

## MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Jay Emler at 10:30 a.m. on January 27, 2009, in Room 545-N of the Capitol.

All members were present.

### Committee staff present:

Michael Steiner, Kansas Legislative Research Department  
Estelle Montgomery, Kansas Legislative Research Department  
Amy Deckard, Kansas Legislative Research Department  
Jill Wolters, Office of the Revisor of Statutes  
Daniel Yoza, Office of the Revisor of Statutes  
Melinda Gaul, Chief of Staff  
Shirley Jepson, Committee Assistant

### Conferees appearing before the committee:

Ray Dalton, Deputy Secretary, Department of Social and Rehabilitation Services (SRS)  
Kim Barnes, Legislative Chairman, Pawnee County Economic Development

### Others attending:

See attached list.

## Introduction of Legislation

Senator Terry Bruce appeared before the Committee to request the introduction of legislation pertaining to the Economic Revitalization and Reinvestment Act.

Senator McGinn moved to introduce legislation concerning the Economic Revitalization and Reinvestment Act. The motion was seconded by Senator Masterson. Motion carried.

Senator Lee moved to introduce legislation relating to traffic in contraband at a correctional institution. The motion was seconded by Senator Wysong. Motion carried.

Senator Lee moved to introduce legislation relating to a defendant's competency. The motion was seconded by Senator Kelly. Motion carried.

## Current status of the Sexual Predator Treatment Program and Expansion

Ray Dalton, Deputy Secretary of Disability & Behavioral Health Services, Department of Social and Rehabilitation Services (SRS), presented an overview of the Sexual Predator Treatment Program and Expansion (Attachment 1). The Sexual Predator Treatment Program (SPTP) was established in 1994 to provide treatment for convicted sex offenders who have finished their prison sentences, and who have been civilly committed by the courts to the SPTP inpatient treatment program at Larned State Hospital (LSH).

Mr. Dalton noted that states are required to provide a minimally acceptable and appropriate level of professional treatment to those who are forcibly detained. The SPTP program is comprised of 7 phases of treatment. It has been steadily growing in numbers from its inception with 175 residents in the program at Larned and 8 residents in the transition program at Osawatomie State Hospital (OSH). Mr. Dalton stated it is difficult to predict the actual number of offenders who will enter the program each year.

Because of public concern about locating the sexual predators in the community, it has been difficult to find suitable placements for offenders who have been determined to no longer be a public safety threat due to their age and health condition.

Mr. Dalton stated that SRS has requested staffing funds for the increase in census based on a when-needed funding process, because of the unpredictability of the actual number of offenders who will enter the program from year to year. The request for additional funding is based on whether there is a need to open a new ward

## CONTINUATION SHEET

Minutes of the Senate Ways And Means Committee at 10:30 a.m. on January 27, 2009, in Room 545-N of the Capitol.

or a need for additional staff in an existing ward. The staffing ratio of total staff to residents for the SPTP is 1.55, as compared to a staff to patient ratio of 2.57 for the other programs provided at LSH. Mr. Dalton noted if current growth in the program is maintained, the program will be out of space at LSH during FY 2012 and out of space at OSH in FY 2010. In addition to the staffing requests, SRS is requesting the following funding for capital improvements:

- \$2,538,800 from the State Institutions Building Fund (SIBF) for planning a 90-bed expansion at LSH, and \$40,082,060 over FY 2011 and FY 2012 for the construction of the 90-bed expansion.
  - \$263,350 in FY 2010 from the SIBF to renovate an area adjacent to the existing Transitional House Services (THS) program to add 4 beds.
  - \$318,202 planning money for the construction of a 28-bed expansion at THS and requesting \$5,073,143 for construction of the 28-bed facility. This estimate does not include the cost of land, or any other additional cost of bringing roads and utilities to the site selected, plus increase in staffing to operate the facility.
- ◆ The Committee requested an overview of the Texas outpatient program.
- ◆ The Committee requested that SRS work to develop a plan that would meet the constitutional requirements of the program at a lower cost to the state and present the plan to the Legislature for review with the FY 2010 budget.

