,100	\$77,100
Capital Improvements	\$0	\$0	\$0	\$0	\$0
Total	\$4,420,230	\$4,155,464	\$4,791,393	\$4,248,280	\$4,255,764

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wage funds for 16.11 FTEs and represents funding for all current positions for 26 pay periods,

FY 2025 – FY 2026

fringe benefits, health insurance, and longevity. This program consists of staff in the following departments:

FY 2025: \$5,404,785 is requested. The shrinkage rate is 55.5%.

FY 2026: \$5,412,269 is requested. The shrinkage rate is 55.4%.

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 2025: \$810,965 is requested.

FY 2026: \$810,965 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 2025: \$955,430 is requested.

FY 2026: \$955,430 is requested.

Account Codes 54000 – 54900: Capital Outlay

The funds would allow replacement of medical equipment as needed.

FY 2025: \$77,100 is requested.

FY 2026: \$77,100 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Clinical Services – 84000

Program Overview:

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

PSYCHOLOGY AND THERAPY SERVICES:

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

Goals and Updates:

Psychology Department:

One new FTE psychologist has been hired and due to patient needs is primarily providing direct groups and individual therapy at this time. Hospital needs may require involvement in other assessments and reports to the court. Ongoing development of training

programs remains a priority. One of the psychologists is dedicated to establishing a pre-doctoral APA-accredited internship program and other training opportunities. The department developed a formal post-doctoral residency which is posted and available but is not currently filled for FY 2025. Currently, a yearlong practicum rotation is provided for students in their doctoral programs at nearby universities. The student class has continued to grow from 3-4 in the first two years to 5 students in 2024 and 2025 (3 therapy and 2 assessment students). We also have an additional MA level psychologist in training for a 6-month rotation. Developing these programs provides essential educational opportunities for clinicians in training and allows the hospital to meet the requirements for formal accredited internships. This area remains a focus for the continuous growth and development of the psychology department. In FY 2025 the department is making a dedicated effort to submitting the application for contingent accreditation to become a formal APA accredited internship program. Additional focus has been placed on updating resources at the psychology testing lab, ensuring that the tests and tools available are up to date and meet the hospital's needs. An updated measure of adaptive functioning has been ordered and we look forward to the release of the updated IQ assessment, the WAIS-5 later this year.

Clinical Therapy:

Clinical therapists continue to provide most psychoeducational groups across the campus. This year, their involvement in education within the department and other areas of the hospital for staff development has increased. As part of their annual evaluation expectations, department staff have been tasked with providing case presentations and education to new hire orientees, students, existing staff, or the community. Due to the ongoing rise in competency to stand trial patients, all current clinical therapists have education about these processes and basic restoration activities. Cross-training will remain a focus due to the growing population in need of these services. Resources for groups and general provision of services are an area of focus for the coming year. Available resources are being evaluated to determine what additional materials are needed to provide high-quality groups and other treatment opportunities for patients.

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

staff.

Goals and Updates:

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

LEISURE AND FITNESS:

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

Goals and Updates:

In the past year, the Leisure and Fitness Department has experienced growth and some changes. An additional half time position is posted, this will help with both transport of patients and supervision of patients at off unit activities. Due to changes in staff to patient ratios, additional staffing will help enhance the scope of services provided. Notable highlights for this year include a holiday program in winter, and a recent summer dance and carnival. The goals for the upcoming fiscal year include continuing hospital-wide events such as parades, carnivals, field days, movies, dances, holiday programs, talent shows, and tributes. Department expansion, with the addition of 2 more Activity Specialists, to offer better support for staff and enhance the ability to monitor off-unit activities. Currently, 4 staff members work Tuesday-Saturday, and 4 work Sunday-Thursday, providing coverage seven days a week. However, this arrangement limits group sizes and the ability to leave the unit due to staff-to-patient ratios, as one LF staff member works alone on their unit for four days each week.

AGRICULTURE THERAPY:

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

Goals and Updates:

Greenhouse:

Revitalization efforts for the hospital greenhouses and horticulture building are progressing. Two gardens have been tilled, with patients actively participating in planting summer and fall harvest vegetables. This year, we introduced a staff community garden alongside a raised bed area for patients. Patients are also engaged in planting houseplants and flowers, which are sold to staff and the community. The proceeds support the department, funding new seeds, soil, and other resources for patient groups. A new large area for raised beds has been established outdoors on gravel and rock, featuring multiple raised beds built by agriculture staff. This setup offers patients a more accessible space for planting and tending to flowers and vegetables. Many patients previously struggled with the narrow walkways and bending required in the existing greenhouses. The new raised bed area improves accessibility by providing ample space and eliminating the need to bend over. Additionally, a local community partner donated two large ornamental boulders and stone benches to further enhance this area.

Animal Program:

This year, we welcomed additional goat kids, much to the delight of our patients. Last year, three goats were donated to Parson's State Hospital and Training Center to support and enhance their animal program. Our dogs continue to play a significant role in patient engagement, with Dixon being extensively involved in physical therapy sessions led by the hospital's physical therapist and supported by agriculture staff. We also introduced Tootsie Roll, a miniature pony, to our animal group this year, and she has been incorporated into physical therapy sessions as well. We have launched a one-on-one animal care group for selected patients, available Tuesday through Saturday. This program allows patients to learn detailed animal care tailored to their specific needs and interests. Currently, five patients are enrolled.

