



PERFORMANCE AUDIT REPORT

Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
September 2013**

Legislative Division of Post Audit

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September 6, 2013

To: Members, Legislative Post Audit Committee

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This report contains the findings, conclusions, and recommendations from our completed performance audit, *Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program*. The audit was requested by the House Appropriations committee and Senate Ways and Means committee.

In its response, the agency concurred with most of the report's findings and recommendations. However, the agency strongly disagreed with the report's finding that the Sexual Predator Treatment Program did not meet its own minimum staffing goals. Additionally, the agency disagreed with the recommendation to examine the feasibility of relocating some or all of the program to another area of the state to increase the number of potential job applicants. Agency officials told us they will not examine the feasibility of relocating at this time and have no plans to do so in the future. More information on both these items can be found in *Appendix B* on page 27.

We would be happy to discuss the findings, recommendations, or any other items presented in this report with any legislative committees, individual legislators, or other State officials.

Sincerely,

Scott Frank
Legislative Post Auditor

This audit was conducted by Dan Bryan, Brad Hoff, and Joe Lawhon. Chris Clarke was the audit manager. If you need any additional information about the audit's findings, please contact Dan Bryan at the Division's offices.

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Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program

Kansas' Sexual Predator Treatment Program was established in 1994, and has been provided primarily through the Larned State Hospital. The program provides treatment for convicted sex offenders who have completed their prison sentences but have been determined by the courts to be violent sexual offenders in need of involuntary inpatient treatment.

In 2005, Legislative Post Audit issued a report on the Sexual Predator Treatment Program. In that report, we estimated the size of the offender population could increase to about 235 offenders or more by 2015. The reasons for this included the continuing commitment of new offenders to the program and Kansas' stringent requirement that the risk of a re-offense be reduced to "practically nil" before an offender would be released from the program.

As of April 2013, the program had 226 residents, with 219 residents at Larned State Hospital and seven residents at Osawatomie State Hospital. Agency officials estimate that, in the coming years, the program will grow by about 18 offenders per year.

Legislators have expressed concern about whether the Larned facility is being adequately managed.

This performance audit answers the following question:

Is the Sexual Predator Treatment Program appropriately managed to ensure the safety and well being of program staff and offenders?

A copy of the scope statement the Legislative Post Audit Committee approved for this audit is included in *Appendix A* on page 24. In May 2013, the Legislative Post Audit Committee decided to delay audit work on questions one and two and await the written report of a Department for Aging and Disability Services' task force. The mission of this task force is to answer questions very similar to questions one and two of the scope statement. As a result, this audit report includes only question three from the approved scope statement.

To answer the audit question, we performed a variety of tasks. We reviewed program policies and procedures, as well as incident reports, resident grievance reports, and surveillance video. We also reviewed safety and security reports from the Kansas Department of Health and Environment and The Joint Commission—the federal entity responsible for accrediting Larned State Hospital. We analyzed various program data concerning staffing and overtime hours worked. In addition, we interviewed program officials and conducted onsite tests of safety and security controls.

We also surveyed Sexual Predator Treatment Program staff about a variety of issues related to safety and security. Of the 170 surveys sent, 46 were returned for a response rate of 27%. A summary of the Sexual Predator Treatment Program survey responses is available upon request.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Data related to the number of staff working each shift were somewhat inconsistent due to staff entering data in different ways. Therefore, we focused our staffing analysis on summary level data. We do not think inconsistencies in the detailed data significantly affected our audit findings.

Some of our findings are based on a review of a sample of staff incident reports and resident grievances. These findings are not projectable to the program as a whole.

Our findings begin on page 9 following a brief overview of Kansas' Sexual Predator Treatment Program.

Overview of the Sexual Predator Treatment Program

In 1994, the Legislature Created a Civil Commitment Program for Sex Offenders Through the Sexually Violent Predator Act

The 1993 rape and murder of a Pittsburg State University student by a sex offender, who had been released from prison about seven months earlier, prompted the Legislature to act. Through the 1994 Sexually Violent Predator Act, the Legislature created a separate civil commitment for the long-term control, care, and treatment of sexual predators.

Civil commitment is an involuntary confinement in a secure facility. Kansas' Sexual Predator Treatment program facilities are not considered prisons but are secured through locked doors, perimeter fencing, and security staff. The rights of committed individuals are restricted including confinement to their assigned residential units, controlled movement to and from treatment, and no access to the Internet. Civil commitment is intended to keep these individuals confined for treatment.

District courts determine whether convicted sex offenders should be civilly committed to the Sexual Predator Treatment Program after the completion of their prison sentence. Upon release from prison, a court must determine that a sex offender has a mental abnormality or personality disorder that will make that person likely to engage in repeat acts of sexual violence if not treated. The commitment process is multi-staged and rigorous. The process includes an evaluation by multi-disciplinary teams and Larned State Hospital professionals, a review by the Attorney General and a judge, and a trial to determine beyond a reasonable doubt that the offender is a sexual predator. On average only 18 of the 300 sexual offenders released from prison every year are committed to the Sexual Predator Treatment Program. After they are committed, sex offenders remain in the program until their abnormality or disorder has changed and they are deemed "safe" to be allowed to return to society.

The goal of the treatment program is to eliminate the likelihood that sex offenders will re-offend after their release. Kansas has set a very high standard for release from the program. The statutorily mandated goal of the program is to have no new victims.

- **To be released from the program, a resident has to complete seven treatment phases.** Each phase consists of different objectives that must be reached before a resident advances to the next phase. For example, a resident must complete a relapse prevention plan. Phases 1 through 5 are provided at Larned State Hospital, while the last two phases—known as transition—are provided at Osawatomie State Hospital. Residents who complete all seven phases are conditionally released from the program.

District courts monitor residents who are conditionally released from the program for at least five years. After that period, a resident is eligible for final discharge by the court from the program.

- **Those who do not participate in treatment will not be released.** Although admission to the program is involuntary, participation in the program is voluntary. In other words, residents can opt out of treatment. However, residents who decline treatment remain confined to the facility indefinitely.

In 1997, the U.S. Supreme Court ruled Kansas' Sexually Violent Predator Act was constitutional. In *Kansas v Hendricks*, the Court ruled the civil commitment process was not a second prosecution for the same crime and did not violate an offender's due process rights. Since the Court's ruling, many other states including Iowa, Missouri, and Nebraska have enacted similar civil commitment programs. In all, 20 states have such programs.

***Most Civilly Committed
Sexual Predators in Kansas
Reside and Receive
Treatment at Larned State
Hospital***

After the court determines an individual to be a sexual predator, the individual is committed to the Sexual Predator Treatment Program. This program primarily operates at Larned State Hospital, with some functions at Osawatomie State Hospital.

Program residents reside in a secure facility and have restricted interaction with society. Residents are confined to one of several buildings on the Larned State Hospital grounds which have barbed-wire fences surrounding their perimeter. All doors accessing exterior areas are locked, and all interior doors should also be closed and locked. Generally, residents should be escorted by staff when they move within the facility. If a resident needs to leave the Larned State Hospital grounds, for example for a doctor appointment, at least two staff members accompany the resident whose hands and feet are restricted.

Residents have restricted access to telephones, televisions, computers, and visitors. Examples of restrictions include:

- The residents can only use phones located in a common area. All outgoing phone calls must be collect calls or made using a prepaid phone card.
- Program staff monitor all television viewing in the common area and have the discretion to change the channel. Additionally, some residents have televisions with limited channel access in their private rooms.
- Computers do not have access to the Internet. Instead, they can be used to conduct legal research and to work on treatment assignments.

- Visitors are searched and visitations are monitored by staff. Residents are allowed to meet with visitors on weekends and holidays, but only during specified times. Program staff must approve all visitors. Upon arrival at the facility, security staff are required to screen each visitor. Visitors are not allowed to exchange items with residents during the visit. Additionally, program staff are required to remain in the visitation room to monitor all interactions.

The Sexual Predator Treatment Program's Resident Population Has Grown Steadily Since Its Inception

The first sex offender was committed to the program in October 1994. In 1997, after the U.S. Supreme Court ruled Kansas' law was constitutional, the program began to grow rapidly and has continued to do so.