Kim Barnes, Legislative Chairman, Pawnee County Economic Development, presented testimony on the Larned State Complex ([Attachment 2](#)). Mr. Barnes stated there are 3 psychiatric programs at LSH including the Psychiatric Service Program (PSP) providing psychiatric treatment to adults, adolescents and children; the State Security Program (SSP) serving male and female adult mentally ill criminal population from the entire state; and the SPTP program. Mr. Barnes noted the shortfalls in funding for the programs could cause a concern for public safety within the state.

Responding to a question from the Committee, Mr. Barnes felt the community adjacent to LSH of approximately 22 counties would be able to supply a workforce for an expansion at LSH.

### **Adjournment**

The next meeting is scheduled for January 29, 2009.

The meeting was adjourned at 11:45 a.m.

SENATE WAYS & MEANS COMMITTEE  
GUEST LIST

DATE:      January 27, 2009     

O NAME	REPRESENTING
Orin Penrod	DOB
<del>Sheena Ward</del>	DOB
TAVIS LOWE	Pinegar, Smith & Assoc.
Shanelle Dupree	KHPA
KOB MERRY	Kearney & Assoc
Berend Koops	Mein Law Firm
Tom Kuhn	KASB
Dale Dotter	City of Wichita
Nancy Bryant	SOS
Jim Baird	HMS

The logo features the word "KANSAS" in a bold, black, sans-serif font. Above the letters, a black swoosh curves from the left, ending in a five-pointed star on the right.

# **KANSAS**

DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

Don Jordan, Secretary

**Senate Ways & Means Committee**  
**January 27, 2009**

**Overview of Sexual Predator Treatment**  
**Program and Expansion**

**Disability & Behavioral Health Services**  
**Ray Dalton, Deputy Secretary**

For Additional Information Contact:  
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Senate Ways & Means Cmte  
Date 1-27-2009  
Attachment 1

# Overview of Sexual Predator Treatment Program and Expansion

Senate Ways & Means Committee  
January 27, 2009

Chairman Emler and members of the Committee, I am Ray Dalton, Deputy Secretary of Social and Rehabilitation Services. Thank you for the opportunity to talk with you today about the Sexual Predator Treatment Program (SPTP).

## Overview

The Sexual Predator Treatment Program (SPTP) was established in 1994 by the Sexual Predator Act (K.S.A. 59-29A01) to provide treatment for convicted sex offenders who have finished their prison sentences, and who have been civilly committed by the courts to the SPTP inpatient treatment program at Larned State Hospital (LSH). The SPTP was given a dual mission. First, SPTP's goal is to protect the public from any further victimization by sexual offenders committed to the program. Second, SPTP is required to provide a program of treatment which would assist motivated offenders to reduce their risk for re-offense to the point that they could safely live in open society and become contributing citizens.

The SPTP is comprised of 7 phases of treatment: 1) orientation and preliminary identification of issues; 2) academic learning of principles; 3) application of principles; 4) completion of inpatient issues and development of a relapse prevention plan; 5) reintroduction to open society and preparation of transition; 6) demonstration of ability to perform transition tasks (getting a job, paying bills, outpatient therapy, etc.) and 7) formal transition (ordered by the Court). Phases 1 through 5 are located at LSH; phases 6 and 7 are located at Osawatomie State Hospital.

## Treatment Standards

States have an obligation to provide a minimally acceptable and appropriate level of professional treatment to those who are forcibly detained. It is a requirement of due process to provide available health treatment to a convicted individual with a mental condition. The Supreme Court has recited ten specific standards, known as the **Turay Standards**, by which an institutional based sexually violent predator program must be judged in order to meet due process constitutional muster (*Turay v. Selig*, 1999 Wash. LEXIS 74 (2000)). The standards consist of:

- Adequate, competent staff that is supervised by a mental health professional.
- Appropriate training of staff in order to ensure a consistency of treatment between all staff.



- Individualized treatment plans for patients. This includes providing the resident with a “roadmap” in a manner understandable to the resident as to what it takes to complete the treatment and show the progress of the resident.
- Appropriate behavioral management policies and procedures.
- Inclusion of the resident’s family in the rehabilitation effort, including visitation, telephone, and mail.
- A treatment oriented “flavor” to the facility that is lacking a Department of Corrections “flavor”.
- Separation of participating residents from non-participating residents, in order to avoid harassment of the participating residents.
- Educational, vocational, religious, and recreational opportunities.
- Availability of a grievance procedure.
- External oversight, either in the form of licensing, certification, or a consultation agreement.

