

**01031 Administration**

**Consequences of Not Funding this Program**

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.

<b>Statutory Basis</b>	<b>vs.</b>	<b>MOE/Match Rqt.</b>	<b>Priority Level</b>
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**Program Goals**

- A. Effectively process and manage documentation associated with the patient/resident's medical record.
- B. Identify and pursue opportunities for quality improvement across the services provided to patients and residents at LSH.
- C. Effectively assess reports of suspected reportable incidents to ensure proper Standard of Care is met for patients and residents.
- D. Maintain accreditation, licensure and certification.

**Program 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.

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Obtain KDHE licensure annually and maintain TJC accreditation and CMS certification.	D	100%	100%	100%	100%	100%	100%	100%	100%

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2. 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.	A	100%	100%	100%	100%	100%	100%	100%	100%
3. Number of campus wide performance improvement projects completed, per fiscal year.	B	5	6	5	6	7	7	7	6
4. Percent of Risk Management incidents that are logged and prepared for initial review within 24 hours of receipt by Risk Manager.	C	100%	100%	100%	100%	100%	100%	100%	100%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 6,681,065	\$ 6,607,184	\$ 7,704,191	\$ 2,202,720	\$ 3,371,700	\$ 4,532,248	\$ 4,051,434	\$ 5,894,358
Non-SGF State Funds	167,395	135,202	282,611	302,365	135,915	41,299	42,126	184,576
Federal Funds	481,575	495,858	438,094	551,387	448,111	280,789	359,536	460,688
<b>Total</b>	<b>\$ 7,330,035</b>	<b>\$ 7,238,244</b>	<b>\$ 8,424,896</b>	<b>\$ 3,056,472</b>	<b>\$ 3,955,726</b>	<b>\$ 4,854,336</b>	<b>\$ 4,453,096</b>	<b>\$ 6,539,622</b>
<b>FTE</b>	<b>41.0</b>	<b>35.0</b>	<b>35.0</b>	<b>37.0</b>	<b>37.0</b>	<b>65.0</b>	<b>65.0</b>	<b>35.7</b>

**01071 Staff Education and Research**

**Consequences of Not Funding this Program**

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.

<u>Statutory Basis</u>	<u>Mandatory vs.</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
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**Program Goals**

- A. Provide Staff Education and Educational opportunities to staff.
- B. Ensure Staff are prepared for safe management of disruptive and assaultive Patient behavior.

**Program 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.

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Percent of new employees completing on board training within established timeframes.	A	94%	93%	96%	94%	91%	94%	94%	93%
2. Percent of employees completing Crisis Intervention Institute (CPI) re-certification to maintain competency per regulatory expectations.	B	99%	99%	97%	99%	100%	99%	99%	99%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 184,070	\$ 206,035	\$ 182,306	\$ 204,525	\$ 786,932	\$ 369,922	\$ 378,499	\$391,758
Non-SGF State Funds	18,938	10,567	7,106	151	252,860	-	-	90,178
Federal Funds	417	10,633	20,821	14,342	24,088	17,886	18,244	18,514
<b>Total</b>	<b>\$ 203,425</b>	<b>\$ 227,235</b>	<b>\$ 210,233</b>	<b>\$ 219,018</b>	<b>\$ 1,063,880</b>	<b>\$ 387,808</b>	<b>\$ 396,743</b>	<b>\$500,449</b>

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**FTE**

3.0

3.0

3.0

3.0

3.0

2.0

2.0

3.0

### 32751 Psychiatric Services Program (PSP)

#### Consequences of Not Funding this Program

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 programing focused on long term treatment needs.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
Specific  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	No	1

#### Program Goals

- A. Assessment by medical staff completed within 24 hours of admission to determine treatment needs for the patients.
- B. Prepare patients for community re-integration and to manage their mental illness in a less restrictive community-based setting.
- C. Provide treatment and skills to reduce an individual's need for long term treatment and/or re-admission allowing them an opportunity for independent living.

### **Program 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 acquity 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.

