Department of Human Services

FY 2025-26 Hearing Responses

Contents

Administration and Finance Discussion Responses 3
Office of Children, Youth and Families Discussion Responses 4
Office of Adults, Aging, and Disability Discussion Responses 46
Administration Presentation Slides 51
Office of Children, Youth and Families Presentation Slides 72
Office of Adults, Aging, and Disability Presentation Slides 114
Office of Economic Security Discussion Responses 135
Office of Civil and Forensic Mental Health Discussion Responses 149
Office of Economic Security Presentation Slides 162
Office of Civil and Forensic Mental Health Presentation Slides 177
Behavioral Health Administration Discussion Responses 196
Behavioral Health Administration Presentation Slides 232
Behavioral Health Administration Written-only Responses 260
Office of Children, Youth and Families Written-only Responses 280
Office of Economic Security Written-only Responses 293
Administrative Written-only Responses 303
Office ofCivil and Forensic Mental Health Written-only Responses 309
Written-only Common Question Responses 312
Common Question Attachments 337

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 1: Thursday, December 12, 2024

9:00-9:15 Introductions and Opening Comments

Presenter: Michelle Barnes, Executive Director

9:15-9:25 Administration & Finance

Main Presenters:

- Christina Beisel, Deputy Executive Director, Financial Services

Topics:

- R-08 Increase oversight and preventing waste: Page 1, Question 1 in the packet, Slide 11
- R-12 Manage Appeals of Child Abuse and Neglect Findings: Page 2, Question 2 in the packet, Slides 12-14

9:25-9:40 Equity, Diversity and Inclusion

Main Presenters:

- Dr. Sandy Ho, Chief Equity, Diversity, and Inclusion (EDI) Officer
- Tricia Leakey, Interim Interim Director to the Commission, Communication Access Services Manager
- Dr. Katie Cue, Interim Director to the Commission, Outreach and Consultative Services Manager

Topics:

- R-10, Commission for the Deaf, Hard of Hearing, and DeafBlind: Slides 16-19

9:40-11:40 Office of Children, Youth and Families

Main Presenters:

- Debbie Oldenettel, Office Director

Topics:

- Child Welfare Funding Model: Page 2, Question 3 in the packet, Slide 27
- Budget Reductions and Recent Programs: Page 3, Question 4 in the packet, Slide 28; Pages 29-43, Questions 27-30, 32-35, Slides 56-62

- Adoption and Relative Guardianship Assistance: Page 3-4, Questions 5-6 in the packet, Slide 29
- Detention Continuum: Page 4-19, Questions 7, 9-16, Page 24, Question 21 in the packet, Slides 34, 38-40, 43-44, 46
- Division of Youth Services Caseload: Page 6-9, Question 8 in the packet, Slide 38
- IMPACT Program: Pages 20-24, Questions 17-20 in the packet, Slide 45

11:40-12:00 Office of Adults, Aging, and Disability Services

Main Presenters:

- Erin Wester, Office Director, Office of Adults, Aging, and Disability Services
- Perry May, Deputy Executive Director of Health Facilities

Topics:

- Adult Protective Services: Page 44, Question 36 in the packet, Slide 71
- Budget Reductions: Page 44, Question 37 in the packet, Slide 75
- Veteran Community Living Centers: Page 45-48, Questions 38-40 in the packet, Slides 79-81

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 1: Thursday, December 12, 2024

ADMINISTRATION & FINANCE

1. ***R8 Increase Oversight & Reduce Waste –*** *Rep. Taggart*: Why is the requested increase not offset by expected revenue savings from catching instances of fraud? What savings does the Department anticipate from decreased fraud under the request? **(slide 11)**

   Catching instances of fraud are unlikely to result in a savings to the State/Colorado Department of Human Services (CDHS, Department) that would cover the cost of the request. In most cases, preventing/decreasing fraud will either result in more people/the right people receiving their benefits, or recovery of a portion of funds by counties.

   Preventing or stopping fraud results in less waste of existing funding but does not always result in a recovery. For fraud recoveries in the Federal TANF and SNAP programs, the counties receive an incentive of up to 40 percent of the share of those collections, which they can use to support those efforts. The state must return the remaining federal share of the recovered funds to the federal government.

   The intent of this request is to ensure CDHS is a good steward of the funds it oversees and that public assistance benefits reach those who are eligible and need them most versus being stolen by fraudulent activities. CDHS will provide support to counties to investigate and address concerns of public assistance fraud reported to the CDHS Audit Division. This will also allow CDHS to begin monitoring the outcomes of fraud concerns it refers to counties. By analyzing this data, CDHS can gain insights into how fraud occurs within public assistance programs and develop better fraud prevention strategies.

   Anytime fraud occurs in Federal or State assistance programs it is considered a loss. The Department does not anticipate any quantifiable savings by decreasing fraud, however reducing losses benefits individuals needing public assistance and counties.

2. ***R12 Child Abuse and Neglect Appeals Staff –*** *Sen. Kirkmeyer:* The Department of Early Childhood was created over two years ago. How has the Department covered the cost of the requested General Fund for 2.0 FTE in that time? **(slide 14)**

   One-time ARPA funding allowed the Department to cover the overexpenditure of that line in FY 2023-24. The Department is investigating solutions for this line item for the current year (FY 2024-25), as historically this line item has expended all funding every year. Additionally, since it is in its own line item without transfer authority, there are few ways to cover costs with any savings in other line items.

   Without the additional funding for FY 2025-26, the Department will need to reduce the CAMDRS staff, and would likely see an increase in billing from the Department of Law. A reduction of the CAMDRS staff reduces the number of appeals that could be timely resolved by settlement and thereby increases the appeals that must be scheduled for a hearing. When appeals are scheduled for hearing, it necessarily involves an increase in the legal services billing (Department of Law) and has a negative impact on appellants. If CAMDRS staff is reduced, the anticipated delay is 141 days per appeal and the anticipated increase in legal billing is $1,274,376 per fiscal year.

OFFICE OF CHILDREN, YOUTH AND FAMILIES

3. ***Child Welfare Funding Model –*** *Sen. Kirkmeyer:* Please describe the implementation status of the funding model from S.B. 21-277 (Child Welfare Services Allocation Formula). How will the Department implement the model without additional funding? **(slide 27)**

   Senate Bill 21-277 required the state to use the model (Public Consulting Group (PCG) Funding Model), by turning it into an allocation, for use in FY 2024-25 and the next two following, for a total of three years, before another third party created a new model. The bill gave the Colorado Child Welfare Allocation Committee (CWAC) the ability to make recommendations for the interpretation of the model to the allocation methodology. The bill also allowed the state department, after input from CWAC, to create a capped and targeted allocation based on the total amount identified in the funding model. While the model as an allocation methodology was previously required by S.B. 21-277, H.B. 24-1408 (Expenditures for Care Assistance Programs) changed the language to use the model to inform the allocation. The model is intended to be a tool to inform the decisions of the amount needed to fund Child Welfare, but it is flexible enough to implement in part or in whole, using a phased in approach if needed. The CWAC is able

to make recommendations on the model to inform the allocation if the appropriation differs from the model result. This could include choosing not to fund the outcomes/performance pools, which are new pieces to the model that have not been funded thus far, or allocating remaining funds proportionally by the model recommendations.

CWAC voted on recommendations from the PCG funding model for FY 2024-25 which include Cost of Living (COL), Children in Poverty, Case Counts, Staffing Costs, Reduction Limiter: 0 percent reduction limiter in model year 1, Limits reductions to 1 percent year 2 & 3, Limits growth to 1 percent reductions year 2 & 3.

4. ***Budget Reductions and Recent Programs, H.B. 24-1038 (High Acuity Youth) –*** *Sen. Kirkmeyer:* Is H.B. 24-1038 partially funded by revenue from the Black Colorado license plate? If not the high acuity bill, was revenue from the Black Colorado license plate discussed as a funding source for another child welfare or Human Services bill? **(slide 28)**

   No, H.B. 24-1038 is not funded by revenue from the Black Colorado license plates. The Black Colorado License plates were not used as a funding source for another child welfare or Human Service bill in any 2024 legislation.

5. ***Adoption and Relative Guardianship Assistance –*** *Sen. Bridges:* Why does the November request not include a General Fund increase for Adoption and Relative Guardianship Assistance if the program was known to be under-allocated in FY 2023-24? **(slide 29)**

   Historically, Adoption assistance and RGAP have under-expended its General Fund appropriation until FY 2022-23. The Department has seen a fluctuation to these caseloads and we are working with the Governor's Office to address our processes to better predict the expected expenditures surrounding increased costs associated with the implementation of the Adoption Assistance tool as well as increased caseload. The Department will closely monitor this for future year requests.

6. ***Adoption and Relative Guardianship Assistance –*** *Rep. Gilchrist:* What amount of expenditures for FY 2023-24 are associated with Adoption Assistance compared to Relative Guardianship? Please provide any caseload data available to the Department. **(slide 29)**

   In FY 2023-24 the breakdown of expenditures and caseload data associated with Adoption Assistance compared to Relative Guardianship is as follows:

   - Relative Guardianship had 485 open cases, with a total of $4,052,986
   - Adoption Assistance had 9,333 open cases, with a total of $60,931,820

7. ***Detention Continuum –*** *Rep. Sirota:* Please provide data on the number and percentage of detention screens affirmed and overridden in detention hearings for higher or lower placements by Judicial District. **(slide 34)**

   Detention screens are overridden at the time of screening, not at a detention hearing. At the statewide level in FY 2023-24:

   - 78.4 percent of screening levels matched actual placement;
   - 3.5 percent were overridden to a more secure placement; and
   - 18.1 percent were overridden to a less secure placement.

   The following tables provide an aggregate statewide summary, as well as data by Judicial District.

   Table 1: Statewide - Agreement Between Juvenile Detention Screening and Assessment Guide Screening Level and Actual Initial Placement

Actual Placement Level	Number	Percent
More Secure	141	3.5%
Placement Matched	3,174	78.4%
Less Secure	734	18.1%
Total	**4,049**	**100.0%**

Table 2: Judicial District - Agreement Between the Juvenile Detention Screening and Assessment Guide's (JDSAG) Screening Level and Initial Placement

JD	# More Secure	% More Secure	# Placement Matched	% Placement Matched	# Less Secure	% Less Secure	# Total	% Total
1	36	8.8%	313	76.7%	59	14.5%	408	100.0%
2	10	1.8%	461	84.4%	75	13.7%	546	100.0%
3	0	0.0%	6	26.1%	17	73.9%	23	100.0%
4	12	1.6%	437	57.0%	317	41.4%	766	100.0%
5	3	15.0%	16	80.0%	1	5.0%	20	100.0%
6	0	0.0%	37	88.1%	5	11.9%	42	100.0%
7	1	4.3%	20	87.0%	2	8.7%	23	100.0%
8	7	3.6%	174	90.6%	11	5.7%	192	100.0%
9	2	7.4%	16	59.3%	9	33.3%	27	100.0%
10	2	1.4%	139	95.2%	5	3.4%	146	100.0%
11	1	2.2%	26	56.5%	19	41.3%	46	100.0%
12	2	7.1%	20	71.4%	6	21.4%	28	100.0%
13	1	3.0%	31	93.9%	1	3.0%	33	100.0%
14	0	0.0%	10	76.9%	3	23.1%	13	100.0%
15	1	5.0%	16	80.0%	3	15.0%	20	100.0%
16	1	7.1%	13	92.9%	0	0.0%	14	100.0%
17	15	4.4%	299	88.5%	24	7.1%	338	100.0%
18	13	2.6%	480	94.3%	16	3.1%	509	100.0%
19	28	5.9%	408	86.4%	36	7.6%	472	100.0%

JD	# More Secure	% More Secure	# Placement Matched	% Placement Matched	# Less Secure	% Less Secure	# Total	% Total
20	2	1.3%	55	36.9%	92	61.7%	149	100.0%
21	4	1.9%	172	83.5%	30	14.6%	206	100.0%
22	0	0.0%	25	89.3%	3	10.7%	28	100.0%
Total	**141**	**3.5%**	**3,174**	**78.4%**	**734**	**18.1%**	**4,049**	**100.0%**

8. ***Division of Youth Services Caseload –*** *Rep. Amabile:* Please describe strains on the juvenile competency process. Where do youth receive competency services? What are the average and maximum length of stay associated with youth competency restoration? How many youth are unable to be restored? How many youth who have been restored later return to detention? Has recent legislation improved services or outcomes for juvenile competency restoration? *[this question can be posed to OCFMH if better]* **(slide 38)**

From OCYF:

To date, the Division of Youth Services (DYS, Division) has experienced significant variability with regard to youth in detention requiring competency and/or restoration, ranging from as high as 14 youth to as low as 0 in a month. Competency and/or restoration inpatient orders are provided to Office of Civil and Forensic Mental Health (OCFMH) and, if those youth do not have a mental health diagnosis or do not meet hospital admission criteria, they remain with DYS and receive competency and/or restoration services by OCFMH personnel. If the youth is able to be released from detention, the competency and/or restoration services can be completed in the community only if the original order was for outpatient competency evaluation or restoration services. Given this current protocol, DYS has a higher number of youth remaining in the DYS setting when the order is for inpatient competency evaluation or restoration services.

From OCFMH:

Q: What are the strains on the juvenile competency process?

There are no current problems in the juvenile competency process with youth remaining in detention longer than is necessary to complete the evaluation and restoration process given the court has established an ongoing legal reason to hold the youth. This is a reason why the juvenile competency system is not part of the current Consent Decree.

The primary strains on the juvenile competency system include limited qualified evaluators with specialization in juvenile competency to proceed, limited location options to conduct evaluations and receive restoration, and misalignments between court-ordered and clinically-informed placements that result in less effective treatment or inefficient utilization of available resources.

The Department currently employs four qualified evaluators who have received the appropriate clinical training and obtained the relevant work experience allowing them to focus on juvenile competency to stand trial evaluations. However, some of these evaluators must also contribute to meeting the needs of the adult population because the demand and caseload for adult evaluations is much larger. These evaluators may also be tasked with completing other specialized forensic evaluations, such as sanity evaluations, on behalf of the Department if they are appropriately credentialed and other qualified evaluators are not available to complete them.

If a downward trend continues, decreases in the number of orders may reduce strain in the juvenile competency system. The total number of juvenile competency evaluation orders per fiscal year has generally decreased since FY 2020-21. In FY 2023-24, the number of evaluation orders increased from the prior fiscal year; however, this was still lower than in FY 2020-21 and FY 2021-22. Such decreases may be related to expanded juvenile diversion programs, and increased funding for these programs from the General Assembly. The table below shows the number of competency evaluation orders and restoration orders by fiscal year.

Table 3: Juvenile Competency Orders: FY 2020-21 to FY 2023-24

Fiscal Year	Competency Evaluation Orders	Restoration Orders	Total Orders
FY 2020-21	334	284	618

Fiscal Year	Competency Evaluation Orders	Restoration Orders	Total Orders
FY 2021-22	322	244	566
FY 2022-23	303	225	528
FY 2023-24	316	246	562

Q: Where do youth receive competency services?

Competency services are offered in three location settings: the Colorado Mental Health Hospital in Pueblo, all DYS facilities, and in the community through outpatient providers. DYS facility-based restoration was implemented in March 2024, CMHHIP and Outpatient Restoration services have been offered for many years.

Q: How many youth are unable to be restored?

Since 2023, there have been a total of 14 youth opined unlikely to restore in the foreseeable future. In cases like these, the court may rule that the juvenile is permanently incompetent to proceed. Individual cases vary but efforts take place to ensure there is a plan in place to serve the juvenile in the best system possible. This may include granting a developmental disability waiver or referral to another program specialized to the needs of the juvenile. Importantly, evaluators offer an opinion regarding restorability; however, the court may or may not rule the individual as unlikely to restore. Therefore, the decisions of the courts may not always align with the opinions of the evaluators. The data available to the Department is specific only to the evaluation opinions. In 2023, six youth were opined unlikely to restore in the foreseeable future, with an average of 339 days in services. In 2024, eight youth were opined unlikely to restore in the foreseeable future, with an average of 183 days in services.

Q: How many youth who have been restored later return to detention?

OCFMH defines recidivism as: Clients who had competency raised, were opined as restored, and then had competency raised again within the same year. The current recidivism rate is 16.4 percent.

Q: What are the average and maximum length of stay associated with youth competency restoration?

Juvenile competency restoration can occur in various locations, and the associated length of stay (LOS) can differ. This includes restoration at an inpatient facility, as well as restoration completed on an outpatient basis in the community. LOS is calculated from the time that the order for juvenile restoration treatment is received by CDHS to the closure of the order as a result of the Court's finding. In FY 2023-24, the average LOS for juvenile inpatient restoration was 261 days. In FY 2023-24, the average LOS for juvenile outpatient restoration was 208 days. The maximum length of stay in FY 2023-24 was 517 days for a youth being restored in an outpatient setting. As stated above youth are not held in detention longer than is necessary due to evaluation or restoration services not being available as we are currently experiencing in the adult system.

Q: Has recent legislation improved services or outcomes for juvenile competency restoration?

We have identified several positive impacts from recent legislation on juvenile competency. First, H.B. 23-1012 (Juvenile Competency To Proceed) enacted C.R.S. 19-2.5-703.5 which clarified waiver of privilege when a juvenile has been found incompetent to proceed and required sharing of procedural information and reports from physicians or psychologists who treated the individual. This change has facilitated OCFMH's ability to talk and coordinate with all parties involved in juvenile evaluation orders. This enables our teams to connect clients with services more quickly and keep the youth engaged throughout the competency process. Second, H.B. 23-1012 simplified the process of requesting evaluations when the treatment provider believes they are restored to competency, which is more streamlined than in previous years. Third, H.B. 23-1012 cleared up definitions for restorability, which includes clearly stating waiver of privilege, setting an age limit of 21, and establishing clear timeframes for restoration.

9. ***Detention Continuum –*** *Sen. Amabile:* How does the Department measure outcomes for youth placed in secure detention? Please provide any information available about difference in outcomes for youth placed in secure detention compared to youth diverted from secure detention. Are youth placed in secure detention more likely to later be sentenced to commitment? More likely to be sentenced to the Youthful Offender System in the Department of Corrections? More likely to recidivate? **(slide 38)**

   The State only measures detention outcomes for those youth who are released from secure detention to a CYDC program. The Department is unable to measure outcomes for those youth in secure detention who are released to a county department of human services for placement or home without services. Detention outcomes are currently measured through the independent evaluation that has been in place for over 30 years.

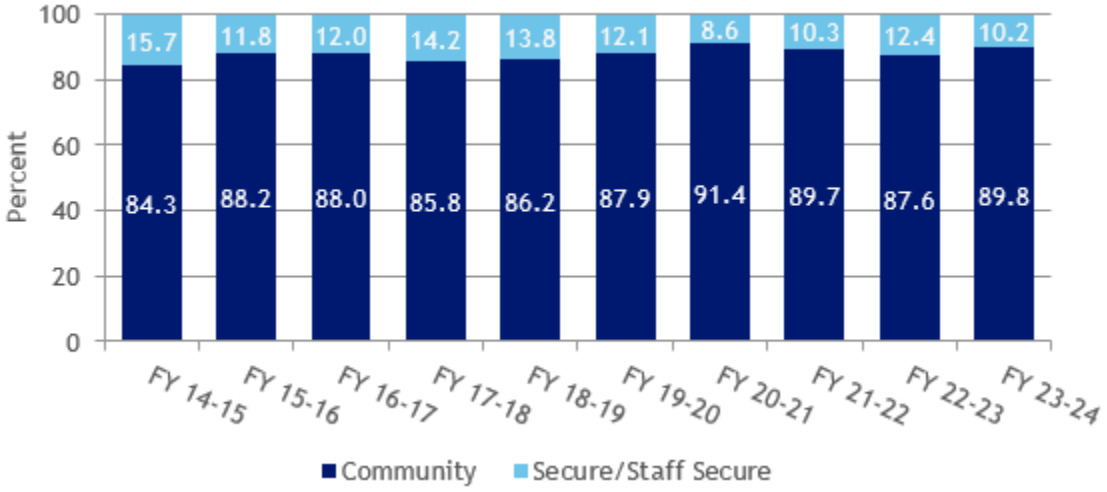
   There are significant differences between youth who are referred to detention and those who do not go to detention. This is a law enforcement decision that is made at the point of arrest. There are strict criteria that govern what drives a detention admission. Primarily this decision is based on a youth being a "substantial risk of serious harm to others" or a "flight risk from prosecution." Attempting to compare the two groups of youth would yield little benefit. Youth who screen into detention have more significant charges and/or delinquent history, pose a safety risk to the community and/or pose a flight risk from prosecution that can not currently be mitigated in contrast to youth who do not screen into detention. In addition, a high percentage of youth are released with supervision and services following the initial detention hearing. The time between arrest, admission, and the hearing provides an opportunity for CYDC staff and the family to develop a release plan that ensures the youth will be safely supervised and will receive the services they need to remain in the community.

   For context, there are on any given day, over 1,600 youth being supervised in the community by CYDC, while the daily population of secure detention is approximately 185-200 youth. In FY 2023-24, on an average day, 89.8 percent of youth were provided with community-based supervision, while only 10.2 percent were securely detained. The CYDC system works exceedingly well in providing the court with the information it needs to make good decisions about releasing youth and providing the services that result in nine times the number of youth served in local communities versus those in secure detention.

   Regarding whether or not detention leads to commitment, that would require a longer term study focused specifically on the Colorado system. In general, we know that youth

committed directly out of detention usually have been found guilty of serious crimes against persons (murder, attempted murder, assault with serious bodily injury) or are pending probation revocation after multiple adjudications. Most youth who are eventually sentenced on pending charges are given a period of juvenile probation. Many intervening factors may lead to a commitment after a youth begins probation, including failed treatment, failure to comply with terms and conditions, and acquiring new charges. Comparing lower risk and higher risk populations would not be appropriate. When youth are sentenced to the Youthful Offender System (YOS) it is usually based on a serious criminal offense (an offense against persons) and not after failure in the community/recidivating.

Table 4: Percent of ADP Served in the Community and Secure Detention



10. ***Detention Continuum –*** *Rep. Sirota:* Was the vote that lead to the CYDC recommendation to increase the secure detention bed cap unanimous? Please identify any dissenting votes, and provide any letters or written documentation available regarding the vote. **(slide 39)**

    The CYDC Advisory Board, made up of representatives from various agencies that work in the juvenile justice system throughout the state, voted to raise the statewide detention bed cap with one member voting no. The CYDC Advisory Board has not held a meeting since the vote was taken in October, so the meeting minutes are not yet available as they have not been approved. The no vote was by the Office of the Child's Representative.