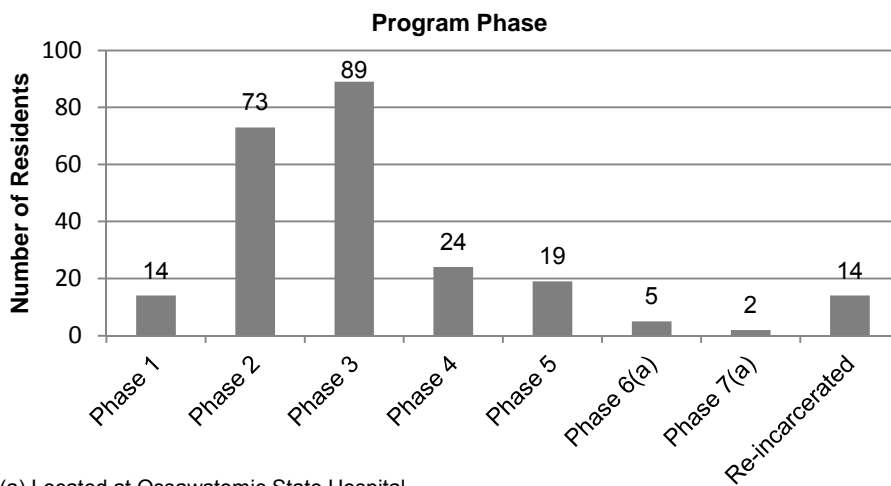
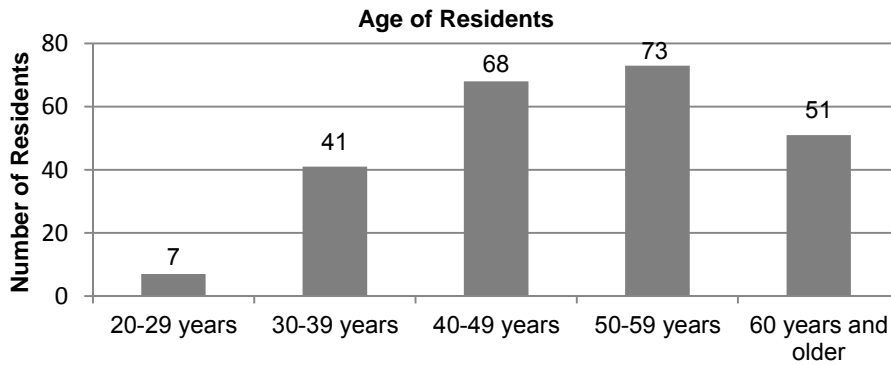
From 2002 to 2012, the program added an average of about 18 residents each year. Over that time period, the program has admitted between 12 and 29 residents every year. As of April 2013, the program had 226 residents, with 219 residents at Larned State Hospital and seven residents at Osawatimie State Hospital. The program is authorized about 300 full-time equivalent staff to provide 24 hour-a-day safety, security, and treatment to residents.

Although the program is not restricted to males, all residents admitted to date have been male. **Figure OV-1** on page 6 summarizes residents' age, treatment phase, and the number of years in the program as of April 2013. As the figure shows a majority of the program's residents are in their 40s or 50s. The figure also shows that most residents are in phase two and three of treatment and the majority have been in the program more than five years. Additionally, about 80% of the residents have been diagnosed as pedophiles. Other common diagnoses include schizophrenia, bipolar disorder, and depression.

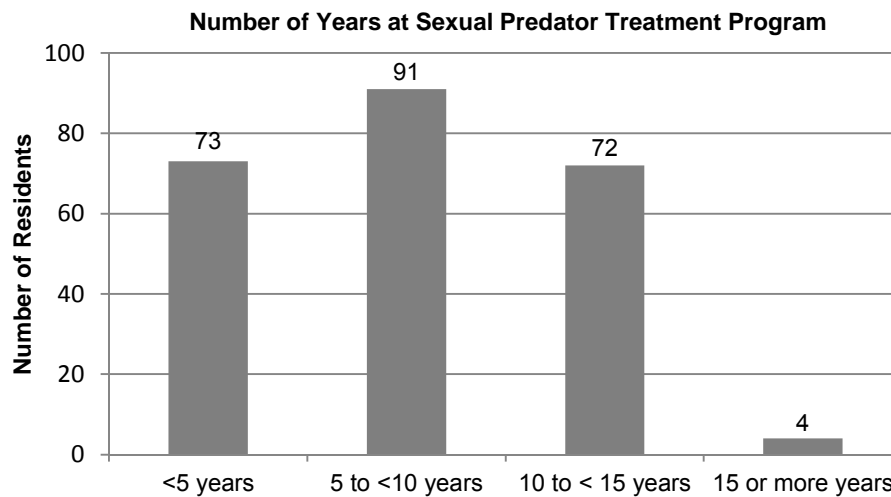
Based on the average growth rate, the program will reach its current maximum physical capacity during 2018. The program admits about 18 new residents each year and has a current capacity at Larned State Hospital of 293 residents. The current physical capacity and program growth rate are shown in **Figure OV-2** on page 7. As the figure shows, the program will reach its physical capacity in fiscal year 2018.

Because so few residents are released, program enrollment is likely to grow well beyond the physical capacity at Larned State Hospital. Since the program began, only three residents have completed the program and 22 have died. Based on assumptions about death rates and program completion rates, we estimate the program could grow to about 500 residents within the next 20 years as shown in **Figure OV-2**.

**Figure OV-1
Selected Demographic Information for
Sexual Predator Treatment Program Residents
(As of April 1, 2013)**

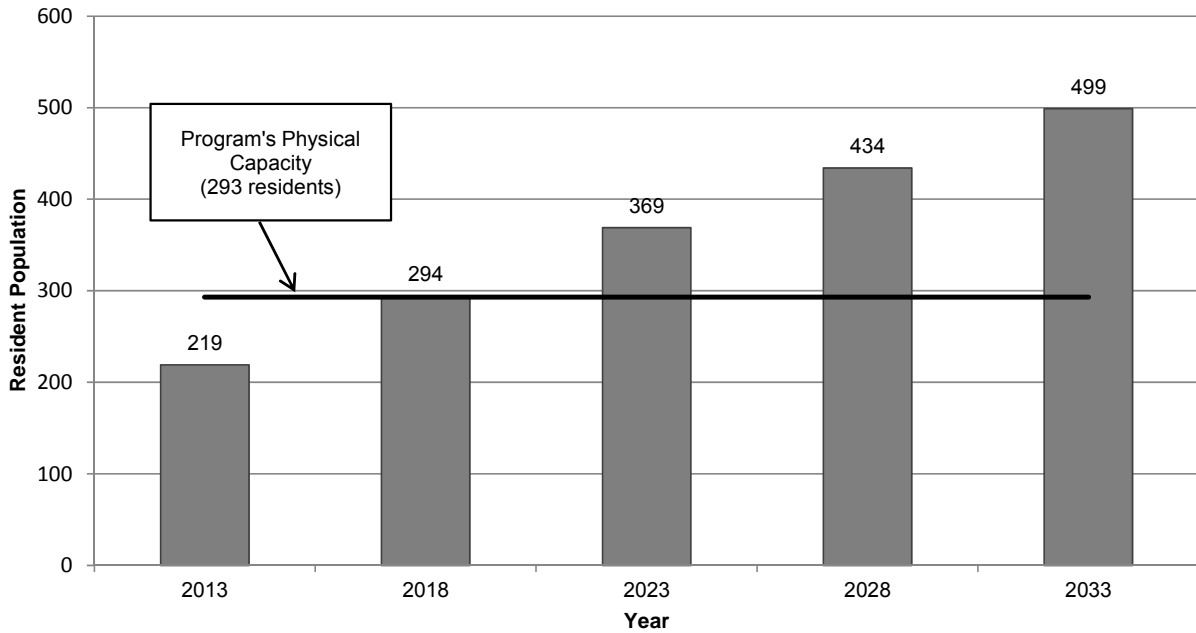


(a) Located at Ossawatomie State Hospital



Source: Sexual Predator Treatment Program (unaudited).

**Figure OV-2
Estimated Growth of Larned State Hospital's
Sexual Predator Population Compared to Physical Capacity (a)**



(a) To estimate the future growth of the program's resident population we considered certain factors such as the age of the residents already committed to the program, the number of individuals who have been committed to the program in recent years, and the number of individuals who have successfully completed and been released from the program.

Source: LPA analysis of SPTP records and LPA assumptions about future commitments, releases, and resident deaths.

Is the Sexual Predator Treatment Program Appropriately Managed to Ensure the Safety and Well Being of Program Staff and Offenders?

Answer in Brief:

Overall the Sexual Predator Treatment Program appears to have done a good job of addressing staff and resident safety and security, though we did identify a few safety and security issues that could affect staff and resident safety (p. 9). Specifically, the program did not have adequate policies or controls to ensure keys and doors were secure (p. 11) and to prevent and detect residents receiving prohibited items (p. 13). Also, despite participating in conflict avoidance training, some staff did not feel adequately prepared for resident altercations (p. 15).

In addition, a significant number of staff positions responsible for ensuring safety, security, and treatment of residents were vacant (p. 17) and program staff worked a significant amount of overtime (p. 18). Finally, even with significant amounts of overtime, the program consistently failed to meet its internal minimum staffing levels needed to provide safety, security, and treatment (p. 20).

These and other findings are discussed in the sections that follow.

FINDINGS RELATED TO SPECIFIC SECURITY ISSUES

We Identified a Few Safety and Security Issues That Could Affect Staff and Resident Safety

The Sexual Predator Treatment Program (program) provides treatment for convicted sex offenders who have completed their prison sentences but who have been determined by the courts to be sexual predators. Because most residents' underlying crimes were violent sexual offenses, it is important for the program to ensure the safety and security of both residents and staff.

At the start of this audit we were not aware of any specific concerns about the safety and security of program staff and residents. Therefore, we selected five areas to review based on their level of risk and importance regarding the operation of a secure facility, and we surveyed staff to identify any areas of concern they had. To determine whether program officials have taken adequate steps to ensure the safety of residents and staff, we spoke with program officials, reviewed facility policies and procedures, observed daily staff activities, and reviewed incident reports, resident grievances, and surveillance video.