Community Vitality:

“Little Farm on the Hill” at Osawatomi State Hospital has made strides in increasing community involvement this year. We have participated in the Miami County Spring Farm Tour and plan to join the Fall Farm Tour. Plants were sourced and sold to the City of Osawatomi for their planters and garden areas. The “First Friday Farmer’s Market,” established last year, continues this year from June through October. This monthly market, open to both staff and the community, features crafted and farmed items, promoting the hospital as a valuable community resource and partner. Quarterly educational and experiential events, such as wreath making, terrarium building, and canning/food preservation workshops, remain popular, offering opportunities for both staff and community members to engage and learn.

Upcoming Plans:

In the coming year, we will continue to develop and enhance our animal and horticulture programs. We will review existing groups based on patient and unit needs, adjusting offerings as necessary to improve attendance and satisfaction. Plans include expanding and improving our animal facilities with additional pens for better management and rotational grazing, optimizing pasture use for our goats and pony. The greenhouses will undergo improvements, including new automatic watering systems and a control system for the new greenhouse. A capital improvement project is also planned for replacing windows in the large greenhouse. We will maintain our partnership with K-State Research & Extension and add more collaborative events. Additionally, staff will have the opportunity to purchase fall mums, holiday poinsettias, and other plants.

SOCIAL SERVICES:

The Social Services Department at Osawatomi 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, and social workers responsible for discharge planning.

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

Goals and Updates:

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

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

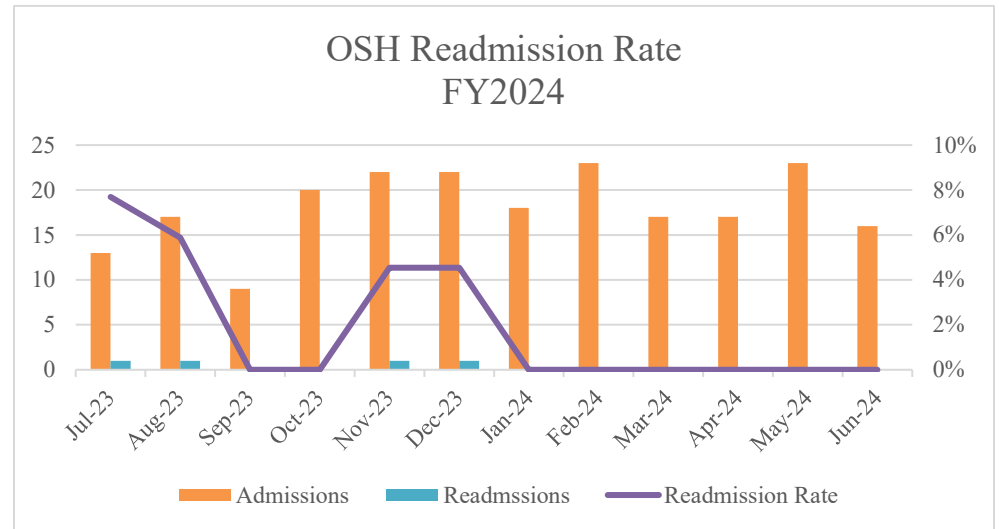
Performance Based Budgeting Goals:

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

Measurement: Percentage of patients readmitted within 30 days

Department Responsible: Social Services

Month	Admissions	Readmissions	Readmission Rate
Jul-23	13	1	8%
Aug-23	17	1	6%
Sep-23	9	0	0%
Oct-23	20	0	0%
Nov-23	22	1	5%
Dec-23	22	1	5%
Jan-24	18	0	0%
Feb-24	23	0	0%
Mar-24	17	0	0%
Apr-24	17	0	0%
May-24	23	0	0%
Jun-24	16	0	0%



Performance Measures	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Percent of patients who are readmitted within 30 days of discharge.	4.0%	2.0%	1.8%	1.0%	1.0%

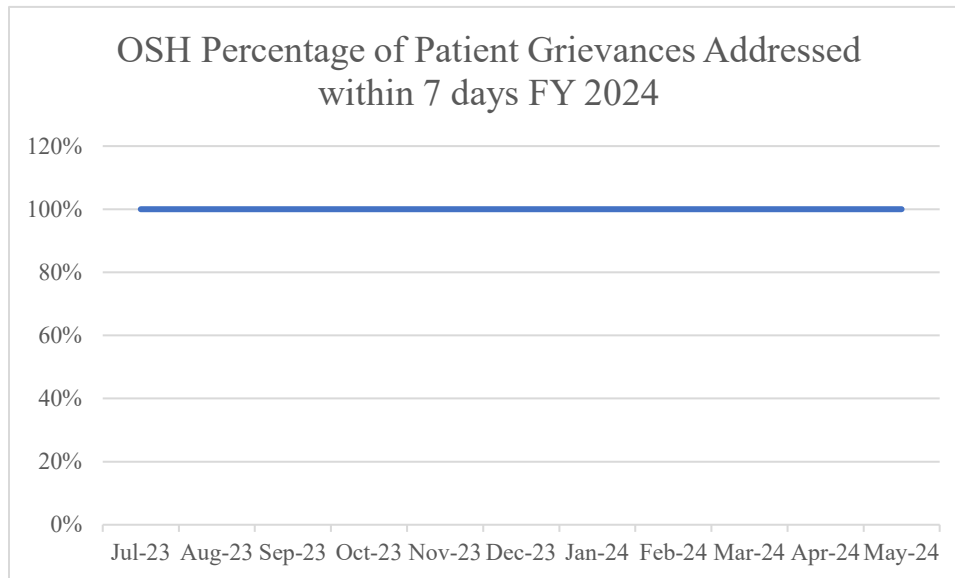
Goal: 100% of reported grievances will be address by the Patient Advocate within 7 days

FY 2025 – FY 2026

Measurement: Percentage of grievances addressed reported monthly

Department Responsible: Patient Advocates

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



DIETARY SERVICES:

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

Goals and Updates:

In the coming fiscal year, the department plans to add a new event in March of 2024 during National Nutrition Month. Additional education, games, and prizes will be provided to patients who participate. The goal is to create and promote an awareness week for staff and patients in March 2024. Other costs for the department in FY 2024 include the purchase of updated reference manuals to be utilized by the registered dietitians.