### **Overarching Principle**

The overarching principle of the program is “no more victims,” which we believe is consistent with the legislative intent to protect the citizens of Kansas. Philosophically, we believe this goal allows for the possibility of positive, therapeutic change by the SPTP residents while also maintaining increased responsibility to protect the citizens of Kansas, especially its children. In that sense, the program views itself as part of the child protection network within SRS. The program is also structured to meet the Constitutional requirements set out by the United States Supreme Court.

### **Growth of the Program**

The program has been steadily growing from its inception in 1994. We currently have 175 residents in the program at Larned and 8 residents in the transition program at Osawatomie State Hospital. It is difficult to predict the actual number of offenders who will enter the program from year to year. To illustrate this challenge, let me describe what the process is for a person to be committed to the program.

Within 90 days of release from prison or a state mental health hospital, an individual who has been convicted of a violent sex offense and has a mental abnormality, or has been found not guilty by reason of insanity for a violent sex offense, will be reviewed by the Multidisciplinary Team (MDT) to assess the level of risk to sexually reoffend upon release. The MDT is a group of five representatives from state agencies, mental health professionals, and sex offender treatment professionals, who are appointed by the Secretary of Corrections. Once assessed by the MDT, the case is reviewed by the Prosecutor’s Review Committee within the Attorney General’s (AG) office to determine if there is enough probable cause to detain the individual.

If so, there is a hearing in the county of the original conviction. If the probable cause of the AG’s office is upheld, the individual is ordered to Larned State Security Program (LSSP) for an inpatient sexually violent predator evaluation. If the person is found by LSSP to meet the definition of sexually violent predator (SVP), he is returned to the county jail and awaits trial. He may stipulate to being a SVP and be immediately committed to the SPTP on the grounds of Larned State Hospital, or he may wait for a jury trial, which will determine if he is a sexually violent predator. At any time after the assessment by the MDT, if there is a determination made that the individual does not meet the criteria for SVP, he may be released.

Every person ultimately committed to the SVP program has been screened several times and determined to present an extremely high level of risk of repeating their prior sex offending behaviors. Currently, approximately 3.9% of those persons who are being released from DOC custody with a history of sexual offending behavior are committed under the law. Attached is a chart depicting the last five years of DOC and SPTP commitments. (*Attachment A*)

Also attached (*Attachment B*) is a chart which shows the number of possible SVPs assessed by the MDT and the final number who are committed to the SPTP. As you can see the number of inmates assessed fluctuates through the years as well as the number committed to the SPTP.

2006 House Bill 2576 (*Jessica's Law*) which was enacted on July 1, 2006, is another complicating factor in determining the growth of the program. With the passing of this law it was estimated that each year 77 sex offenders would be sentenced to 25 + years or more. Logically, this would suggest that commitments to the SPTP will decline at some future time due to these longer prison sentences. However, the exact impact on the number of new commitments into the SPTP is uncertain and will not be known for several years. According to Helen Pedigo, Executive Director of the Kansas Sentencing Commission, the FY08 report will include some early predications on the impact of Jessica's law on the system; however, it is too early to accurately report on the long term impact.

The Kansas Sentencing Commission's August 2007, *Fiscal Year 2008 Adult Inmate Prison Population Projections report*, reported there were 5 sex offenders sentenced under the new law and only two of those were sentenced under the "Hard 40 and Hard 25". The other three were sentenced with a downward departure from the guidelines to 20, 66, and 180 months.

For FY 2008, Helen Pedigo has estimated that there will be 50 sentenced under Jessica's Law. As of May 15, 2008, about half had been sentenced with the "Hard 25" and two with the "Hard 40". The others were sentenced with a downward departure including one probation sentence and a minimum incarceration sentence starting at 55 months.

Because of the large percentage of those sentenced with a downward departure under Jessica's Law the impact on admissions to the SPTP may be small. However, because this data is from only two years it is too early to identify any real effect.

The best estimates of growth at this time are the historical averages which are approximately 16 persons per year to the SPTP at LSH and approximately two persons per year moving from the inpatient program at Larned to the Transitional Housing Services at OSH.