Survey respondents expressed concerns about workplace safety, policies not being followed, and safety not being a management priority. In all, we surveyed 170 program staff members with a response rate of 27%. Of the 46 survey respondents:

- **Only half of survey respondents felt safe while working.** About 22% of staff responded feeling unsafe at work and the rest were neutral. These results are not surprising, given the violent history of many of the program's residents.
- **Only half of survey respondents felt residents were living in a safe and secure environment.** About 20% of staff responded that residents were not safe and secure, and the remaining responses were neutral.
- **Many survey respondents reported both management and staff do not follow safety and security policies.** About 35% of survey respondents reported that management does not consistently enforce safety and security policies. Similarly, about 45% reported program staff do not consistently follow safety and security policies. Survey respondents cited doors being propped open and staff cell phones being brought into the facility.
- **About 40% of survey respondents reported safety and security was not a high priority for management.** Similarly, about 25% reported it was not a high priority for non-management staff.

We examined safety and security policies and practices in five areas and identified three areas that needed improvement. As a civil confinement facility, we expected the program to have strong controls regarding securing doors and keys, controlling prohibited items, staff training, monitoring resident movement, and investigating incidents and complaints. The problems we identified in three of these areas are summarized below.

- **Controls over facility doors and keys need to be strengthened.** Program management could increase the facility's safety and security by prohibiting staff from taking keys offsite and clearly articulating in policy that all doors are to be kept locked at all times. *(More detail can be found starting on page 11.)*
- **Controls preventing residents from obtaining prohibited items need to be improved.** The risk of residents receiving prohibited items such as cell phones and pornography could be decreased if security officers provided better scrutiny of program staff as they entered the program's residential units and facilities, more closely inspected all incoming packages, and increased the usage of electronic screening devices. *(More detail can be found starting on page 13.)*
- **Staff training regarding physical and verbal altercations needs to be improved.** Upon hiring and every year thereafter, program staff receive training about how to handle physical and verbal altercations involving residents. Larned State Hospital provides training using a nationally recognized program. However, several survey respondents reported they feel the training was not adequate for addressing physical altercations. Program management could improve training by actively seeking staff feedback. *(More detail can be found starting on page 15.)*

The other two safety and security areas that we examined appeared to be managed appropriately. These two areas are summarized below.

- **Staff appear to appropriately monitor resident location and movement.** Program policy requires all residents be observed and counted every 30 minutes—and in some cases certain residents receive closer scrutiny. Also, program staff are required to escort residents to most places within the facility and when residents leave the facility. Survey respondents expressed very few concerns regarding how program staff account for residents and supervise their movement.
- **Staff appear to investigate incidents and complaints appropriately.** The program has developed a formalized process to review and investigate staff incident reports and resident grievances. We reviewed a total of 22 staff incident reports and resident grievances and determined that officials followed the standard process in all occasions and investigations seemed complete. We also determined that for each situation the final decision made by program officials was reasonable. In a few instances the special investigator recommended the county attorney press charges against residents because of their actions.

The Sexual Predator Treatment Program Did Not Have Adequate Policies or Controls to Ensure Keys and Doors Were Secure

Secure facilities should have strong controls over keys and doors. In general, doors are kept locked to prevent escapes and decrease the risk of other security breaches. Similarly, key control is important to ensure that staff can access certain areas and carry only the keys that are necessary for their job duties. It is important to prohibit staff from taking their keys offsite, because those keys could be lost or stolen.

The program operates under the premise that all facility doors—both exterior and interior—should be kept locked at all times. The program also operates with two classifications for its keys, as explained below.

- **Assigned staff keys**—these keys are specifically assigned to an individual employee. In general, these keys primarily lock and unlock interior doors to hallways, resident living units, classrooms, treatment areas, etc.
- **Facility keys**—these keys are not assigned to any one individual. Instead, they are kept in locked boxes (referred to as key arsenals) strategically placed throughout the program buildings and other Larned State Hospital buildings. Keys kept in each arsenal are checked out by staff as needed. In general, they are used to unlock outside entry doors and gates and can be used to unlock other doors in emergency situations.

We identified several problems regarding the program’s controls over keys and doors, as explained on the next page.

Some staff were allowed to take assigned keys offsite, which increases the risk that facility keys could be lost or stolen, thereby compromising the facility's physical security. As of May 2013, the Larned State Hospital (which includes the Sexual Predator Treatment Program) had about 8,000 keys assigned to hospital staff. Neither the Larned State Hospital nor the program had a policy which prohibits staff from taking their assigned keys offsite. Program officials reported that some staff were allowed to take their keys off hospital grounds during lunch or at the end of shifts. Additionally, we observed some staff arriving for work without stopping at the security desk to retrieve their keys. Program officials acknowledge that taking keys offsite is a problem but have not addressed the issue yet. Sexual Predator Treatment Program officials are currently developing a new key control policy which categorizes keys and low risk or high risk. Per the new draft policy, the low risk keys can be taken offsite, while the high risk keys cannot.

Program management did not provide central oversight of facility keys and staff did not consistently follow good controls. Program officials acknowledged they do not have a single, complete inventory record of all facility keys. Rather, staff indicated they maintain an individual paper inventory record showing the contents of each key arsenal. While staff members said they conduct counts of the contents of each arsenal at the start and end of each shift, program managers said they do not verify the accuracy of the daily counts. During our on-site visits, we observed one instance of an incomplete and inaccurate paper inventory for a key arsenal. The next day staff had developed a new paper inventory of keys in that arsenal. Nevertheless, without a centralized record of the contents of that arsenal there is no way to know if all keys were present and accounted for.

In addition, staff should keep each lock box closed and secured at all times to prevent unauthorized staff or residents from accessing these keys. During one of our on-site visits we also observed an unlocked and open key lock box.

Facility doors were not always kept closed, locked, and secure. As noted earlier, the residents are confined to the facility involuntarily and their movement around the facility needs to be controlled. Strong controls over door security reduce potential security breaches such as escapes or resident-on-resident assaults. About one-fourth of survey respondents expressed concerns that doors were not kept closed, locked, and secure. One survey respondent said "On a daily basis, I walk around the building on an errand and have to shut unit doors that were left unsecure."

Security officials told us they occasionally observe doors being propped open. Additionally, during an on-site visit, we saw a janitor closet door that was left open and unattended.

Security Controls to Prevent and Detect Prohibited Items Were Inadequate

Program policy prohibits certain items from being brought into the residential units such as guns, ammunition, knives, alcohol, and narcotics. Other ordinary items such as cell phones, tobacco products, and certain magazines are also prohibited. Because these items can be used to compromise or harm staff or residents, it is important for staff to take necessary steps to identify, recover, secure, and properly dispose of prohibited items.

Although the program had some controls in place residents still obtained prohibited items. Program staff attempt to control resident access to prohibited items by searching mailed packages, searching visitors and residents prior to a visitation, and conducting routine room searches. Despite these controls, prohibited items still enter the facility. During our review of facility records, we identified at least five instances between January 2012 and May 2013 of residents being caught with prohibited items. These prohibited items included alcohol, pornography, flash drives, and cell phones. Program staff found these items during room searches. **Figure 1-1** on page 15 provides two examples that illustrate the danger that some residents and prohibited items pose.

Additionally, about 45% of staff survey respondents reported that safety and security policies have not been consistently followed in the last 12 months. Survey respondents cited policies regarding prohibited items as policies that are not followed.

We focused our review on three different ways that residents could obtain prohibited items —from program staff, through the mail, and from visitors.

Security officers did not conduct adequate security checks on staff. Program officials we spoke with stated that, in their opinion, residents receive most prohibited items from staff. Controls to prevent staff from bringing prohibited items into the facility were inadequate in two ways.

- **Employees did not pass through metal detectors upon entering the facility.** Program officials purchased three metal detectors between 1997 and 2005, but these detectors could not be used because officials said they were overly sensitive to the metal in the building which created false positives. These detectors are still currently located within certain program buildings but are not operating. As of July 2013, hospital officials told us they are in the

process of purchasing nine higher quality metal detectors for use at Larned State Hospital including the Sexual Predator Treatment Program. However, security officials said that after the new metal detectors are installed security checks will still be random because the program doesn't have enough security staff.

- **Employee belongings were not searched.** Program policy restricts the types of items that staff can bring into the facility. Although policy grants security officers the authority to search staff members' bags before they enter a secure area, we did not observe security staff conducting any such searches during our site visit or when we reviewed surveillance video. Program officials reported that before April 2013 staff members' belongings were searched only if there was probable cause.

Officials reported enacting a process in April 2013 of conducting random checks on employees and said they conducted about 35 checks between April and July. Officials also stated that employees are not searched more often because they don't have enough security staff. The officials estimated it would require about 24 more security officers to perform comprehensive security checks.

Mailed packages sent to residents were opened in front of staff but staff reported that very few packages are scanned through an x-ray machine. Program policy requires residents to open their mail in front of a security officer. If necessary, security officers have the ability to use an x-ray machine located offsite at the Larned Correctional Facility to scan any suspicious packages. Although opening packages in front of staff is a good control, a scan would detect additional or camouflaged items such as cell phones hidden in a box of cereal. During our site visit, we observed residents opening their mail in front of security officers, but we did not observe packages being scanned. Staff told us they rarely scan packages because the x-ray machine at Larned Correctional Facility was usually busy.