11. ***Detention Continuum –*** *Rep. Taggart:* Please describe the process for accessing temporary emergency beds and the procedural challenges for accessing the beds. **(slide 40)**

    The criteria for accessing emergency beds are located in Section 19-2.5-1407.3, C.R.S., and include:

    1. The youth in question meets the criteria to be screened into secure detention.
    2. The catchment area (made up of multiple judicial districts) has no beds available. This means that all detention centers in the catchment are at capacity.
    3. There can be no beds available within a 50-mile radius. This further complicates the situation for metro area judicial districts (Central Region) as one detention center in the Northeast Region is located within this 50-mile radius. Therefore they have limited opportunity to utilize an emergency bed based on geographic placement.
    4. Services are not available for any juvenile in detention that would mitigate the substantial risk of serious harm or flight risk from prosecution.
    5. Other forms of community supervision for the incoming juvenile are not sufficient to mitigate the substantial risk of serious harm to others or flight risk from prosecution.

    When these criteria are met, the District Attorney or County Attorney must file a petition with the court to access the emergency bed no later than the next business day after the youth is detained. After receipt of the petition, the court must issue an order permitting the judicial district to exceed the number of detention beds allocated to the catchment area.

    At any point after the initial determination, if the catchment area has an available bed due to detention releases, the youth moves from an emergency bed to a “regular” detention bed. If the youth remains in an emergency bed five days after the initial determination, the court must hold a hearing to determine if the order to use the emergency bed should continue. At each five-day mark, a new hearing must be held to determine if continued use of the emergency detention bed is authorized.

12. ***Detention Continuum –*** *Sen. Amabile:* Is the intention of the Department's R3 request to increase the secure detention bed cap and eliminate flex and temporary emergency beds? Or does the Department intend to maintain flex and emergency beds in addition to the increased cap? **(slide 40)**

    If the General Assembly converts the emergency beds to standard detention beds as requested, the Department will not be seeking to add additional emergency beds. If the decision item request is approved the current plan is to not continue with flex beds in FY 2026-27.

13. ***Detention Continuum –*** *Rep. Sirota:* Please provide the Department's estimate for where beds would be distributed by facility and region if the R3 request to increase the secure detention bed cap were approved. **(slide 40)**

    Ideally, the Department would like to improve the State's ability to manage statewide detention populations by removing the restrictions on emergency beds while retaining the ability to allocate those beds by catchment area and the flexibility that accompanies this approach.

    Under the current statute, the 22 detention beds would be added to the allocation model and would be generally distributed as follows: The Northeast Catchment Area receives 11 beds, the Southern Catchment Area receives 8 beds, the Western Catchment Area receives three beds and the Central Catchment Area does not receive any beds.

    While emergency beds have posed many challenges, as outlined above, one important and positive element is the flexibility they have afforded individual districts and the system in general. By statute, the twenty-two emergency beds can be allocated by catchment area and not by judicial district. This has several advantages. It allows each catchment area to have a "pool" of beds available to all districts in the catchment area as needed. Such flexibility has been an effective method for managing populations. In addition, it has allowed the CYDC Advisory Board to make adjustments to where the twenty-two beds are allocated and thus respond to population shifts across catchment areas.

    Retaining the ability to allocate the 22 beds by catchment area would require statutory changes that could be included in any legislation drafted to shift the 22 beds from emergency to normal detention beds.

14. ***Detention Continuum –*** *Rep. Bird:* Describe utilization of temporary emergency beds. How often and how many beds are typically in use? Please provide any information available by Judicial District and/or facility. **(slide 43)**

    The Division tracks the percentage of total emergency beds used by catchment area as well as the overall use of emergency beds by judicial district. From late October 2023 through June 2024, ten judicial districts accessed emergency beds 131 times. Thus far, in Fiscal Year 2025, nine judicial districts have used 78 emergency beds. At this rate, Fiscal Year 2024 emergency bed usage is projected to outpace Fiscal Year 2024 usage. Emergency beds have been utilized in all four catchment areas.

    This chart demonstrates the usage of emergency beds in the four catchment areas and within 14 of the State's 22 Judicial Districts between October 2023 and November 25, 2024.

Table 5: Emergency Bed Access by Catchment Area

12.9%	Western Region				
	6th	14th	21st	22nd	
17.1%	Northeast Region				
	13th	17th	8th	19th	
67.6%	Southern Region				
	4th	10th	12th	15th	16th
2.4%	Central Region				
	18th				

(209 emergency beds accessed)

Table 6: Emergency Bed Access by Judicial District

Judicial District	# of Emergency Beds Utilized
4th	86
6th JD	6
10th	44
12th	6
13th	1
14th	7
15th	2
16th	4
17th	1
8th	1
18th	5
19th	33
21st	4
22nd	9
Total	**209**

15. ***Detention Continuum –*** *Rep. Sirota:* Please provide data on the utilization of flex and temporary emergency beds by Judicial District. How does secure detention caseload strain vary by region? **(slide 43)**

    The Division tracks the percentage of total emergency beds used by catchment area as well as the overall use of emergency beds by judicial district. From late October 2023 through June 2024, ten judicial districts used 131 emergency beds. Thus far, in Fiscal Year 2025, nine judicial districts have used 78 emergency beds. At this rate, Fiscal Year 2024 emergency bed usage is projected to outpace Fiscal Year 2024 usage. Emergency beds have been utilized in all four catchment areas.

    This chart demonstrates the usage of emergency beds in the four catchment areas and within 14 of the State's 22 Judicial Districts between October 2023 and November 25, 2024.

Table 7: Emergency Beds Use Percentage by Judicial Districts

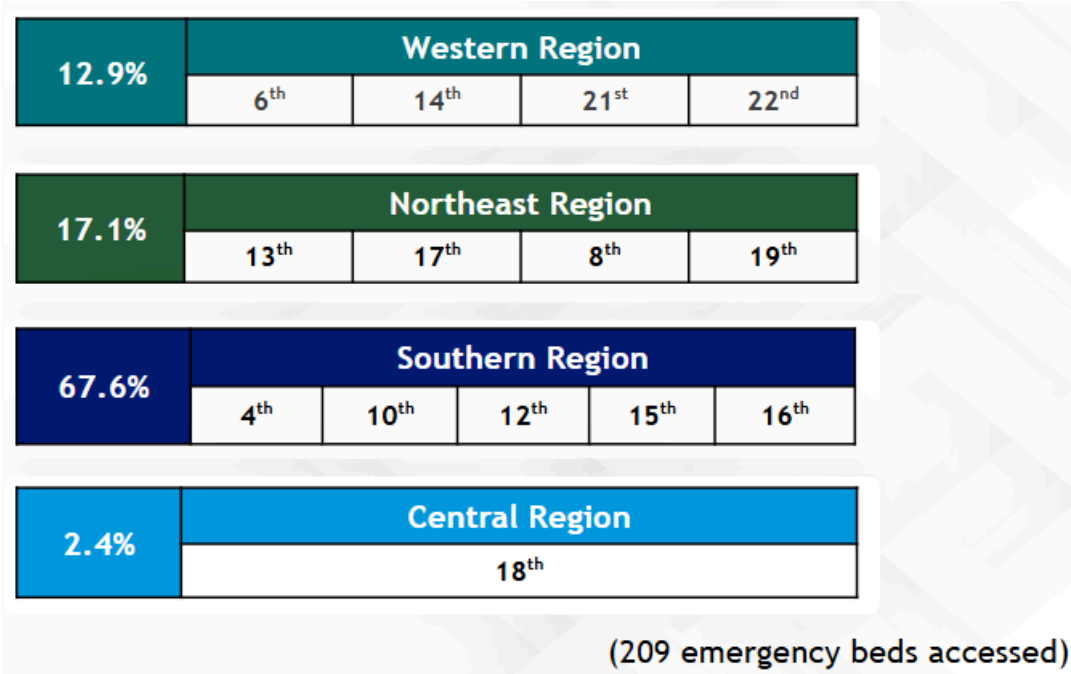


Table 8: Emergency Bed Access by Judicial District

Judicial District	# of Emergency Beds Utilized
4th	86
6th JD	6
10th	44
12th	6
13th	1
14th	7
15th	2
16th	4
17th	1
8th	1
18th	5
19th	33
21st	4
22nd	9
Total	**209**

The two tables provided show the breakdown of the 209 emergency beds that have been accessed.

Flex beds are tracked by judicial district but can only be utilized when the detention bed cap is under the statewide 215 bed capacity. The two charts below demonstrate in FY 2023-24, 415 flex beds were accessed by 10 judicial districts. In FY 2024-25 to date, 117 flex beds were accessed by 11 judicial districts.

Table 9: FY 2023-24 Flex Beds Accessed by Judicial Districts

Judicial District	Total Flex
2nd	7
4th	169
8th	5
10th	16
12th	6
13th	3
17th	6
18th	163
19th	39
21st	1
Total	**415**

Continued on next page

Table 10: FY 2024-25 To Date Flex Beds Accessed by Judicial Districts

Judicial District	Total Flex
4th	58
6th	2
8th	2
9th	1
10th	1
13th	1
17th	2
18th	35
19th	8
21st	5
22nd	2
Total	**117**

A good indication of where the strain on detention beds exists is the use of Emergency Beds. All four DYS regions (statutorily identified as catchment areas) use emergency beds. The primary use of these beds does occur in the Southern Region. The Southern Region has two detention centers fed by seven judicial districts. Strain cycles through all four regions/catchment areas. The region is unique in the combination of the State's second largest judicial district with the most number of small districts that only have two-bed allocations. This poses unique challenges for the catchment area. There are specific geographical and structural issues that either ease or restrict each catchment area's ability to manage its beds.

In FY 2024 all 8 detention centers have days at or above their bed allocation. Detention beds are allocated by a formula established in Section 19-2.5-1404, C.R.S. The challenge of managing detention beds is multi-faceted. Larger districts face a different set of challenges than small districts. Large districts struggle with a fairly constant stream of admissions. They must work to borrow beds from other districts, often moving youth between detention centers. When borrowing options are exhausted, they turn to emergency beds. Following court, some youth are referred for assessment by local County Departments of Human Services. If placement is warranted, county departments then face trying to find available placements and at times, placements that will accept youth who have histories of failure in residential settings or who have violent/aggressive histories and/or charges. Youth pending reverse-transfer hearings on direct filing or

transfer hearings to the adult court may sit in detention for a year or more, effectively taking beds offline. Youth receiving services to restore competency also take beds offline for several months. These three factors, youth awaiting placement, youth awaiting the results of adult proceedings and youth in the competency process can impact a larger district's access to beds.

Smaller districts face similar challenges but to a greater extent. Up to 11 of the 22 districts have an allocation through the model of just 2 beds. When a youth is pending a reverse transfer or transfer hearing in a small district it can take one of their two beds off line for a year or more. At times, a small district has had two youth in these circumstances effectively forcing them to borrow beds from larger districts for any new admissions over a year-long period.

16. ***Detention Continuum –*** *Sen. Amabile:* Reported CYDC allocations include the categories of "treatment, direct support, supervision, and restorative services." Please describe the services that may be funded by each category. Are restorative services related to competency restoration? **(slide 44)**

    The restorative services line references restorative justice services provided by a judicial district. It is unrelated to restoration services designed to restore youth to competency. Restorative justice services are one form of treatment; however, the bulk of treatment is captured under the column labeled "Treatment" and represents approximately $1.0 million of the appropriation.

    CYDC expenditures fall under several categories. These include:

    - Client Screening/Assessment - staff and contracts to screen youth for detention admission; assessment of youth for court and for the development of release plans, mental health screening, psychiatric evaluations and substance use assessment.
    - Treatment - contracts with community providers for treatment services; flexible funds to access treatment services as needed for youth and families. This may include Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), substance use treatment and mental health treatment.
    - Direct Support - case management services, operating funds to support case management activities; mentoring, family support partners, respite for families, transportation for families and youth, prosocial engagement, gang intervention, employment skills, and basic support such as food and clothing.

- Supervision - FTE to provide supervision services for youth in the community, equipment such as GPS and Electronic Home Monitoring units.
- Restorative services - restorative justice services that may include community service, work programs, and individual restorative work, such as victim impact work. Restorative justice programs involve trained professionals working with a youth to take responsibility for their actions; acknowledging the effects of those actions; expressing remorse; and working to repair the harm, as appropriate.
- Local Plan Administration - funds that support the fiscal operation of each judicial district.

17. ***IMPACT Program –*** *Rep. Sirota:* Has the Department evaluated outcomes or conducted a cost benefit analysis of the IMPACT program? If so, what were the results of that analysis or current status of the analysis if incomplete. **(slide 45)**

    In the February 2021 figure setting hearing for the FY 2021-22 budget, JBC staff discussed the program's long-term status as a pilot program and requested evaluation data to determine effectiveness of the program. The Department entered into a contract in January 2023 with the Social Work Research Center (SWRC) at Colorado State University (CSU) to evaluate the effectiveness of the IMPACT Partnership. The CSU evaluation team has developed an outcome evaluation design plan to compare child welfare, juvenile justice, health/mental health, education, and well-being outcomes (outcome domains dependent on data availability) between youth served under the IMPACT Partnership in Boulder County and youth who receive services as usual (SAU) in other Colorado counties. The contract will conclude with a full evaluation report submitted to CDHS and presented to the IMPACT Executive Committee and CDHS stakeholders by June 25, 2025.

18. ***IMPACT Program –*** *Sen. Amabile:* How many youth from Boulder would be going to detention, commitment, or child welfare in absence of the IMPACT program? Why would the State end a successful and cost saving program rather than replicating it? Does the Department anticipate that distributing funding through CYDC will reduce the number of youth in secure detention statewide more than the number of youth currently diverted through IMPACT? **(slide 45)**

    On average, Boulder has lower detention and commitment rates, as compared to the statewide rates. However, several other judicial districts have even lower rates than Boulder. Rates, by design, control for population size. Nearly half (ten) of the state's 22 judicial districts have average daily population detention rates that are equal to or lower

than Boulder's rate. The 1st, 3rd, 5th, 7th, 8th, 9th, 11th, 13th, 14th, and 17th have the same or lower rates than the 20th (Boulder). The 1st Judicial District's detention rate (2.2) is lower than Boulder's (2.4). The 17th JD's rate (2.4) is equal to Boulder's.

Seven Judicial Districts (3rd, 5th, 6th, 9th, 11th, 13th, and 14th) have commitment rates that are the same or lower than Boulder's new commitment rate (1.4).

The number of youth referred to detention is a function of arrests and court decisions to issue warrants for youth that pose a substantial risk of serious harm to others and not a function of the Boulder IMPACT program. Boulder County will continue to receive funding for CYDC which is responsible for screening youth for detention, ensuring youth meet statutory criteria for detention admission, and providing services to allow youth to be supervised in the community. The existence of the contract with Boulder IMPACT designed to serve committed youth would not change the current systems in place that ensure that youth referred to detention who are appropriate for community supervision receive detention alternative services. The Department has no data on how many or if Boulder IMPACT is "diverting" youth from secure detention. It is the function of Boulder's CYDC program to screen youth to the appropriate level of detention and not Boulder IMPACT.

The Department cannot project whether or not commitments in Boulder County would increase as a result of the elimination of the contract to serve committed youth. A small to moderate increase in the number of commitments from Boulder County would be absorbed by the Division of Youth Services at no extra cost to the State.

The data below compares CYDC outcomes across judicial districts in three areas: youth completing services without failing to appear for court, acquiring new charges, or with a positive or neutral leave reason.

<u>Pre-Adjudicated Youth</u>
Failure to Appear: 11 Judicial Districts exceed or are close to the 20th.
New Charges: 6 Judicial Districts exceed the 20th's outcomes.
Positive/Neutral Leave Reasons: 7 Judicial Districts exceed or are close to the 20th.

Table 11: CYDC Outcomes Across Judicial Districts

	Youth Completing Without Failing to Appear at Court Hearings				Youth Completing Without New Charges				Youth with Positive or Neutral Leave Reasons			
	Pre-Adjudicated		Sentenced		Pre-Adjudicated		Sentenced		Pre-Adjudicated		Sentenced	
JD	Obj	Result	Obj	Result	Obj	Result	Obj	Result	Obj	Result	Obj	Result
1	90	97.2	90	93.3	90	92.4	90	93.3	90	93.6	90	82.7
2	90	94.4	90	89.5	90	99.7	90	66.7	90	93.5	90	96.7
3	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0	90	62.5
4	90	96.2	90	100.0	90	88.1	90	98.0	90	94.8	90	97.0
5	90	95.8	90	100.0	90	87.5	90	78.1	90	100.0	90	100.0
6	90	97.4	90	100.0	90	89.5	90	100.0	90	92.1	90	100.0
7	90	100.0	90	100.0	90	89.5	90	100.0	90	100.0	90	100.0
8	90	98.9	90	100.0	90	92.1	90	100.0	90	94.7	90	80.0
9	90	96.2	90	100.0	90	96.2	90	93.3	90	92.3	90	93.3
10	90	97.6	90	100.0	90	96.4	90	100.0	90	74.7	90	100.0
11	90	100.0	90	88.9	90	84.4	90	100.0	90	87.5	90	100.0
12	90	100.0	90	100.0	90	100.0	90	100.0	90	92.9	90	100.0
13	90	96.2	90	100.0	90	73.1	90	100.0	90	96.2	90	100.0
14	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0	90	100.0
15	90	---	90	100.0	90	---	90	71.4	90	---	90	85.7
16	90	100.0	90	100.0	90	88.9	90	100.0	90	88.9	90	100.0
17	90	91.7	90	92.7	90	91.4	90	87.8	90	96.2	90	70.7
18	90	91.2	90	97.6	90	83.9	90	96.8	90	78.2	90	94.4
19	90	98.8	90	100.0	90	93.6	90	100.0	90	91.2	90	75.8
20	90	97.3	90	99.3	90	95.3	90	94.4	90	96.6	90	93.7
21	90	93.5	90	95.0	90	91.6	90	88.3	90	94.8	90	86.7
22	90	97.0	90	100.0	90	78.8	90	100.0	90	97.0	90	87.5
State		95.5		96.8		91.1		90.6		91.1		91.3

*Obj = Objective

CYDC and the juvenile justice system is diverting a substantial number of youth away from detention at the point of detention hearings. This occurs as youth are detained based on their risk, and it often takes several days to present a plan to the juvenile court that ensures services and supervision will be adequate to ensure community safety. CYDC programs supervise over 1,600 youth per day in the community, while secure detention average daily population hovers between 185-200 youth per day. Ninety percent of the youth served through the detention continuum are served in the community, while the remaining ten percent are served in secure detention. Increased funding for CYDC would allow judicial districts a greater ability to provide

community-centered treatment services and right-size staffing ensuring youth are adequately served in the community when appropriate.

19. ***IMPACT Program –*** *Sen. Kirkmeyer:* Please provide other pilot programs like IMPACT that were not continued. Why is the Boulder County program the only remaining pilot? **(slide 45)**

    DYS is not aware of other pilot programs like IMPACT that were continued. Given the length of time from when the bill was enacted in 1997, and the initial pilot dates, the Department cannot speak to why the pilot continued on past the initial years. However, in recent years, the General Assembly has opted to continue the program.

20. ***IMPACT Program –*** *Sen. Kirkmeyer:* Please describe the contract terms the IMPACT program has with the State compared to the requirements placed on CMP programs to receive State funding. Are the requirements for CMP programs more restrictive? Are there lessons learned for how to improve CMP requirements from the IMPACT program? **(slide 45)**

    The Department's contract with Boulder IMPACT is only focused on the provision of services to committed (not detained) youth from Boulder County. In contrast, Collaborative Management Programs agreement with the State for funding is much broader and in part, determined by each county.

    The Statement of Work in the DYS Boulder IMPACT contract include the following provisions:

    - Boulder IMPACT is to provide 1.0 FTE client manager and supervisor combination (0.75 client manager/parole officer; 0.25 supervisor) to serve committed youth from Boulder County. This includes attending meetings for youth at risk of being sentenced to the Department's custody.
    - Boulder is responsible for overseeing the delivery of statutorily mandated services for all Boulder County youth committed to the custody of the Department.
    - Boulder County is to utilize State funds to provide services for committed youth or to purchase services from third party providers from the time of commitment to the time of release from parole status.
    - Boulder County Client Manager/Parole Officer is to participate in the DYS Assessment process for newly committed youth.
    - Required Case Management activities:

        - Develop case plans
        - Develop transition plans
        - Comply with statutory requirements concerning committed youth, parole board policies, client management standards, DYS Parole standards.
        - Enter case information into Trails database.
    - Provide an evaluation of Boulder County IMPACT's project that addresses performance standards

The State is obligated to provide Boulder with:

- Secure residential treatment services at State-Operating youth centers.
- Secure residential detention services at State-operated detention centers.
- Provide two beds at the Rite of Passage Mount Evans Qualifying House placement.

Collaborative Management Program requirements are purposefully minimal to allow counties the flexibility to adapt and accommodate the varying needs of their diverse communities. In order to receive CMP funds, a county must have a signed CMP Memorandum of Understanding (MOU) accepted by CDHS on or before June 30th of the current fiscal year. The MOU must include signatures from 10 mandated partners to create an Interagency Oversight Group (IOG). For Boulder County, the IOG is the Boulder County IMPACT Executive Board. The amount of funds counties receive from CMP is determined by a funding formula. In 2024, a new needs-based CMP funding formula was developed through stakeholdering, a task group, and feedback from Sub-Policy Advisory Committees, and the Policy Advisory Committee. The final formula was approved by the State Board of Human Services on August 9, 2024.

21. ***Detention Continuum –*** *Rep. Bird:* Please describe the service limitations for youth who are releasable with services remaining in detention after their releasable date. What are the needed services, and what can the General Assembly do to improve access to services? **(slide 46)**

    The term "releasable" means that a court has ordered that a youth shall be released when the services that will mitigate the substantial risk of serious harm to others or flight risk from prosecution are available. These services are often a residential placement through a county department of human services or a Medicaid placement through the local Regional Accountability Entity (RAE). The lack of community residential placement alternatives and the difficulties presented by youth with run histories and

histories of violence and aggression have been, and continue to be, barriers to moving youth out of detention.

Importantly, the CYDC Advisory Board voted in October to stop using the term 'releasable' to describe these youth because it is very misleading and instead refer to them as 'youth awaiting mitigating services'.. Many times youth who are 'releasable' are only given that status because the court wants to ensure if a placement is found, the team of professionals can move forward with the placement upon agreement and NOT have to set a court date and return at a later time. This does not necessarily mean the youth can actually be released at any point in time because their charges or behaviors as described above are far too significant for any provider in Colorado, or sometimes the county, to take them into their placements without more significant interventions.