NURSING:

The Nursing Department at Osawatomi State Hospital plays a critical role in assessing and treating individuals who present with complex mental health and medical conditions. Our department consists of a dedicated team of nursing professionals who provide comprehensive care and support to ensure the well-being and recovery of our patients.

Key Components and Responsibilities:

Comprehensive Patient Assessment:

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

Integrated Care and Treatment:

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

Physical Health Monitoring:

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

Crisis Intervention and Stabilization:

Our nurses are trained in crisis intervention techniques and play a pivotal role in managing acute psychiatric crises. They provide

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

Collaborative Multidisciplinary Approach:

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

Staff Development:

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

Patient and Family Education:

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

Goals and Updates:

The department has been focused on several important updates and initiatives to enhance the overall functioning and quality of patient care. These include working on competency evaluation and trainings for staff, improving patient care quality and safety, collaborating with community healthcare organizations and nursing schools, implementing a “Dr. Heart” training program for medical emergencies, and developing strategies for identifying and managing psychiatric crises. Additionally, there is a goal to transform the department into a teaching hospital, emphasizing the importance of continuous learning of mental health conditions and professional development for nursing staff.

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

Efforts are being made to improve the quality of patient care and safety. The department is implementing protocols and best practices to enhance the overall patient experience and minimize potential risks. This includes continuously reviewing and updating policies and procedures to align with industry standards and evidence-based practices.

Collaboration with community healthcare organizations and nursing schools is a key focus for the department. By establishing partnerships, the department aims to improve healthcare services for community members and create opportunities for staff to engage in educational exchanges and professional development.

A Dr. Heart training program is being implemented to enhance staff preparedness and response during medical emergency events. This training equips staff with the necessary skills to effectively manage emergencies and provide timely and appropriate medical interventions.

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

Performance Based Budgeting Goals:

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

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

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

**Agency Name: Osawatomie State Hospital
 Program Title: Clinical Services**

Department Responsible: Nursing

Measure	Target	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
% of Med Consults with a relevant temp issue created	100%	96%	93%	75%	78%	90%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		94%	91%	83%	91%	91%	95%
% of Med Consults with CGs or Nurses' Notes completed	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		100%	95%	79%	81%	91%	94%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
% of Med Consults with medications ordered/entered into WinPharm (if needed as indicated by guidelines)	100%	July – 23	Aug – 23	Sept – 23	Oct – 23	Nov – 23	Dec – 23
		97%	100%	96%	96%	100%	100%
		Jan – 24	Feb – 24	Mar – 24	Apr – 24	May – 24	Jun – 24
		100%	97%	98%	100%	100%	98%

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

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

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

SCHEDULING:

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), 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 advises other department head and executives on administrative policies at the direction of a supervisor.

Goals and Updates:

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

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 incorporating resources and technology into examining clinical practices related to infection prevention and control, strengthening infection surveillance processes, improving and streamlining practices for healthcare personnel health processes and records, improving hand hygiene education and monitoring, providing infection control-related educational opportunities, and collaborating with the nursing department and facility and environmental services departments to build and maintain specific environmental monitoring and continuous quality improvement activities based on principles of infection prevention and control and regulatory compliance requirements.

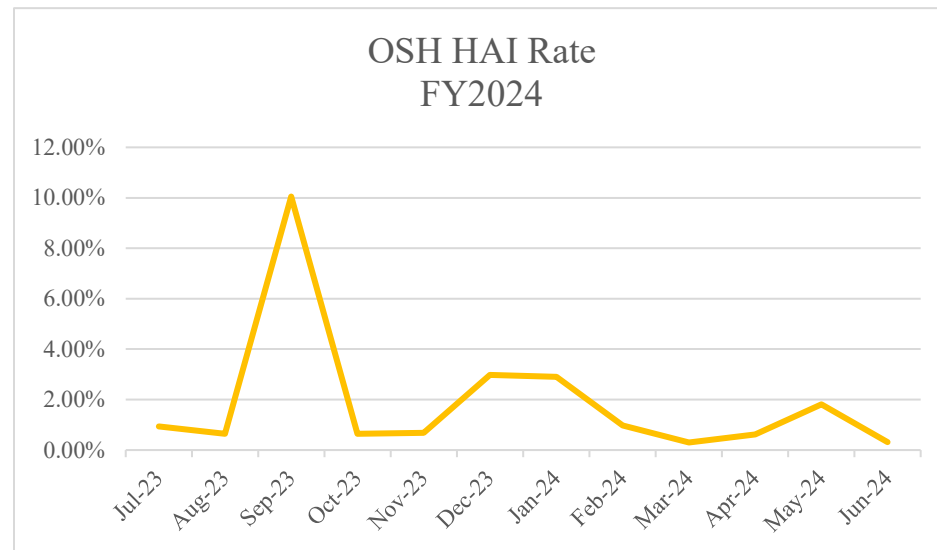
Performance Based Budgeting Goals:

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

Measurement: Infection rate recorded monthly

Department Responsible: Infection Control

Month	HAI Rate
Jul-23	0.94%
Aug-23	0.64%
Sep-23	10.05%
Oct-23	0.64%
Nov-23	0.68%
Dec-23	2.98%
Jan-24	2.90%
Feb-24	0.97%
Mar-24	0.30%
Apr-24	0.62%
May-24	1.81%
Jun-24	0.31%

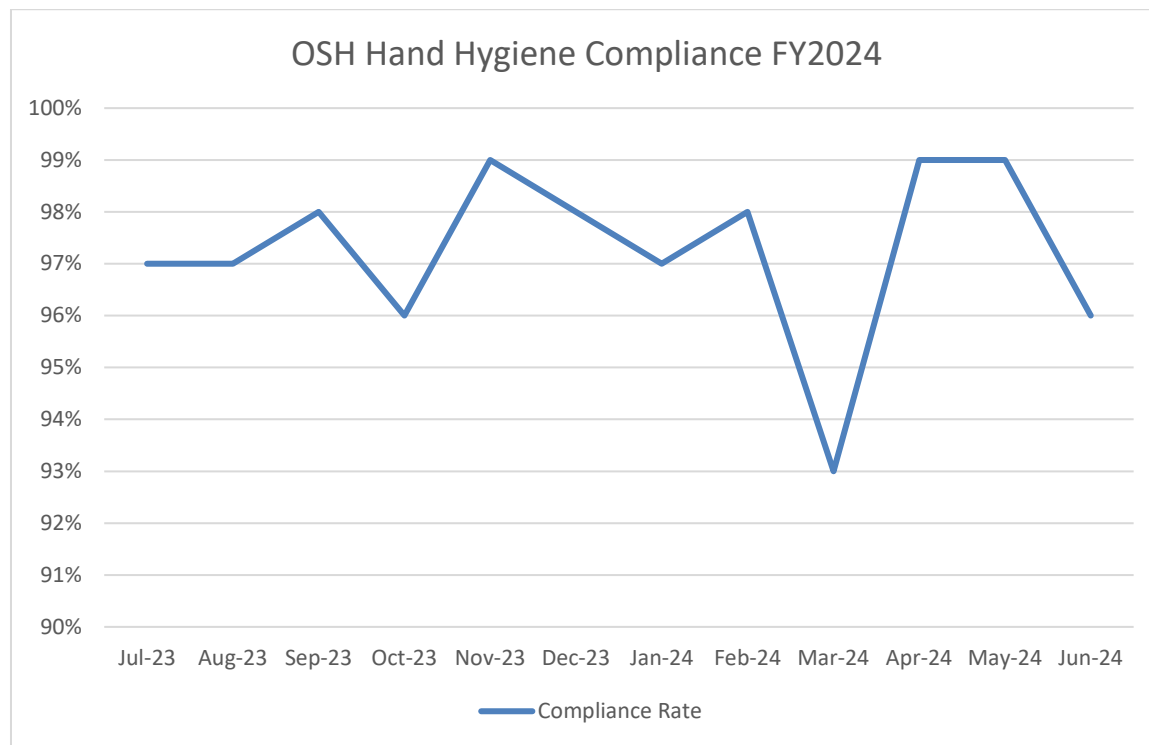


Goal: 95% of staff are following the 5 moments of handwashing

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

Department Responsible: Infection Control

Month	Compliance Rate
Jul-23	97%
Aug-23	97%
Sep-23	98%
Oct-23	96%
Nov-23	99%
Dec-23	98%
Jan-24	97%
Feb-24	98%
Mar-24	93%
Apr-24	99%
May-24	99%
Jun-24	96%



TRIAGE:

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

Goals and Updates:

Triage is continuously working to effectively master their process from time of receiving a screen to the time of admitting the patient by always evaluating how to improve the communication with community providers to get all the requested information timely to be able to process proposed patients once they are accepted. This year they have continued to work with Health Source and use EnzoCare for screening information and tracking.

NURSING EDUCATION:

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

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

precise and comprehensive patient charts.

Goals and Updates:

The EXPO event serves as Nursing Education’s annual competency training, providing essential skills development. This comprehensive training program includes a combination of hands-on sessions and computer-based training (CBTs) tailored to meet the specific needs of each position. For instance, nurses receive a more extensive focus on CBTs and hands-on training compared to custodial staff. In addition to skills development, the EXPO event also addresses staff concerns. During the 2022 EXPO, the spotlight was on two key areas: Absent Without Leave codes (AWOL) and patient boundaries. These topics were selected based on past incidents at the hospital and the expressed interest of the staff in addressing them. Looking ahead to the 2023 EXPO, the emphasis will be on Medical Emergency codes ("Dr. Heart") and injection practices. This decision was made in response to staff concerns regarding potential shortcomings in these critical areas. By prioritizing these skills, staff apprehensions will be addressed by increasing proficiency in these areas.

In the future, the Electronic Health Record (EHR) system will be introduced. This advanced system will seamlessly integrate features from WinPharm and PCS, enhancing usability and efficiency. By merging these systems, operational workflows will be streamlined, resulting in improved processes. Additionally, the EHR system will seamlessly interact with Pyxis, the medication storage and management system, benefiting both staff and patients.