As of July 2013, program officials stated they have purchased an x-ray machine that will be used to scan all residents' incoming mail. It will be located in one of the program's mail rooms.

Overall, program officials did an adequate job of searching guests before they visited residents and monitoring visits between residents and guests. We reviewed surveillance video and observed program staff using a hand held metal detector on each guest before they were allowed to enter a secure area. We also saw instances of program officials inspecting food that was brought in. Also, we observed that at least one program official was present to monitor the visits and we did not observe any instances of suspicious behavior between residents and guests in the visitation room.

Finally, program records indicate management conducted targeted and random searches of resident's rooms, but management had no way of detecting a resident using a prohibited electronic device. Room searches detect prohibited items that have been brought into the facility. According to security records, in fiscal year 2013, facility security officers completed nearly 90 searches of residents' rooms. Additionally, certain direct care program staff can conduct ad hoc searches of a resident's room at any time. Program officials did not know the number of these types of searches, but estimated that every resident's living quarters is searched at least once every six months.

However, program officials have not implemented currently available technology to detect prohibited cell phones signals and wireless internet signals. Cell phone and wireless internet detectors actively search for electronic signals and can alert staff when and where such prohibited electronic devices are being used. Agency officials said they had not purchased this equipment in the past due to budget constraints but have recently purchased a cellphone detector and plan to install it soon.

Figure 1-1

Two Residents Face Federal Charges in Different Cases

According to news articles, there have been at least two separate instances of program residents being charged with federal crimes. Both cases involved child pornography and a brief summary of each case is described below.

In June 2013, federal prosecutors charged a Sexual Predator Treatment Program resident with producing child pornography and sending obscene material to a child. Reportedly, the resident used a cell phone (which is a prohibited item) to communicate with two teenagers. Reportedly, the resident lured the teenagers to videotape sex acts and post the video on the Internet. These actions allegedly occurred between December 2011 and January 2012. As of July 2013, no trial date had been set.

Beginning in April 2011, a program resident conspired with a friend outside of the program to upload pornographic images to the resident's social networking sites. Although the resident did not have access to his social networking sites, he shared password information so his friend could upload the images to the sites. Once uploaded, the resident called a 14-year-old boy living in another state to discuss the images. The teenage victim also sent obscene images of himself to the resident's social networking sites. The resident and his friend discussed these images over the phone. As of July 2013, the resident plead guilty to the charges of passing obscene material to a minor. The resident's friend has also been convicted of receiving child pornography.

Despite Participating in Conflict Avoidance Training, Some Staff Did Not Feel Adequately Prepared for Resident Altercations

Training is vital to safety and security of the programs' staff and residents because it ensures that newly hired employees are acquainted with the program's expectations and that existing staff continue to strengthen their skills. Larned State Hospital staff work with a number of residents who have an assortment of mental health issues. Occasionally, these individuals can become aggressive—either with staff or with other residents. Consequently, staff must possess the ability to de-escalate a situation, and if necessary, take action to restrain an aggressive resident.

A majority of survey respondents reported experiencing verbal or physical altercations with residents. We surveyed program staff about resident altercations. About 70% of the survey respondents reported they have experienced verbal threats or intimidation in the last 12 months. In addition, about 15% of survey respondents reported they have been physically attacked or assaulted in the last 12 months. These altercations underscore the importance of providing adequate training.

Staff members who work directly with residents are required to participate in training focused on conflict resolution. The training provides a comprehensive, integrated approach to preventing, de-escalating, and intervening when a resident's behavior poses a threat to themselves or others.

- **Staff are trained using a nationally recognized training program (MANDT) that teaches them how to handle physical and verbal confrontations with residents.** The training included classroom instruction and online learning options. Larned State Hospital has two full-time staff members who train staff on these techniques and to monitor their attendance at required sessions.
- **All employees are required to attend an initial training during orientation and recurring annual training thereafter.** Program officials told us that all new employees are required to complete a three-day-initial MANDT training session within 30 to 45 days of being employed. Additionally, staff members are required to complete a two-day refresher training course every year. Officials maintain a database to ensure that all staff who are required to take MANDT training do so. Although we did not test the accuracy of this database, we found that staff were tracking employees who have completed or need to complete training.

Program officials stated that staff have the opportunity to complete an evaluation form at the conclusion of training and write down any comments on how to improve the training. Program officials stated they rarely receive any feedback on those forms, but we did not verify this.

Despite recurring safety training, several survey respondents reported they did not feel adequately trained for their job. Survey respondents reported concerns about the adequacy of the training and questioned whether it was effective. Specifically, about 25% of survey respondents reported they did not feel adequately trained to handle physical altercations, while about 15% of survey respondents indicated they did not feel adequately trained to handle verbal altercations.

Comments provided by survey respondents critical of the training include:

- “I feel that MANDT holds and maneuvers would not provide adequate safety should a physical altercation occur.”
- “The training was very vague and brief. Not much emphasis was placed on the security aspect. Most was done online and very impersonable.”
- “MANDT training is a joke. It is taught in slow motion which does not happen in the ‘real’ world.”

FINDINGS RELATED TO STAFFING

A Significant Number of Direct Care Staff Positions Were Vacant

For the Sexual Predator Treatment Program, having an adequate number of staff helps ensure the safety and security of both residents and staff. Program staff generally fall into one of two categories.

- Direct care staff – These employees tend to residents’ treatment and medical needs, and help with daily activities. Examples include mental health and developmental disability (MHDD) technicians and nurses, as well as activity therapists and psychologists.
- Non-direct care staff – These employees perform work that does not directly involve program residents. Examples include administrative assistants and maintenance workers.

For fiscal year 2013, the program was authorized 303 FTE positions. Most of these positions were classified as direct care positions. For fiscal year 2014, program officials told us that they have received authorization for an additional 70 FTE positions in order to open a new residential building. They indicated this increase would allow the program to oversee about 250 residents at the Larned State Hospital and continue to serve eight residents at the Osawatomie State Hospital.

As of April 2013, about 30% of the program’s direct care positions were vacant. A report prepared by program staff showed that 55 of 178 certain direct care positions (including MHDD technicians and nurses) were unfilled. These types of positions are responsible for escorting residents throughout the program’s facility, supervising daily living activities, and helping to ensure the safety and security of all residents and staff members in around-the-clock shifts.

This vacancy report did not include other direct care positions such as social workers and activity therapists. Program staff did not prepare a vacancy report for non-direct care staff. However,

officials informed us the program's vacancy rate for these other groups was much lower and they generally did not have problems filling such positions.

Several factors likely caused the high vacancy rates including a limited pool of applicants, and undesirable working conditions.

Larned State Hospital officials acknowledged the high vacancy rate for certain direct care positions is an ongoing problem for the program. Reasons for the high vacancy rate include:

- **Potential employees do not want to work with sexual predators.** Program officials said that job applicants would be willing to work for Larned State Hospital but would decline job offers to work in the Sexual Predator Treatment Program.
- **The program's rural location contributes to a limited applicant pool.** The population of Larned is about 4,000 and the population of Pawnee County is about 7,000. In addition, it is possible that potential applicants living in other cities may not apply because of the lengthy daily commute that would be required.
- **Employees expressed concerns about working too much overtime and receiving low wages.** As discussed in the next section, staff work a significant amount of overtime. Additionally, Kansas Department for Aging and Disability Services officials' said they are evaluating options for increasing some wages including the starting wage for mental health developmental disability technician trainees who earn \$12.04 per hour at the Larned State Hospital.

As the program's resident population grows, the understaffing problem is likely to get worse. As mentioned on page 5, the program's resident population will likely continue to grow by about 18 residents a year. This increase will dictate the need to hire to more staff to ensure safety and security. However, due to the rural location and undesirable resident population to work with, program management is already having difficulty filling positions. The need for more staff in the future will likely exacerbate staffing shortages.

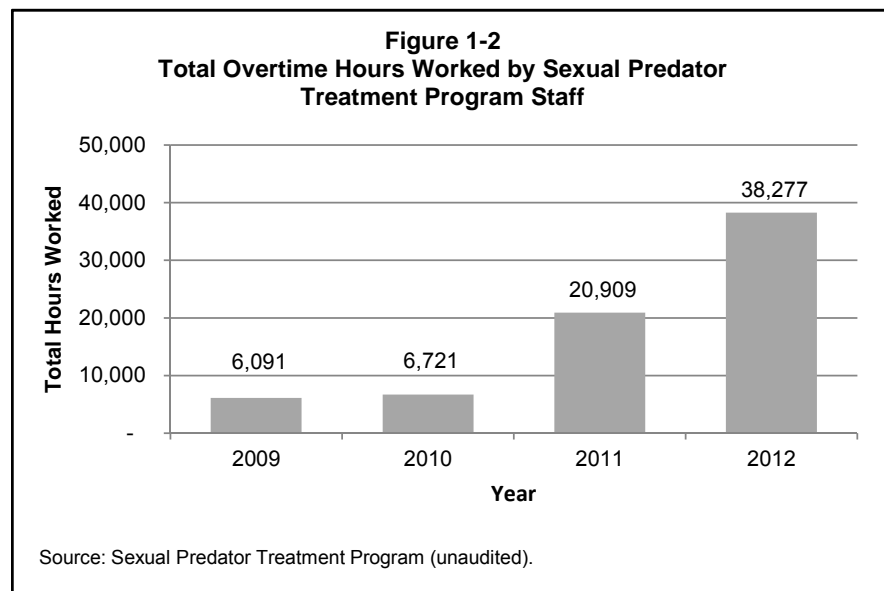
Program Staff Worked a Significant Amount of Overtime to Provide Safety, Security, and Treatment

The program's high vacancy rates have caused certain staff members to work additional hours to provide sufficient staffing levels. Non-exempt staff (more than 90% of all program staff) are compensated for working additional hours and management tracks those hours. Because exempt staff are not compensated, program officials did not record additional hours they worked.