Barriers to timely placement include:

Reduction in the number of out-of-home placements: In recent years, there has been a significant reduction in the number of available community residential placements in the State.

Characteristics of youth in detention: Many of the youth in detention awaiting these services have histories of running away from placements or have a history of violent and aggressive behavior, including violent criminal offenses. As a result, community residential providers are reluctant to take these youth. At the same time, the overall demand for placement resources is high, allowing providers to accept youth they deem most appropriate for their programs. In addition, youth entering detention have demonstrated increased complexity in treatment needs, including, but not limited to, serious substance use histories, complex trauma, violent and aggressive behavior, and family dysfunction.

Lack of inpatient substance use treatment: Another barrier to timely placement is the Statewide lack of inpatient substance treatment services for youth.
There are other reasons a youth may wait in detention after a court has deemed the youth appropriate for release with mitigating services, including a parent who is unwilling to pick up the youth. Colorado Youth Detention Continuum (CYDC) staff, county child welfare staff, and others work with the family to encourage them to pick the youth up and attempt to problem-solve barriers underlying this reluctance.

The FY 2022-23 Senate Bill 21-071 report[1] (submitted to the General Assembly on July 1, 2024, contains more information on the barriers to releasing youth.

The services that would mitigate risk and expedite release from detention include the development of more residential placement options, placements equipped to address youth with complex treatment needs, and more inpatient substance use treatment options.

The Limit the Detention of Juveniles[2] legislative report describes these challenges in detail. In brief, youth who are "stuck" in detention frequently have concerning delinquency charges or behaviors in their recent past that make it very high risk to place them. Many also have considerable mental health conditions and or developmental delays/disabilities exacerbating the situation. Examples include offense-specific charges, assaults using weapons, histories of frequent running from placement, developmental delays/disabilities, and/or considerable mental health challenges that have led the youth to assaulting others or causing harm to themselves. While H.B. 23-1307 funds exist to assist with removing barriers and providing incentives to providers, it does not compel providers to accept certain youth with very serious charges or histories even when they are eligible for a bond or could be released upon agreement of professionals to an accepting placement. Oftentimes, and even with considerable incentives, providers will not accept the youth.

22. ***Detention Continuum –*** *Rep. Sirota:* Describe changes to the staff to youth ratio in secure facilities in recent years. What is driving the high number of FTE requested in R3 compared to the number of beds? **(slide 49)**

    The Division follows the mandated staff to youth ratios for direct care staff outlined in federal statute under the Prison Rape Elimination Act. That ratio is 1:8 during waking hours and 1:16 during sleeping hours. The Division received an increase in direct care staff in FY 2014-15 to meet this statutory federal mandate. The Division has not had a change in their staffing ratios since that time.

    The staffing request in R3 is specific to two areas. The request is to increase the medical and behavioral health staff across all youth detention centers in FY 2025-26 to appropriately care for an increasingly complex population. Secondly, in FY 2026-27 the

[1] https://drive.google.com/file/d/1XycOGD7VTXMlhVl_Hv1O1ClUZD1E_Btt/view?usp=sharing
[2] https://drive.google.com/file/d/1hGMXY7lXcGmbYA63W_HlwXevXubWhuLi/view?usp=drive_link

request increases direct care staff and medical services to effectively manage the additional 39 detention beds that will require placement in new housing units.

23. ***Detention Continuum –*** *Rep. Sirota:* What is the average daily cost per youth in secure detention, commitment, and parole? **(slide 49)**

    The Department does not calculate or use a 'daily bed rate' per youth because it is highly dependent on facility footprint, housing units/number of pods per facility, and the number of available beds which are used to drive staffing ratios and all of these factors differ by youth center. For example, 12 youth in a housing unit requires 10.4 staff to operate seven days a week and 24 hours a day and is staffed the same as a housing unit with 10 youth in order to meet federally mandated staffing ratios. Ultimately, calculating an across the board daily cost, while appearing to be an easy methodology, could impact budget need projections disproportionately (either too low or too high) when assessing potential increases or decreases to the population.

24. ***Division of Youth Services Caseload –*** *Sen. Amabile:* Please describe the factors contributing to decreased utilization of contract placements. Are there not enough placements because we are not paying providers sufficiently? How does the purchase of contracts line item relate, or not relate, to capacity for State secure detention beds? **(slide 50)**

    Contract placements are related to commitment and not detention, and therefore, do not impact the capacity for State secure detention beds, as they apply to separate populations of youth. DYS has traditionally used contract residential placements in two ways:

    1. First placement for youth who have risk levels that allow them to be in non-secure settings.
    2. Step down from a secure setting when a youth's risk has been sufficiently mitigated and the placement will assist the youth in transitioning back to the community.

    Several factors have impacted the use of community placements. These include, but are not limited, to:

    1. The overall reduction in the number of committed youth in the system results in a lower demand for the contracted residential placements.

2. The increased risk profiles of the committed youth population result in youth requiring secure placements.
3. National shifts in the use of residential placement settings, along with a low bed day rate, and a greater emphasis on the use of community interventions have led many residential providers to close due to reduced demand.

25. ***Detention Continuum –*** *Sen. Amabile:* Please respond to the Child Protection Ombudsman's report regarding audio surveillance at secure DYS facilities. What is the Department doing to address the CPO's concerns? What is the current estimated cost of implementing audio surveillance at DYS facilities? Are proposed belt-loop cameras sufficient to address the concerns identified by the CPO? **(slide 51)**

DYS values the partnership with the Child Protection Ombudsman's (CPO) office. In addition, the Division appreciates that the CPO supports the Division's stance that body worn cameras/audio can be a beneficial tool. Both organizations work diligently to ensure the youth's safety while in the care of the Division.

Body worn cameras can provide safety and comfort for both youth and staff. It also provides a significant benefit aiding in investigations, training, and maintaining a professional environment.

The Division, prior to the CPO report, started exploring the use of body worn cameras/audio equipment by first reaching out to other entities that have implemented them to understand the benefits and any potential challenges. The Division researched costs and companies, which ended with a full presentation, cost estimate, and clear direction from a major reputable company.

The Division is not funded to move forward at this time. A current grant application is in process, which if approved, would only cover up to 50 percent of the cost and not ongoing. In order for a full implementation of this system, the Division has estimated roughly $2.0 million a year, each year, to maintain the contract and the FTE.

The belt loop camera is an option but does not provide the best video coverage. The Division has learned that there is equipment that can be appropriately placed on the staff's shirt and does not present like law enforcement and support the integrity of our trauma-responsive, relationship-based approach we employ at the Division.

26. ***Division of Youth Services Caseload –*** *Sen. Amabile:* Please describe services provided as part of parole programs. Are youth held in commitment because there are not sufficient resources for supervision? Does the Department anticipate that reversions will continue for this line item? **(slide 52)**

    DYS does not hold youth in commitment programs based on a lack of available reentry resources. The Division has sufficient resources to ensure all youth have the services they need to successfully transition from the commitment setting to the community, including supervision and treatment services.

    With regard to parole, DYS presents youth to the Juvenile Parole Board each month. A referral to the Parole Board is predicated on the mitigation of risk as measured by the standardized risk assessment. Approximately 10-15 youth per month begin their mandatory six-month parole period. On average, the Division supervises approximately 100 youth per day on parole.

    Parole Program Services are provided to all committed youth after approval by the juvenile parole board. Services are used to support youth during the period of reentry or transition from a secure or contract placement setting onto parole. This support can take many forms such as increased frequency of parole officer contacts and monitoring, mentoring, therapeutic services for mental health, substance use treatment services or family therapy, tutoring, vocational training, employment readiness, direct support such as transportation, clothing, rent assistance, supplies to set up apartments, and other needs a youth might present when moving to independence. Supportive services continue for a portion or the entirety of parole.

    The Department does not anticipate a reversion in the current fiscal year due to the parole population trending upward.

27. ***Budget Reductions and Recent Programs –*** *Rep. Sirota:* What would be the expected impact of decreasing or eliminating General Fund appropriations for Collaborative Management Program incentives? **(slide 56)**

    A reduction or elimination of funds would impact the 51 counties with CMP programs across the state that provide services to over 16,000 children and youth annually through CMP Individual Service and Support Teams (ISSTs) and CMP Prevention Programs.

In FY 2023-24, CMP sites were allocated $5,326,672.58, with spending averaging $328.75 per youth served. CMP includes 48 coordinators, 131 ISSTs and 121 prevention programs. Decreasing or eliminating the General Fund appropriation could reduce the number of youth served as counties would have fewer funds available for CMP services. Additionally, some counties may elect not to participate in CMP if funds are reduced.

CMP helps families overcome community barriers with regards to accessing services, transportation, and basic needs. CMP partners with parents and children in the process of addressing a problem(s) to avoid a youth from delving farther into the more expensive systems of juvenile justice and/or child welfare. CMP is a welcomed process that not just encourages collaboration, but requires it through memorandums of understanding (MOUs) in which ten mandated partners are accountable to each other for making services more accessible, equitable, and not duplicative in their communities.

The Colorado State University Social Work Research Center administers the CMP statewide evaluation. The latest evaluation reviewed multiple performance measures to assess the intermediate outcomes of children and youth served by CMP. The table below outlines client outcomes one year after services began.

Table 12: Client Outcomes One Year After Services

Child Welfare Performance Goal	**Outcome**
Increase the safety of children and youth	95 percent of clients having no subsequent founded assessments after CMP intervention
Decrease the number you children and youth involved with child welfare	96 percent of clients not involved with child welfare
Increase the number of children and youth who remained home	92 percent of clients remained home
Increase placement stability	89 percent of clients with stable placement
Juvenile Justice Performance Goal	**Outcome**
Decrease commitment to DYS	98 percent of clients not committed to DYS

Child Welfare Performance Goal	Outcome
Decrease secure detention admissions	84 percent of clients not in secure detention

28. ***Budget Reductions and Recent Programs –*** *Rep. Bird:* Please provide any data or information available about the current implementation status and impact of programs created by the following bills. Information should include the number of youth served annually when possible. **(slides 57-62)**

- HB 21-1094 (Foster Youth Transition Program) **(slide 60)**

  In 2021, H.B. 21-1094 established two programs that work in complementary ways that were intended to build a meaningful continuum of care for youth transitioning from foster care to adulthood.

  1) The Foster Youth in Transition Program (FYiT) was a significant reform of extended foster care in Colorado that made participation in Colorado's child welfare system voluntary for youth, clarified the process for how a youth opts into the program, and created the opportunity for youth to continue in or re-enter care until they reach the age of 21.
  2) The Foster Youth Successful Transition to Adulthood State Grant program (State Grant program) added much needed funding to supplement the decreasing federal Chafee program which also provides services to support foster youth transitioning into adulthood (e.g., housing, education, employment services, etc.). This program has provided the Department of Child Welfare (DCW) the opportunity to work with non-profit providers to establish programs that were traditionally funded by Chafee funds that are no longer available. The bill provided $1,134,609 in grant funding per year to do this work. This State Grant program also laid the foundation for the housing vouchers program established by S.B. 23-082.

  Foster Youth in Transition Program
  Since its establishment in July 2021, the FYiT program has served **756 youth with 426 youth currently participating**.

The FYiT program has allowed flexibility for youth where they reside and how services can be provided, based upon individual needs. Case management services are provided in addition to assistance with:

- enrolling in Medicaid;
- securing appropriate housing and case management services;
- obtaining employment;
- budgeting;
- obtaining critical documents and records; and
- other services moving towards independence and successful adulthood.

The Foster Youth Successful Transition to Adulthood State Grant program
The State Grant program from H.B. 21-1094 provided $1,134,609 in funding to existing Chafee programs ($648,359) as well as expanded supportive services in an additional 16 counties ($486,250). These funds have been particularly critical in offsetting decreasing federal Chafee awards and expanding services in counties with fewer community resources (San Luis Valley, Colorado's Western Slope, and various rural communities). Even with the additional funding, almost all programs are running waitlists for services demonstrating the ongoing need.

In FFY 2024, the Chafee and the State Grant program jointly served 822 youth in the form of case management, housing navigation, employment readiness and search, educational support, health and wellness support, and connecting with permanent connections.

- HB 23-1307 (Juvenile Detention Services and Funding) specific to community provider incentive funds only **(slide 58)**

  H.B. 23-1307 provided $1,780,137 to incentivize and remove barriers for licensed 24/7 child care placement and treatment providers to serve youth who may be placed in community residential facilities or family-like settings in lieu of detention.

The following provides a breakdown of how the incentive funds of $1,780,137 were used in FY 2023-24:

- DCW expended $1,489,996 for the cost of placements for 126 youth who were able to move from detention to a 24/7 child care provider in the community.
- $290,141 of the funding was used to support a short-term residential pilot program that accepts children and youth who are leaving detention or at risk of detention who are eligible to live with their families and/or kin.
- The following provides a breakdown of how the incentive funds of $1,780,137 are being utilized to date in FY 2024-25:
  - Continued payment to 24/7 child care providers for placements into FY 2024-25 for 11 previously placed eligible youth whose treatment needs necessitated a longer term prior to step down (placements previously approved in FY 2023-24) for $309,630.
  - Six new eligible youth have been moved from detention and placed in 24/7 child care provider placements for to date cost of $125,220.

- HB 23-1249 (Reduce Justice-involvement for Young Children) specific to CMP incentives **(slide 62)**

Specific to CMP incentives, as a result of H.B. 23-1249, CDHS no longer awards incentive funds to CMP sites based on performance. In order to receive CMP funds, a county must have a signed CMP MOU accepted by CDHS on or before June 30th of the current fiscal year. In 2024, a new needs-based CMP funding formula was developed through stakeholdering, a task group, and feedback from Sub-Policy Advisory Committees, and the Policy Advisory Committee. The final formula was approved by the State Board of Human Services on August 9, 2024. The new formula is made up of the following components:

- Base amount ($59,000) determined by the average total personnel costs of all CMP sites;
- Population of CMP eligible children and youth (0-21) in the county;
- Poverty Index of the county;
- Cost of Living Index of the county;
- Underserved Populations in the county;

- There is a reduction limit of five percent, so that no CMP site will receive less than 95 percent of their previous three year average allocation and a total allocation percentage cap so that no CMP site will receive more than 4.5 percent of the total allocation.

H.B. 23-1249 allocated an additional $2,000,000 for new CMP sites joining in SFY 2023-24. Rio Blanco was the only county to establish a new site during SFY 2023-24. Rio Blanco was allocated $73,551 and served ten youth in the first year. The remaining funds from H.B. 23-1249 were rolled into the CMP cash fund to be allocated to all participating counties in future fiscal years. In SFY 2024-25, Summit County joined CMP and was allocated $90,216.

- HB 23-082 (Fostering Success Voucher Program) **(slide 61)**

S.B. 23-082 provides two supports for eligible youth exiting foster care in Colorado:

- It first provides up to 100 state housing vouchers to provide safe and stable housing for youth where the youth pays up to 30 percent of their income towards their rent and the voucher pays the outstanding balance. As of November 25, 60 vouchers have been issued to youth and the program is on track to have a waitlist by January, 2025. It was estimated that each voucher would fund approximately $1,000 per month, but due to increased housing costs each voucher has needed to cover more than that amount and the current average is $1,600.
- It also provides $1.4 million on an annual basis for local Chafee services and other contractors to provide case management and flexible funding to youth who have received the Colorado Fostering Success voucher.

Taken together, Colorado Fostering Success Voucher Program and the Colorado Foster Youth Successful Transition to Adulthood State Grant Program (though H.B. 21-1094) have enabled youth to receive funding and resources that can be used to support very vulnerable youth involved in Colorado's child welfare system as they journey into adulthood. These programs have also enabled our system to compensate for consistent federal reductions in funding for this population.

- HB 24-1038 (High Acuity Youth) **(slide 57)**

OCYF's "high acuity beds" come from contracts between DCW and 24/7 facilities and agencies. These 35 beds are available to children or youth in the legal custody of County Departments of Human Services and/or Colorado Medicaid Members when all other referrals to placement and treatment providers have failed, usually because of a highly acute clinical and/or behavioral health need that a youth is presenting with.

To access this program, which has served over 70 youth since its inception, referring entities including County Departments of Human Services and Regional Accountable Entities must demonstrate that all other placement options and any opportunities to support a return home or placement in the community are exhausted. Each child admitted to the program may be, or is at imminent risk to be, in a county office, detention facility, hospital, and/or out-of-state placement without access to appropriate placement. Keeping kids in Colorado is one of the major driving goals of these programs. In addition to every placement admitted into these programs being the last possible option in-state, these programs have also returned six children into Colorado from out-of-state placements during the last year.

H.B. 24-1038 also requires the establishment of a provider staff training academy and several other programs that will improve the quality of treatment and care provided in residential, out-of-home, placement settings. Currently the Performance Management Outcomes (PMO) team has created, vetted, and has begun piloting the 40-hour Colorado Provider Training Academy internally. The Performance Management Outcomes team is also working to bring clinical-based training and support to providers across the out-of-home placement continuum to include improving individual child/youth plans for treatment, improving aftercare plans from Qualified Residential Treatment Programs (QRTP), and improving discharge summaries and planning.

H.B. 24-1038 came out of last year's child welfare interim committee and was a priority for the department. It was intended to address significant gaps in the system to meet the needs of the most highly acute youth in the state.

- SB 24-008 (Kinship Foster Care) **(slide 59)**

The two primary components of S.B. 24-008 are to provide much needed financial assistance to support non-certified kinship caregivers who care for their relative

children that are at risk of future maltreatment and to reduce barriers throughout the process of kinship foster care certification without compromising safety to a child.

DCW has fully implemented mechanisms to allow for non-certified kinship care reimbursement. Non-certified kin began receiving payments for reimbursement in October 2024 for placements beginning September 1, 2024. Through mid-November, 958 non-certified kinship providers have received a payment on behalf of 1,412 children. Also, to date, $1.1 million in payments have been issued to non-certified kin providers. For FY 2024-25 & 2025-26, this reimbursement is 30 percent of Colorado's foster care rate. Beginning FY 2026-27, the rate will be increased to 50 percent.

Currently, system partners are working to allow relatives and kin to become certified under new kinship foster care certification standards which will reduce barriers to certification for relatives and kin without compromising safety. New certification standards for kin are important because they ensure that more relatives and kin become certified and it will also allow federal funds to be claimed. This will also support permanency efforts as kinship foster families are eligible to receive Relative Guardianship Assistance and Adoption Assistance.

At this time, it is unknown how many children/youth and kinship families will be impacted in future years, but we have generally seen an increase in percentages of children who are placed with kin, from around 18 percent of all placements 15 years ago to over 40 percent currently. This is in spite of a 40 percent decrease in out-of-home placement, or foster care placement, during that same time period.

29. ***Budget Reductions and Recent Programs –*** *Sen. Bridges:* Please describe programs supported by the Residential Placements for Children with IDD line item, and why the line has reverted General Fund in recent years. Does the Department expect that reversions will continue in future years? **(slide 57)**

The Calabrese Youth Center (CYC) Laradon program (or "DCW IDD Program") serves children and youth ages 11-18 years of age who have an Intellectual and Developmental Disability (IDD) and/or an Autism Spectrum Disorder (ASD) diagnosis and need treatment for behavior stabilization to be able to safely return to, or step down to, a community setting (i.e., return to family or a foster care placement). OCYF believes that the DCW IDD Program remains the best opportunity as a last option for children and youth with significant intellectual and developmental disabilities who are otherwise unable to access placement.

Since its inception in 2019, the DCW IDD Program has been contracted with one vendor and has expanded capacity since then. As a result of S.B. 21-276, clients for the program must be referred for Medicaid's Children's Habilitation Residential Program enrollment (CHRP). This provides access to Medicaid funds, thus allowing the Department to "stretch" this funding further. As a result, the program has been able to expand bed capacity and services for the eligible population while remaining under the appropriated budget and because of this, the department does not expect reversions in future years.

This increased bed capacity along with expanded access to beds for children and youth with unmet complex needs had reduced utilization in previous years. Additionally, efforts in expanding the placement continuum by Health Care Policy and Financing (HCPF), the Office of Children, Youth and Families' Provider Services Unit, and community service providers have increased the number of available residential beds for children with intellectual and developmental disabilities by approximately 24 beds over the last calendar year. This has resulted in more available placements for children who can access less restrictive environments than the IDD Program. We do not expect to revert funding for this year because utilization trends have shifted from previous years. The Department is also able to support youth with significant Intellectual and Developmental needs outside of the CYC Laradon program who are eligible for this funding and its support.

Table 13: IDD Admissions at Laradon by Year

State Fiscal Year	Number of Youth with an IDD Admitted to the Calabrese Youth Center Program at Laradon
2020-21	17
2021-22	22
2022-23	11
2023-24	9
2024-25 (so far)	4
Total	**63**

30. ***Budget Reductions and Recent Programs, H.B. 24-1038 (High Acuity Youth) –*** *Rep. Taggart:* Please discuss the anticipated financial and service impact of H.B. 24-1038 (High Acuity Youth). Does the bill reduce costs associated with youth who otherwise could have been placed out of state? Are there any other cost savings associated with implementation? **(slide 57)**

With respect to costs, children and youth who are not able to find appropriate treatment might otherwise spend weeks or months in a hospital ER or inpatient setting, or could end up being "stuck" in a county office or detention bed. We have gradually reduced the average number of youth in residential care outside of Colorado, from around 20 two to three years ago to around 15 in recent years past, to less than ten today. It is difficult to calculate how much these placements would have cost in a similar out-of-state placement because we do not have any data on where the youth would have been placed without this program, what that out of home placement would cost, or what the case management costs incurred by the county for travel would be,, but, regardless of fiscal impact, keeping children and youth in their home state is incredibly important. Again, the youth served by these facilities are among the most clinically vulnerable and have the most acute treatment needs we have seen in Colorado.

House Bill 24-1038, also known as the High Acuity for Children and Youth Bill, passed into law late into the Assembly's last session, required the Department to ensure:

- The creation of a residential child care provider training academy to create a pipeline of high-quality staff for residential child care providers;
- The expansion of the number of treatment beds available at our Colorado facilities for children and youth with significant behavioral or mental health needs;
- The establishment and monitoring of quality standards for residential child care providers.
- The development of a system to incentivize residential child care providers to implement quality standards above Colorado's established minimum standards.
- The development of a directory on the department's website for each residential child care provider's quality assurance.
- An increase of the minimum reimbursement rates paid to qualified residential treatment programs for the purpose of aligning room and board payments across payer sources.
- Contracting with one or more third-party vendors to implement a pilot program to assess the needs of, and provide short-term residential services for, juvenile justice-involved youth who do not meet the criteria for detention.
- The creation of a clinical team focusing on in depth review of assessments, diagnoses, treatment history, responses to therapeutic modalities, and identification of appropriate ongoing treatment needs and supports for children

and youth with high acuity needs to facilitate timely matching with appropriate treatment settings.