Expenditures for Clinical Services:

Clinical	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$9,594,930	\$10,636,713	\$11,025,859	\$20,258,891	\$20,421,913
Shrinkage	\$0	\$0	\$0	(\$9,201,337)	(\$9,003,556)
Contractual Services	\$7,101,537	\$11,982,655	\$12,586,699	\$12,844,640	\$13,129,402
Commodities	\$27,506	\$42,116	\$60,499	\$556,255	\$570,655
Capital Outlay	\$0	\$0	\$0	\$650	\$650
Capital Improvements	\$7,260	\$0	\$0	\$0	\$0
Other Assistance	\$0	\$0	\$0	\$0	\$0
Total	\$16,731,233	\$22,661,484	\$23,673,057	\$24,459,099	\$25,119,064

Account Code 51000: Salaries and Wages

This program provides direct treatment to patients admitted to OSH. The program is organized into four treatment units supervised by the Chief Nursing Officer who oversees the treatment process. The program consists of Direct Care staff including MH/DD Technicians and Registered and Licensed Practical Nurses. Direct care staff are assigned 24-hours a day 7-days a week. This program also includes clinical treatment staff consisting of Psychologists, Social Workers, Chemical Dependency Counselors, Clinical Therapists, Clinical Dietitians, and staff that operate the Patient’s/staff Coffee Shop. The LMHT Program is also budgeted in this program. Funds requested will provide salary and wage funds for 228.21 for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2025: \$20,258,891 is requested. The shrinkage rate is 45.4%.

FY 2026: \$20,421,913 is requested. The shrinkage rate is 44.1%.

Account Codes 52000 – 52900: Contractual Services

This category includes all fee and service type expenses including travel projected for this program. This is slightly increased from FY 2024, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Physical Plant / Central Supply will significantly decrease in contractual services since they were allocated there previously.

FY 2025: \$12,844,640 is requested.

FY 2026: \$13,129,402 is requested.

Account Codes 53000 – 53900: Commodities

This category includes professional and scientific supplies for medical equipment and testing. This is significantly increased from FY 2024, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Physical Plant / Central Supply will significantly decrease in commodities since they were allocated there previously.

FY 2025: \$556,255 is requested.

FY 2026: \$570,655 is requested.

Account Codes 54000 – 54900: Capital Outlay

No funds requested.

FY 2025: \$650 is requested.

FY 2026: \$650 is requested.

Account Codes 55000 – 55900: Capital Improvements

No Expenses

FY 2025: \$0 is requested.

FY 2026: \$0 is requested.

EXPENDITURE JUSTIFICATION

PROGRAM: Physical Plant and Central Services – 96000

Program Overview:

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

OPERATIONS:

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

Goals and Updates:

In the upcoming fiscal year, the Operations Department will concentrate on refining our current processes across all areas to enhance efficiency and effectiveness. Our commitment to compliance will ensure that our policies and procedures align with the latest standards and regulations, prioritizing the safety of both staff and patients.

In the realm of project management, we will emphasize the importance of engaging key stakeholders. It is essential that those affected by projects related to their areas or services are not only kept informed but also actively involved in the decision-making process. This

collaborative approach will foster a sense of ownership and accountability, ultimately leading to more successful project outcomes.

Within custodial services, we will implement a cross-training program for all staff members. This initiative will ensure that our team is equipped to cover all areas of the hospital, thereby enhancing our operational flexibility and responsiveness to the needs of the facility.

In the domains of Safety & Security and Facility Services, we will prioritize equipping our staff with the necessary tools and training to effectively deliver the services required by the facility. By ensuring that our personnel have access to the proper equipment and comprehensive training, we will enhance our ability to maintain a safe and secure environment for all.

Through these focused efforts, the Operations Department aims to create a more streamlined and effective operational framework that supports our overarching goal of providing exceptional service and safety for our staff, patients, and visitors. We appreciate the continued support of our stakeholders as we work diligently to implement these initiatives in the coming year.

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

Goals and Updates:

The Facilities Services Department is pleased to announce implementation of a new software program, TMA, which will enhance our ability to manage both the daily operations and the data management aspects of our facility services. This innovative tool will streamline processes, allowing for improved efficiency and effectiveness in our service delivery.

In addition to the TMA software, we are excited to introduce a dedicated facility service storeroom. This new resource will enable us to effectively manage tools, equipment, and parts necessary for repairs across the campus. By centralizing our inventory, we anticipate a significant reduction in turnaround times for repairs, as well as improved tracking of parts and labor allocation. This initiative is

designed to enhance our operational capabilities and ensure that we can respond promptly to the needs of our campus community.

Furthermore, we are committed to maintaining the highest standards of safety and compliance within our department. To this end, all Facilities Services staff will undergo OSHA 10 training. This training will equip our team with the essential knowledge and skills required to uphold safety protocols, thereby ensuring the well-being of our staff, patients, and visitors.

We believe these advancements will not only improve our service delivery but also foster a safer and more efficient working environment. We look forward to the positive impact these initiatives will have on our operations and the overall experience of those we serve.

POWER PLANT:

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

Goals and Updates:

In the upcoming year, the Power Plant Department will concentrate on two significant initiatives aimed at enhancing our operational efficiency and ensuring the safety and reliability of our services.

The first initiative involves a comprehensive upgrade of our equipment, specifically the replacement of Boiler 3. This project is substantial in scope and will require the removal of an external wall of the facility to facilitate the safe extraction of the existing boiler, along with other obsolete equipment and the installation of the new equipment. This upgrade is essential not only for improving our energy efficiency but also for ensuring that our systems meet the latest safety and environmental standards. The successful execution of this project will enhance our operational capabilities and contribute to the overall reliability of our power generation processes.