In calendar year 2012, program staff worked more than 38,000 overtime hours. According to unaudited information provided by program officials, the number of overtime hours worked has increased significantly over the last four years. *Figure 1-2* on page 19 summarizes the total overtime hours worked by all program staff.

As the figure shows overtime hours more than tripled from about 6,700 in 2010 to almost 21,000 hours in 2011. They increased another 80% in 2012 to 38,000 hours. Agency officials said the significant increase in overtime is due to management’s decision to increase the number of staff on each shift to provide safety and security.

During a recent 20-week period, more than 60% of all program staff worked some overtime and at least 7% worked an average of 10 to 30 hours of overtime a week. We reviewed data for 10 consecutive pay periods starting in January 2013 and ending in April 2013. Of the 317 employees that worked at least one pay period between January and April, 196 (more than 60%) worked at least some overtime.



Only 131 employees worked all 10 pay periods we reviewed. Of those employees, we found that more than 85% worked at least some overtime during this period and 20 staff members (15%) averaged between 10 and 30 hours of overtime a week. The majority of overtime hours (about 80%) were worked by mental health and developmental disability (MHDD) technicians. The primary responsibility for these direct care employees is to escort and monitor residents. As mentioned earlier, direct care employees have a high vacancy rate (31%). Additionally, they must staff the facility 24 hours a day, which appears to drive the need for increased overtime.

The majority of program staff who responded to our survey reported working long shifts and more than half of respondents felt they worked too much overtime. About 70% of the survey respondents indicated that they frequently worked nine to 12 hour shifts in the last six months, instead of a normal eight hour shift.

Further, more than 50% of respondents indicated the amount of overtime they work is excessive. Examples of comments written by survey respondents include:

- “The shifts MHDDs are asked to work seem excessive (12-16 hours for five or more working days.)”
- “Too much turnover. Too much overtime.”

Even with Significant Overtime, the Program Often Failed to Meet its Internal Minimum Staffing Goals

The Sexual Predator Treatment Program is a residential program, and must be staffed 24 hours a day, seven days a week.

Program management has established minimum staffing levels that are intended to ensure the safety and security of staff and residents. Although several states have programs similar to Kansas, there are no criteria for how to staff such a program. As a result, program managers have developed a staffing plan which specifies the minimum number and type of staff needed in each of the seven residential housing units by shift. The staffing plan covers mental health developmental disability technicians and trainees.

Staffing data and employee survey results strongly suggest the program often did not meet its own minimum staffing goals. We reviewed staffing data for 13 days between January 2013 and May 2013. Those results are presented in *Figure I-3* on page 21. As the figure shows, direct care positions were understaffed on as many as eight of the 13 days. In general, program officials planned for about 67 positions each day. Even with holding staffing over to work additional hours, the data show the program was often short between three and six positions.

Additionally, about half of the survey respondents reported that core staffing levels are only sometimes or rarely met. Further, about 35% of staff reported that there are rarely or never enough staff on duty during a shift to ensure safety of residents and staff. These survey results and the staffing data indicate the program may not be maintaining its own minimum staffing goals on a regular basis.

Agency officials disagree with this finding. They told us that the program never begins a shift with less than its minimum staffing goal and the results of our analysis can be attributed to employee data entry error. While we acknowledge the data may have errors, we focused our analysis on summary level data and think the data are sufficiently reliable to show a trend. Additionally, agency officials told us that the program sometimes drops below the minimum staffing levels during a shift but that it is always approved by program management. For example, some staff may be sent home if all the residents are asleep or well behaved. While this

explanation is plausible, it was not supported by any of the records provided to us so we were unable to verify whether program management approved reducing staffing levels below the minimum goal.

Figure 1-3 Comparison of Program Staffing Goals to Reported Staffing Levels for Selected Days (January 2013 - May 2013)			
Selected Day	Minimum Staff Goal	Reported Staff on Shifts (a)	Minimum Staffing Goal Met?
Day 1	66	57	No
Day 2	66	84	Yes
Day 3	67	57	No
Day 4	67	74	Yes
Day 5	67	56	No
Day 6	67	57	No
Day 7	67	61	No
Day 8	67	76	Yes
Day 9	67	63	No
Day 10	65	69	Yes
Day 11	65	65	Yes
Day 12	64	61	No
Day 13	64	62	No
Number of Days Minimum Staffing Goal was <u>Met</u>			5 Days
Number of Days Minimum Staffing Goal was <u>Not Met</u>			8 Days
(a) Data showing the number of staff working each shift was inconsistent and inaccurate due to program staff entering information in different ways. While these data provide a general indicator about the number of days the program met its staffing goal, these data may not accurately reflect the actual number of staff working that day.			
Source: LPA analysis of staffing data from the Sexual Predator Treatment Program.			

Program management said they have to cancel resident activities and services when shifts were understaffed. Because the program may not have enough staff to both supervise residential unit activities and escort residents to other activities, managers told us they have had to cancel resident activities. For example, residents may not be allowed to go swimming or participate in gym activities, or, in extreme cases, staff may cancel a resident’s off-site visit to the doctor. Either situation can cause tension among staff and residents and can increase the stress that staff experience.

Conclusion

Overall, the Sexual Predator Treatment Program appears to have done a good job of addressing staff and resident safety and security, though additional steps can be taken to reduce risks. We identified several different issues in this audit—inadequate key controls, employees working excessive amounts of overtime, and concerns that prohibited items are entering the program’s residential buildings—which can affect the safety and security of staff and residents. Some of these issues can be addressed through improved policies and procedures, but those related to staffing issues will require alternative solutions.

The continued growth of the resident population will require additional staff to ensure safety and security. The program already has a large number of unfilled vacancies and current staff work large amounts of overtime to compensate. The limited staffing pool surrounding Larned State Hospital and the undesirable working conditions make it unlikely the program will be able address its current and future staffing needs.

Recommendations for Executive Action

1. To address security issues regarding control of staff assigned keys and facility keys, Sexual Predator Treatment Program officials should: (page 11)
 - a. evaluate and determine which program staff should be allowed to take keys offsite and those that should not be allowed to do so.
 - b. revise policies to prohibit staff from taking keys offsite without a valid business reason.
 - c. develop a centralized inventory of all facility keys not assigned to a specific individual. Management should also conduct periodic checks of individual key arsenals to ensure that staff are conducting daily counts of these keys and to verify the accuracy of those counts.
2. To improve the safety and security procedures related to preventing and detecting prohibited items from entering the program, Sexual Predator Treatment Program officials should: (page 13)
 - a. install metal detectors at each of the secure building entrances. Security staff should observe all individuals, including staff and guests, walking

through the metal detectors and continue to conduct random searches of their belongings.

- b. utilize the newly purchased x-ray machine to scan all mailed packages to help identify any prohibited items that are sent to residents.
 - c. continue to review options to purchase and install the necessary equipment to detect the use of prohibited electronic devices such as cell phones in resident buildings.
3. To improve staff conflict avoidance training and to help ensure all staff feel adequately prepared to address verbal and physical altercations, program officials should work with staff to identify deficiencies in the training and ways to enhance training. (page 15)
 4. To address vacancy issues, Sexual Predator Treatment Program and Kansas Department for Aging and Disability Services officials should: (page 17)
 - a. review the recruitment process to identify and implement strategies designed to increase the number of applicants and hires.
 - b. evaluate the adequacy of the wages paid to program staff.
 - c. examine the feasibility of relocating some or all of the Sexual Predator Treatment Program to an area of the state with a larger labor market that will increase the number of potential job applicants.

APPENDIX A

Scope Statement

This appendix contains the scope statement approved by the Legislative Post Audit Committee for this audit on March 22, 2013. The audit was requested by the House Appropriations committee and Senate Ways and Means committee.

Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program

Kansas' Sexual Predator Treatment Program was established in 1994, and has been provided primarily through the Larned State Hospital. The program provides treatment for convicted sex offenders who have completed their prison sentences but have been determined by the courts to be violent sexual offenders in need of involuntary inpatient treatment.

In 2005, Legislative Post Audit issued a report on the Sexual Predator Treatment Program. In that report, we estimated that the size of the offender population could increase to about 235 offenders or more by 2015. The reasons for this included the continuing commitment of new offenders to the program and Kansas' stringent requirement that the risk of a re-offense be reduced to "practically nil."

As of January 2011, the Sexual Predator Treatment Program at Larned State Hospital had almost reached full capacity with 200 of 214 available beds filled. SRS officials estimate that, in the coming years, the program will grow by about 18 offenders per year.