- Expansion of overall licensed bed capacities across the out-of-home placement continuum, emphasizing an increase in specialized foster care bed capacity (treatment and therapeutic foster care).

Importantly, through existing CDHS programs that would have otherwise sunsetted with American Rescue Plan Act funding, we have been able to serve youth with significant behavioral health needs, severe Developmental and Intellectual Disabilities, or a myriad of psychosocial impairments. Our CDHS team, when other placement leads have fully exhausted, triage and assign treatment-level residential services on a daily basis to any one of Colorado counties and families in need, and H.B. 24-1038 is critical to avoid a gap in available services to families.

31. ***Detention Continuum:*** *Rep. Sirota:* Please provide additional information on how $1.7 million for provider incentives from HB 23-1307 have been utilized. How did the Department determine the need and distribution of funds? **(slide 58)**

House Bill 23-1307 provided $1,780,137 to incentivize and remove barriers for licensed 24/7 child care placement and treatment providers to serve youth who may be placed in community residential facilities or family-like settings in lieu of detention.

The following provides a breakdown of how the incentive funds of $1,780,137 were used in FY 2023-24:

- The Division of Child Welfare (DCW) expended $1,489,996 for the cost of placements for 126 youth who were able to move from detention to a 24/7 child care provider in the community.
- $290,141 of the funding was used to support a short-term residential pilot program that accepts children and youth who are leaving detention or at risk of detention who are eligible to live with their families and/or kin.
- The following provides a breakdown of how the incentive funds of $1,780,137 are being utilized to date in FY 2024-25:
    - Continued payment to 24/7 child care providers for placements into FY 2024-25 for 11 previously placed eligible youth whose treatment needs necessitated a longer term prior to step down (placements previously approved in FY 2023-24) for $309,630.
    - Six new eligible youth have been moved from detention and placed in 24/7 child care provider placements for to date cost of $125,220

32. ***Budget Reductions and Recent Programs, S.B. 23-082 (Fostering Success Voucher) –*** *Rep. Sirota:* What is the implementation status of S.B. 23-082 (Fostering Success Voucher)? How many vouchers have been approved each fiscal year? How many youth have participated in the program? **(slide 61)**

    As noted above, the housing voucher program through S.B. 23-082 has helped ensure youth have safe and stable housing and has supported multiple youth with small children to move from homelessness into safe and stable housing. Many more youth have been able to escape homelessness through the use of the vouchers that have been issued.

    This program began issuing housing vouchers to youth in May 2024 and as of November 25, 2024, 60 vouchers have been issued. Due to the current cost of leases in Colorado we expect to be able to fund 80 vouchers and are on track to have a waitlist by January 2025. Additionally, case management funds provided through this program have been used to hire staff that support the youth and landlords in locating and maintaining their housing as well as ensure youth have access to the support needed to resolve the barriers that contributed to their experience of homelessness.

    The corresponding case management funds ($1.4 million) provided through S.B. 23-082 have been used by county departments of human/social services to hire on staff to assist youth in the housing vouchers. As of mid-November, four county departments have hired on staff to provide targeted support to voucher recipients to increase their success in the voucher program. All programs are utilizing their case management funding to provide temporary housing while youth apply for the voucher and continue to support youth in finding available safe housing. There are multiple programs throughout the state that do not have access to other federal housing vouchers (provided through the Department of Housing and Urban Development specifically for foster youth) so for some of the programs the Colorado Fostering Success vouchers are the only option that they have.

33. ***Budget Reductions and Recent Programs, S.B. 23-082 (Fostering Success Voucher) –*** *Sen. Kirkmeyer:* Can funding from Proposition 123 be utilized to support programs from HB 21-1094 and SB 23-082? **(slide 61)**

Based on our understanding of Proposition 123 funding administration, no. Proposition 123[3] sets aside money for the Colorado Department of Local Affairs (DOLA) to create a program serving persons experiencing homelessness. Within the Proposition 123 language and further legislation under H.B. 23-1304[4], State Governments are not listed as eligible participants of grants or loans made available through the programs serving persons experiencing homelessness. Furthermore, we are not aware of all spending and funding available under Proposition 123, as those funds were created to be administered by the DOLA and Colorado Housing Finance Authority through the Colorado Office of Economic Development and International Trade (OEDIT). Based on funding allocations approaches, DOLA was estimated to have a little over $56 million in FY2024-25[5] set aside for homelessness programs. DOLA does account for all those funds in their funding allocation plan. DOLA has put out an affordable housing annual report for FY2023-24[6] and recently published a proposition 123 implementation webpage[7], however, CDHS is not aware of all planned and projected spending for Proposition 123.

34. ***Budget Reductions and Recent Programs –*** *Sen. Bridges:* Of the programs listed above, which are the most impactful or successful? What would be the impact of eliminating these programs? **(slide 62)**

    All programs have a tremendous beneficial impact on the youth and families who are receiving services and each addresses specific critical needs such as costs associated for placement with kin, treatment services, housing, as well as foundational transition services highlighted in H.B. 18-1319 report[8].

    House Bill 23-1307 (Juvenile Detention Services and Funding): The impact of ending the 1307 program could mean that a youth otherwise served by these dollars would be "stuck" in detention who could otherwise be in a placement and, just as importantly, a youth that is a danger to the community may be without a detention bed. These same youth, however, could be served through the county block funding system, which is able to be used to reduce barriers or provide incentives to providers. Additionally, this program was greatly underutilized in its first year despite large and small scale efforts by the Department due to continued difficulty in finding an appropriate placement despite

[3] https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2021-2022/108Final.pdf
[4] https://leg.colorado.gov/bills/hb23-1304
[5] https://drive.google.com/file/d/1wMnjndCyZ7u7vzTq_PrmpUifP0wZSEiJ/view?usp=sharing
[6] https://drive.google.com/file/d/1zESpjcp-QTGDe7sqkYgGWrnIIk_luhr2/view?usp=sharing
[7] https://engagedola.org/prop-123
[8] https://drive.google.com/file/d/1E0solICnfFpvGgzjRvo4CRW9SJ5Q2LIe/view?usp=drive_link

the availability of these funds and this program. Nothing would prevent a county from "negotiating" a bed rate, and it is not unusual for more difficult situations.

House Bill 24-1038 (High Acuity Youth): If this reduction is implemented, there would be a number of possible impacts. There are numerous stories of youth struggling with significant mental health issues that were waiting for vital residential treatment services in hospitals, detention, or even county offices. This bill was not only a Child Welfare Interim Committee bill designed to address significant service gaps, but also a department priority. Extending our High Acuity programming will prevent these types of stays and help avoid Colorado youth needing placement out of state. Even though referrals to this program are at an all-time high, because of this High Acuity beds program, we've slightly reduced our individual support needs from County Departments of Human Services regarding youth who are "stuck", although we are, every day, working very hard to support counties, physicians, and parents with incredibly difficult situations.

Intellectual and Developmental Disability (IDD): The Department anticipates that reducing the IDD program by $500,000, as proposed in the JBC staff briefing, would greatly reduce any chance of future reversions. A reduction here would reduce the bed count from 15 to 14, and this would not leave much of an impact as beds are not always full due to counties' ability to locate other less restrictive settings.

House Bill 23-082 (Fostering Success Voucher Program): Eliminating or reducing our homelessness voucher program will effectively be risking an increase in homelessness and housing instability for a group of youth throughout Colorado who were raised, at least in part, in the foster care system. These young people, who were once in the Department's care, are our responsibility and they are among the ones who have been most impacted by the rising cost of housing and living in Colorado. A proportional reduction of say, half, or $500,000, would likely reduce the amount of vouchers for about 40-50 youth of the total 80 youth anticipated to be served when the program is full, who would then have to rely on other programming outside of the child welfare system for support.

House Bill 21-1094 (Foster Youth Transition Program): Eliminating or reducing the State Grant Program through H.B. 21-1094, will create an inequity in our access to services that assist youth in transitioning out of foster care because much of this relief is to supplement Chafee losses and bring these programs to rural Colorado. In FFY 2024, the Chafee and the State Grant program jointly served 822 youth in the form of case

management, housing navigation, employment readiness and search, educational support, health and wellness support, and connecting with permanent connections. Almost all of the programs are already running waitlists and losing this funding would cause counties to have to create a very narrow scope of the youth that they can serve along with the potential of laying off staff. Youth who emancipate from the child welfare system will have to seek support from community services or other resources, as needed, rather than having access to child welfare programs, case management, or associated funding. Additionally, youth over the age of 18 will no longer be able to access these resources on a voluntary basis. There are currently opportunities for young people who are working on graduating from high school, or entering college programs early, to enter into Supervised Independent Living Placements with the added support of a monetary stipend.

35. ***Budget Reductions and Recent Programs –*** *Sen. Kirkmeyer:* What is the estimated loss in federal funds of eliminating the programs listed above? **(slides 62)**

    Senate Bill 23-082 (Fostering Success Voucher): The Department of Health Care Policy and Finance (HCPF) has partnered with the Division of Child Welfare (DCW) through their pending section 1115 Medicaid demonstration amendment waiver request to the Centers for Medicaid and Medicare (CMS) to maximize state funding and draw down as a source for federal match. Based on the draft cost estimate table using S.B. 23-082 (Fostering Success Voucher Program), DCW and HCPF have an estimated loss of $761,549 in federal funds if we are not using voucher matching funds from S.B. 23-082. This funding can be used to expand the program and, once in place, the 1115 Waiver will allow us to almost double the number of youth we can serve through S.B. 23-082 via federal participation.

    House Bill 24-1038 (High Acuity Youth): The Department is able to draw down Title IV-E federal dollars, with a general fund match, on eligible placements in a QRTP setting. Eliminating the program could impact the potential drawdown of these federal funds. The appropriated federal amount for this part of the bill is $1,464,186.

    Senate Bill 24-008 (Kinship Foster Care): The Department is able to draw down IV-E on certified, eligible Kinship placements, with general fund match. Eliminating the program could impact the potential drawdown of these federal funds. The appropriated federal amount for this bill is $6,459,409.

OFFICE OF ADULTS, AGING, AND DISABILITY SERVICES

36. **Adult Protective Services –** *Sen. Kirkmeyer:* What is the department's plan for implementation of new federal rules for Adult Protective Services programs published by the federal Administration for Community Living? **(slide 71)**

    First-time federal rules for Adult Protective Services (APS) were recently published by the U.S. Department of Health and Human Services, Administration for Community Living (ACL) and require State Adult Protective Services (APS) programs to meet a set of minimum national standards by May 2028. These standards include:

    - Standardized definitions for terms foundational to APS practice, including maltreatment types requiring investigation,
    - Required methods and timelines for acceptance and response to APS reports,
    - Robust conflict of interest policies,
    - APS state plan and annual performance sata submissions.

    The Department has begun working collaboratively with representatives from County Departments of Human Services to review the new federal rule requirements and is participating in ongoing training offered by ACL to ensure Colorado's compliance with the new requirements. This year, the Department will identify whether a budget request or statutory change is needed to ensure compliance with the new federal rules. This will allow for the introduction of any necessary proposed conforming legislation during the 2026 legislative session, followed by the proposal of new rules to the State Board of Human Services in FY 2026-27. The Department will develop and roll out policy changes and associated training to County Departments of Human Services APS programs in FY 2027-28, ensuring full implementation of the new federal rules no later than May 2028.

37. ***Budget Reductions –*** *Rep. Taggart*: With the transition to home and community based services for individuals served by the state Regional Centers, the former Grand Junction Regional Center campus is no longer used for residential services. However, the campus is owned by the State and requires maintenance and upkeep, adding operational costs for a facility that is unused. Given these operational costs, does the Department have a plan for either the use of the campus or the divestment/sale of the campus? Please discuss the options available to the State to reduce or eliminate the ongoing costs of this facility. **(slide 75)**

    Per S.B. 16-178, the Grand Junction Regional Centers (GJRC) constructed two new, state of the art group homes to serve individuals who previously received services on the

GJRC campus. In May 2022, H.B. 22-1327, Native American Boarding Schools, required that prior to the sale or transfer of the property, the mapping and identification of any unmarked graves of Native American students potentially buried at the former federal Indian boarding school located on the property between 1866-1911 would need to take place. Additionally, the bill requires the Department to develop a plan for memorialization and acknowledgement of the abuse and victimization of students and families on the site in collaboration with tribal governments prior to the sale or transfer of the property.

In 2022, CDHS obtained a grant from History Colorado to conduct geophysical surveys of the campus to determine if the grounds contained any human remains. The complete analysis for this work is due to the Department for review by January 2025. A final consultation with tribal partners to review results of the analysis and to discuss any interest in a land transfer to the tribes will be held in March 2025 in accordance with H.B. 24-1444.

As of December 2023, all individuals previously served on the Grand Junction Regional Center campus were transitioned off the campus and now receive services and support in homes in the community. Since this time, the Department has reduced the utilities and ground maintenance on the campus to a minimum to maintain the fire suppression system. The cost of utilities has dropped by more than half and ground maintenance costs are minimal.

Per H.B. 19-1062 and H.B. 22-1327 the Department has several options for the divestment/sale of the property. The Department can transfer the property to an institution of higher education, a local government, a state agency, or one of the two federally recognized tribes in Colorado or the Department - in coordination with the Department of Personnel and Administration (DPA) - can attempt to sell the property. The Department is pursuing inquiries from interested parties to transfer the land and will partner with the appropriate state agencies to facilitate the transactions.

38. ***Veterans Community Living Centers –*** *Sen. Amabile:* Please describe how Medicaid daily rates have affected the financial status of the Veterans Community Living Centers. Are these daily rates paid directly to the State or through the individuals receiving care? **(slide 79)**

The VCLCs receive funding through four main sources; 1) Veterans Administration (VA) funds, 2) Medicaid, 3) Private Pay and 4) Medicare on a per diem basis. These funds are

billed by the facility to the payor sources and the payments are paid directly to each VCLC.

Medicare and VA per diem payments comprise 69 percent of total resident revenue. These are the highest reimbursed payor types, and are intended to be inclusive of all services provided to the resident. The VCLCs cannot bill other insurance sources for expenses that exceed the VA or Medicare per diem rate.

Medicaid comprises 22 percent of the total revenue and is paid on a per diem basis. In FY 2024-25, there was a significant increase in per diem via a new rate calculation structure. However, this rate does not reimburse for 100 percent of services resulting in a revenue shortfall relative to the cost of services. Secondary insurance can be applied where applicable.

Private Pay comprises the final nine percent of total resident revenue. Daily rates are established by the Division of Veterans Community Living Centers and based on market pricing.

39. ***Veterans Community Living Centers –*** *Sen. Bridges:* Please provide a robust discussion on the staffing challenges faced by the Veterans Community Living Centers, including the impact on state employees, individuals receiving care, and the day-to-day operations at the state owned Centers. What steps has the Department taken to mitigate the negative impacts of these staffing challenges? **(slide 80)**

The four Veterans Community Living Centers (VCLCs) operated by the Department currently have 472 staff who provide care to veterans, veteran spouses and Gold Star parents. In recent years, the VCLCs have experienced rising operating costs, a declining number of residents and decreased revenue. Because of these factors, expenditures for the VCLCs have exceeded revenue since FY 2019-20. Because staffing is by far the largest cost associated with operating the VCLCs, over the past several years the Department has continually assessed how best to meet residents' needs through staffing while balancing the need to be fiscally responsible and address this financial challenge.

The VCLCs, like many other nursing facilities across the country, experienced staffing shortages in recent years, making the use of high-cost temporary staffing agencies necessary. During and shortly after the COVID-19 pandemic, the VCLCs received American Rescue Plan Act (ARPA) funds to help offset these costs. However, once the ARPA funds were exhausted and a thorough financial analysis was conducted, it became

apparent that the use of higher cost staffing agencies without the revenue and occupancy to support these expenses was not sustainable. To address this issue, the VCLCs implemented new scheduling options for employees within the VCLCs, which resulted in a decreased reliance on staffing agencies and subsequent reduction in overall staffing costs. These scheduling changes did not impact the VCLCs ability to meet the needs of residents or compromise resident care.

Despite these efforts, staffing costs have remained a challenge at the VCLCs. The VCLCs do not have the flexibility to adjust staffing or reduce staff hours based on census or other business needs, a standard practice in non-state health care facilities, due to statutory state employee job protections. As a result, it was necessary for the Department to seek alternative ways to address the high cost of staffing the VCLCs relative to the decrease in revenue driven by lower census.

In August 2024, the Department hired an external consultant to conduct an analysis of staffing levels at the VCLCs. The consultant concluded that the staffing levels at the VCLCs were higher than state/national averages and there was an opportunity for cost savings that would not impact the quality of care for residents. The Department discussed staff reduction options with representatives from COWINs and evaluated potential solutions. The Department then determined that it needed to lower staffing level requirements to better align with current regulations to create financial stability for the VCLCs. In October 2024, the Department made the difficult decision to eliminate some positions that are not currently needed to ensure the effective operation of the VCLCS and provide the high quality of care that our veterans deserve. The Department has worked conscientiously over the past several months to communicate and execute plans for a reduction in force to staff at the VCLCs. As of December 6, 2024, the anticipated impact of this action is a potential decrease of up to 28 staff positions, down from an anticipated 49 positions, across the four VCLCs, primarily in nondirect care positions, effective January 25, 2025. The Department is working closely with each of the impacted staff members now to provide opportunities for them to transfer to other positions within CDHS or other state departments. Almost all of these staff members will be offered opportunities to transfer to another position. For the staff members who choose not to accept the opportunity to transfer to another position or for the few staff members for whom there are no transfer opportunities available, the employees will be paid a severance based on their years of service. Additionally, a hold was placed on filling current vacancies at the VCLCs which allowed for staffing at the homes to align with acuity and building specific needs. These staffing changes will not impact residents as they continue to receive high quality care.

40. ***Veterans Community Living Centers –*** *Rep. Bird:* Given the recent challenges with the census at the Veterans Community Living Centers, what are the Department's plans for addressing census growth? Please provide a detailed discussion of the challenges and opportunities facing the state owned Veterans Community Living Centers is addressing the recent declines in census. **(slide 81)**

The VCLCs have faced several challenges and opportunities as a result of a decline in census in recent years. Since 2014, the number of VA contracted nursing homes has grown exponentially from 14 to over 60. These private nursing homes are in direct competition with the VCLCs and allow veterans to reside closer to their families. Industry trends have also shifted to promote individuals aging in place rather than traditional nursing home settings. These services include adult day cares, assisted living, paid family caregivers and other home and community based services. Additionally, the long term care industry as a whole has continued to have lower occupancy rates after the COVID pandemic.

To address these challenges, in addition to the Department's plan to reduce expenses, the Department has put significant work into increasing occupancy through marketing efforts. New marketing materials and dedicated efforts increased the number of residents by five percent year over year starting in FY 2022-23. The Department also created facility-specific, targeted marketing plans to bring more referrals and admissions in the VCLCs. In addition, the Department created billboards and videos to increase awareness of our VCLCs unique offerings.

The Department will remain financially stable with a five percent census growth. We expect that our efforts will result in a financial loss of approximately $2 million this year, down from $7-8 million the past two years. If our census continues to grow at a five percent rate, the Department expects to return to a profitable enterprise. The Department will continue to monitor our efforts extremely closely for the effectiveness of these efforts.

Additionally, work has begun to contract with new insurance providers such as Medicare Advantage Plans. This change will allow the homes to access a growing market and population of individuals who joined these plans for the additional benefits provided above standard Medicare.

COLORADO
Department of Human Services

We are the people who help people

Fiscal Year 2025 - 2026

Joint Budget Committee Hearing
December 12, 2024



Agenda

9:00-noon

- Department Overview
- Administration & Finance
- Equity, Diversity, and Inclusion
- Office of Children, Youth and Families
- Office of Adult, Aging and Disability Services

OUR MISSION

Together, we empower Coloradans to thrive

OUR VISION

To serve Coloradans through bold and innovative health and human services

OUR VALUES

- A people-first approach
- Collaboration helps us rise together
- We are ethical
- Transparency matters
- Balance creates quality of life
- We hold ourselves accountable

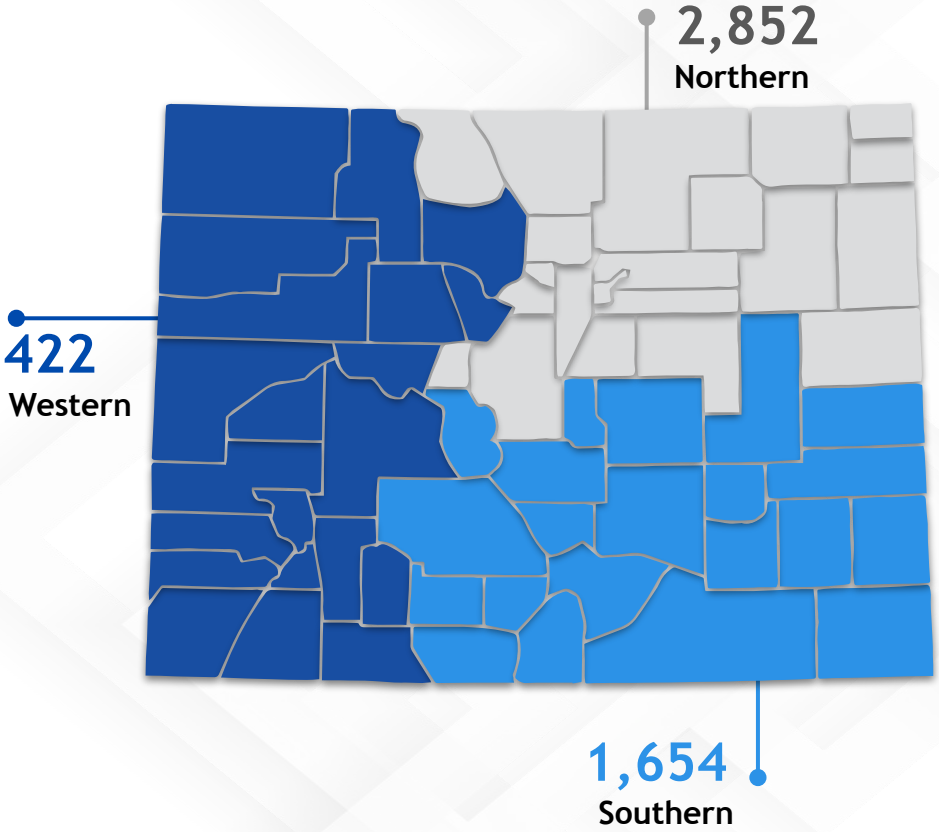
Our Team

4,928

employees across the state
75% work in our 24/7 facilities

3,680

in our 24/7 facilities



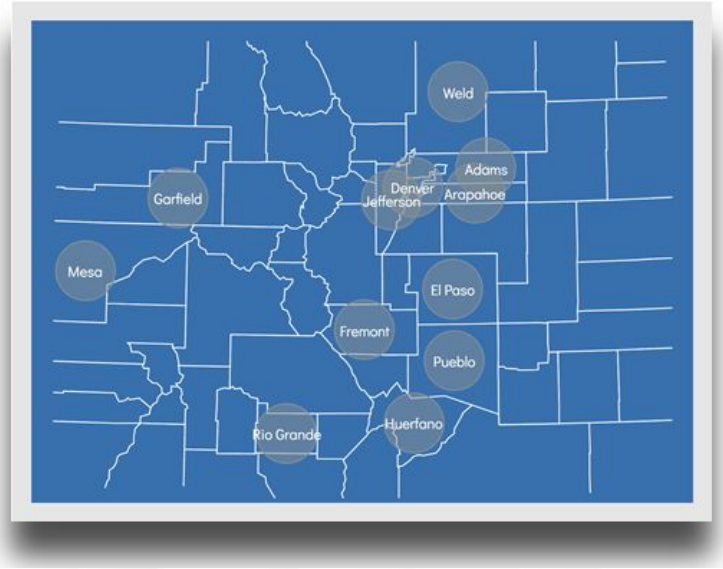
Our Care Centers

We provide almost 2,000 beds across the state to serve our clients.

