

AGENCY PROGRAM DESCRIPTIONS

Administration: Administration

Subprogram History

This program provides an administrative structure for the people residing at PSH&TC that enables the Superintendent and PSH&TC's Department Managers to achieve maximum effectiveness and efficiency in PSH&TC's operation. PSH&TC's operation is directed towards implementing supports and services for persons with intellectual and developmental disabilities and at meeting the requirements of rules, regulations, policies, and standards of relevant state and federal agencies.

PSH&TC is currently home to 148 individuals who function within the borderline to profound range of intellectual abilities and receive supports and services within PSH&TC's Habilitation and Treatment Program. About 90% are dually diagnosed; meaning that in addition to having an intellectual disability they also have accompanying psychiatric impairments such as Borderline Personality Disorder, Paraphilias (e.g., pedophilia, bestiality, and necrophilia), Psychotic Disorders and Mood Disorders. The foundation for all services through PSH&TC is within a culture of person directed supports.

Consequences of Not Funding This Subprogram

PSH&TC would have to close. Approximately 150 individuals with intellectual and developmental disabilities would have to be relocated to other living situations. Many of these individuals are dually diagnosed with extreme behavior issues that could create violent and unexpected consequences for the public. This would place an unpredictable burden on the local community who would have to assume responsibility for these individuals, their mental, medical and physical needs. Additionally, Sexual Predator Treatment Program participants would have to be returned to the Department of Corrections and their transition to society plans cancelled. They would be transferred back into incarceration instead of being able to fulfill their quest to re-gain their freedom. Finally, 490.2 FTE positions and 35-40 temporary employee positions would be eliminated, causing extreme unemployment issues in the small rural community of Parsons, KS.

Statutory Basis

76-1406, 76-1407, 76-1409, 76-1409a, and 76-1415. Also applicable are 75- 29 KAR's relating to Civil Service and certain 75- 37 KAR's relating to the Department of Administration and 76-12a01-76-12a34, 76-12b01-12b11, 45-403, and applicable State and Federal Fire Code regulations.

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

Agency Wide: Agency Wide

Subprogram History

AGENCY MISSION: To improve lives by connecting people with supports and services.

AGENCY VISION: People experiencing the highest quality of life regardless of the challenges.

AGENCY PHILOSOPHY: Full inclusion of citizens with intellectual and developmental disabilities is the ultimate goal. Services exist to enhance the quality of life of individuals while supporting diversity among people with developmental disabilities. Personal preferences for all aspects of life is the benchmark for all services.

HISTORY: The State's first hospital for the mentally retarded was established in Lawrence in 1881 (L. 1881, Ch. 35, Par. 7). In 1899, the establishment of a state hospital in the southern part of the State to care for and treat the epileptic and insane epileptic of Kansas was authorized. The Parsons State Hospital was opened in 1903 (L. 1903, Ch. 484, Par. 1 & 2) and in 1909 (L. 1909, Ch. 234, Par. 2) the name was changed to the State Hospital for Epileptics. In 1953 (L. 1953, Ch. 391, Par. 11), the program was changed to provide residential services for mentally retarded children and youth, and the name changed to the Parsons State Training School. In 1957 (L. 1957, Ch. 465, Par. 1 and Ch. 408, Par. 1), to more accurately represent the active treatment programs that had been developed at Parsons, the name was changed to Parsons State Hospital and Training Center (PSH&TC). PSH&TC is governed by federal Title XIX Medicaid regulations, with which it must comply to receive federal reimbursements. The special education program is mandated and governed by K.S.A. 72-901 et seq. and federal PL 94-142, the Right to Education for All Handicapped Children Act of 1975.

ACCREDITATION AND CERTIFICATION: Annual surveys are conducted by an inspection team from the Kansas Department of Health and Environment (KDHE) to assess the agency's adherence to federal regulations. PSH&TC is certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) under Title XIX of the Social Security Act. Any deficiencies to certification standards are documented and must be corrected according to a Plan of Correction submitted by PSH&TC. A follow-up survey is made to assure required corrections have been completed and to determine if PSH&TC may continue to be certified. Failure to comply could result in decertification and/or penalization by elimination of Title XIX funds.