### **Release Rates**

The attached chart, (*Attachment C*) taken from an August 2007 comparison study of state laws authorizing involuntary commitment, by the Washington State Institute for Public Policy, compares 2006 discharge and release rates from the states with civil commitment laws. The numbers of persons released from similar programs around the country appear in general to be higher than in Kansas. This is due, in part, to the mechanism of release in some states, in which release is determined by an independent panel of persons and the courts with no direct input from the program. It is also due, in part, to the structure of the laws in some states which either require a periodic re-commitment of the individual or which have no provision for transition



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and take an "all or nothing" approach to offender release. In its 14-year history, Kansas has had 2 persons who have been granted final release by the courts. There are two residents currently on conditional release, and 10 persons in the transitional facility of the program at Osawatomie State Hospital.

Because of public concerns about locating sexual predators in the community, SRS has experienced difficulty in finding suitable placements for residents who have been determined to no longer be a threat due to their age and health condition. In addition, SB 506 which passed during the 2006 legislative session, included residency restrictions for sex predator transitional release and conditional release facilities. These restrictions, (facilities can't be within 2,000 feet of churches, schools, homes with children residing in them etc.) will make it more difficult to place these individuals in the community.

One aspect of the Kansas program which is widely admired around the country is the systematic structure of our transition programming. Few states, with the exception of Arizona, have been able to approach our 3-phase system with its separate facility for transitioning. This is a strong advantage of the Kansas approach but also adds to time required for a resident to complete the program. Given the focus of "no more victims" for the Kansas program, this additional time has the value of giving program staff the opportunity to observe the real-world behavior of the resident before any recommendation for conditional release is made.

#### **Future Costs Estimates**

For several years now SRS has requested funding for the increase in census at the SPTP based on a just in time funding process, because of the unpredictability of the actual number of offenders who will enter the program from year to year. When possible we have requested funding through the normal budget process, but have also had to ask for a Governor's Budget Amendment when the census unexpectedly spiked during a year. We base our request for additional funding and staff on whether we have to open an entirely new ward or just another section to a ward. When a new ward is opened this takes more staffing then just opening another section to the ward, because there is a minimum base staffing needed, to include direct care staff as well as administrative staff, just to open the ward. Once opened there is a smaller incremental increase in staffing needed as patients are added. There is a wide range of staff needed; from direct care staff, such as MHDD Technicians, nurses, activity therapists, psychologists; support staff such as, safety and security officers, food service workers, administrative specialists custodial workers, general maintenance and repair workers, just to name a few. The staffing ratio of total staff to residents for the SPTP is 1.55 staff per resident, as compared to a staff to patient ratio of 2.57 staff per patient for the other programs provided at LSH.



**SPTP - LSH**

As the program grows, additional resources are needed. The chart below shows the estimated cost to staff the growth in the SPTP over the next few years, until the physical capacity at LSH is reached.

Larned State Hospital  
Sexual Predator Treatment Program

Fiscal Year	SPTP Expenditures	SPTP Staff	Residents (ADC)
2009 Requested	\$ 12,325,282	249	160
Estimated Total FY 2009	\$ 13,257,174	272	170
Estimated Total FY 2010	\$ 15,048,296	286	180
Estimated Total FY 2011	\$ 16,180,853	310	200
Estimated Total FY 2012	\$17,439,541	332	214

We are requesting \$535,294 from the State General Fund as an FY 09 supplemental request for the SPTP at Larned. The SPTP has surpassed its budgeted capacity. This supplemental request will fund treatment and care for the additional residents beyond the budgeted program capacity for six months in FY 09.

**Transitional House Services - OSH**

The Governor's budget recommendation in FY 09 and FY 10 provides \$332,947 through a shift from other agency resources for an additional six staff for the growth of the Transitional House Services (THS) at OSH. The THS has been funded to care for six residents and the program currently has 8 residents. The maximum capacity of the TSH facilities at OSH is 12 residents. The funding is for twelve months and reflects current staffing.

**Comparison to Other Programs**

The Kansas SPTP compares well with other programs across the country. I have already mentioned the study by the Washington State Institute for Public Policy when I talked about the release rates, this same study compared the cost of the programs in different states as well. (*Attachment D*) As you can see Kansas' program costs are about in the middle of all of the states reviewed.

