

AGENCY PROGRAM DESCRIPTIONS

Administration: Administration

Subprogram History

The Administrative Program service includes key support areas that were established upon the creation of Larned State Hospital and provide the continuous oversight in the level of service quality, care, and effectiveness for the mental health needs of the patients and residents at LSH.

Consequences of Not Funding This Subprogram

Without the funding of this program, LSH would not be able to ensure that patients and residents receive high quality services that meet the standard of care expectation and are provided by staff members that fulfill the qualifications of their specific job titles and specialty work.

Statutory Basis

N/A

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
N/A	No	N/A	N/A

Ancillary Services: Ancillary Services

Subprogram History

The Ancillary Services have been a cornerstone of Larned State Hospital in its efforts to properly address the various mental, emotional, and physical needs of the patients and residents. These services assist in providing for the overall well-being through proper care and treatment from the medical team, interventions through psychotropic medications and psychotherapy, focuses on activity therapy services, spiritual support, and access to additional community based services as they may be needed. These services greatly assist in the recovery and coping approaches with mental health challenges.

Consequences of Not Funding This Subprogram

The Ancillary Services Program entails a large amount of support provided to patients and residents in efforts to support their physical, mental, and emotional well-being. All of the services within the program assist with providing a wholesome approach to patient and resident care. Without funding of this program, the quality of service to patients and residents will be largely hindered and place LSH in violation of regulation and guidelines that must be met for entities such as TJC, KDHE, CMS, etc.

Statutory Basis

N/A

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
N/A	No	N/A	N/A

Physical Plant and Central Services: Physical Plant and Central Services

Subprogram History

The Physical Plant-Central services includes key support services that are required for effective functioning of the LSH Hospital. The specific departments within this program ensure that patients/residents of LSH remain in a safe and secure environment that is properly maintained and provides for their daily needs of food, clothing, and shelter.

Consequences of Not Funding This Subprogram

Without the funding of this program, LSH would not be able to sustain or provide the basic needs of the patients and residents which includes food, clothing, and shelter. Consequently, needs of greater complexity (medical, mental, emotional) could not be provided and the facility could not serve its purpose to the community members of Kansas.

Statutory Basis

N/A

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
N/A	No	N/A	N/A

Psychiatric Services Program: Psychiatric Services Program

Subprogram History

The Psychiatric Services Program (PSP) was authorized in 1914. PSP provides psychiatric treatment to Kansas citizens 18 years of age or older. Those receiving PSP services are admitted from 61 western Kansas counties. PSP has a budgeted bed capacity of 90 but due to current acuity and staffing shortages the available beds are currently 74. Service units include a 30 bed Crisis Stabilization Unit (CSU) for acute stabilization and treatment and two Adult Treatment Units for patients with chronic conditions budgeted for 30 beds each. Patients are admitted to PSP for both evaluation and inpatient treatment. Preadmission screening is completed by the Community Mental Health Center (CMHC). A CMHC screening is required by law to authorize admission to the PSP. Adults may be admitted either on a voluntary basis or by civil commitment. Patients may have a variety of symptoms due to mental illnesses, such as, but not limited to, schizophrenia, bipolar disorder, traumatic brain injury, major depression and post-traumatic stress disorder. Symptoms are often severe and may include hallucinations, delusions, suicidal ideation and other behavioral problems. Adult psychiatric patients are admitted through a triage area and a determination is made regarding treatment options and unit placement. Social detoxification services are provided for up to 72 hours within the PSP at LSH for persons referred by law enforcement agencies or by a district court.

LSH received \$430,000 in SIBF funds to install a Video Surveillance system in FY 2022 on the ATC building which houses the PSP patients.

Upon admission, a comprehensive evaluation is performed. An individualized treatment plan is subsequently developed for each patient. The treatment plan may include group and individual therapy, medication, rehabilitative skills development and other activity therapies. PSP currently employs a Treatment Mall approach in which patients are assigned an individualized number of active treatment hours each week based on the patient's current level of functioning/stability. Patients attend programming away from the living unit as functioning improves to decrease distractions, improve motivation and begin the process of reintegration to assist with recovery. This approach increases responsibility, provides choices and promotes independence, and skills needed for successful community reintegration. The Treatment Mall includes a series of rehabilitative skill-building activities provided by a range of treatment disciplines. It brings together, in one location, contemporary treatment and rehabilitation programs created to build daily life skills, indoor and outdoor activities, hobbies and patient services. During the 2020 COVID-19 pandemic, services have required modification due to the need for social distancing and limitations on group's size and location as well as required quarantine for newly admitted patients.