PSH&TC is currently home to 148 individuals who function within the borderline to profound range of intellectual abilities. About 90% are dually diagnosed; meaning that in addition to having an intellectual disability they also have accompanying psychiatric impairments such as Borderline Personality Disorder, Paraphilias (e.g., pedophilia, bestiality, and necrophilia), Psychotic Disorders and Mood Disorders. PSH&TC also provides housing and support for up to 16 additional individuals receiving services in the facility's Sexual Predator Treatment Program (SPTP or Reintegration Program).

Consequences of Not Funding This Subprogram

PSH&TC would have to close. Approximately 150 individuals with intellectual and developmental disabilities would have to be relocated to other living situations. Many of these individuals are dually diagnosed with extreme behavior issues that could create violent and unexpected consequences for the public. This would place a unpredictable burden on the local community who would have to assume responsibility for these individuals, their mental, medical and physical needs. Additionally, Sexual Predator Treatment Program participants would have to be returned to the Department of Corrections and their transition to society plans cancelled. They would be transferred back into incarceration instead of being able to fulfill their quest to re-gain their freedom. Finally, 490.2 FTE positions and 35-40 temporary employee positions would be eliminated, causing extreme unemployment issues in the small rural community of Parsons, KS.

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

Ancillary Services: Ancillary Services

Subprogram History

Ancillary Services provides for a variety of resident needs such as vocational work programs, entertainment, education, and religious services, as well as overall physical and mental health and well-being. The focus is primarily individual resident needs and provides opportunities for a wide variety of social experiences where residents can interact with co-workers, friends, relatives and staff in group settings if they so desire. Each resident is offered a variety of choices for leisure time and social activities, religious services, and work programs. Disciplines of recreation, music, art and therapy based on personal preferences are included. Leisure activities for every resident are coordinated by Activity Specialists and include both individualized and personal outings as well as group outings. These activities explore the interests of everyone to better prepare the resident for vocational placement. Vocational work programs on campus help residents develop work skills. Every 30 days, programs are reviewed and adjusted as needed to ensure each individual's lifestyle needs are met.

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|--------------------------------|------------------------------|-------------------------|----------------------------|
| Mandatory | No | 1 | 1 |

Habilitation and Treatment: Habilitation and Treatment

Subprogram History

There are currently 148 people with intellectual disabilities and dual diagnosis receiving services at PSH&TC. They live in nine different residential cottages located on PSH&TC's campus, 13-20 individuals per cottage. The cottages serve as the base from which all services to the individuals with intellectual disabilities living at PSH&TC are rendered. Services are provided 24 hours a day, 7 days per week. The primary goal of the Habilitation and Treatment program is to enable the people who live at PSH&TC to make choices based on their own personal preferences for all aspects of their lives.

This program helps each person meet his/her informed personal lifestyle choices and needs for physical, psychological, social, religious, cultural and personal developmental resources by maintaining an individualized, person-centered developmental program for everyone. All programs are certified by the Kansas Department of Health and Environment or the Kansas Department of Education. Programs provide both generic and specialized religious, social, nursing, medical, psychological, educational, therapeutic and developmental activities, vocational, speech, audiology, developmental care, supervision and training, lodging, boarding and other services. Residents are supported in individual training programs which may include adjunctive therapies, education, or special training programs, and all are offered additional leisure-time and recreational activities during evenings and weekends. PSH&TC individuals are afforded the opportunity to attend religious services and events of their choice both on campus and in the community.

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

Medical and Surgical Services: Medical and Surgical Services

Subprogram History

Medical & Surgical Services strive to ensure optimal physical health of each resident and provides medical and nursing care for each resident including those with acute and chronic medical conditions. Diagnostic tests play an essential part in this process. Outside consultations from community providers are requested as needed. Additional services include the coordination of any necessary major medical needs and/or treatments for residents through specialized providers outside PSH&TC. Outside provider costs are normally covered by Medicaid under the Title XIX program and are billed by the entity providing the service.