317 buildings in 12 counties

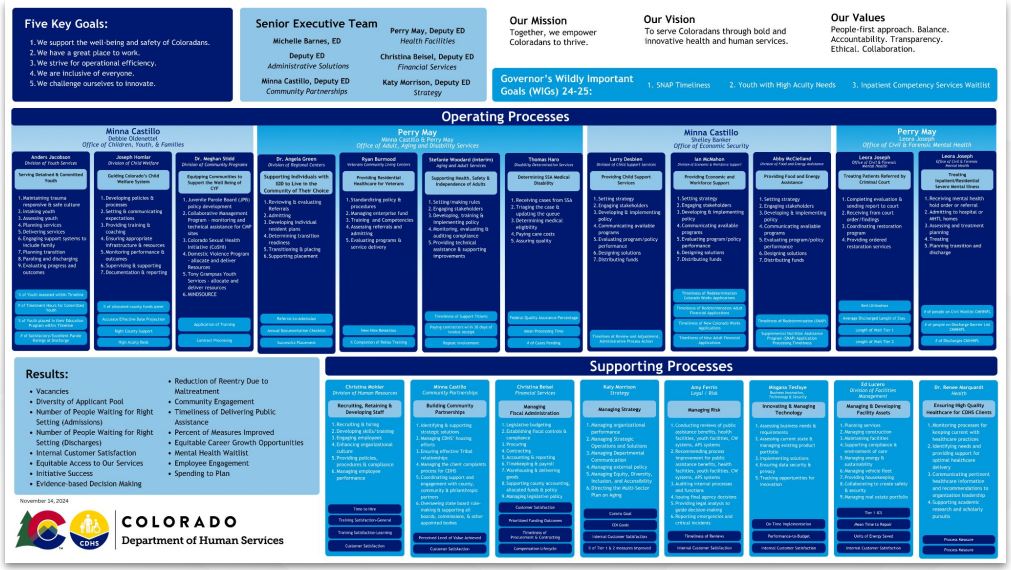
- 3 Regional Centers
- 40 Group Homes
- 14 Youth Service Centers
- 2 Mental Health Hospital Campuses
- 5 Veterans Community Living Centers

These buildings are supported by 377 facilities management staff.



Results Driven Management System

RDMS is a commitment CDHS has made to strengthen how we run the organization in order to fulfill our vision.



Our focus is on preserving the most critical services for our clients

As we move through current and future budget constraints, we will prioritize our core work, which is to serve the most vulnerable Coloradans.











Administration & Finance

Questions related to central programs





R-08: Increasing Oversight and Preventing Waste

Identify how fraud occurs and use this information to stop it from happening in the future.

- 1.0 FTE Fraud Investigator (FY 2025-26)

Support, provide assistance, and assess county capabilities to identify, investigate and prevent fraud.

- Contracted vendor evaluation (FY 2026-27)

Current State of Fraud Investigation



Increase in reported tips from 600 in FY 2022-23 to more than 2,100 in FY 2023-24



Current resource limitations prohibit CDHS from offering counties support to investigate.

- The State refers these tips to the counties, but 25 counties do not have fraud investigators on staff.
- It is critical for CDHS to take a more active role in supporting county investigations of fraud.

Recoveries on Fraud (Q1, pg.1)

The bulk of fraud tips are public-assistance related.

For these cases, the Department will not collect revenue as a result of catching instances of fraud.

Instead, prevention results in:

- More people (or the right people) receiving benefits
- Recovery of a portion of the funds (40%) by counties



Child and Adult Mistreatment Dispute Review Section (CAMDRS)

- County Departments assess and make findings about child abuse/neglect or mistreatment of at-risk adults
- When the County Department makes a substantiated finding, the person has a right to appeal
- CAMDRS manages the appeal process for CDHS, balancing due process rights with validity of the finding



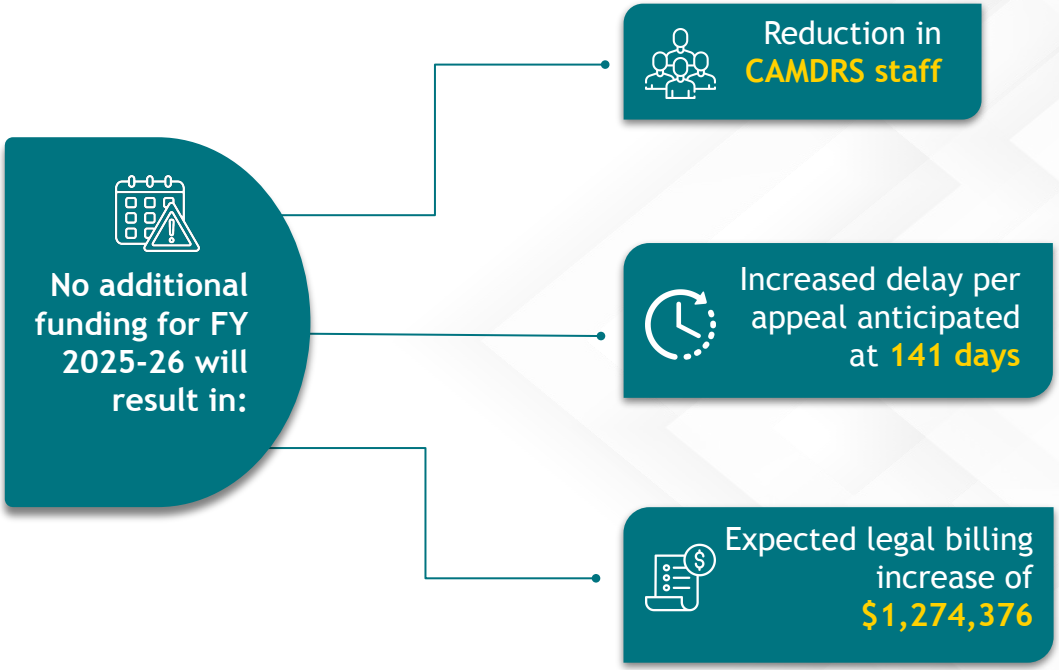


R-12: Manage Appeals of Child Abuse and Neglect Findings

- The creation of the Colorado Department of Early Childhood changed the funding mechanism for the CAMDRS team by creating a new General Fund appropriation.
- A miscalculation reduced the needed appropriation by $143,863 total funds ($89,993 General Fund).

CAMDRS Cost Coverage Since FY 2023-24 (Q2, pg.2)

The Department utilized **one-time** ARPA dollars to cover costs in FY 2023-24.



Thank you!
Questions?

COLORADO
Department of Human Services

Equity, Diversity and Inclusion

Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB)

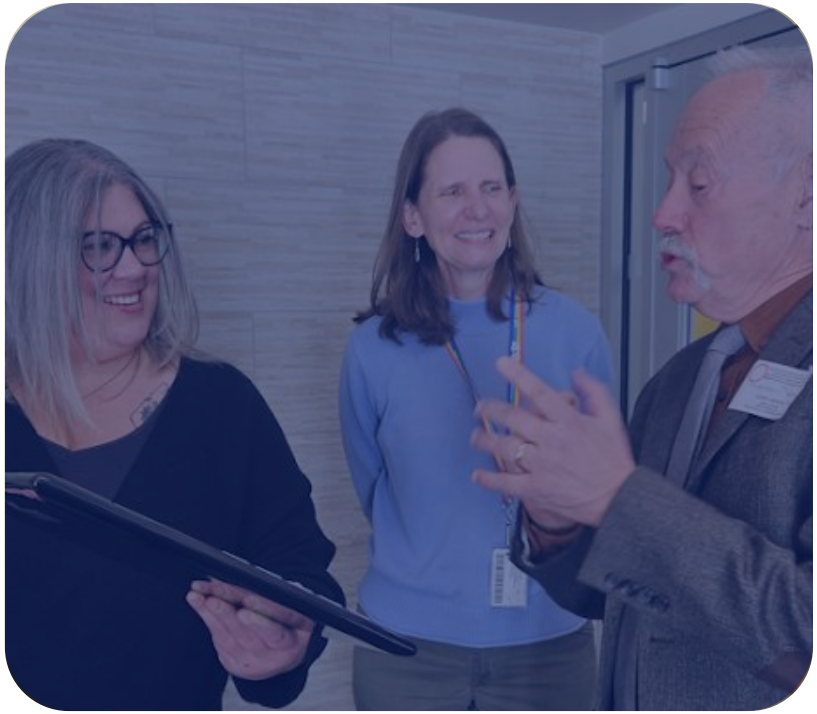


COLORADO
Department of Human Services

Demographics

- Detailed breakdowns for each population are difficult to determine (especially for deafblind populations)
- **20.2%** of Coloradans are deaf or hard of hearing (**1.17 million**)
- **~1%** of that population are likely deafblind (**57,737**)
- **Numbers increase** as a person ages





About CCDHHDB

Nine programs/services

- Legal Communication Access Services
- Rural Communication Access Services
- Communications Technology Program
- DeafBlind Community Intervener Program
- DeafBlind Services
- Outreach and Consultative Services
- Grants Program
- System Advocacy
- Colorado Early Hearing Detection and Intervention

Requests

Programmatic

- Continue with and slightly increase funding
- Ensure community needs are met
- Based on past years and anticipated needs

Enterprise Cash Fund

- Revenue from the Telephone Users with Disabilities Fund (TUDF)
- General fund relief



Thank you!
Questions?

COLORADO
Department of Human Services

Office of Children, Youth & Families



COLORADO
Department of Human Services

Office of Children, Youth & Families

Our vision is to ensure children, youth and families across Colorado are safe and thriving. OCYF programs include:



Child Welfare
More than **11,000** open involvements



Youth Services
554 youth served daily



Community Programs
Approx - 43,000 Coloradans served annually

Other programs:
Implementation Science Unit, Legislative Affairs, Communications, Trails, Medical Team



Office of Children, Youth & Families FY 2025-26 Requests

- R-02/Leg-01 Streamlining Juvenile Justice Services
- R-03/Leg-02 Increase DYS Detention Bed Cap
- R-11 Nutrition for Youth Care Settings
- R-13 Career & Technical Education Technical Adjustment
- R-15 Purchase of Contract Placements for DYS
- R-18 Child Welfare Prevention Services Reduction

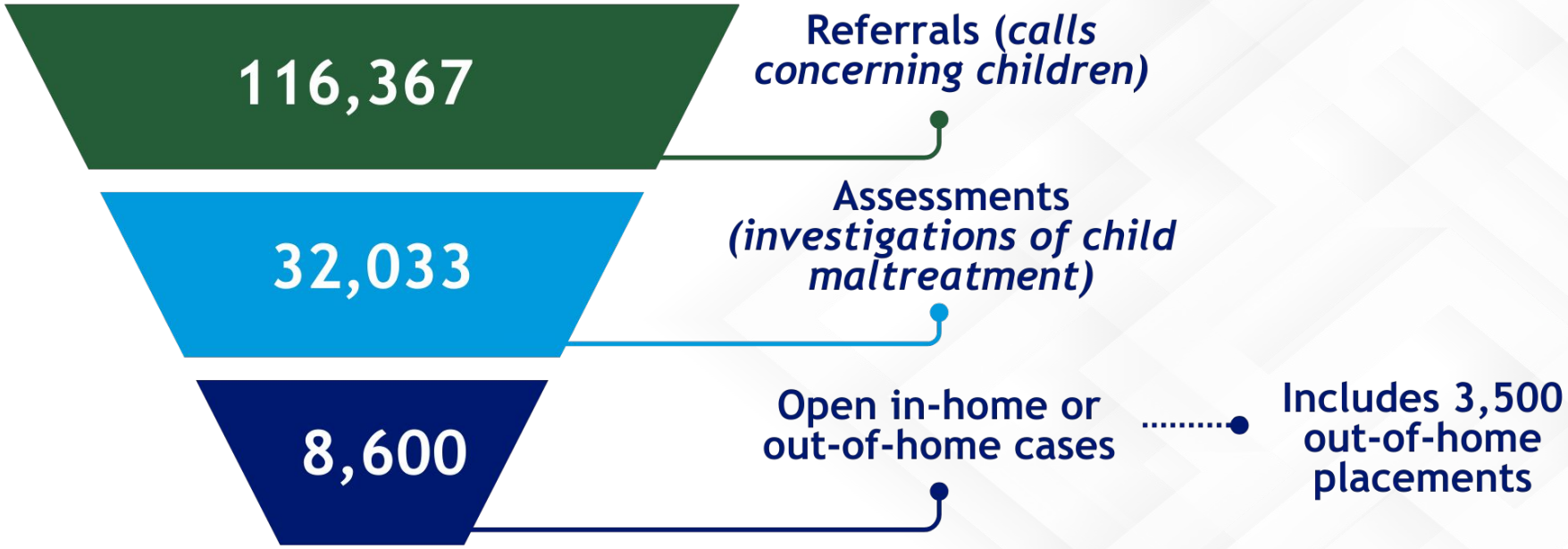
Office of Children,
Youth & Families

Division of Child Welfare

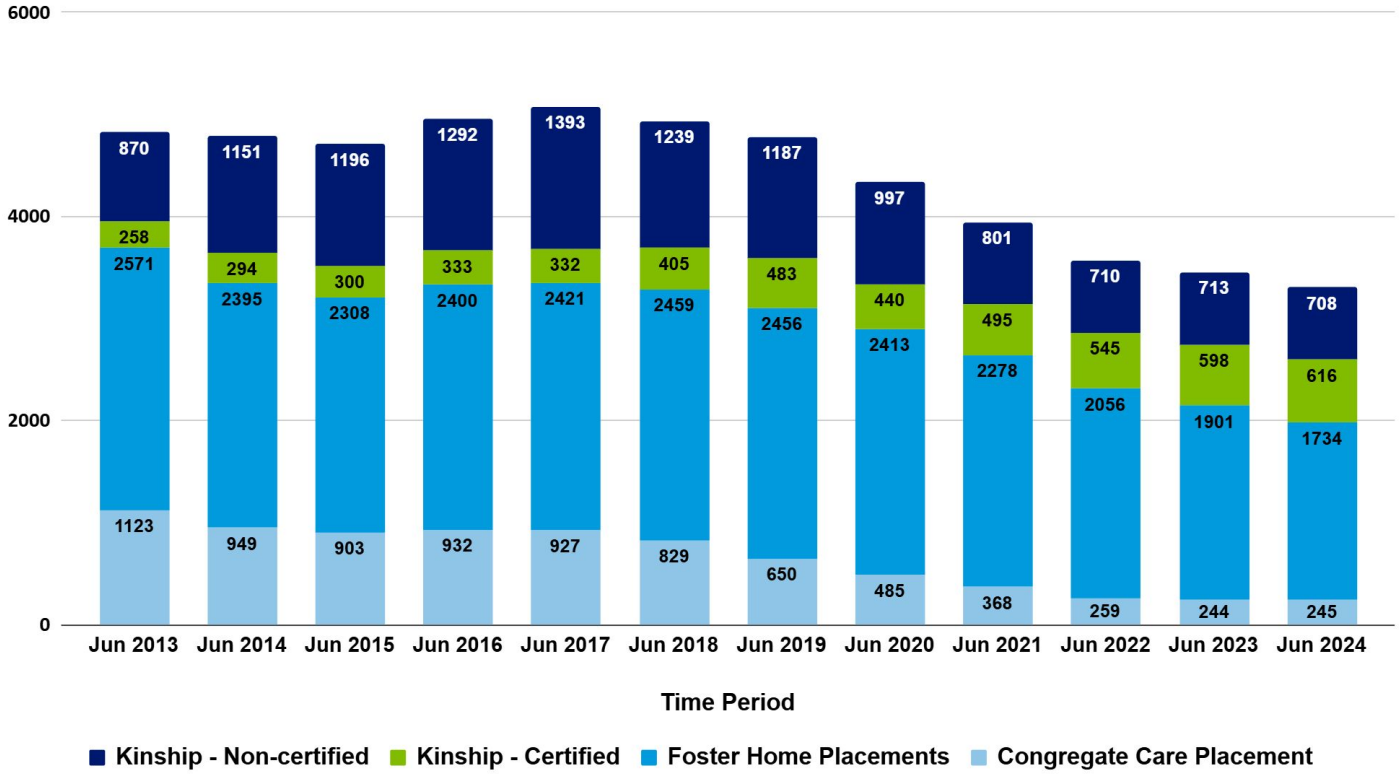


COLORADO
Department of Human Services

Child Welfare Services FY 2023-2024



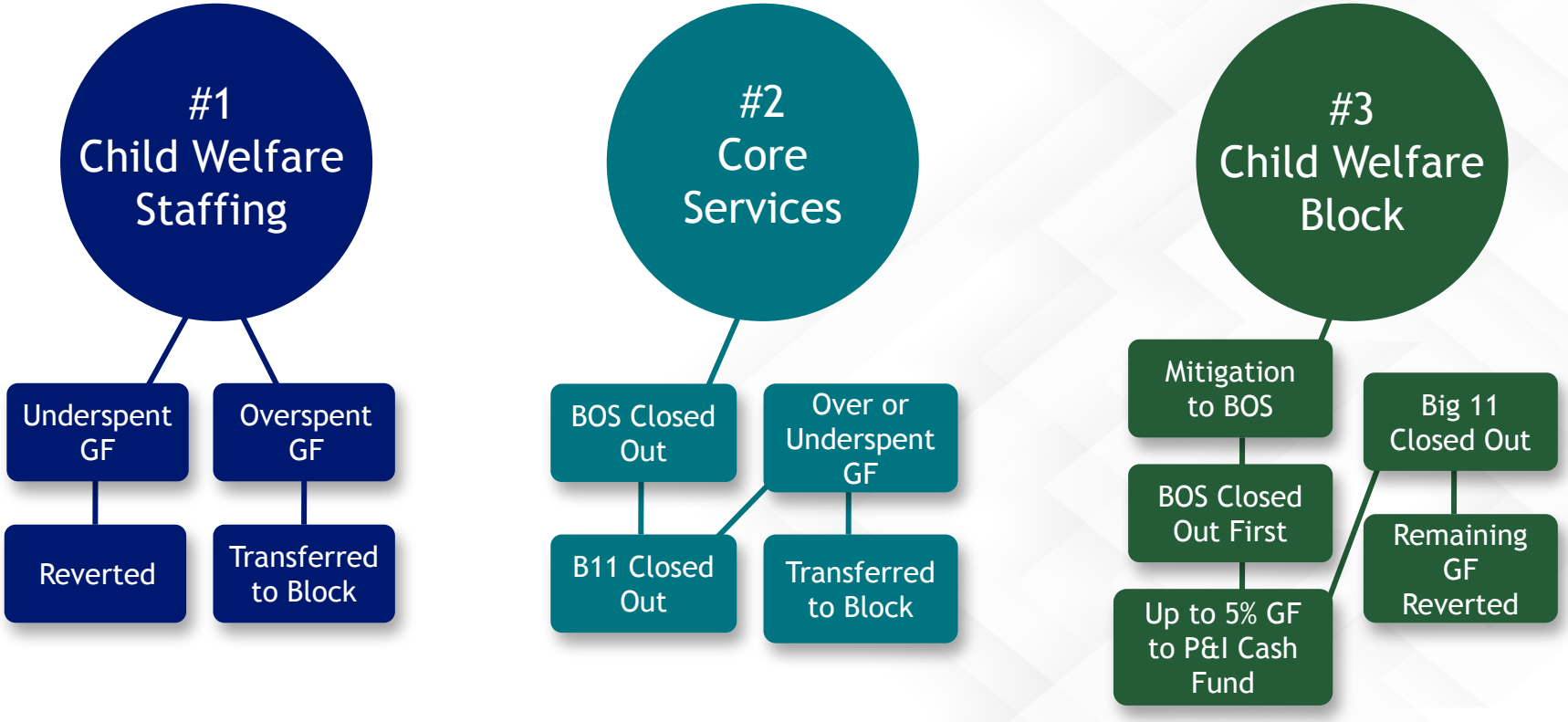
Out-of-Home Placements



How We Resource Child Welfare Services (Q3, pg.2)

- Child Welfare Services (Block)
  $413,457,960
- Family and Children's Programs (Core)
  $60,743,979
- Child Welfare Staffing (SB15 242)
  $38,133,279
- Other sources:
  Adoption/Relative Guardianship Assistance
  Federal non-appropriated funds

County Closeout Process (Q4, pg.3)



Adoption & Relative Guardianship Assistance (Q5, pg.3) (Q6, pg.4)

- $49.5 million in a dedicated line item
- 90% General fund and a 10% county match
- Provides cash subsidies to families
- Adoption Subsidy Tool

R-18: Child Welfare Prevention Services Reduction

$3,564,591 ($3M GF)

- Total recommended decrease of $3,564,591 ($3M General Fund) in **Core Services**
- This reduction recognizes a tight budget year
- Core was chosen because it's slightly more limited in how it can be used to invest in families



Office of Children, Youth & Families

Division of Youth Services (DYS)



COLORADO
Department of Human Services

Our Mission:

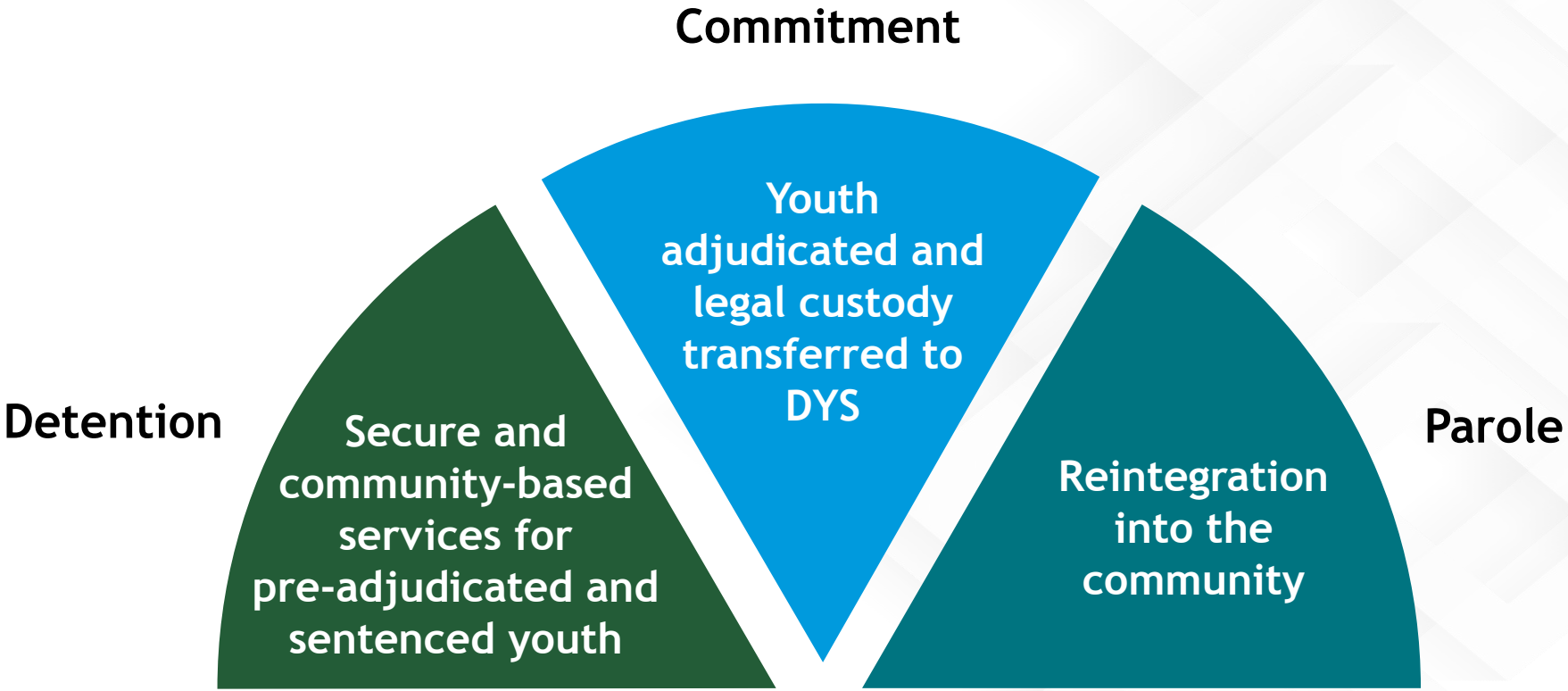
To protect, restore and improve public safety through a comprehensive continuum of care.

- Effective supervision and support for youth.
- Accountability to victims and communities.
- Positive youth development to empower young people.



"I achieved things that I never thought I would have achieved. Although I put myself in a situation to fail, it was amazing to get lucky to have a great group of people around me who actually cared about my well being and success. I have to say for a fact, that without my team being so understanding, I wouldn't be where I am today. They never gave up on me and never spilled bad into my head no matter how dark it looked for me and always helped me see through to the other side. It's because of people like you guys that kids like me get another chance at life and I couldn't be more grateful that God brought people of your caliber into my life."
~Jovanni

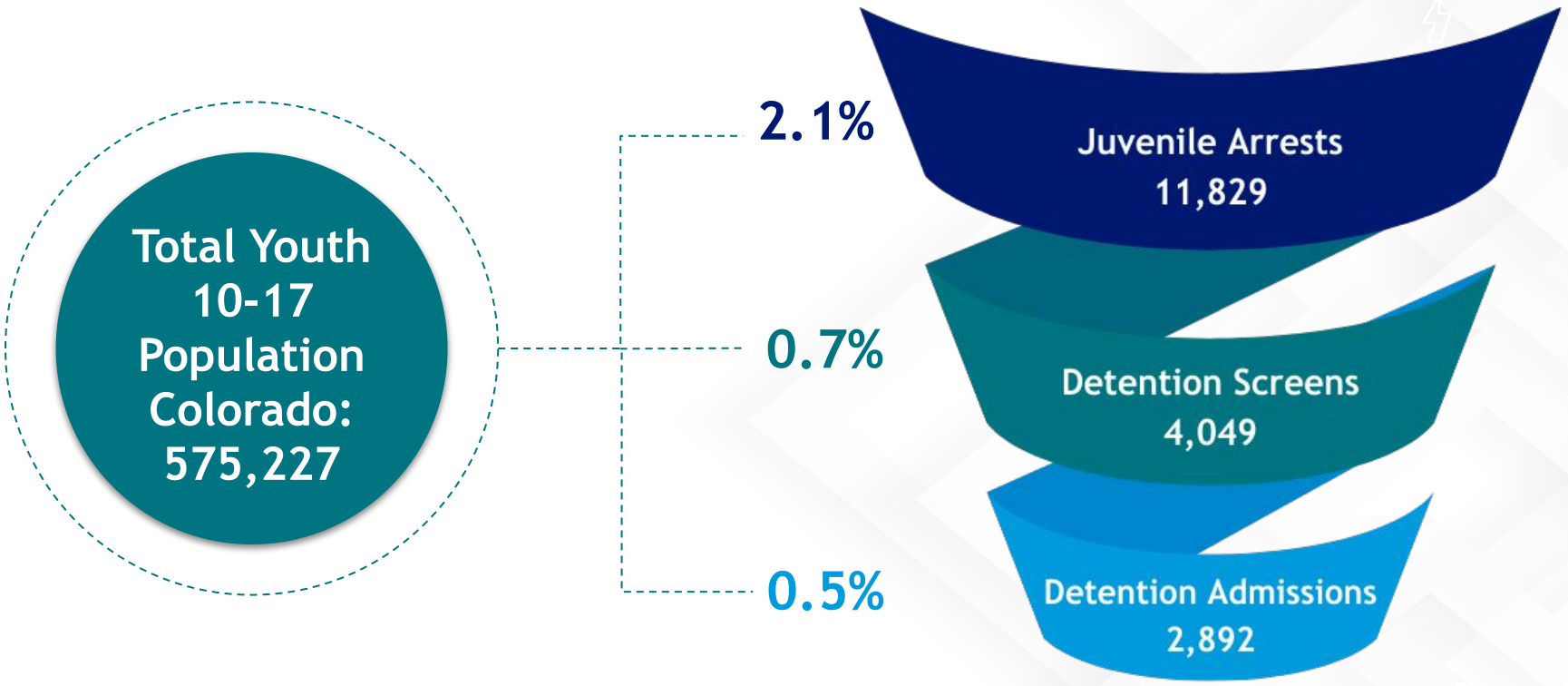
DYS Continuum of Services



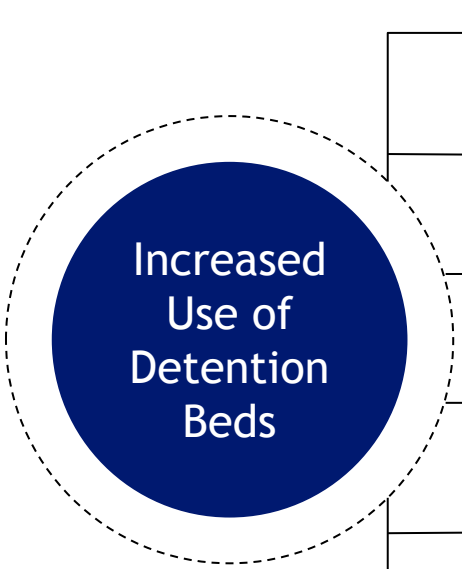
DYS Detention Continuum (Q7, pg.4)



Juvenile Justice Detention Landscape FY 2023-24



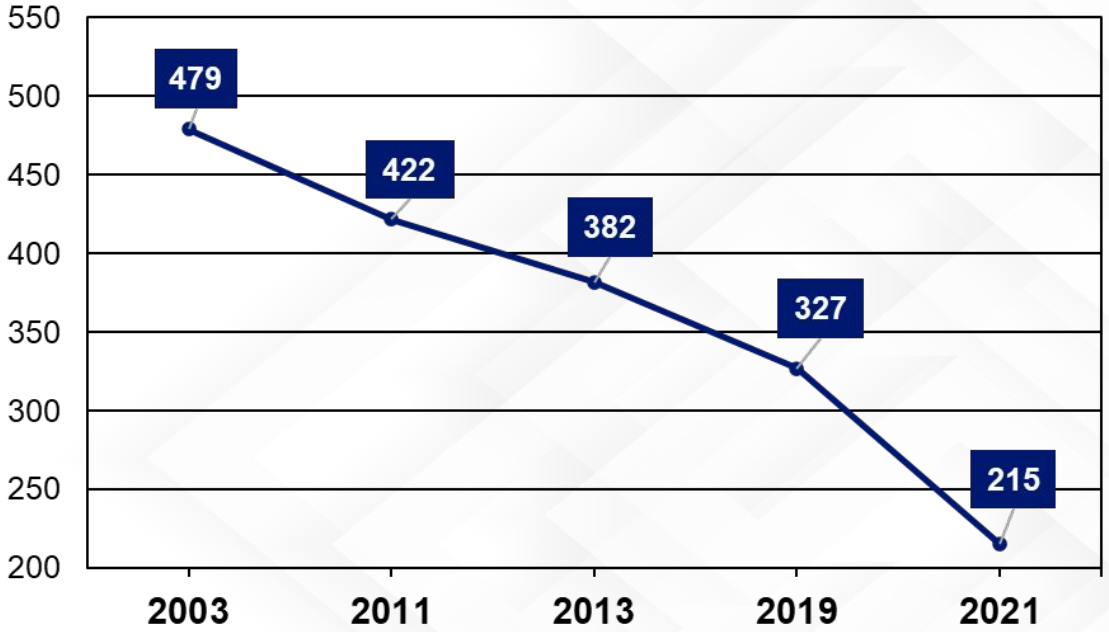
Detention Bed Use Increasing



- Increase in juvenile arrests
- Increase in juvenile delinquency filings
- Increase in detention screenings
- Increase in detention admissions
- Increase in length of stay
- All eight detention centers have operated at or above 100% capacity in FY 2023-24

A Brief History of The Colorado Secure Detention Bed Capacity

Secure Detention Bed Capacity



***2023** - HB23-1307 Added **22** Temporary Emergency Detention Beds



Youth Detention Demographics (Q8, pg.6) (Q9, pg.10)

1,191

+49% Increase in new detention admissions with a violent charge since FY 2020-21

799

169

+80% Increase in new detention admissions DYS for homicide or manslaughter from FY 2020-21

94

R-03: Increase DYS Detention Bed Cap (Q10, pg.11)

237

During FY 2026
Realigns the use of all beds to be under the same access as capacity beds

215+22 emergency beds=237

215

254

During FY 2027
Increase secure detention capacity by 17 beds

237+17 (15 flex + 2)=254

237



Emergency Beds (Q11, pg.12) (Q12, pg.13) (Q13, pg.13)

HB 23-1307 created 22 ‘Emergency Beds’ to be utilized across the State. These beds do not count towards the 215 detention bed cap.

- Petition filed by District Attorney or County DHS Attorney no later than the next business day
- Court shall issue an order to permit access of emergency beds up to the allocation to the catchment area if:

1. Catchment area is full

2. No beds within 50 miles of another center

3. Services are not available to mitigate risk for those detained

4. Hearing held every 5 business days

All Youth Centers Have a Flex Bed Allowance

Allows districts to maximize local detention utilization

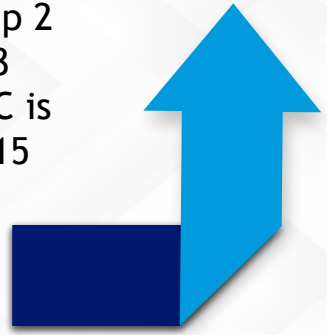
Allows time to prepare a comprehensive release plan

Reduces transports further from home

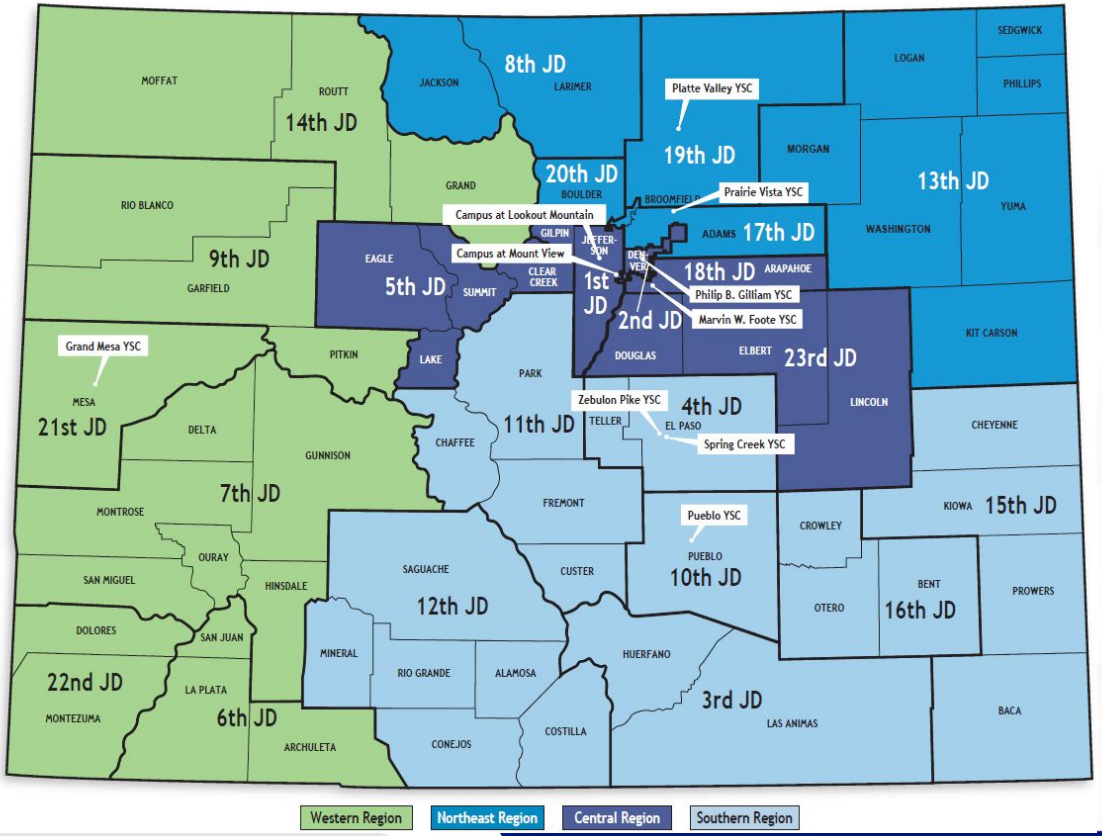
Allows facilities to flex up 2 beds over capacity for 48 hours provided that CYDC is under the state cap of 215

+2

Flex Up



Colorado Youth Detention Continuum (CYDC) Catchment Areas & Judicial Districts



Catchment Area	Cap	ADP
Central Region	93	82.3
Northeast Region	56	48.9
Southern Region	46	47.6
Western Region	20	14.3
Total	215	193.1



Emergency Bed Access by Catchment Area (Q14, pg.14) (Q15, pg.15)

12.9%	Western Region				
	6th	14th	21st	22nd	
17.1%	Northeast Region				
	13th	17th	8th	19th	
67.6%	Southern Region				
	4th	10th	12th	15th	16th
2.4%	Central Region				
	18th				

(209 emergency beds accessed)

R-02: Streamlining Juvenile Justice Services (Q16, pg.19)

Reinvests funds into CYDC programs where all judicial districts receive increased allocations to better support viable alternatives to placement in state-funded detention.

Reinvestment will offset increased costs incurred since 2022 in areas such as:

- Length of stay in community programs
- Hardware cost increases



- Personnel Services
- Treatment services

R-02 Boulder Impact Questions (Q17, pg.20) (Q18, pg.20) (Q19, pg.23) (Q20, pg.23)

What are the outcomes of the pilot project?



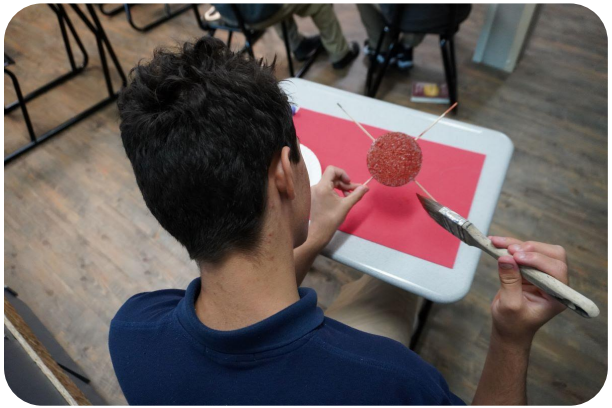
Why would we end Boulder Impact if it is a model program and so successful?



What is the difference between Boulder Impact and Collaborative Management Programs?

Youth Awaiting Mitigating Services (Q21, pg.24)

Youth in secure detention for whom the court has made a determination that services and/or placement can mitigate the substantial risk of serious harm to others or risk of flight from prosecution, if services and/or placement are available to mitigate the said risk.

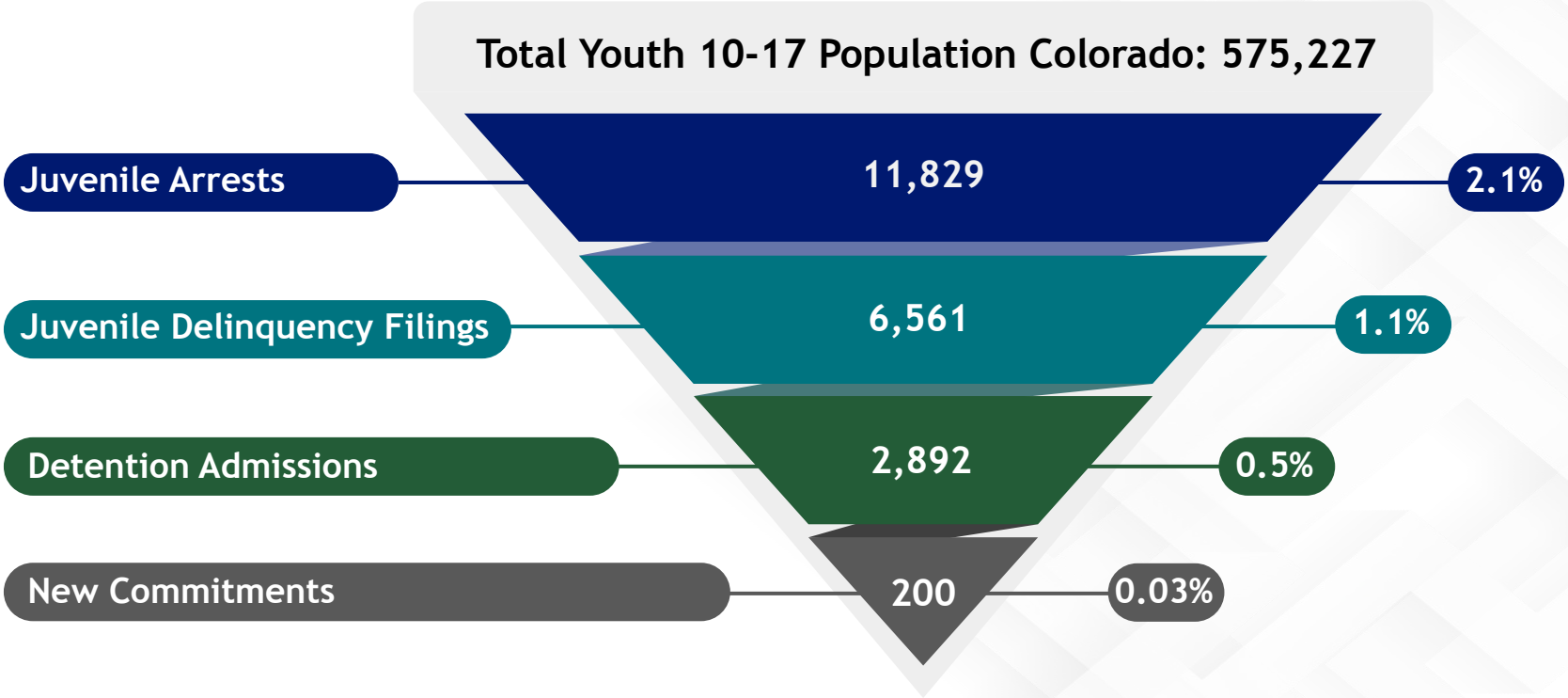







State-operated secure youth center residential placement
Commitment
Step-down community-based residential placement

Juvenile Justice Filtering Process to Commitment FY 2023-2024



Staffing and Bed Day Rate (Q22, pg.26) (Q23, pg.27)

Detention | Commitment



Staffing is highly dependent on the facility footprint:

- Housing units/number of pods per facility, and
- The number of available beds which are used to drive staffing ratios.

Mandated Federal/State/Local Staffing Ratios:

- 1:8 during waking hours
- 1:16 during sleeping hours

Commitment: R-15 Purchase of Contract Placements (Q24, pg.27)

Several factors have impacted the use of community placements. These include but are not limited to:

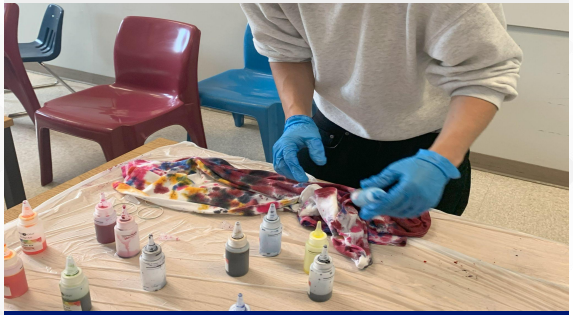
Reduction in the number of committed youth leads to less demand for service.