Consequences of Not Funding This Subprogram

Psychiatric Services Program (PSP) at LSH serves patients from a 61 county catchment area whom have been deemed a danger to themselves, others, or are a self-care failure. Without this program, the citizens of Kansas would not have a safety net for the community and the individuals whom are served on PSP to provide treatment, community re-integration services, and programming focused on long term treatment needs.

Statutory Basis

KSA 59-2945 through KSA 59-2984 Care and Treatment for Mentally Ill Person; KSA 22-3303 Competency Evaluation and Treatment; KSA 22-3428 Not Guilty By Reason of Mental Disease or Defect; KSA 22-3301 Competency Evaluation.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	No	1	1

Sexual Predator Treatment Program: Sexual Predator Treatment Program

Subprogram History

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

Treatment at SPTP follows the Risk-Needs-Responsivity Model, which utilizes evidence-based methods and focuses on self-regulation and relapse prevention strategies, as well as addressing associated problems such as substance abuse, early trauma, anger management and mental health issues. This model combines (1) assessment and monitoring of risk and needs (through diagnostic evaluations, polygraphs, and risk measurements), (2) individual and group psychotherapy, (3) adjunct treatment, including supplemental and psychoeducational classes, (4) vocational and leisure activity opportunities, and, as the residents progress, (5) supervised community outings to develops the skills, necessary which would allow those who complete treatment to safely return to society. This model combines assessment and monitoring of risk and needs (through diagnostic evaluations, polygraphs, and risk measurements) with individual and group psychotherapy, adjunct treatment including supplemental and psychoeducational classes, vocational and leisure activity opportunities, and, as the residents progress, supervised community outings. This therapeutic approach utilizes evidence-based methods and focuses on self-regulation and relapse prevention strategies, as well as addressing associated problems such as substance abuse, early trauma, anger management and mental health issues.

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

Consequences of Not Funding This Subprogram

To not fund the SPTP program would be to violate K.S.A 59-29a the Sexually Violent Predator Statute as we could no longer house and treat the residents civilly committed here without funding for this program.

Statutory Basis

KSA 59-29a Commitment of Sexually Violent Predators.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	No	1	1

Staff Ed & Research: Staff Ed & Research

Subprogram History

Staff Education and Research areas of focus are to provide educational opportunities to assist LSH employees in enhancing competent performance through facilitating training opportunities for staff intended for the purpose of developing and maintaining professional performance as well as personal development.

Consequences of Not Funding This Subprogram

Without the funding of this program, LSH would not be able to provide the necessary education to meet Joint Commission and CMS requirements. Consequently, staff would not have the necessary skills to provide a safe and secure environment for patient treatment needs.

Statutory Basis

N/A

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
N/A	No	N/A	N/A

State Security Program: State Security Program

Subprogram History

The State Security Program (SSP), originally opened March 27, 1939, to house the criminally insane, opened on the Dillon building, with the transfer of 100 patients from Lansing State Prison. The State Security Program (also known in Kansas Statutes as the State Security Hospital) serves male and female adult mentally ill forensic populations from the entire state of Kansas, which are admitted through specific forensic statutes or transferred from the Kansas Department of Corrections (KDOC) for treatment.

Consequences of Not Funding This Subprogram

Reducing or eliminating district court beds in the State Security Program would result in a substantial impact for the criminal court system across Kansas as well as the Mental Health Centers and law enforcement agencies. Individuals with felony crimes would go unserved for competency restoration, evaluation, and care and treatment for increasingly longer periods of time. The pending admission list would increase for these individuals, resulting in longer wait times in county jails or inability to properly serve specific individuals with mental illness.