The second area of focus will be the training and development of our staff within the Power Plant Department. As we introduce new equipment, it is imperative our team is well-equipped with the knowledge and skills necessary for its proper care and maintenance. We

will implement a comprehensive training program designed to familiarize staff with the operational protocols and maintenance requirements of the new boiler system. This training will emphasize the importance of regular maintenance practices, which are critical for ensuring the safety of our staff, patients, and visitors. Additionally, proper maintenance is vital for maximizing the operational lifespan of the new equipment, thereby safeguarding our investment and ensuring that it functions optimally throughout its expected life expectancy.

By focusing on these two key areas—upgrading our equipment and enhancing staff training—we aim to foster a culture of safety and excellence within the Power Plant Department.

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 main focus in the spring, summer, and fall months. Chemicals are used for broad leaf weeds in the spring and fall. The Department is also responsible for maintaining all street signs and painting curbs and various other reserved parking areas on the campus. In the winter months, all snow removal on the streets and sidewalks throughout the campus is the department’s responsibility.

Goals and Updates:

The Grounds Department is committed to maintaining an attractive and safe environment for all who visit and work at the hospital. In the upcoming year, we have planned several initiatives aimed at enhancing the aesthetic appeal and safety of our grounds.

One of our primary focuses will be the trimming of numerous trees throughout the property. This essential maintenance will not only improve the visual landscape but also promote the health and longevity of the trees, ensuring they remain a vital part of our environment. Additionally, we will be installing flowerbeds around multiple buildings on the grounds. These flowerbeds will contribute to a more inviting atmosphere, enhancing the overall experience for staff, patients, and visitors alike.

During the winter months, the Grounds Department plays a crucial role in ensuring safety across the campus. We utilize heavy equipment and dedicated manpower to efficiently remove snow from streets and walkways. This proactive approach is vital in maintaining safe access for all individuals on the premises, thereby minimizing the risk of accidents and ensuring that our staff, patients, and visitors can navigate the grounds safely and comfortably.

SAFETY AND SECURITY:

Safety and Security provides Osawatomie State Hospital security for patients, staff, and visitors, ensuring a safe environment on campus. In emergency situations, the department handles incidents effectively, and the on-site fire department enhances the campus's emergency response capabilities. Safety and Security collaborates closely with the Kansas State Fire Marshalls Office to maintain safety standards. The department also manages visitor check-in through on-site dispatch and handles telecommunication operations for the campus. Their responsibilities also include conducting monthly fire extinguisher checks, fire drills, weekly and monthly building inspections, as well as daily door checks and animal control.

Goals and Updates:

The Safety and Security Department is pleased to announce the ongoing integration of new staff members into our team. As we expand our workforce, our primary focus remains on ensuring that both new and existing personnel are equipped with the necessary tools and training to maintain a safe environment for all staff, patients, and visitors.

To achieve this goal, we are committed to providing comprehensive training programs which cover essential safety protocols, emergency response procedures, and the proper use of equipment. This training is designed not only to familiarize our team with the specific responsibilities of their roles but also to instill a strong culture of safety and vigilance throughout the department. By prioritizing education and skill development, we aim to empower our staff to respond effectively to any situation that may arise, thereby enhancing the overall safety of our facility.

The Chief of Safety and Security plays a pivotal role in fostering a culture of accountability within the department. By emphasizing the importance of individual responsibility, the Chief encourages all team members to take ownership of their roles and contribute to the collective mission of ensuring safety and security. This focus on accountability is essential for promoting professional growth and a sense of purpose among staff members. It encourages open communication, collaboration, and a shared commitment to excellence in service delivery.

Furthermore, the department is dedicated to regularly assessing and updating our safety protocols and training programs to reflect the latest industry standards and best practices. This proactive approach ensures that our staff remains well-prepared to address emerging challenges and adapt to the evolving needs of our facility.

Zones : Zones were created to increase safety on the units.

To accomplish the zones, we created a zone schedule for each unit for the officers to follow. The zone time was increased to thirty minutes on each unit and then rotate to the adjacent unit on each building. After each unit zone was complete, it is followed up with a perimeter check. This has increased the amount of time spend on the units by security to approximately 4.25 hours each day. The supervisor is responsible for zone checks to ensure that the officers are following the set schedule. The zones also created structure for the department which decreased the daily miles of the security vehicles.

Trainings: Assessments and job-related trainings

We have selected two department trainings for our area of focus. The first area was dispatcher training. Each officer will receive dispatch training in order to obtain a basic understanding of what to do in situations that may arise while dispatching. At the end of the trainings, each safety and security officer will complete a dispatch assessment test. The test will then repeat semi-annually. This is designed to improve the understanding of this position. Our second department training was focused on fire drills. A power-point was developed explaining each step of the fire drill. A step by step explanation of how to properly complete the paperwork was developed since this has been an area of focus with new employees.

We used our AWOL policy as our QAPI. A power point was used to explain the policy and completed a training with each shift. We have been running weekly simulated AWOL drills with security to improve our response and become more familiar with what to do when if it were to happen.