In addition to this study, the SPTP was reviewed in July of 2008, by Robert J. McGrath, a nationally known consultant on Sexually Violent Treatment Programs. His review of the Kansas SPTP found that overall the program was sound, followed best practices and that administrators and staff were knowledgeable and committed. He also observed that the amount of treatment was average or slightly above average compared to other programs and that the rate of placement in the transitional release phase of the program (about 6% of the committed population) is similar to or slightly higher than other programs.

## Physical Capacity Needs

In addition to the need to fund staffing and Other Operating Expenses (OOE) for the growth of these programs, as you have already heard from my testimony we are running out of physical space to treat the SPTP and THS residents. If the current growth rate is maintained we will be out of space for the SPTP at LSH sometime during FY2012, and we will be out of space at the THS at OSH by 2010.

To remedy this, we have requested funding for the following capital improvements :

### SPTP-LSH

In our Five Year Capital Improvement Plan in FY 2010 we are requesting \$2,538,800 from the State Institutions Building Fund (SIBF) for planning funds for a 90 bed expansion at LSH, and \$40,082,060 over FY 2011 and FY 2012 for the construction of the 90 bed expansion. Several different construction options were considered and the expansion onto the current SPTP site was the most economical and functional option.

In FY 2010 we are requesting \$263,350 from the SIBF to renovate an area adjacent to the existing THS program in the Biddle Building to add four additional beds. This can be done relatively quickly and will be a short term solution. We are also requesting in FY 2010 \$318,202 for planning money for the construction of a 28 bed expansion, which would consist of an apartment building with 14 two bedroom apartments. We are requesting in FY 2011 \$5,073,143 for construction of the 28 bed facility.

A proviso to last year's Appropriations Bill directed SRS to conduct a study to consider the feasibility of transferring the Sexual Predator Treatment Program (SPTP) from Larned State Hospital and relocating it to a new location within the state.

Attached (*Attachment E*) is an estimate of what it would cost to build a new 300 bed SPTP at another location in the state. The estimate for a 300 bed facility is based on the current 214 beds available, and the need for an additional 90 beds to accommodate the growth. This estimate does not include the cost of land, or any additional cost of bringing roads and utilities to the site selected, as these costs can vary considerably based on how close utilities and roads are to the selected site. This scenario would also require an increase in staffing to operate the facility, as currently on the LSH campus the administrative and support functions (maintenance, dietary, personnel etc.) are centralized and supports not only the SPTP, but also the Adult Treatment Center and the State Security Hospital.

### Summary

In closing I would like to reemphasize this program has been built on the overarching principle that there will be "no more victims," as well as a treatment program focused on reducing the risk of reoffending and meeting constitutionality requirements of the program.

While admission rates to the SPTP may be difficult to predict with certainty, it is certain the program will continue to grow. With this increased growth will come the need for increased resources. These resources will be critical to ensure the continued success of this program.

I will be glad to answer any questions.

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# Sexual Predator Treatment Program Previous Data and Future Growth Projections

July 28, 2008

Summary of Kansas Department of Corrections Sex Offender and SPTP Activities FY's 2004-2008

Fiscal Year	# of KDOC commitments with one or more sex offense	% of KDOC commitments with one or more sex offense	KDOC releases from facilities with one or more sex offense	% of KDOC facility releases with one or more sex offense	# of commitments to SPTP	Monthly averages (divided by 12)	% representing all KDOC releases with sex offense
2004	300	8.9%	595	16.4%	23	1.92	3.8%
2005	298	8.5%	584	13.6%	21	1.75	3.6%
2006	349	9.0%	559	10.0%	18	1.50	3.2%
2007	313	8.7%	413	8.5%	15	1.25	3.6%
2008	374	10.9%	399	8.4%	20	1.67	5.3%