### **Performance Measures**

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<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Percent of completed admission intake assessment by medical within 24 hours of admission	A	93%	95%	95%	95%	96%	97%	97%	95%
2. Percent of completed social work patient discharge instructions prior to discharge.	B	100%	100%	87%	100%	100%	100%	100%	96%
3. Offer a minimum of 4 hours of active treatment per week to all patients.	C	71%	90%	89%	90%	80%	90%	90%	86%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 6,020,410	\$ 6,425,717	\$ 6,404,377	\$ 5,840,829	\$ 4,944,290	\$ 3,677,186	\$ 3,699,121	\$ 5,924,795
Non-SGF State Funds	2,300,303	2,304,385	2,748,639	3,419,817	3,106,115	3,251,668	3,352,171	2,719,713
Federal Funds	2,024,458	1,927,554	1,629,588	2,501,968	4,390,676	1,866,958	1,966,837	2,649,273
<b>Total</b>	\$ 10,345,171	\$ 10,657,656	\$ 10,782,604	\$ 11,762,614	\$ 12,441,081	\$ 8,795,812	\$ 9,018,129	\$ 11,293,780
<b>FTE</b>	130.0	128.0	128.0	132.0	132.0	125.0	125.0	129.3

**32810 State Security Program (SSP)**

**Consequences of Not Funding this Program**

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.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rgt.</u>	<u>Priority Level</u>
Specific 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	No	1

**Program Goals**

- A. To fulfill obligations to the District Courts of Kansas regarding forensic evaluations.
- B. To provide active treatment to patients ordered to the SSP.
- C. Maintain compliance with agency documentation policies.



**Program 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.

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
1. Complete court reports (including forensic evaluations) by internal due date.	A	95%	47%	82%	90%	83%	90%	90%	71%
2. Provide a minimum of 2 active treatment hours per week for individuals ordered to SSP on treatment statutes.	B	67%	52%	90%	90%	87%	90%	90%	76%
3. Complete psychosocial assessments within policy timeframes.	C	98%	95%	99%	95%	100%	95%	95%	98%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 14,397,147	\$ 13,095,072	\$ 11,469,949	\$ 12,677,427	\$ 13,307,901	\$ 12,409,492	\$ 13,870,933	\$ 12,624,307
Non-SGF State Funds	732,044	591,876	712,753	610,481	230,716	330,926	-	511,782
Federal Funds	597,116	512,929	611,472	4,979	405,869	171,094	174,196	510,090
<b>Total</b>	<b>\$ 15,726,307</b>	<b>\$ 14,199,877</b>	<b>\$ 12,794,174</b>	<b>\$ 13,292,887</b>	<b>\$ 13,944,486</b>	<b>\$ 12,911,512</b>	<b>\$ 14,045,129</b>	<b>\$ 13,646,179</b>
<b>FTE</b>	<b>267.0</b>	<b>228.0</b>	<b>228.0</b>	<b>219.0</b>	<b>219.0</b>	<b>204.5</b>	<b>204.5</b>	<b>225.0</b>

## 32910 Sexual Predator Treatment Program (SPTP)

### Consequences of Not Funding this Program

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.

	<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rgt.</u>	<u>Priority Level</u>
Specific	K.S.A. 59-29a Commitment of Sexually Violent Predators	Mandatory	No	1

### Program Goals

- A. To house and treat residents civilly committed as sexually violent predators to the LSH SPTP program
- B. To provide a safe and secure environment for the treatment of sexually violent predators committed by the courts to SPTP.
- C. To provide effective treatment consistent with RNR model, in multi level programming designed to help residents progress to independent living

### Program 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.

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**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Percent of scheduled treatment groups held.	A	57%	92%	79%	94%	80%	94%	94%	84%
2. Percent of time CITP is posted in the medical record by end of day following the staffing.	C	100%	100%	100%	100%	95%	100%	100%	98%
3. Reintegration: Resident progress will be monitored and reviewed every quarter.	A	100%	100%	100%	100%	100%	100%	100%	100%
<i>Output Measures</i>									
4. Percent of time that Activity Therapy is offered 5 hours per week.	C	61%	90%	100%	90%	73%	90%	90%	88%
5. Percent of staff who receive annual CPI training to ensure a safe environment for patients and staff.	B	99%	99%	97%	99%	100%	99%	99%	99%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 21,481,377	\$ 22,668,385	\$ 22,212,060	\$ 25,292,080	\$ 26,064,554	\$ 22,802,825	\$ 23,542,318	\$ 23,648,333
Non-SGF State Funds	-	-	541,439	412,991	60,763	62,109	63,348	200,734
Federal Funds	-	-	59,947	42,123	1,683,019	770,099	785,495	580,989
<b>Total</b>	<b>\$ 21,481,377</b>	<b>\$ 22,668,385</b>	<b>\$ 22,813,446</b>	<b>\$ 25,747,194</b>	<b>\$ 27,808,336</b>	<b>\$ 23,635,033</b>	<b>\$ 24,391,161</b>	<b>\$ 24,430,056</b>
<b>FTE</b>	<b>317.5</b>	<b>330.5</b>	<b>330.5</b>	<b>318.5</b>	<b>318.5</b>	<b>289.5</b>	<b>289.5</b>	<b>326.5</b>

## 80830 Ancillary Services

### Consequences of Not Funding this Program

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	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
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### Program Goals

- A. To properly assess, provide, and refer patients/residents for proper medical treatment of acute, chronic and emergent needs while in the care of LSH.
- B. Ensure thorough and high quality assessments are completed to verify treatment approaches are appropriate and suitable for each patient/resident.
- C. To provide a wholesome approach of treatment services that aid in improving mental and emotional well-being through the use of psychology approaches, activity therapy, social services, spiritual, etc.