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

Physical Plant and Central Services: Physical Plant and Central Services

Subprogram History

Physical Plant & Central Services is responsible for the overall maintenance, safety and security of PSH&TC. Costs for utilities such as natural gas, electricity, water and sanitation services fall within this overhead program.

Consequences of Not Funding This Subprogram

Physical Plant and Central Services includes the agency utilities and indirect care services that support the living environment of PSH&TC's residents. If this program is not funded an unsafe living environment results. ICF/IID certifications and licensure as a state hospital would be forfeited. PSH&TC would not be able to continue serving the people who have been placed at the facility for care and treatment. The facility would have to be closed, residents would be without homes and staff would be without income.

Statutory Basis

76-1406, 76-1407, 76-1409, 76-1409a, and 76-1415. Also applicable are 75- 29 KAR's relating to Civil Service and certain 75- 37 KAR's relating to the Department of Administration and 76-12a01-76-12a34, 76-12b01-12b11, 45-403, and applicable State and Federal Fire Code regulations.

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

Sexual Predator Treatment Program: Sexual Predator Treatment Program

Subprogram History

HISTORY: The Sexual Predator Treatment Program (SPTP) serves individuals who have successfully progressed through the residential treatment portion of the Kansas Sexual Predator Treatment Program at Larned State Hospital and have received approval to move to the PSH&TC reintegration facility. SPTP serves upto16 individuals in two reintegration facilities (Maple House and Willow House). It is expected that residents will spend an average of 4.7 years at the PSH&TC reintegration facility, depending on their compliance with treatment, therapy, and program rules. The SPTP program provides a variety of supports to each SPTP client such as a monthly stipend; travel to and from job searches and work settings, and professional counseling. All medical needs, including physician visits, hospital treatment services and prescription medications, are supported utilizing community providers and paid for by the program until clients are able to secure employment and health insurance. PSH&TC provides transportation, supervised internet access, job search skill building, and additional resources essential for obtaining employment. Program clients follow a Treatment Plan, Relapse Prevention Plan, program rules and requirements, program Step System and actively participate in the treatment process to advance to Transitional Release.

Consequences of Not Funding This Subprogram

This program provides a variety of supports to individuals who are transitioning from a Department of Corrections facility into a community setting. Not funding this program would result in these individuals being transferred back into a correctional facility and their transition programs would be cancelled. Any progress that they had made towards becoming productive members of society would be forfeited. The program would be shut down and the staff would lose their jobs and family income.

Statutory Basis

59-29a01 through 59-29a27.

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

Staff Ed & Research: Staff Ed & Research

Subprogram History

This program was restructured in FY 2022. The new structure provides a better system for tracking the progress of new staff throughout the training process. All staff are required to complete their training prior to reporting to their assigned areas of work. The new training format consists of a 2-day basic orientation for all new employees, followed by an additional 3-week New Employee Orientation (NEO) for all direct care staff. NEO is a series of classes focusing on specialized training designed to educate and train staff in detail regarding the delivery of supports and service, as well as rights and safety for individuals with intellectual and developmental disabilities.

Consequences of Not Funding This Subprogram

This program provides basic and advanced training for PSH&TC staff. The people who live at PSH&TC require staff who are trained to deal with their special needs. If staff does not receive the specialized training necessary for supporting individuals with intellectual and developmental disabilities, an unsafe living environment with increased risk of injury to individuals and staff results, compliance with ICF/IID regulations would be jeopardized and PSH&TC's certification and license as a special ICF/IID state hospital would be rescinded. Without proper certification and license PSH&TC would be forced to close.

Statutory Basis

76-1406, 76-1407, 76-1409, 76-1409a, and 76-1415. Also applicable are 75- 29 KAR's relating to Civil Service and certain 75- 37 KAR's relating to the Department of Administration and 76-12a01-76-12a34, 76-12b01-12b11, 45-403, and applicable State and Federal Fire Code regulations.