## Kansas SVP Data FY 1999- 2008

Fiscal Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Assessed by MDT for possible SVP commitment	681	611	428	403	329	330	348	455	327	338
Assessed "High" by MDT	164	182	164	160	139	113	111	109	99	93
Filed on by Prosecuting Review Committee	51	54	47	40	51	36	22	26	38	46
Probable Cause Hearing held and probable cause found to proceed	39	52	46	37	47	28	22	22	27	36
LSSP Evaluation "yes" found to be a predator	21	19	22	30	37	15	15	12	9	8
LSSP Evaluation "no" not found to be a predator	18	33	24	7	10	4	2	7	8	23
Court hearing/SVP Trial/Stipulate	15	19	26	23	33	23	21	18	12	20
Committed to SPTP	14	17	18	21	28	23	21	18	15	20

Source of data: KDOC Activity Summary: SVP Act (Yearly report of activities)

Data during FY08 for MDT process does not include one person included in LSSP evaluation and commitment counts. (Court by-passed the MDT step)

9/08

**Exhibit 2  
2006 Program Overview**

State Code (Year Law Effective)	Involved With Petition or Certification for Commitment Since Law Effective (Accumulative)	Discharged or Released (Accumulative, Not Including Deaths)	REASONS FOR DISCHARGES AND RELEASES OF PEOPLE COMMITTED						Revoked Since Release (Accumulative)*
			Program Staff Recommen- dation	Court Decision Without Program Staff Recommen- dation	To Corrections (New Charges)	Other	Deaths (Accumulative)		
Arizona 36-3701 et seq. (1996)	414	87	0	86	1	0	3	13	
California WIC Section 6600 et seq. (1996)	558	96	4	74	15	3	15	2	
Florida ss394.910- 394.931, Part V (1999)	942	28	1	16	11	0	8	9	
Illinois 725 ILCS 207/1 et seq. (1988)	307	40	15	9	16	0	10	6	
Iowa 229.A1 et seq. (1998)	69	15	5	10	0	0	1	1	
Kansas 59-29a01 et seq. (1994)	161	16	3	0	0	12	8	0	
Massachusetts Part 1 Title XVII, Ch. 123A 1 et seq. (1998)	121	5	0	5	0	0	0	N/A	
Minnesota 253B.185 et seq. (1999)	342	43	27	0	3	13	2	27	
Missouri 632.480 et seq. (1994)	143	10	0	0	8	2	7	0	
Nebraska (2006)	18	18	14	0	4	0	0	0	
New Jersey 30:4-27.24 et seq. (1994)	342	30	1	27	1	1	2	2	
North Dakota 25.03-3.01 et seq. (1997)	75	20	14	1	5	0	1	0	
Pennsylvania SB421 (2003)	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
South Carolina 44-48-10 et seq. (1998)	119	32	16	16	0	0	4	0	
Texas Health and Safety Code 841.001 et seq. (1999)	69	N/A	N/A	N/A	N/A	N/A	1	11	



REASONS FOR DISCHARGES AND RELEASES OF PEOPLE COMMITTED								
State Code (Year Law Effective)	Involved With Petition or Certification for Commitment Since Law Effective (Accumulative)	Discharged or Released (Accumulative, Not Including Deaths)	Program Staff Recommendation	Court Decision Without Program Staff Recommendation	To Corrections (New Charges)	Other	Deaths (Accumulative)	Revoked Since Release (Accumulative)*
Virginia 37.2-900 et seq. (2003)	37	5	N/A	N/A	N/A	N/A	None	2
Washington 71.09.010 et seq. (1990)	305	19	12	1	2	2	9	4
Wisconsin 980.01 et seq. (1994)	500	30	76	8	7	2	14	23
<b>TOTALS</b>	4,534	494	188	253	73	35	85	100

\*Unduplicated count of readmits after discharge because of a new legal process and readmits after discharge to outpatient treatment.

Notes:

- Arizona: By policy, staff do not make recommendations regarding releases.
- Illinois: Recommendations for discharge/release are made by independent state evaluators, not program staff.
- Massachusetts: Does not have supervised release of an SVP
- Pennsylvania: Program only has "aged-out" juveniles as they turn 21 years old.
- Texas: Outpatient only
- Washington: One additional person is awaiting revocation.

The following states' laws were passed in 2007 and are still being implemented.