Legislators have expressed concern about the growing size of the offender population, employee workload, and working conditions at the Larned facility. They would like to know how Kansas' program compares to other state programs in terms of cost and treatment, what actions could be taken to limit program growth, and whether the Larned facility is being adequately managed.

A performance audit in this area would address the following questions:

- 1. How does Kansas' Sexual Predator Treatment Program compare to similar programs in other states and best practice?** To answer this question, we would work with Larned State Hospital Officials to determine the program's statutory requirements, its cost, admission and exit criteria, treatments provided, and the effectiveness of those treatments. As part of that work, we would determine whether the program provides services to offenders that are not required by the Kansas Constitution. Further, we would review program data to determine how many offenders have been committed, released, returned, or are still in the program since it began. We would work with officials in a sample of other states to collect similar information. We would also review academic literature and contact officials from relevant organizations such as the Center for Sex Offender Management to identify best practices or benchmarks related to sex offender programs. Based on that cumulative information, we would assess how Kansas' program compares to other states and best practices in terms of its structure, cost, treatment, and results. We would perform additional work in this area as needed.

2. **What actions could be taken to reduce the number of offenders committed to Kansas' Sexual Predator Treatment Program?** To answer this question, we would assess possible long- and short-term options for reducing offenders committed to the program. One long-term option we would assess is amending Kansas Sentencing Guidelines to lengthen the time that a convicted offender stays in prison. We would work with officials from the Department of Corrections, the Kansas Sentencing Commission, and any other relevant agencies to determine how changing sentencing guidelines for sex-related crime might affect the program's offender population over time. A short-term alternative we would assess is making changes to the process for committing a sex offender to the Sexual Predator Treatment Program. We would work with officials from the Attorney General's office and any other relevant agencies to determine the consequences of adopting stricter screening criteria and other similar program changes. To the extent possible, we would develop cost estimates for any long- or short-term options we identify. We would perform additional work in this area as needed.
3. **Is the Sexual Predator Treatment Program appropriately managed to ensure the safety and well being of program staff and offenders?** To answer this question, we would look for or would work with other states to develop acceptable workload standards and staffing ratios. We would compare the program's current staffing level to those standards and identify any potential problem areas. We would also survey program staff and review offender complaints to identify issues concerning employee and offender safety, as well as employee working conditions. To the extent possible, we collect program information relevant to any potential issues we identify such as security or safety incidents, regulatory citations, offender complaints, and program accreditation results. For concerns raised by staff or offenders that have merit based on information we are able to collect, we would follow-up with program managers to determine what actions they have taken or plan to take to address these issues. We would perform additional work in this area as necessary.

Estimated Resources: 3 LPA staff

Estimated Time: 6 months (a)

- (a) *From the audit start date to our best estimate of when it would be ready for the committee. This time estimate includes a two-week agency review period.*

APPENDIX B

Agency Response

On August 2, 2013 we provided copies of the draft audit report to the Department for Aging and Disability Services. Its response is included as this appendix. Following the agency's written response is a table listing the agency's specific implementation plan for each recommendation. As a result of the agency's review of the draft report, we made some minor corrections and clarifications to the draft report that did not affect any of our findings and conclusions.

In its response, the agency concurred with most of the report's findings and recommendations. However, the agency strongly disagreed with the report's finding that the Sexual Predator Treatment Program did not meet its own minimum staffing goals. As we noted in the report on page 20, agency officials told us that the staffing data has errors and that any drop below the minimum staffing level is planned and approved. While this explanation is plausible, it was not supported by any of the records provided to us. After carefully reviewing the response, supporting documents and our audit working papers, we think our finding is appropriate.

Additionally, the agency disagreed with recommendation 4c on page 23 to examine the feasibility of relocating some or all of the program to another area of the state to increase the number of potential job applicants. Agency officials told us they will not examine the feasibility of relocating at this time and have no plans to do so in the future. Although we understand that relocating the program might not turn out to be the best option going forward, we think it is an option that should be strongly considered given the staffing problems the program has experienced.

Larned State Hospital
1301 KS Highway 264
Larned, KS 67550

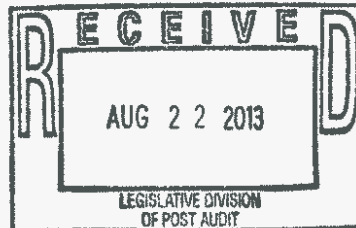


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Shawn Sullivan, Secretary

Sam Brownback, Governor

Mr. Scott Frank
Legislative Post Auditor
800 SW Jackson Suite 1200
Topeka, Kansas 66612



August 22, 2013

Dear Mr. Frank:

Thank you for the opportunity to review and comment on the draft copy of your performance audit, *Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program*. The review conducted by your office was very thorough and the report was informative. We also understand that the audit team is still awaiting recommendations from the Sexual Predator Taskforce to complete the tasks assigned in the initial charter.

We concur with the conclusion that the Sexual Predator Treatment Program (SPTP) is operated with a successful focus on both staff and resident safety. We also concur that it is managed in a way that is consistent with Kansas Department for Aging and Disability Services (KDADS) policies and its mission of protecting the public from new offenses by the residents of the program determined to be sexually violent predators. The mission of the SPTP is two-fold: One, to provide a secure environment to protect the public from sexually violent predators housed at SPTP, and two, to provide treatment to those individuals who have been civilly committed by the courts to the SPTP. Over the last 18 months, KDADS (and SRS prior to July 2012) has worked in a partnership with the Legislature to manage the challenges of an increasing SPTP population and to obtain the resources required to provide a safe and secure environment for the staff and residents of SPTP.

KDADS and Larned State Hospital (LSH) additionally concurs that the SPTP has experienced significant vacancy rates, which have required line-level staff members to work significant amounts of overtime. However, KDADS/LSH would like to note that LSH/SPTP vacancy rates and overtime have continued to trend downward in the last six months as our recruitment and retention efforts have strengthened. Additionally, KDADS/LSH strongly disagree with the summary of the report which indicated that SPTP failed to meet internal minimum staffing levels (rationale below).

KDADS/LSH would like to make a few clarifications to the items in the report and provide some additional context to the items listed:

- As noted in the report, the auditors listed specific concerns related to key and door controls. KDADS/LSH shares these concerns; however, additional precautions are in place to deter any resident escape. At each of the SPTP buildings there are manned Safety/Security control centers. These control centers are directly connected to the building surveillance cameras. Monitors in the control centers allow the officers to see both interior and exterior camera views. Building entrances and exits are

included in the surveyed areas. Additionally, the building entrances/exits are on an electronic locking system controlled by the control centers. Staff members who may keep their keys on their person would not be able to gain access to the building or exit unless the control center “buzzes” them in or out. When a staff member pushes the button to request access to an exit, the control center camera automatically moves to that location to ensure that only approved individuals use the exit/entrance. Additionally, the program conducts counts of the residents and manages internal movement of residents in an effective manner.

- The most recent SPTP data on direct line-staff vacancies has improved since the April 2013 data used in the report. The report indicated that in April 2013, the SPTP vacancy rate was at thirty (30) percent. As of August 12, 2013, the vacancy rate for the SPTP was **twenty-three (23) percent**. This is a reduction of seven (7) percent since April 2013. This is due to aggressive recruitment strategies and continued work on improving retention practices.
- Official data from LSH Human Resources (HR) department indicated that overtime hours for nursing staff on the SPTP is trending downward. For example, the two (2) week pay period of January 19, 2013, SPTP nursing staff had a total overtime of **1,862** hours. For the two (2) week pay period of July 20, 2013, the same nursing staff earned a total of **1,385** hours of overtime. This is a reduction of **477** hours. SPTP continues to evaluate daily how to best manage staff overtime.
- In regards to the report indicating that SPTP did not often meet its own minimum staffing goals, **we strongly disagree with this statement**. LSH has nursing policy *O-10 Nursing Staffing Plan* that describes the process that is used to determine the required level of staffing based on acuity. It is the contention of SPTP that resident units are not staffed below minimal core levels. SPTP is a facility that operates twenty-four (24) hours a day, so staffing is often based on the level of resident acuity or needs of the unit, depending on resident behaviors, medical needs, etc. Minimum staffing levels do fluctuate due to acuity. For example, a 30-bed unit may be budgeted for 10 core staff to work the 7-3 shift; however, if only 5 people are on the unit, then core would be dropped from 10 to 5 or to 3 staff members. Furthermore, fluctuations may include the need to increase staff (for instance a resident on a unit is voicing suicidal thoughts and is placed on 1:1 observation status) or decreased (as noted in the above example). Minimum staffing levels can be adjusted only with the approval of the on-duty Registered Nurse (RN) and the Unit Leader (UL). The RN and UL review the unit environment and may reduce the minimum number of staff if resident acuity is low. Lastly, at times when residents are being escorted or transported to appointments staffing is perceived to be “short staffed,” but in reality minimum staffing requirements are being met. The current data entry system does not reflect the fluctuation of minimum staffing needs throughout the day, but only the static numbers at the beginning of the shift and relies on staff to enter the information in a dynamic process throughout the day. We have determined this system is inefficient and we are currently working on a new system which will be maintained by the call center and will provide “real time” data on acuity/core staffing levels.
- We are also concerned about any recommendations based on survey data. In short, the survey that was provided to the SPTP staff yielded a low return rate (only 27% of the staff responded/completed and returned a survey to the Legislative Post Audit (LPA) team). Due to the low return rate, the agency cautions that the data provided by the staff survey may be interpreted as showing a generalized, majority overview of the SPTP and reflected as such in the report. For example, fifteen percent (15%) of the survey respondents indicated that they had been physically attacked or assaulted in the last 12 months. Based on total staff available on SPTP and risk management data for 2012, six staff reported an injury. This equates to less than one percent (1%) of staff being physically attacked during 2012 (not 15%).