### Program 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.

### Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Pharmacy - Weekly Controlled Substance Safe Cycle Count Completed.	B	N/A	N/A	100%	100%	100%	100%	100%	100%

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2. Medical - Rational for Suicide Risk Level Documented in Patient Record (New Measurement).	A	N/A	N/A	N/A	100%	99%	100%	100%	99%
3. Medical - Admission Intake Assessment (AIA) and Columbia-Suicide Severity Rating Scale Completed Timely (All 3 programs combined).	A	90%	91%	93%	90%	93%	95%	95%	92%
4. Nursing - Admission Intake Assessment (AIA) Completed Timely (All 3 programs combined).	A	94%	96%	95%	90%	97%	98%	98%	96%
5. Social Services - Psychosocial Assessment Completed Timely (All 3 programs combined).	B	97%	97%	99%	90%	100%	90%	90%	99%
6. Activity Therapy - Minimum AT Hours are Offered Weekly to patients/residents (All 3 programs combined).	C	N/A	99%	100%	90%	89%	90%	90%	96%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 6,598,966	\$ 8,060,577	\$ 8,849,216	\$ 8,231,602	\$ 10,690,199	\$ 8,600,060	\$ 7,917,090	\$ 9,199,997
Non-SGF State Funds	373,602	442,589	444,985	256,939	639,712	401,823	490,192	509,095
Federal Funds	452,597	587,348	465,884	1,013,264	1,391,433	1,008,674	825,485	814,888
<b>Total</b>	\$ 7,425,165	\$ 9,090,514	\$ 9,760,085	\$ 9,501,805	\$ 12,721,344	\$ 10,010,557	\$ 9,232,767	\$ 10,523,981
<b>FTE</b>	64.0	66.0	66.0	62.0	62.0	67.5	67.5	64.7

**96000 Physical Plant - Central Services**

**Consequences of Not Funding this Program**

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.

<u>Statutory Basis</u>	<u>Mandatory vs.</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
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**Program Goals**

- A. Sustain the facilities utilized across campus including both patient occupied buildings and support services.
- B. Ensure proper dietary needs are met to sustain physical health.
- C. Provide adequate care of clothing needs to help sustain comfort, cleanliness, and dignity.
- D. Provide daily security surveillance and oversight to ensure safety of patients, residents, and staff.

**Program 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.

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Laundry - Percentage of completing tracking of laundry for all programs (LSH & KDOC) daily and report monthly.	C	100%	100%	100%	100%	100%	100%	100%	100%
2. Dietary - Percent of tray audits meeting proper food temperatures.	B	58%	79%	89%	95%	96%	97%	97%	88%

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3. Engineering - Percentage of compliance with all utility systems to meet regulatory agency requirements as evidenced by immediate correction of deficiencies within given timelines.	A	100%	100%	100%	100%	100%	100%	100%	100%
4. Safety and Security - Percentage of fire drills completed that are required by Kansas State Fire Marshall (KSFM).	D	100%	100%	100%	100%	100%	100%	100%	100%
5. Environmental Services - Percentage of Environmental Service deficiencies corrected within 30 days of violation.	A	100%	100%	100%	100%	100%	100%	100%	100%

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 7,325,802	\$ 6,711,680	\$ 6,951,039	\$ 7,675,248	\$ 7,346,487	\$ 7,668,719	\$ 7,919,797	\$ 7,003,069
Non-SGF State Funds	356,960	651,356	369,976	298,849	374,171	151,973	152,420	465,168
Federal Funds	71,360	309,337	676,185	275,033	347,868	93,725	143,584	444,463
<b>Total</b>	<b>\$ 7,754,122</b>	<b>\$ 7,672,373</b>	<b>\$ 7,997,200</b>	<b>\$ 8,249,130</b>	<b>\$ 8,068,526</b>	<b>\$ 7,914,417</b>	<b>\$ 8,215,801</b>	<b>\$ 7,912,700</b>
<b>FTE</b>	<b>150.0</b>	<b>137.0</b>	<b>137.0</b>	<b>129.0</b>	<b>129.0</b>	<b>158.0</b>	<b>158.0</b>	<b>134.3</b>