- New Hampshire, RSA 135-E
- New York, Chapter 7 of S.3318

14-11

**Exhibit 3**  
**General Cost Information (2006)**

State	SVP Resident Cost Per Year	Total Civil Commitment Budget (in millions)	Annual Salary and Benefits of Treatment Officer	DOC Inmate Cost Per Year
Arizona	\$110,000	\$11.3	\$50,985	\$20,564
California	\$166,000	\$147.3	N/A	\$43,000
Florida	\$41,845	\$23.3	N/A	\$19,000
Illinois	\$88,000	\$25.6	N/A	\$21,700
Iowa	\$71,000	\$5.0	\$56,356	\$23,002
Kansas	\$69,070	\$10.9	N/A	\$22,630
Massachusetts	\$73,197	\$30.7	N/A	\$43,026
Minnesota	\$141,255	\$54.9	N/A	\$29,240
Missouri	\$75,920	\$8.3	\$25,358	\$14,538
Nebraska	\$93,325	\$13.5	N/A	\$26,031
New Jersey	\$67,000	\$21.9	N/A	\$35,000
North Dakota	\$94,728	\$12.7	\$55,600	\$27,391
Pennsylvania	\$150,000	\$1.8	N/A	\$32,304
South Carolina	\$41,176	\$2.9	N/A	\$15,156
Texas	\$17,391	\$1.2	N/A	\$15,527
Virginia	\$140,000	\$8.2	N/A	\$23,123
Washington	\$149,904	\$40.5	\$40,228	\$29,055
Wisconsin	\$102,500	\$34.7	N/A	\$27,600
<b>AVERAGES</b>	\$94,017	\$25.3		\$25,994
<b>Total:</b>		\$454.7		

## Notes:

New Hampshire is in the start-up phase.

New York is in the start-up phase.

Pennsylvania has only "aged-out" juveniles as they turn 21 years old. Their costs for DOC reflect 2004-2005, inflated by 3 percent.

Texas has outpatients only.

Kansas Department of Social and Rehabilitation Services  
Don Jordan, Secretary

Attachment E

**DRAFT DECEMBER 9, 2008**  
**SRS OPTION FOR NEW SPTP FACILITY**

	NET SQUARE FEET	GROSS FL AREA	
300 BED RESIDENTIAL MALE LIVING UNITS	95,247	149,537.79	\$ 41,870,581
CENTRALIZED TREATMENT	29,456	46,245.92	\$ 12,948,858
CLIENT RECEPTION AREA	1,950	3,061.50	\$ 857,220
PUBLIC LOBBY/CENTRAL CONTROL	1,060	1,664.20	\$ 465,976
VISITING	2,130	3,344.10	\$ 936,348
DIETARY	7,180	11,272.60	\$ 3,156,328
RECEIVING AREA & DOCK	2,940	4,615.80	\$ 1,292,424
ALLIED CLINIC SERVICES	17,537	27,533.09	\$ 7,709,265
BUILDING SUPPORT (MEP, AC, IT Etc)	37,925	59,542.25	\$ 16,671,830
FACILITY ADMINISTRATION/TRAINING	17,550	27,553.50	\$ 7,714,980
MAINTENANCE (Shop Areas)	19,110	22,932.00	\$ 6,420,960
SUPPLY/WAREHOUSE	13,390	16,068.00	\$ 4,499,040
LAUNDRY	8,020	9,624.00	\$ 2,694,720

TOTAL	253,495	382,994.75	\$ 107,238,530
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Construction Estimate	\$ 107,238,530
Site Construction Allowance	\$ 9,000,000
Total Construction Estimate (January 2009)	\$ 116,238,530
Inflation to May 2012 (Add 15%)	\$ 17,435,780
Construction Estimate	\$ 133,674,310
Contingency Estimate 10%	\$ 13,367,431
Architects/Engineering Fee 6%	\$ 8,020,459
Furniture, Fixtures & Equipment Allowance	\$ 7,000,000
Miscellaneous Cost (4%)	\$ 5,346,972
TOTAL PROJECT COST	\$ 167,409,171 See Note #1

Note #1: Project cost doesn't include any cost for 75 acres of land and any additional cost to bring utilities and roads to the site.