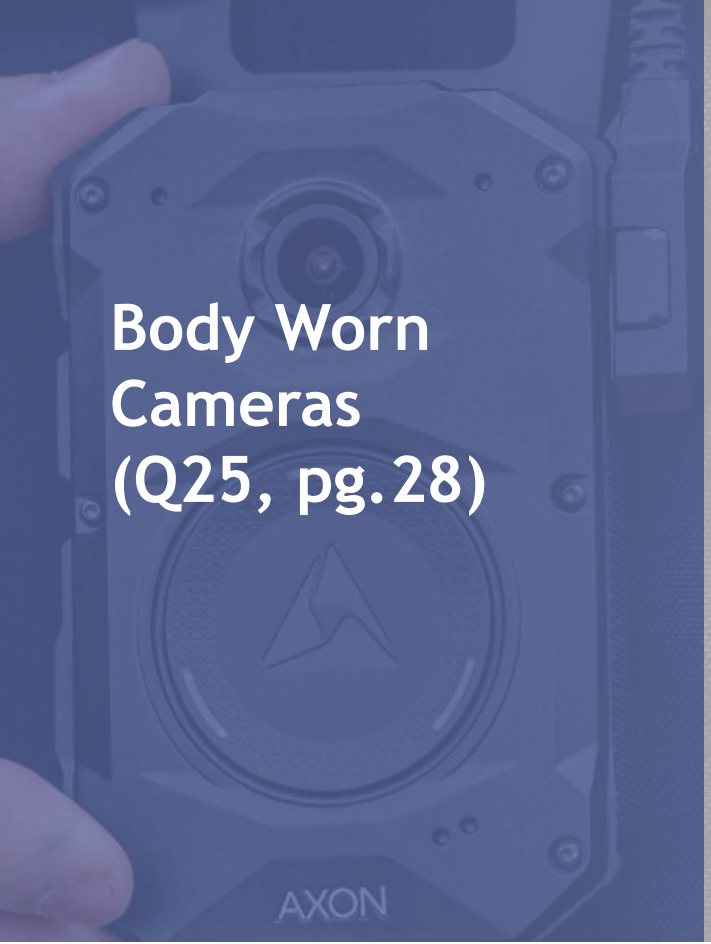


Increased risk profiles of the population result in youth requiring secure placements.



National shifts in use of residential placements and utilization of community interventions have led to residential providers closing doors.

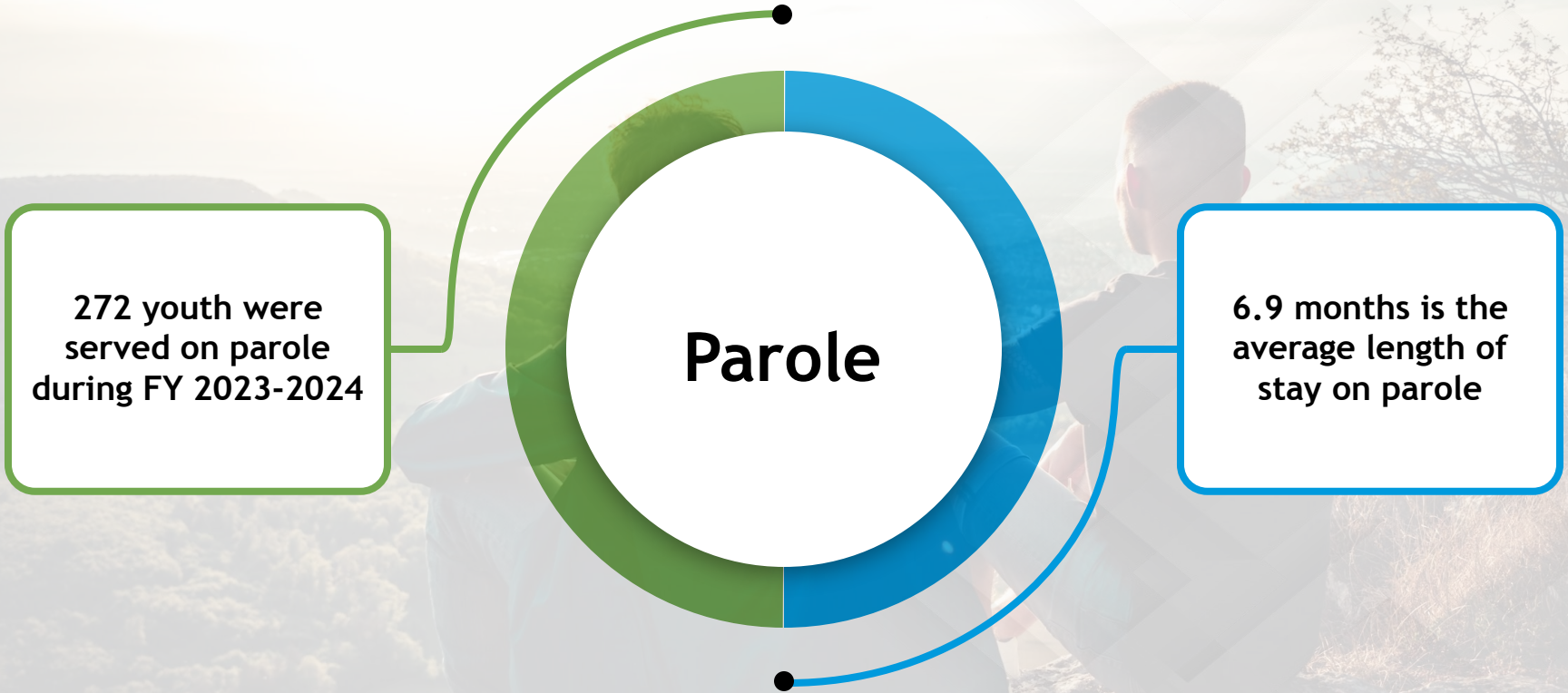




Body Worn Cameras (Q25, pg.28)

- Aids in investigation
- Exceptional training tool
- Protects both youth and staff
- Benefits realized in other states

Parole Program (Q26, pg.29)



R-11: Nutrition for Youth Care Settings

Food inflation over four years has strained DYS nutrition programs, jeopardizing standards and caloric intake for youth.



32% increase in the cost of food



Costs have increased by $371,695 annually

R-13: Career and Technical Education Technical Adjustment

This request transfers 2.0 FTE and $153,868 to the appropriate budget line, where they are currently managed.

Office of Children, Youth & Families

Division of Community Programs



COLORADO
Department of Human Services

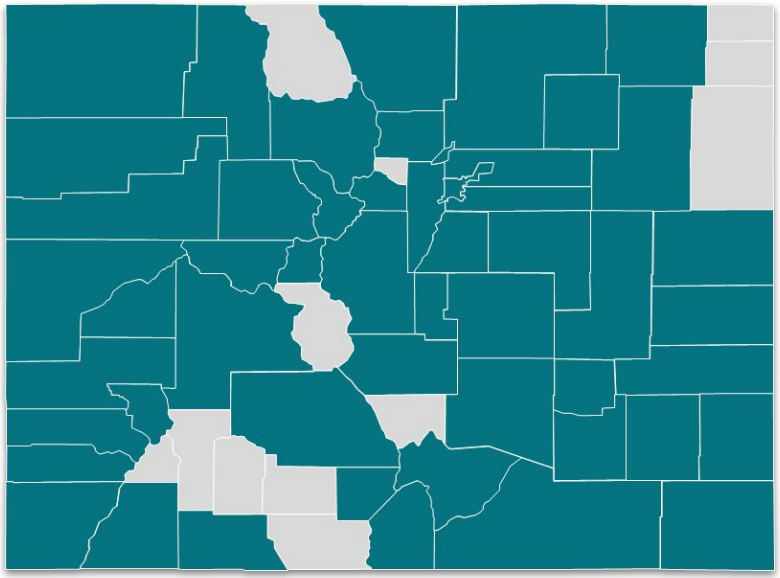
Division of Community Programs

The Division of Community Programs (DCP) works to create and elevate a community of practice around the work of community facing units within OCYF.

DCP strives to implement, serve and nurture partnerships and family/youth engagement through community facing funding and programming.

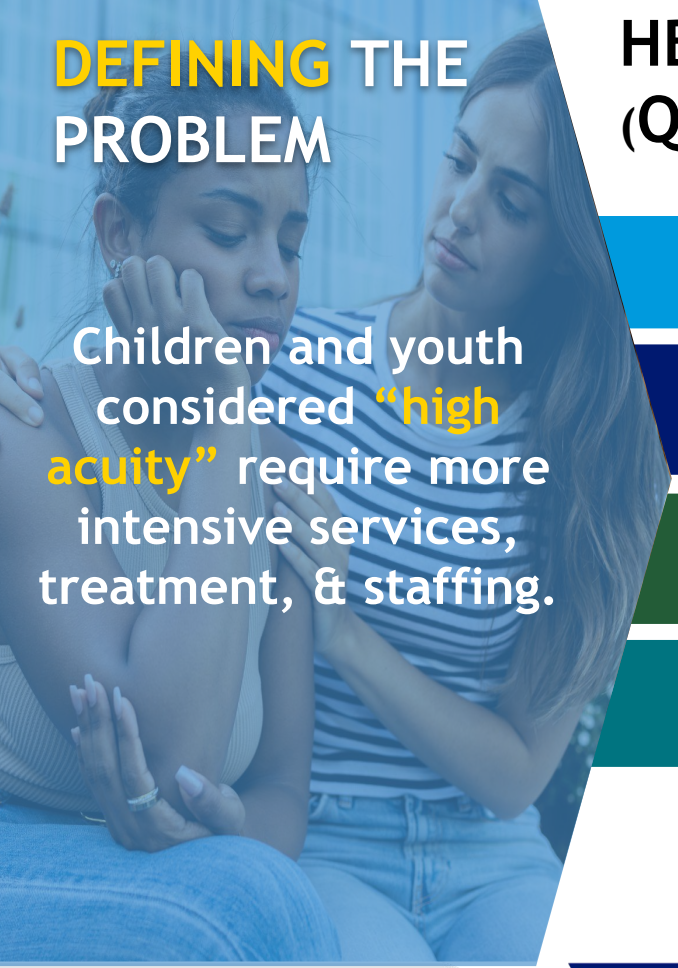
- Collaborative Management Program (CMP)
- Domestic Violence Program (DVP)
- MINDSOURCE Brain Injury Network
- Juvenile Parole Board (JPB)
- Tony Grampsas Youth Services Program (TGYS)
- Colorado Sexual Health Initiative (CoSHI)

Collaborative Management Program (CMP) (Q27, pg.29)



CMP requires multi-system collaboration

- **51** participating counties
- **131** Individual Service and Support Teams (ISSTs) and;
- **121** prevention programs
- **16,000+** children/youth served annually
- **$328.75** average cost per youth



DEFINING THE PROBLEM

Children and youth considered "high acuity" require more intensive services, treatment, & staffing.

HB 24-1038 High-Acuity Youth (Q28, pg.35) (Q29, pg.36) (Q30, pg.37)

- Expand the number of beds available
- Expand specialized foster care
- Create a residential child care provider training academy
- Creation of a clinical care team

HB 23-1307 Juvenile Detention Services & Funding (Q28, pg.32) (Q31, pg.39)

FY 2023-24 Incentive Funds Utilization

Funds were used to support approximately 155 youth exiting detention into out of home placements



SB 24-008 Kinship Foster Care Homes (Q28 , pg.35)



Reimbursement

Non-certified kin began receiving payments for reimbursement in October 2024 for placements beginning September 1, 2024.

Present

$1.1 million in payments were made to 958 non-certified kinship providers on behalf of 1,412 children.

Future

DCW has seen an increase of children who are placed with kin, from around 18% of all placements 15 years ago to over 40% currently.

HB 21-1094 (Q28, pg.31)
Foster Youth in Transition (FYiT)

FYiT Reform of Extended Foster Care in Colorado

- Made participation in Colorado's child welfare system voluntary for youth
- Clarified the process for how a youth opts into the program
- Created the opportunity for youth to continue in or reenter care until they reach the age of 21

Clients Served Since July 2021

- 756 Youth
- 426 Youth Currently Participating

SB 23-082 (Q28, pg.34) (Q32, pg.40) (Q33, pg.40)

Fostering Success Voucher Program

Up to 100 state housing vouchers

$1.44 million annually to provide case management and flexible funding to youth

As of November 25, 60 vouchers have been issued



HB 23-1249 Incentive Funds (Q28, pg.33) (Q34, pg.41) (Q35, pg. 43)

- $2 million for new CMP sites
  - Rio Blanco established in FY 2023-24 and received $73,551
  - Remaining incentive funds were rolled into the CMP cash fund

- As a result of HB 23-1249, CDHS no longer awards incentive funds based on performance
  - In 2024, a new needs-based funding formula was developed

Thank you!
Questions?

COLORADO
Department of Human Services

Office of Adult, Aging & Disability Services



COLORADO
Department of Human Services



Division of Aging and Adult Protective Services

Division of Regional Centers





Division of Veterans Community Living Centers

Division of Disability Determination Services



Office of Adult, Aging and Disability Services

Division of Aging and Adult Protective Services



COLORADO
Department of Human Services

State Unit on Aging (SUA)



Supports older Coloradans to **age-in-place** in their communities.

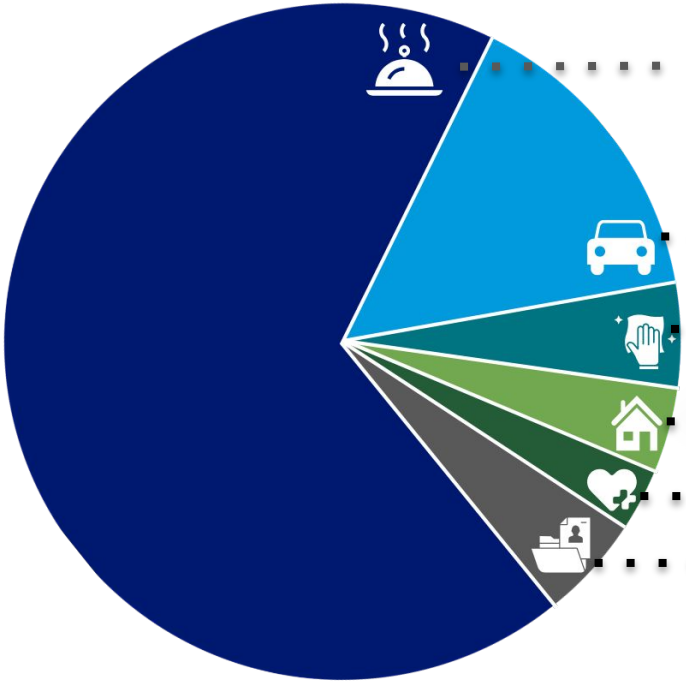


Delivers services to those 60+ and caregivers through **16 regional Area Agencies on Aging (AAAs)** and local provider agencies.



Served nearly **56,000 older Coloradans** last year.

Area Agency on Aging Services by % of total FY 2023-24



Meals — 68%

Transportation — 15%

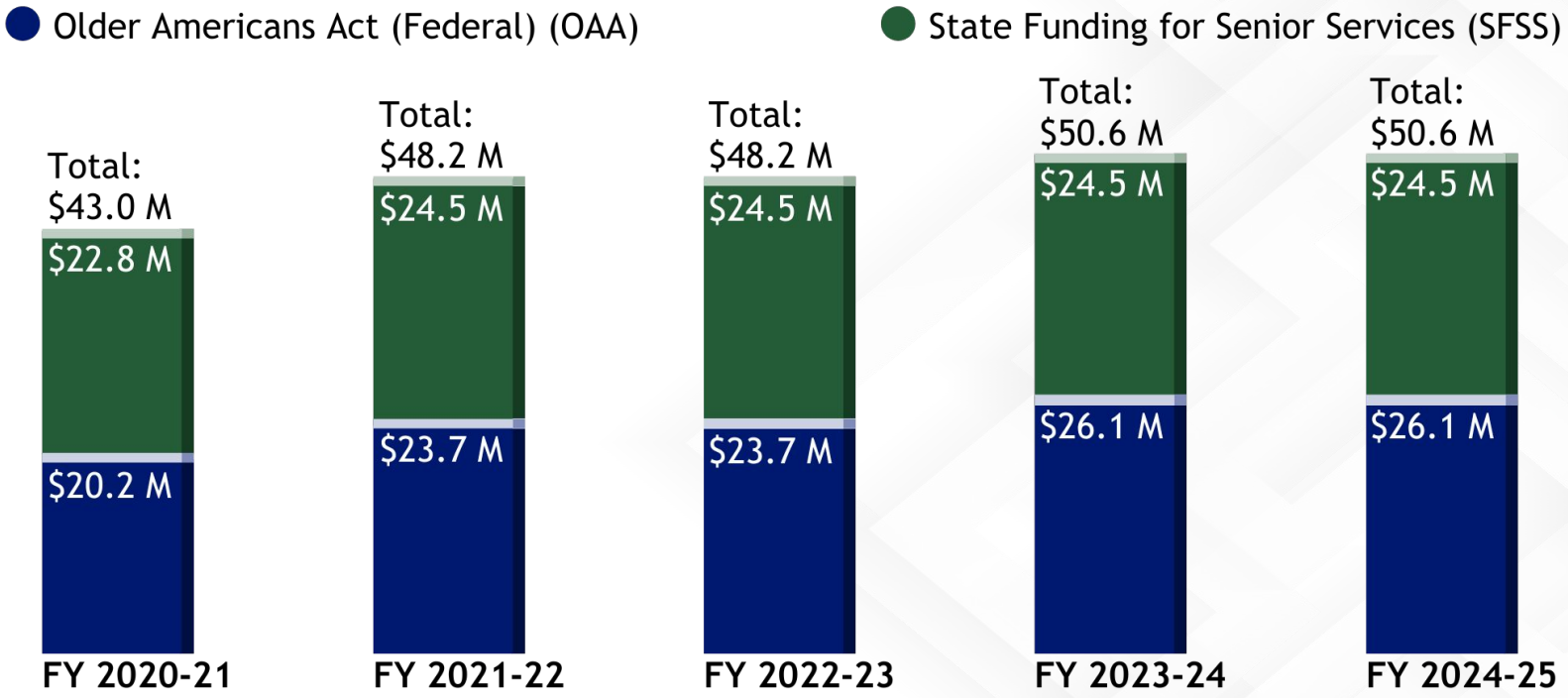
Adult Day Care & Homemaker Services — 5%

Material Aid — 4%

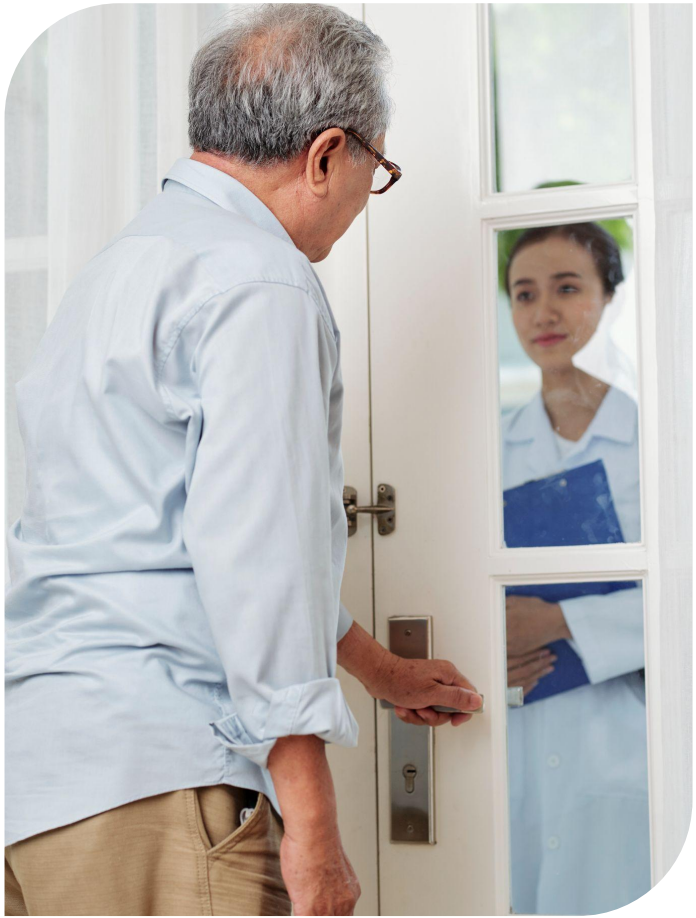
Caregiver Support — 3%

Other — 5%

Federal, State & Total Funding for Senior Services* by FY



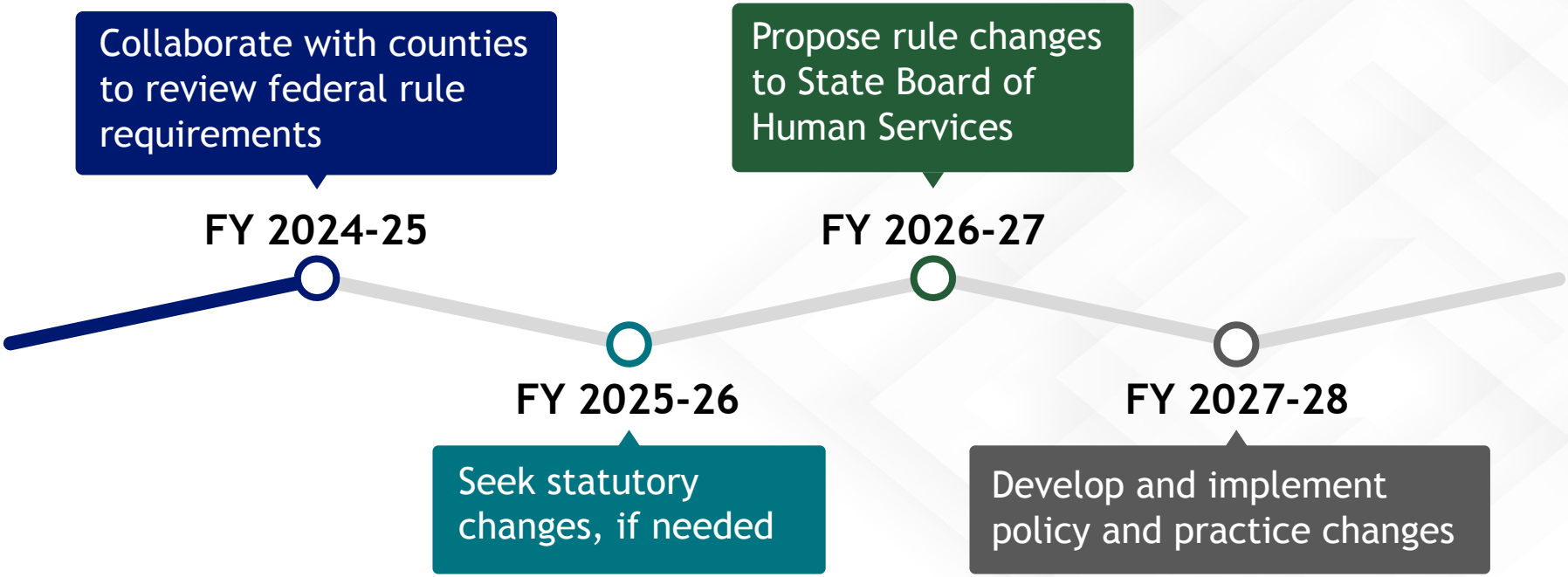
*Does not include one time funding from the American Rescue Plan Act (ARPA) or the Homestead Act



Adult Protective Services

APS is a state-supervised, county-administered program that investigates allegations of mistreatment and self-neglect involving at-risk adults and provides protective services to increase safety and reduce risk.