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

Subprograms Without Narrative Data

AGENCY PERFORMANCE MEASURES

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---------------------------------------|---------|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Administration: Administration | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Direct Support Staff annual turn-over rate | 25.00% | 24.00% | 26.00% | 23.30% | 23.30% | 23.30% |
| | | Number of ICF/IID standards pertaining to Administration | Met 9 out of 9 | Met 9 out of 9 | Met 9 out of 9 | Met 9 out of 9 | Met 9 out of 9 | Met 9 out of 9 |
| | | Percent of compliance to ICF/IID Certification Survey | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|---------|---|-----------------|-----------------|-----------------|-----------------|------------------|------------------|
| | Outcome | Total number of new Direct Support Staff hired in the FY | 81 | 53 | 55 | 77 | 77 | 77 |
| Agency Wide: Agency Wide | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Number of ICF/IID residents served during the fiscal year | 159 | 158 | 158 | 154 | 154 | 154 |
| | | Number of SPTP residents served during the fiscal year | 10 | 8 | 8 | 10 | 10 | 10 |
| | | Total number of ICF/IID certification requirements of relevant state and federal agencies | 358 | 358 | 358 | 358 | 358 | 358 |
| Ancillary Services: Ancillary Services | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Approximate average number of annual community-based and recreational/leisure outings per resident | 150 | 150 | 155 | 134 | 150 | 150 |
| | | Approximate number of community-based and recreational/leisure outings participated in by PSH residents | 22,250 | 22,250 | 23,000 | 23,000 | 23,000 | 23,000 |
| | | Number of PSH residents enrolled and served in the Special Education program | 20 | 19 | 20 | 16 | 18 | 18 |
| | Output | Number of dental operatives and procedures for residents performed by PSH dentist annually | 313 | 360 | 373 | 370 | 370 | 370 |
| | | Number of EKG(s) performed by the PSH Radiology Department | 192 | 176 | 184 | 161 | 161 | 161 |
| | | Number of teeth-cleanings performed for residents by PSH contracted dental hygienist annually | 350 | 302 | 276 | 346 | 346 | 346 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|-------------|--|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| | Output | Number of x-rays performed by the PSH Radiology Department | 666 | 655 | 624 | 659 | 659 | 659 |
| | | Total number of tests conducted annually by PSH Laboratory Services Dept | 25,384 | 20,484 | 19,500 | 20,000 | 20,000 | 20,000 |
| Habilitation and Treatment: Habilitation and Treatment | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Average number of PSH residents that require increased supervision due to their self-injurious or aggressive behaviors | 141 | 135 | 140 | 138 | 140 | 140 |
| | | Average number of PSH residents that require their own bedroom due to their self-injurious or aggressive behaviors | 82 | 81 | 81 | 99 | 99 | 99 |
| | | Estimated annual costs for staff to provide 1:1 supervision for residents | \$836,608.00 | \$526,212.00 | \$657,765.00 | \$570,063.00 | \$570,063.00 | \$570,063.00 |
| | | Number of Client-Based Behavioral Program Trainings provided to PSH Direct Care Staff by PSH Psychology Department | 209 | 201 | 250 | 251 | 251 | 251 |
| | | Number of completed referrals for individuals at risk of institutional placement | 113 | 138 | 160 | 182 | 206 | 206 |
| | | Number of ICF/IID standards pertaining to Habilitation and Treatment Program | Meet 28/28 | Met 28/28 | Met 28/28 | Met 28/28 | Met 28/28 | Met 28/28 |
| | | Number of individuals admitted to PSH after receiving referral services | 2 | 3 | 3 | 3 | 5 | 5 |
| | | Number of individuals served by Outreach Services Teams | 138 | 148 | 167 | 240 | 185 | 185 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|---|-------------|--|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| | Outcome | Percent compliance to ICF/IID standards pertaining to Habilitation and Treatment Program | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Medical and Surgical Services: Medical and Surgical Services | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Number of medications issued (med passes by medical staff to PSH residents) | 1,060,052 | 1,019,035 | 1,158,828 | 1,121,143 | 1,121,143 | 1,121,143 |
| | | Number of on-grounds doctor appointments for PSH residents | 10,370 | 9,129 | 10,632 | 13,136 | 13,300 | 13,500 |
| | | Number of times PSH residents were referred to outside medical providers for services (specialist required, severe illnesses, surgery, etc.) | 343 | 344 | 409 | 408 | 410 | 410 |
| | | Percent of medication pass errors | 1.00% | 2.00% | 0.00% | 0.90% | 0.90% | 0.90% |
| Physical Plant and Central Services: Physical Plant and Central Services | | | | | | | | |
| Goal | Type | Measure | | | | | | |
| | Outcome | Number of ICF/IID standards met pertaining to Dietary Services | Met 4/4 | Met 4/4 | Met 4/4 | Met 4/4 | Met 4/4 | Met 4/4 |
| | | Number of ICF/IID standards pertaining to Engineering and Protection | Met 10/10 | Met 10/10 | Met 10/10 | Met 10/10 | Met 10/10 | Met 10/10 |
| | | Percent compliance to ICF/IID Certification Survey for standards pertaining to Physical Environment | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | Percent compliance to ICF/IID standards pertaining to Dietary Services | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | Output | Approximate number of home-cooked meals served to people who live at PSH annually | 162,600 | 162,600 | 162,600 | 163,155 | 163,155 | 163,155 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|--|--------|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| | | Average cost of food per meal served to people living at PSH | \$2.06 | \$2.52 | \$3.18 | \$3.10 | \$3.25 | \$3.25 |
| | | Average daily pounds of laundry items processed at PSH for the people who live here (This includes clothing, sheets, towels, bedding, curtains, mops, etc.) | 1,400 | 1,270 | 2,164 | 1,346 | 1,346 | 1,346 |
| | | Number of incidents when PSH Safety and Security Officers were needed to assist with combative residents | 1,143 | 959 | 1,105 | 1,505 | 1,505 | 1,505 |
| | Output | Number of requests for specialized services/repairs issued through the electronic Maintenance Work Order Program by PSH staff | 2,569 | 2,661 | 2,743 | 3,508 | 3,508 | 3,508 |
| | | Total number of support services rendered to PSH staff and residents by PSH Safety and Security Officers | 54,999 | 38,688 | 38,167 | 21,952 | 21,952 | 21,952 |
| | | Total number of vehicles used and maintained by PSH staff and residents. Includes maintenance vehicles. Does not include tractors and mowers | 67 | 68 | 68 | 75 | 75 | 75 |