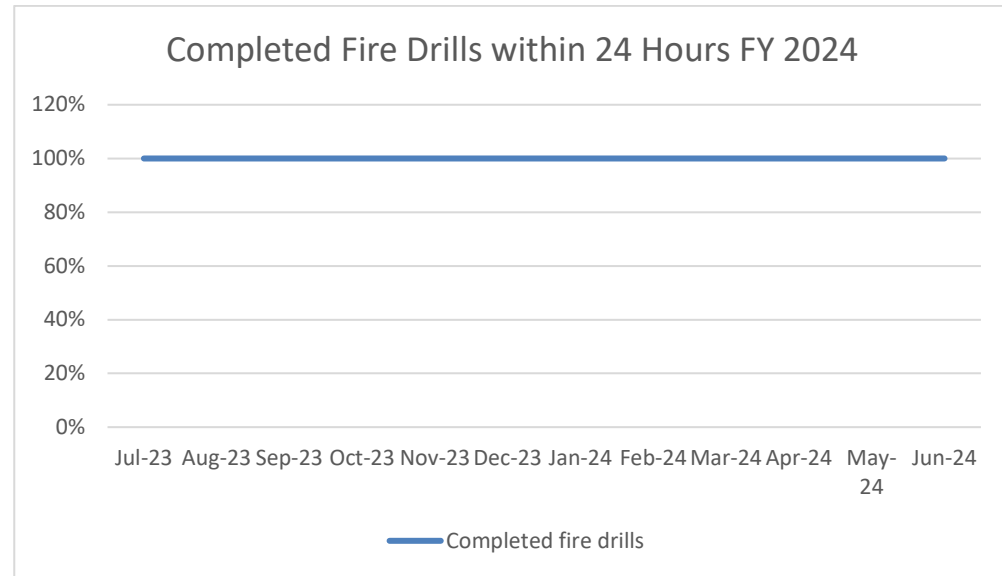
Performance Based Budgeting Goals:

Goal: Aid with the inspection and testing of fire alarm and fire detection systems and automatic fire extinguishing systems

Measurement: Percentage of inspections and testing assistance provided recorded monthly

Department Responsible: Safety and Security

Month	Completed fire drills
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



CUSTODIAL SERVICES:

The Custodial Services Department at Osawatomie State Hospital (OSH) is responsible for maintaining cleanliness and hygiene for both patients and staff. To address staffing shortages, OSH also employs AgTac Services (ATS) staff. The department's duties include daily and weekly deep cleaning and sanitization of restrooms, staff rooms, patient units, showers, and all other facilities. In the patient units, tasks include stripping and cleaning patient beds and rooms, maintaining day halls, and servicing staff areas such as technician and nurse stations. Cleaning methods involve sweeping, mopping, dusting, buffing, stripping, and waxing floors. Additionally, the department handles patient laundry by cleaning, folding, and sorting it, with special attention given to soiled clothing, which is separated during the cleaning process. Over the past fiscal year, the department has cleaned over 14,000 pounds of patient laundry each month for OSH.

Goals and Updates:

The department is always looking to hire more quality staff to enable better cleaning routines around campus. Goals for the coming FY 2025 – FY 2026

year is to order new supplies for the coming fiscal year and teach more safety to staff regarding use of cleaning materials.

PROCUREMENT:

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

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

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

Goals and Updates:

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

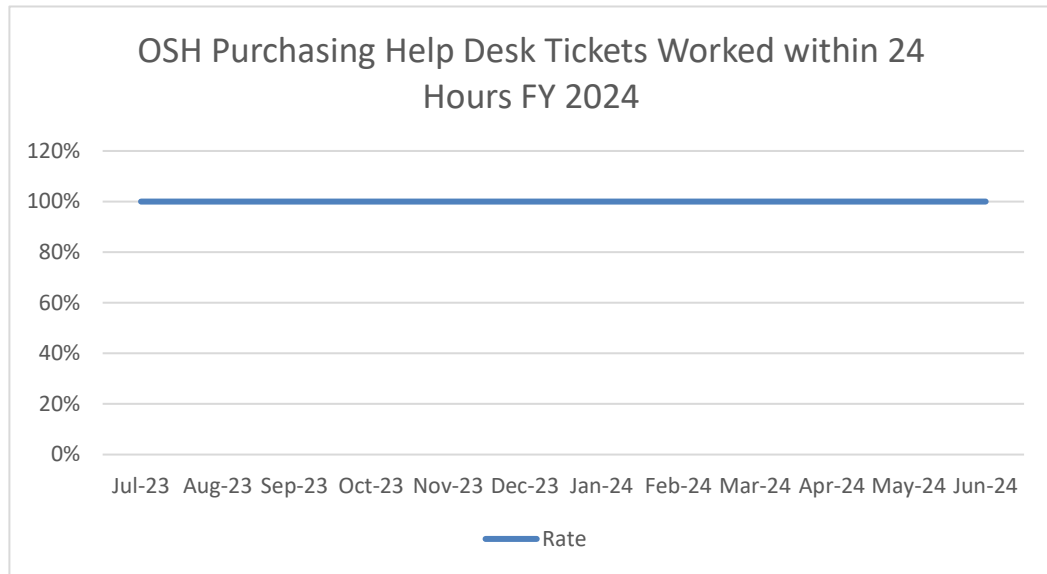
Performance Based Budgeting Goals:

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

Measurement: Percentage of requests recorded monthly

Department Responsible: Business Services

Month	Rate
Jul-23	100%
Aug-23	100%
Sep-23	100%
Oct-23	100%
Nov-23	100%
Dec-23	100%
Jan-24	100%
Feb-24	100%
Mar-24	100%
Apr-24	100%
May-24	100%
Jun-24	100%



Expenditures Physical Plant and Central Services:

Central Services	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$2,976,241	\$3,521,901	\$3,841,804	\$3,827,240	\$3,861,554
Shrinkage	\$0	\$0	\$0	\$0	\$0
Contractual Services	\$2,475,098	\$3,096,945	\$2,910,064	\$1,606,420	\$1,606,420
Commodities	\$765,033	\$879,506	\$795,350	\$349,195	\$349,195
Capital Outlay	\$460,942	\$164,571	\$107,136	\$200,710	\$200,710
Capital Improvements	\$0	\$0	\$2,107	\$2,000	\$2,000
Other Assistance	\$0	\$0	\$0	\$0	\$0
Total	\$6,677,314	\$7,662,923	\$7,656,461	\$5,985,565	\$6,019,879

Account Code 51000: Salaries and Wages

Funds requested will provide salary and wages 57.2 FTEs for 26 pay periods, fringe benefits, health insurance and longevity.