Statutory Basis

KSA 22-3302 Competency Evaluation; KSA 22-3303 Competency Evaluation and Treatment; KSA 22-3219 Mental Status Evaluation; KSA 22-3429 Presentence Evaluation; KSA 22-3428 Not Guilty by Reason of Mental Disease or Defect; KSA 22-3430 Treatment in Lieu of Imprisonment; KSA 59-29a05 Sexual Predator Evaluation; KSA 75-5209 Inmate Transfer to Larned State Security Hospital; KSA 76-1306 Transfer of persons...to State Security Hospital.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	No	1	1

Subprograms Without Narrative Data

AGENCY PERFORMANCE MEASURES

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
Administration: Administration								
Goal	Type	Measure						
	Outcome	Number of campus wide performance improvement projects completed, per fiscal year	7	3	1	1	3	5
		Obtain KDHE licensure annually and maintain TJC accreditation and CMS certification	Yes	Yes	Yes	Yes	Yes	Yes
		Percent of Risk Management incidents that are logged and prepared for initial review within 24 hours of receipt by Risk Manager	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Percent of valid releases in compliance with departmental guidelines in accordance with authorizations, subpoenas, court orders, as evidenced by performing validity reviews prior to release and meeting departmental release deadlines	100.00%	100.00%	100.00%	100.00%	90.00%	90.00%
Ancillary Services: Ancillary Services								
Goal	Type	Measure						
	Outcome	Activity Therapy: Minimum AT Hours are offered weekly to patients/residents (all 3 programs combined)	89.00%	98.00%	99.00%	100.00%	97.00%	97.00%
		Medical: Admission Intake Assessment (AIA) and Columbia Suicide Severity Rating Scale completed timely (All 3 programs combined)	93.00%	92.00%	92.00%	91.00%	100.00%	100.00%
		Medical: Rational for suicide risk level documented in patient record	99.00%	100.00%	92.00%	99.00%	100.00%	100.00%

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Nursing: Admission Intake Assessment (AIA) completed timely (all 3 programs combined)	97.00%	77.00%	88.00%	100.00%	99.00%	99.00%
		Pharmacy: Weekly controlled substance safe cycle count completed	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Social Services: Psychosocial assessment completed timely (all 3 programs combined)	100.00%	99.00%	100.00%	99.00%	98.00%	98.00%

Physical Plant and Central Services: Physical Plant and Central Services

Goal	Type	Measure						
	Outcome	Dietary: Percent of tray audits meeting proper food temperatures	96.00%	98.00%	99.00%	96.00%	95.00%	95.00%
		Engineering: Percentage of compliance with all utility systems to meet regulatory agency requirements as evidenced by immediate correction of deficiencies within given timelines	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Environmental Services: Percentage of Environmental Service deficiencies corrected within 30 days of violation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Laundry: Percentage of completing tracking of laundry for all programs (LSH and KDOC) daily and report monthly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Safety and Security: Percentage of fire drills completed that are required by Kansas State Fire Marshall (KSFM)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Psychiatric Services Program: Psychiatric Services Program

Goal	Type	Measure						
	Outcome	Offer a minimum of 4 hours of active treatment per week to all patients	80.00%	93.00%	91.00%	98.00%	100.00%	100.00%

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Percent of completed admission intake assessment by medical within 24 hours of admission	96.00%	93.00%	94.00%	95.00%	100.00%	100.00%
		Percent of completed social work patient discharge instructions prior to discharge	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Sexual Predator Treatment Program: Sexual Predator Treatment Program

Goal	Type	Measure						
	Outcome	Percent of scheduled treatment groups held	80.00%	75.00%	91.00%	88.00%	95.00%	95.00%
		Percent of time CITP is posted in the medical record by end of day following the staffing	95.00%	96.00%	94.00%	93.00%	95.00%	95.00%
		Reintegration: Resident progress will be monitored and reviewed every quarter	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Output	Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff	100.00%	98.00%	100.00%	100.00%	100.00%	100.00%
		Percent of time that Activity Therapy is offered 5 hours per week	73.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Staff Ed & Research: Staff Ed & Research

Goal	Type	Measure						
	Outcome	Percent of employees completing Crisis Intervention Institute (CPI) re-certification to maintain competency per regulatory expectations	100.00%	99.00%	99.00%	99.00%	99.00%	99.00%
		Percent of new employees completing on board training within established timeframes	91.00%	91.00%	95.00%	94.00%	95.00%	95.00%

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
State Security Program: State Security Program								
Goal	Type	Measure						
	Outcome	Complete court reports (including forensic evaluations) by internal due date	83.00%	94.00%	96.00%	92.00%	90.00%	90.00%
		Complete psychosocial assessments within policy timeframes	100.00%	99.00%	100.00%	99.00%	95.00%	95.00%
		Provide a minimum of 2 active treatment hours per week for individuals ordered to SSP on treatment statutes	87.00%	92.00%	96.00%	100.00%	90.00%	90.00%

Footnotes