KDADS/LSH administration has reviewed the LPA’s “Recommendations for Executive Action at SPTP.” Each recommendation, agency response, and planned agency actions are listed below:

2

- **Recommendation 1 from LPA (a., b., c.):**
 To address security issues regarding control of staff assigned keys and facility keys, Sexual Predator Treatment Program officials should:

 - a. evaluate and determine which program staff should be allowed to take keys offsite and those that should not be allowed to do so.
 - b. revise policies to prohibit staff from taking keys offsite without a valid business reason.
 - c. develop a centralized inventory of all facility keys not assigned to a specific individual. Management should also conduct periodic checks of individual key arsenals to ensure that staff are conducting daily counts of these keys and to verify the accuracy of those counts.

- **Agency Response to Recommendation 1(a., b., c.):**
 SPTP does have a policy on key control (SPTP 10.6 Key Control & Management). This policy was most recently revised in May 2013. The agency agrees that additional action on key management would benefit the institution and prior to the audit was working on purchasing key machines. Actions have been reviewed and are included below.

- **Agency Action on Recommendation 1 (a., b., c.):**
 SPTP has been approved to purchase key machines (see LPA Matrix for additional details). Key machines will be installed in the entrances of the SPTP buildings. The function of the key machine is to secure and provide controls of keys. The machine will hold keys required for building and unit operations. Staff will be able to check out only those keys necessary for their job duties. Staff will not be allowed to enter or exit the SPTP building without checking their keys in or out respectively. The key machine allows for centralized control of the keys. Usage reports can be provided by the key machine and reviewed each shift to ensure all keys are accounted for. The timeline for implementation and policy revision is included in the LPA Matrix. The anticipated implementation date is estimated to be in January 2014.

- **Recommendation 2 from LPA (a., b., c.):**
 To improve the safety and security procedures related to preventing and detecting prohibited items from entering the program, Sexual Predator Treatment Program officials should:

 - a. install metal detectors at each of the secure building entrances. Security staff should observe all individuals, including staff and guests, walking through the metal detectors and continue to conduct random searches of their belongings.
 - b. utilize the newly purchased x-ray machine to scan all mailed packages to help identify any prohibited items that are sent to residents.
 - c. continue to review options to purchase and install the necessary equipment to detect the use of prohibited electronic devices such as cell phones in resident buildings.

- **Agency Response to Recommendation 2(a):**
 KDADS/LSH is in agreement with this recommendation and was working on procuring metal detectors prior to the audit recommendations. LSH does have a policy which was created in anticipation of obtaining the metal detectors (SE-10.1 Employees Entering a Secured Area).

- **Agency Action on Recommendation 2(a):**
 SPTP was approved to purchase metal detectors at the end of the last fiscal year. Four (4) metal detectors have arrived for installation (see LPA Matrix for additional detail). The metal detectors will be installed and functional by November 2013. KDADS/LSH recognizes staffing needs for the metal

detectors is a priority. After a review/analysis of staffing and budget needs, positions will be filled as soon as possible. If, after a review of the data, appropriations will be needed, KDADS will make that request immediately. The security station would consist of standing metal detector and a tomography machine. All individuals entering the buildings would be required successfully pass through the security station prior to entering into the secured portion of the buildings.

- Agency Response to Recommendation 2(b):
KDADS/LSH is in agreement with this recommendation and has purchased additional equipment.
- Agency Action on Recommendation 2(b):
As of August 5, 2013, one (1) tomography (commonly called an x-ray machine) has been installed at the entrance of the SPTP Dillon building (see LPA Matrix for more details). Safety/Security staff is currently being trained in the use of the machine and are scanning packages. By the end of August 2013, all SPTP packages will be scanned. Safety/Security staff will also be randomly running staff bags/property through the machine to search for possible contraband. SPTP's future plan would be to purchase additional tomography machines to create manned stations at each SPTP building.
- Agency Response to Recommendation 2(c):
KDADS/LSH is in agreement with this recommendation. LSH has purchased cell detector software and is reviewing additional options for enhanced security.
- Agency Action on Recommendation 2(c):
The LSH Information Technology Director is currently installing the purchased cell phone detector software with an expected completion date of September 1, 2013 (see LPA Matrix for additional details). The LSH Chief of Safety/Security has recommended purchasing hand-held passive/active cell phone detection. These detectors have been approved for purchase and ordered with an arrival date by the end of August/early September. Implementation date of all detectors is expected to be completed by September 2013.
- **Recommendation 3 from LPA:**
To improve staff conflict avoidance training and to help ensure all staff feel adequately prepared to address verbal and physical altercations, program officials should work with staff to identify deficiencies in the training and ways to enhance training.
- Agency Response to Recommendation 3:
KDADS/LSH is in agreement that additional, employee-focused training would enhance the currently offered trainings
- Agency Action on Recommendation 3:
LSH administration is requesting that the current Staff Development Specialist develop a survey that will be provided to the staff (see LPA Matrix for further details). Using the results of the survey, training will be developed related to the staff responses. The SPTP ULs will receive instruction on the training and will provide on-unit training to the SPTP staff. Training is expected to begin in December 2013. Effective September 1, 2013, the Staff Development Specialist will begin conducting additional spot trainings based on review of incidents.
- **Recommendation 4 from LPA (a., b., c.):**
To address vacancy issues, Sexual Predator Treatment Program and Kansas Department for Aging and Disability Services officials should:

- a. review the recruitment process to identify and implement strategies designed to increase the number of applicants and hires.
 - b. evaluate the adequacy of the wages paid to program staff.
 - c. examine the feasibility of relocating some or all of the Sexual Predator Treatment Program to an area of the state with a larger labor market that will increase the number of potential job applicants.
- Agency Response to Recommendation 4(a):
KDADS/LSH agrees that recruitment is an important factor in staff safety and retention. Recruitment has been a focus for LSH and vacancy and overtime rates are trending down since the LPA audit.
 - Agency Action on Recommendation 4(a):
Supervisory/leadership training will be provided to staff at LSH (first training sessions are scheduled to begin in September, 2013 for Nursing Unit Leaders). Additionally, KDADS has developed a staff satisfaction survey which is currently being completed at LSH. Results will be compiled after August 26, 2013 and action plans developed. Furthermore, initial work on recruitment and retention has shown improvements in lower vacancies and overtime rates in the last few months. LSH is currently participating in job fairs and utilizing various advertising including digital billboard advertising, newspaper print and online, numerous online job boards, radio and professional publications. LSH Human Resources and LSH administrative staff will contact similar sexual predator programs throughout the nation to review their vacancy rates and recruitment strategies (see LPA Matrix for additional details). An employee recognition program is currently being reviewed and is expected to be implemented by September 2013. Additional training will be provided with those staff working with the SPTP population to address specific topics related to the population.
 - Agency Response to Recommendation 4(b):
KDADS/LSH does agree that the wages paid to the employees of the program calls for a review.
 - Agency Action on Recommendation 4(b):
KDADS has recently reviewed a market study completed by the Department of Administration which focused on wages paid to direct care staff. Additionally, environmental factors have been examined which may impact wages. KDADS/LSH plan to increase MHDD wages in September 2013 pending the required Meet and Confer with KOSE.
 - Agency Response to Recommendation 4(c):
Currently, KDADS/LSH is not advocating for any part of the SPTP to be relocated and believes this recommendation is premature.
 - Agency Action on Recommendation 4(c):
The location of the SPTP is dictated by Kansas State Statute. Additionally, Kansas Sexual Predator law requires that sexually violent predators be housed separately from all other patients located on any state hospital grounds. Much progress has been made in improving recruitment and retention efforts, which has resulted in decreases in overtime and vacant positions. KDADS/LSH will continue to implement additional recruitment and retention plans over the next year. KDADS/LSH will also review the recommendations from the SPTP task force.

KDADS/LSH appreciates the time and effort that the LPA team took to evaluate the program and its operations. The report has provided LSH/SPTP with recommendations that will continue to enhance the safety of the staff and residents in the program. The security enhancements recommended would assist the program in continuing

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to protect the citizens of Kansas from the civilly committed, sexually violent predators housed at SPTP. We agree with the overall findings of the audit which indicate LSH/SPTP has a good program and excel in the areas of resident monitoring/accountability and the institutional grievance process. Thank you for allowing us an opportunity to respond to your inquiries.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Sullivan", written in a cursive style.