FY 2025: \$3,827,240 is requested. The shrinkage rate is 0%.

FY 2026: \$3,861,554 is requested. The shrinkage rate is 0%.

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 servicing 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. This is significantly decreased from FY24, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Clinical Services will significantly increase in contractual services since they will be allocated there now.

FY 2025: \$1,606,420 is requested.

FY 2026: \$1,606,420 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. This is significantly decreased from FY24, as there is a new expense coding procedures that will account for each program. This will assist in determining the costs to run each program at OSH. Clinical Services will significantly increase in commodities since they will be allocated there now.

FY 2025: \$349,195 is requested.

FY 2026: \$349,195 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. Requested funds for FY 2022 include the refurbishment of the overhead radio system that provides campus alerts. The current system began failing at the beginning of FY 2022.

FY 2025: \$105,194 is requested.

FY 2026: \$105,194 is requested.

EXPENDITURE JUSTIFICATION

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

Program Overview:

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

The reintegration facilities are state-funded programs housed on the grounds of Larned State Hospital (LSH), Osawatomie State Hospital (MiCo House), and Parsons State Hospital & Training Center (Maple House). 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.

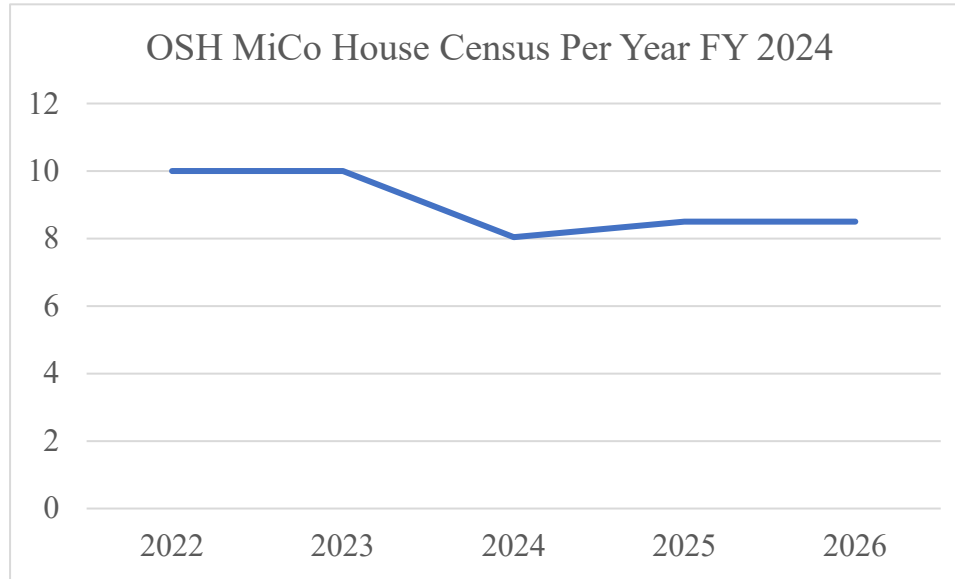
Long-Term Trends:

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 receives therapy and medication services from Clinical Associates, PA, in Lenexa, KS. Clinical Associates can also provide treatment for alcohol and chemical dependency. MiCo House also uses community-based support programs which include Alcoholics Anonymous, Narcotics Anonymous and Sex Abusers Anonymous.

OSH MiCo House Census Per Year FY 2024				
2022 Actuals	2023 Actuals	2024 Actuals	2025 Estimates	2026 Estimates
10	10	8.04	8.5	8.5



Expenditures MICO House:

MICO House	FY 2022 Actuals	FY 2023 Actuals	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Estimate
Salaries and Wages	\$659,877	\$1,546,175	\$1,533,905	\$2,483,242	\$2,502,567
Shrinkage	\$0	\$0	\$0	(\$668,481)	(\$513,170)
Contractual Services	\$177,478	\$416,897	\$322,916	\$433,460	\$433,460
Commodities	\$15,941	\$49,354	\$46,156	\$59,047	\$59,047
Capital Outlay	\$23,128	\$7,606	\$3,022	\$25,800	\$25,800
Capital Improvements	\$0	\$5,940	\$0	\$0	\$0
Other Assistance	\$6,820	\$7,229	\$660	\$0	\$0
Total	\$883,244	\$2,033,201	\$1,906,659	\$2,333,068	\$ 2,507,704

FY 2025 – FY 2026

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 2025: \$2,483,242 is requested. The shrinkage rate is 26.9%

FY 2026: \$2,502,567 is requested. The shrinkage rate is 20.5%

Account Codes 52000 – 52900: Contractual Services

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

FY 2025: \$433,460 is requested.

FY 2026: \$433,460 is requested.

Account Codes 53000 – 53900: Commodities

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

FY 2025: \$59,047 is requested.

FY 2026: \$59,047 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 2025: \$25,800 is requested.

FY 2026: \$25,800 is requested.

Account Codes 59000-59900: Other Assistance

No expenditures projected.

FY 2025: \$0 is requested.

FY 2026: \$0 is requested.