**SCHEDULE**

	<u>IN MONTHS</u>	
Site Selection & Program Development (Start Jan 2009)	12	Start Jan 2009 End Dec 2009
Advertise and Select Architect	3	Start Jan 2010 end Mar 2010
Design Project	24	Start April 2010 end Mar 2012
Bid Project (May 2012)	3	Start April 2012 end Jun 2012
Construction	30	Start Jul 2012 end Dec 2015
Move In (March 2015)	2	Start Jan 2016 end Mar 2016
Total Months	74	
	6 Yrs & 2 Months	1-13



# Welcome to the Larned State Complex

Larned State Hospital serves Central Western Kansas and the entire state with three psychiatric programs:

- **The Psychiatric Service Program (PSP)**  
Mentally ill general population of Central Western Kansas, providing psychiatric treatment to adults, adolescents and children.
- **The State Security Program (SSP)**  
State Security Hospital serving male and female adult mentally ill criminal population from the entire state who are admitted through specific criminal statutes.



- **The Sexual Predator Treatment Program (SPTP)**

Possibly the most controversial of the Larned State Programs, the SPTP was created pursuant to K.S.A. 59-29a01 et seq. to address the most dangerous group of sexually violent offenders in the state who are likely to engage in repeat act of sexual violence. The legislature determined that a separate involuntary civil commitment process for the potentially long-term control, care and treatment of sexually violent predators is "necessary" due to the nature of the mental abnormalities or personality disorders from which sexually violent predators suffer and the "dangers" they present. K.S.A 59-29a01

**Dangerously Underfunded** Kansas psychiatric hospitals are endangering patients, state employees and men and women and children who live in our communities.

Patients have been admitted to Larned State Hospital either by voluntary or involuntary commitment. Patients in all three programs have been diagnosed as mentally ill and in need of treatment as they are potentially harmful to themselves or those around them.

**Acceptable Casualty Rate?** Does the State have an "acceptable casualty rate" they are willing to live with as the Risk becomes greater for staff and patients? Have we forgotten the real aspect of the Sexual Predator program? Are we willing to loose these convicted criminals into the general population where they prey on women and children? What then will be the cost?

In 1994 the Kansas Legislature passed the Commitment of Sexually Violent Predator statute that has been upheld by the U.S. Supreme Court as Constitutional. For the protection of the Citizens of Kansas Sexual Predators need to be incarcerated and be remanded into the custody of the Secretary of SRS, civilly committing Sexual Predators AFTER they have served their time for their crimes. **We must remember why they are in a secured facility. Their crimes are unconscionable.**

**The Legislature has a choice... release them into communities where they are free to recommit their crime or work for a cure while keeping them in a safe and secu**

Senate Ways & Means Cmte

Date 1-27-2009

Attachment 2



## The Concerns:

- **FY 2009 Larned State Hospital hiring freeze** has been lifted but due to budget and OEO they are still holding approximately 150 Full Time Employees (FTEs) open to cover other operating expense which has grown each year since 2004.
- **Work load for all LSH is being covered 100% by 84% of FTEs.**
- **Staff is stretched both physically and emotionally**, working many times extra hours to fulfill the Kansas Statute of providing care for patients. Employee safety is becoming a big concern as staffing levels are not always adequate due to vacancies.
- **Patient safety and care are at risk** without adequate supervision and staff to carry out treatment programs and we question if this will ultimately cause an increase in suicides, patient to patient injury or injury of employees. Shortage of staff will ultimately lead to longer days in treatment and increased return rate after release. As an example, the PSP program has 41 persons in a 30 bed unit. This over-capacity continues most of the year with an operating budget that can not support even the normal occupancy rate.
- **SSP: Due to lack of staffing and budget restraints at Larned State Hospital**, those in need of mental evaluation and treatment are currently not receiving it. Failure to address this legislatively could lead to a class action suit which would result in the appointment of a Federal Master.

## Recommended Solutions:

1. Fund Larned State Hospital for FY 2010 to provide for total staffing needs and other operating expenses. .
2. Build an additional 30 bed unit on the ATC building to bring the total beds to 120.
3. Build a new 90 bed unit for SPTP



Pawnee County Economic Development Commission (PCEDC) welcome the opportunity to sit down with you one-on-one and share facts and information about the Larned State Complex.

For PCEDC information, please feel free to contact Rita Kurtz, (620 285-3148 or [rita@carrauction.com](mailto:rita@carrauction.com)) or Kim Barnes (620 285-2161 or [kimb@pawneecoop.com](mailto:kimb@pawneecoop.com))

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