Sexual Predator Treatment Program: Sexual Predator Treatment Program

| Goal | Type | Measure | | | | | | |
|-------------|-------------|--|---|---|---|----|----|----|
| | | Number of SPTP clients employed in community setting | 8 | 7 | 8 | 10 | 11 | 12 |
| | Outcome | Number of SPTP clients granted court-ordered conditional release | 2 | 0 | 1 | 0 | 2 | 2 |
| | | Number of SPTP clients meeting transitional release requirements | 4 | 1 | 2 | 1 | 4 | 4 |

| | | | 2022 Actuals | 2023 Actuals | 2024 Actuals | 2025 Actuals | 2026 Estimate | 2027 Estimate |
|--|---------|--|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|
| | Outcome | Number of SPTP clients returned to Larned State Hospital due to program violations | 2 | 2 | 0 | 1 | 0 | 0 |
| | | Number of SPTP clients served during the last FY | 10 | 8 | 8 | 10 | 11 | 12 |

Staff Ed & Research: Staff Ed & Research

| Goal | Type | Measure | | | | | | |
|-------------|-------------|--|----|----|----|-----|-----|-----|
| | Outcome | Number of new employees | 83 | 65 | 55 | 177 | 150 | 150 |
| | | Number of new employees completing 3-week intensive orientation for direct care staf | 83 | 63 | 52 | 74 | 75 | 75 |
| | | Number of new employees completing two-day basic orientation | 83 | 65 | 55 | 177 | 150 | 150 |

Footnotes