Shawn Sullivan
Secretary

Itemized Response to LPA Recommendations

Audit Title: Larned State Hospital: Reviewing the Operations of the Sexual Predator Treatment Program

Agency: Kansas Department for Aging and Disability Services

LPA Recommendation	Agency Action Plan
Question 1	
<p>1. To address security issues regarding control of staff assigned keys and facility keys, Sexual Predator Treatment Program officials should:</p>	
<p>a. evaluate and determine which program staff should be allowed to take keys offsite and those that should not be allowed to do so.</p>	<p>SPTP has policy 10.6 Key Control & Management (Attached). The most recent revision to 10.6 occurred in May, 2013. Policy 10.6 separates keys into "High Risk" or "Low Risk" categories. Those individuals that have "High Risk" keys (listed out in the policy) are not to take their set of keys off campus. Training is currently under way on this policy and is expected to be implemented by the end of September 2013. (See response on letter "c" for future plans for key management).</p>
<p>b. revise policies to prohibit staff from taking keys offsite without a valid business reason.</p>	<p>Please refer to "a" above and "c" below for a response.</p>
<p>c. develop a centralized inventory of all facility keys not assigned to a specific individual. Management should also conduct periodic checks of individual key arsenals to ensure that staff are conducting daily counts of these keys and to verify the accuracy of those counts.</p>	<p>As of July 2013, SPTP has been approved to purchase two (2) key machines: one (1) will be at the Dillon Building entrance and one (1) machine will be located at the Jung building entrance. The SPTP Isaac-Ray North 3 unit will house their unit keys in the Isaac Ray building's key machine which has also been approved to purchase. The function of the key machine is to secure and provides control of key ring check out to staff. Usage reports for all key rings for the program can be provided at end of each shift. On August 6, 2013, the final specifications for a key management machine was reviewed by program directors and currently the key machines are in the bidding process. To allow for bids to be received, equipment to be purchased, and installation of the key machines, SPTP is working toward full implementation of the key machines for key management to occur by January 14, 2014. Additionally, The SPTP program director will have a policy on the key machine operation completed by the implementation date.</p> <p>Regarding the key machines, a smart key is attached to the ring that the machine reads as a pin number. A pin number is issued to an individual employee that allows them access to only the keys that they require for their job function. Security will have a code that allows access to insert new sets of keys obtained from engineering into the machine on an as needed basis for employees. The key ring will contain only those keys that are required for a particular employees job function (to be decided by Program Director/department head) and conveyed to Safety/Security. These keys would then be requested by safety/security to be identified with an identification tag for that employee. All keys would be checked in upon the employee leaving the building or premises (depending on the policy).The machine can be checked at shifts end to determine if any are missing sets of keys and the employee would be contacted to return the keys immediately. Management will also conduct periodic checks of individual key arsenals to ensure that staff are conducting daily counts of these keys and to verify the accuracy of those counts.</p>
<p>2. To improve the safety and security procedures related to preventing and detecting prohibited items from entering the program, Sexual Predator Treatment Program officials should:</p>	

<p>a. install metal detectors at each of the secure building entrances. Security staff should observe all individuals, including staff and guests, walking through the metal detectors and continue to conduct random searches of their belongings.</p>	<p>As of August 6, 2013, the four (4) metal detectors for SPTP have arrived. We will also be installing one machine on the north community of SSP that will cover SPTP N3 residents, as well as one at the IR entrance to cover employees. At this time, the Chief of Safety/Security, the Program Director, and the head of Engineering are collaborating for the installation of the detectors. LSH has a policy (attached) that indicates how these detectors will be used. The placement for the metal detectors will be at the entrance of the Dillon and Jung building, and the halls leading to the yard areas of Dillon and Jung. The walk-through metal detectors are expected to be fully operational by November 2013. LSH policy SE-10.1 Employees Entering a Secured Area (attached) outlines the use of security measures for employees entering into SPTP buildings. According to SPTP policy 10.18 Resident Visitation, all visitors must pass through a walk through detector. If they fail after three (3) attempts, a hand-held detector is utilized. The visit can be terminated if the visitor does not pass the final use of the detector. SPTP is currently revising the resident visitation policy in coordination with KDADS legal. Policy enhancements include: On the day of the visit, visitors will check in with the control center. Visitor is required to place all keys, purses, and other personal or unapproved items in a locker in the front lobby; approved property is listed in the policy. All residents will walk through a metal detector before gaining access to the visitation room and before re-entering the unit. The revised policy indicates reasons for denial of visitation (i.e., history of offences, etc.). The visitor dress code is stricter; expected resident behavior is listed in the policy. The final edits of the resident visitation policy are expected to be approved by September 15, 2013. The metal detectors will be installed and functional by November 2013. KDADS/LSH recognizes staffing needs for the metal detectors is a priority. After a review/analysis of staffing and budget needs, positions will be filled as soon as possible. If, after a review of the data, appropriations will be needed, KDADS will make that request immediately.</p>
<p>b. utilize the newly purchased x-ray machine to scan all mailed packages to help identify any prohibited items that are sent to residents.</p>	<p>As of August 5, 2013, the Tomography machine has been installed in the Dillon building. Staff training is currently underway and packages are now being scanned. By the end of August 2013, all training will be completed and all incoming packages will be scanned using this technology. The Tomography machine is located in the lobby of the Dillon building. This allows Safety/Security staff to also randomly run staff bags/property through the machine to search for possible contraband. In the future, the plan is to purchase additional tomography machines for the other SPTP units and combine these machines with the metal detectors to create manned security checkpoints that all staff must pass through prior to entering the resident units. Each tomography machine costs approximately \$25,000. To provide all SPTP building coverage with tomography machines, the estimated total cost is approximately \$50,000. The estimated timeframe for implementation of all desired tomography machines (allowing for the need to address future budget expenditures and staffing needs) is December 2014.</p>

<p>c. continue to review options to purchase and install the necessary equipment to detect the use of prohibited electronic devices such as cell phones in resident buildings.</p>	<p>SPTP has purchased cell phone detector software that will provide active coverage of SPTP. Currently, the LSH Information Technology Director is working on installing the cell phone detector software with an expected completion date of September 1, 2013. The Chief of Safety/Security has recommended hand-held passive/active cell phone detection. These hand-held cell phone detectors can find cell phones that are powered on or off. The hand-held detectors would be used by Safety/Security staff. These have been approved for purchase and have been ordered. A draft policy for use of the hand-held detectors will be written by the Program Director and the Chief of Safety/Security by the end of August, 2013. Implementation of the hand held detectors are estimated to be completed by September 2013.</p>
<p>3. To improve staff conflict avoidance training and to help ensure all staff feel adequately prepared to address verbal and physical altercations, program officials should work with staff to identify deficiencies in the training and ways to enhance training.</p>	<p>A staff survey focusing on staff safety will be developed by the Mandt Trainers (Staff Development Specialists). The survey will be provided to staff upon completion of Mandt Training and 6 months following. A draft will be completed for Superintendent approval by September 15, 2013. The survey will be analyzed and specific training topics developed related to the responses. The SPTP Unit Leaders will receive train the trainer instruction from the Staff Development Specialist and will provide face to face, on the unit trainings to the SPTP direct line staff beginning in December 2013. This newly developed training will be included in the SPTP annual mandated training. Additionally, effective September 1st, 2013, Mandt Trainers will conduct spot trainings on units bi-weekly based on video review of trouble incidents and feedback from staff. Mandt Trainers have already implemented more role play scenarios to current Mandt Training curriculum.</p>
<p>4 To address vacancy issues, Sexual Predator Treatment Program and Kansas Department for Aging and Disability Services officials should:</p>	

<p>a. review the recruitment process to identify and implement strategies designed to increase the number of applicants and hires.</p>	<p>LSH Human Resource staff in cooperation with LSH administrative staff will contact other sexual predator programs throughout the country to review their vacancy rates and recruitment strategies by the end of October 2013. Supervisory/leadership training will be provided to staff at LSH (first training sessions are scheduled to begin in September for Nursing Unit Leaders). Additionally, KDADS has developed a staff satisfaction survey which is currently being completed at LSH. Results will be compiled after August 26, 2013 and action plans developed. Furthermore, initial work on recruitment and retention has shown improvements in lower vacancies and overtime rates in the last few months. LSH is currently participating in job fairs and utilizing various advertising including digital billboard advertising, newspaper print and online, numerous online job boards, radio and professional publications. Employee recognition program is currently being reviewed to help improve morale resulting in retention of staff as well as employee recruitment of friends/family. Implementation is expected to occur by the end of September 2013. Additional training for all employees specific to working with the SPTP population will be identified to assist in development of critical skills needed to address specific issues with this population by the end of November 2013.</p>
<p>b. evaluate the adequacy of the wages paid to program staff.</p>	<p>KDADS has recently reviewed a market study completed by the Department of Administration which focused on wages paid to direct care staff. Additionally, environmental factors have been examined which may impact wages. KDADS/LSH plan to increase MHDD wages in September 2013 pending the required Meet and Confer with KOSE.</p>

<p>c. examine the feasibility of relocating some or all of the Sexual Predator Treatment Program to an area of the state with a larger labor market that will increase the number of potential job applicants.</p>	<p>Currently, the location of the SPTP is dictated by Kansas State Statute. Additionally, Kansas Sexual Predator law requires that sexually violent predators be housed separately from all other patients located on any state hospital grounds. Much progress has been made in improving recruitment and retention efforts which have resulted in decreases in overtime and vacant positions. KDADS/LSH will continue to implement additional recruitment and retention plans over the next year. KDADS/LSH will also review the recommendations from the SPTP task force.</p>
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