Implementation of New Federal Rules for APS Programs (Q36, pg.44)



Office of Adult, Aging and Disability Services

Division of Regional Centers



COLORADO
Department of Human Services

Division of Regional Centers



Wheat Ridge Regional Center

19 homes
77 residents
270 staff

Grand Junction Regional Center

11 homes
52 residents
199 staff

Pueblo Regional Center

9 homes
36 residents
160 staff

Division of Regional Centers

Residential Services

- 24/7 residential and nursing staff
- Additional supportive services:
  - Behavioral
  - Community transition
  - Therapies and medical

Community Integration and Habilitation Services

- Employment First and Supported Employment
- Community integration activities
- Day programs



CDC visits GJRC on Sept. 17, 2024

Grand Junction Regional Center Campus (Q37, pg.44)

HB 19-1062/ HB 22-1327 Transition of Property	December 2023 campus vacated	2022-2024 Assessment of Land	Tribal Consultation tentatively scheduled for March 2025	Dept will make recommendations regarding campus

Office of Adult, Aging and Disability Services

Veterans Community Living Centers



COLORADO
Department of Human Services

Colorado's Veterans Community Living Centers

1891



Colorado State Soldiers' and Sailors' Home

- First Colorado veterans home opened in 1891 in Homelake.
- Served aging and disabled Civil War era veterans.
- Continues to support honorably discharged veterans, spouses and Gold Star parents for over 133 years.

Veterans Community Living Centers

VCLC at Rifle
59 residents
89 staff

VCLC at Homelake
79 residents
72 staff



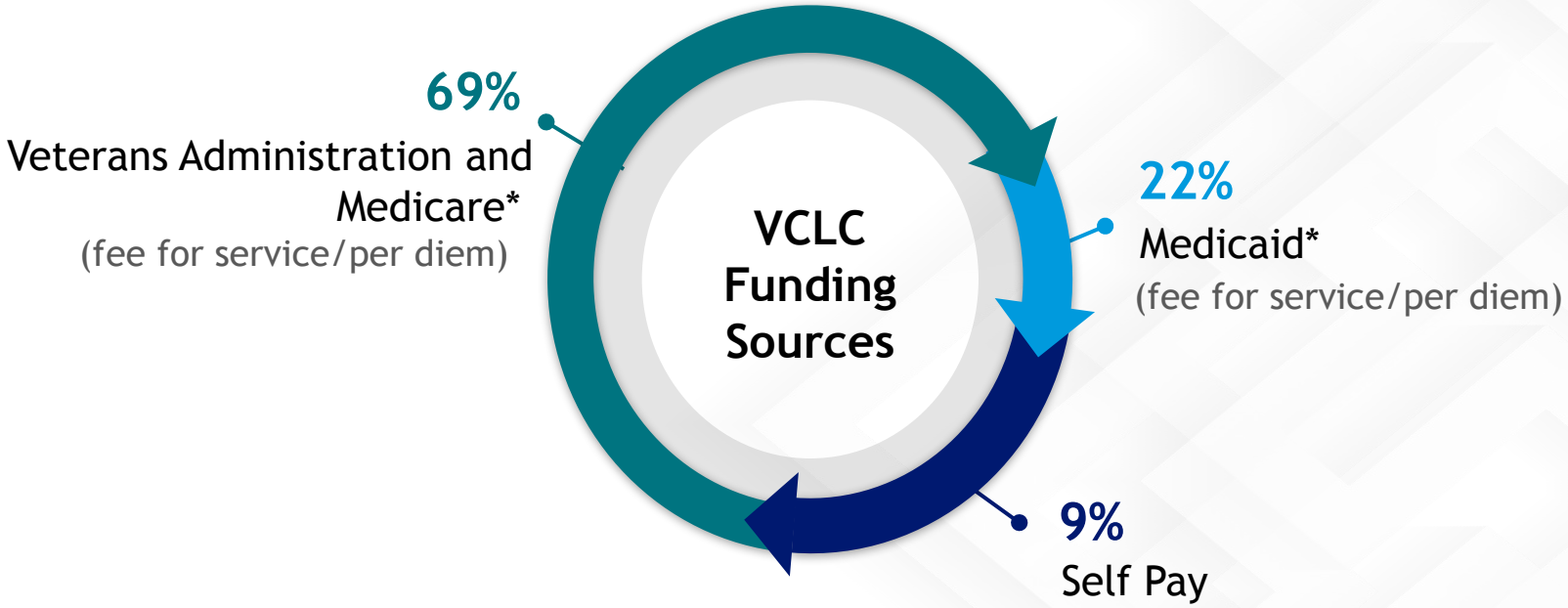
VCLC at Fitzsimons
129 residents
204 staff

Bruce McCandless VCLC at Florence
55 residents
97 staff

Spanish Peaks VCLC*
74 residents

*Spanish Peaks is a public/private partnership.

VCLC Funding (Q38, pg.45)



*Rate increase in FY 2024-25. Improved, but does not cover full cost of comprehensive services.

VCLC Financial Trends/Staffing Challenges (Q39, pg.46)



Expenses increased

since 2020 due to contract staffing.



Revenue decreased

due to census drop.



Cash fund reduced

over last two years due to revenue drop.

Challenges and Opportunities-Census Growth (Q40, pg.48)



Challenges

- Aging in place preferences
- VA contracting with private nursing homes
- Slower census growth FY 2023-24



Opportunities

- Profitabile at 5% census growth
- Reduce financial loss to $2M from ~$7M to $8M
- Increase marketing efforts
- Contract with insurance plans
- Rightsize staffing while maintaining high level of care
- Partner with COWINS

Thank you!

Questions?

COLORADO
Department of Human Services

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 2: Economic Security, Civil and Forensic Mental Health, Behavioral Health Administration

Thursday, December 19, 2024

1:30-1:35 Introduction

Main Presenters:

- Michelle Barnes, Executive Director, Department of Human Services

1:35-2:45 Office of Economic Security

Main Presenters:

- Shelley Banker, Director of the Office of Economic Security

Topics:

- Colorado Works (TANF): Pages 1-10, Questions 1-13 in the packet, Slides 6-10
- SNAP Corrective Action Plan: Page 11, Question 14 in the packet, Slide 12
- County Administration (R1): Page 11, Question 15 in the packet, Slides 13, 15
- Community Food Assistance Provider Grant Program (H.B. 24-1407): Page 12, Question 16 in the packet, Slide 16
- Budget Reductions (CO Diaper Distribution Program): Pages 12-15, Questions 17-21 in the packet, Slide 16

2:45-3:30 Office of Civil and Forensic Mental Health

Main Presenters:

- Leora Joseph, Director of the Office of Civil and Forensic Mental Health

Topics:

- ARPA Program Expenditures and Common Questions: Pages 15-16, Question 22, Slide 23; Pages 18-21, Questions 26-28, in the packet, Slides 25-26, 32; Pages 22-25, Question 32, Slides 31-32
- Competency Capacity: Pages 16-18, Questions 23-25, Slides 23-24, 29; Pages 21-22, Questions 29-31 in the packet, Slides 28-29, 34

3:30-5:00 Behavioral Health Administration

Main Presenters:

- Dannette R. Smith, BHA Commissioner

Topics:

- Administration: Page 1-2, Questions 1-2 in the packet, Slide 6
- BHASO Implementation and Coordination with HCPF: Page 2-12, Questions 3-9 in the packet, Slides 7-11
- Prioritized Requests: Page 12-26, Questions 10-18 in the packet, Slides 12-20
- ARPA Program Expenditures and Common Questions: Page 26-34, Questions 19-25 in the packet, Slides 21-22
- Recently Created Programs: Page 34-36, Question 26 in the packet, Slide 22

Department of Human Services

FY 2025-26 Joint Budget Committee Hearing

Part 2: Thursday, December 19, 2024; 1:30-5:00 PM

OFFICE OF ECONOMIC SECURITY

1. ***Colorado Works (TANF) -*** *Rep. Sirota:* How will Colorado be impacted by the new federal TANF rules (i.e., RIN 0970-AC97 and RIN 0970-AD04) that will likely be finalized at some point in the near future? **(slide 6)**

   The two proposed rules would affect TANF programming in Colorado, as follows:

   RIN 0970-AC97: The Notice of Proposed Rulemaking (NPRM) "Strengthening Temporary Assistance for Needy Families as a Safety Net and Work Program" would make several substantive changes to how states operate TANF programs. Overall, this rule could limit state flexibility to fund programs and initiatives focused on poverty prevention. However, states are still awaiting implementation guidance from the Administration for Children and Families (ACF), as this rule has not been finalized.

   - A key change anticipated from this NPRM will reduce the number of low-income families served with TANF funding by reducing income eligibility to 200 percent Federal Poverty Level (FPL). In Colorado, eligibility for BCA entails income below 30 percent FPL. However, households with children and annual income below $75,000 are eligible for TANF funded services in Colorado.
   - The rule would also require increased accountability and transparency in spending. Implementing this rule may require changes to how the Colorado counties report spending.
   - The proposed rule may also limit a state's ability to transfer TANF funds to cover expenditures for non-TANF programming.

   RIN 0970-AD04: The Fiscal Responsibility Act (FRA) passed in 2023; it includes four new provisions regarding the TANF program. These four provisions will become effective on different timelines; they will all be finalized by 2026. Only one of the four provisions makes a significant change in program implementation and reporting, which will likely have a low to moderate impact on Colorado's TANF program. As such, Outcomes Based Reporting (Provision 3) will require states to report Work Participation Rate (WPR) along with new measures that align with the Workforce Innovation and Opportunity Act

(WIOA): a) Employment Rate after 2nd Quarter After Exit (aligned exactly with WIOA); and b) Employment Rate after 2nd and 4th Quarter After Exit. Implementing this new measure will require Colorado to begin collecting data and reporting on these measures for TANF clients. Data sharing agreements have been initiated with the Colorado Department of Labor and Employment (CDLE) in order to report this information.

2. ***Colorado Works (TANF) -*** *Sen. Kirkmeyer:* What is the long-term (5-7 years) financial status of the Colorado Long-term Works Reserve? What are the current expenditure obligation affecting the Colorado Long-term Works Reserve? **(slide 6)**

   Table 1 presents the Department's projection of available federal TANF funds in the Long-term Works Reserve (LTR), over the statutorily required $33.9 million floor, over the next seven years. The decrease in the LTR balance could be accelerated if statewide county reserves reach their floor before the State reserve hits its floor, requiring additional State TANF funds to implement H.B. 22-1259 or if the General Assembly approves additional TANF appropriations or transfers.

   Table 1: Colorado Works LTR Balance

State Fiscal Year	LTR Balance (above $33.9 million floor)
FY 2024-25	$48,995,627
FY 2025-26	$38,583,485
FY 2026-27	$32,210,242
FY 2027-28	$25,724,752
FY 2028-29	$19,124,134
FY 2029-30	$14,405,434
FY 2030-31	$9,556,621

   Per Section 26-2-721, C.R.S., the TANF Long-term Works Reserve (LTR) consists of unappropriated Temporary Assistance for Needy Families (TANF) block grant funds, State General Fund appropriated to it, and money transferred from several other identified sections of TANF statute (that all consist of unexpended federal TANF appropriations managed by the Department). The federal funds available in the LTR are a line of credit with the federal government that are available to the State to appropriate for

TANF-eligible services. Because the available TANF funds are simply spending authority per current and past TANF block grants and Contingency Fund awards, all expenses are paid from all the available funds, using the oldest funds first.

In 2022, a parallel LTR cash fund was created as a place to transfer the ARPA funds that were appropriated per H.B. 22-1259. The available ARPA funds were depleted by November 2024. Additionally, the $2 million General Fund appropriation that was not spent given the availability of ARPA funds to cover all H.B. 22-1259 costs was transferred to that cash fund at the end of FY 2023-24. That fund can only be used to pay for increased BCA costs per H.B. 22-1259 and is not anticipated to be used this year.

3. ***Colorado Works (TANF) -*** *Sen. Kirkmeyer:* Please detail TANF expenditures that are driven by state-only policies and state policies that exceed federal requirements. **(slide 7)**

   The overall federal purpose of TANF is to increase flexibility for states to meet four federal statutory goals: 1) provide assistance to needy families so that children may remain in their homes; 2) end the dependence of needy parents on government benefits through work, job preparation, and marriage; 3) reduce out-of-wedlock pregnancies; and 4) promote the formation and maintenance of two-parent families. Within these broad guiding principles, states have considerable flexibility to use TANF funds for programs and services that best meet their distinct needs. Virtually all policies and programs using TANF in Colorado are driven by state policy; all comply with federal requirements.

   In FY 2024-25, 80.4 percent of Colorado's TANF appropriations are allocations to counties per the County Block Grant; 9.4 percent of the appropriations are for State administration/operation [including State staff, CBMS, Common Policies, evaluation, Electronic Benefits Transfer (EBT), and training]. The remaining 10.2 percent of the appropriations are for additional legislative action for initiatives to prevent poverty that are appropriated from the TANF block grant in FY 2024-25 and managed at the State level. All of this spending meets federal guidelines to serve TANF-eligible households within the four purposes of TANF (noted above) or allowable transfers to the Social Services Block Grant (Title XX) per legislative action. The following list presents those TANF appropriations which comprise this 10.2 percent in FY 2024-25:

   - TANF transfers to Child Welfare = $8.3 million
     - Foster Transportation (H.B. 18-1306) = $2.8 million
     - Kinship Foster Care Homes (S.B. 24-008) = $5.5 million
   - Domestic Abuse Program = $0.63 million
   - Stable Housing for Survivors of Abuse = $2 million

- Subsidized Employment and Training Program (CW STEP) = $2 million
- Child Support Services Employment Program = $1.1 million
- Refugee Assistance = $2.8 million

4. ***Colorado Works (TANF) -*** *Sen. Kirkmeyer:* With regard to H.B. 24-1431 (Stable Housing for Survivors of Abuse Program), does this program qualify for Proposition KK funding? **(slide 7)**

   The Department's Stable Housing for Survivors of Abuse Program would not qualify for Proposition KK funds. A coalition led by Colorado Coalition Against Sexual Assault (CCASA), Violence Free Colorado (VFC), Colorado Organization for Victim Assistance (COVA), and the Colorado Children's Alliance coordinated legislative and campaign efforts regarding Proposition KK on behalf of the domestic and sexual violence services community. The coalition communicated to the CDHS' domestic violence programs that these funds were primarily intended to offset federal Victims of Crimes Act (VOCA) reductions. Thus, the Office of Victim's programs at the Division of Criminal Justice, Department of Public Safety will administer a $30 million portion of the resulting funds from the new taxes.

5. ***Colorado Works (TANF) -*** *Rep. Sirota:* What is driving increases in TANF spending for some counties? **(slide 8)**

   Several factors are contributing to the recent increases in TANF expenditures in some counties:
   - Administrative costs: County administrative costs are the largest driver of increased spending, increasing 29.5 percent from FY 2019-20 to FY 2023-24. Based on anecdotal data reported from counties [received through the Work Allocation Committee (WAC) and the WAC Finance Workgroup], this increase is primarily due to higher staff salaries to retain employees, rising insurance premiums, and other operating expenses.
     - Additionally, counties have reported a significant spike in TANF applications, especially among applicants from individuals without children, who are ineligible. Processing this increased volume of applications carries an administrative cost for counties, as all applications need to be processed. Between FY 2021-22 to FY 2023-24, total ineligible applications increased by 19.3 percent. In FY 2023-24, 20.6 percent of TANF application denials were due to the applicant not having a child. To reduce the number of inappropriate applications for the TANF program from individuals without children, the Department implemented three CBMS projects in October 2024 to help mitigate applications from

ineligible households, specifically applications with no dependents. Preliminary data shows an overall reduced volume of applications as well as an 8 percent decrease in the number of applications denied due to no child in the home, suggesting the improvements made to the application are providing better clarity on the eligibility requirements for TANF, specifically the need to have a child in the home. State staff will continue to monitor trends and evaluate options for enhancements to reduce administrative burden for counties and clients.

- Increased Basic Cash Assistance (BCA) caseload: The BCA caseload has gradually increased from its historic low in September 2021, nearing pre-pandemic levels in FY 2023-24. As BCA caseload rises, BCA expenditures follow suit. In FY 2022-23 and FY 2023-24 ARPA funds have covered all the increased BCA expenditures per H.B. 22-1259 (Modifications To Colorado Works Program).

6. ***Colorado Works (TANF) -*** *Rep. Sirota:* Does the state have data that enables it to understand, at a state level, how Colorado is spending its TANF funds and how many and which families are being served, and how? **(slide 8)**

   The Department has access to data, through the Colorado Benefits Management System (CBMS), regarding BCA/State Diversion caseloads and details about the families served through these programs. Additionally, monthly settlement accounting reports outline total county expenditures for BCA/State Diversion, supportive services, contracts, and administration.

   As Table 2 details, FY 2023-24 county expenditures were as follows:

   - BCA/State Diversion = $87,010,588
   - Supportive Services = $21,235,064
     - e.g. transportation support; work tools; school clothing for children; domestic violence services; short-term housing; and much more
   - Administration = $45,718,682
   - Contracts = $6,219,234

   Total = $160,183,568*

   **None of these dollars were for counties to implement H.B. 22-1259; all H.B. 22-1259 costs were fully covered by ARPA through November 2024.*

   - H.B. 22-1259 Costs = $10,218,021**

   ***ARPA Funds*

Beginning in November 2024, counties' costs for implementing H.B. 22-1259 will be included in the BCA/State Diversion figures. This spending will be available to the State through the monthly Settlement reports. As such, BCA spending is anticipated to increase to cover counties' one-sixth of the expenditures for the increased BCA costs, including annual cost-of-living adjustment (COLA) increases and policy changes that a) enable households to remain on the caseload longer by allowing them to earn more income, b) avoid losing benefits for first instances of non-compliance, and c) extending benefits beyond the 60 month lifetime limit, will increase the current fiscal pressures.

However, outside of BCA costs, the State has limited data about who is being served and how. While the State has a broad understanding of spending and service delivery data, counties have full discretion on their administration, contracts, and supportive service payments, as long as they align with at least one of the four federally-defined purposes of TANF [1) provide assistance to needy families so that children may remain in their homes; 2) end the dependence of needy parents on government benefits through work, job preparation, and marriage; 3) reduce out-of-wedlock pregnancies; and 4) promote the formation and maintenance of two-parent families]. Thus, the Department does not have access to details about county spending or outcomes outside of BCA, unless State staff specifically request that counties provide that information directly and counties voluntarily comply with the request.

Table 2: County Colorado Works Spending

Colorado Works: Statewide Expenditures					
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
BCA/State Diversion	$83,893,556	$73,836,876	$67,742,282	$77,129,556	$87,010,588
Supportive Services	$23,062,045	$23,498,917	$28,032,104	$30,768,590	$21,235,064
Administration	$35,292,725	$36,928,730	$39,248,525	$43,177,254	$45,718,682
Contracts	$6,040,158	$5,300,009	$6,329,734	$7,008,374	$6,219,234
Total Expenditures (Excluding 1259)	$148,288,484	$139,564,532	$141,352,645	$158,083,774	$160,183,567
H.B. 22-1259 Expenditures (Covered by ARPA)				$7,306,894	$10,218,021

7. ***Colorado Works (TANF) -*** *Rep. Sirota:* Does the state have transparency into the other parts of the TANF program? **(slide 8)**

   The State does not have transparency into the other parts of the TANF program because the State does not have the authority to regulate county spending. Currently, counties are only required to report financial data to the State through the County Financial Management System (CFMS) through the monthly settlement process. There are numerous object codes that roll-up into umbrella spending categories; the Department provides coding guidelines to counties to use when booking expenditures. However, these guidelines may be interpreted differently from county to county in booking expenditures in CFMS. For example, one county may book a community contract for transportation assistance to Supportive Services, while another may book a community contract for transportation to Contracts. Thus, it is difficult for the State to fully assess the efficacy of county TANF spending on supportive services, contracts, and administration.

8. ***Colorado Works (TANF) -*** *Rep. Sirota:* Can the state see how counties are spending administrative and contract dollars? **(slide 8)**

   Aggregated data on county-level spending is available in CFMS. State staff can pull reports for a county's charges to their TANF allocation; however, State staff cannot see what kinds of services are being provided through county contract expenditures or with whom they are contracting. Furthermore, the variation in accounting codes counties use to book expenditures, based on the nuanced spending, would require access to county and vendor administrative data. Once State staff received this data from counties, they would need to manually review, track, and analyze trends in these data sets for all 64 counties to build a comprehensive statewide picture. The Colorado Works' research and evaluation team is currently working on a project to explore how counties spend their funds for contracts and administration.

   a. ***Colorado Works (TANF) -*** *Rep. Sirota:* What would be needed to get that info accurately? **(slide 8)**

   Obtaining detailed, accurate information on county-level administrative and contract-spending would require the State to implement standardized reporting requirements for counties through rule change at a minimum. For instance, this could include creating uniform data submission projects in CBMS, increasing the frequency of reporting, and integrating expenditure data into a centralized data system. Another critical component to obtaining accurate information from counties would entail a

requirement for counties to evaluate and report client outcomes from contract spending. Additional staffing resources and technology enhancements would likely be needed to streamline this process and ensure consistent tracking and analysis over time. While this data would be useful for State staff to better understand expenditures and program performance, it would increase the administrative burden on county workers.

9. ***Colorado Works (TANF) -*** *Sen. Kirkmeyer:* How have the policy changes enacted by H.B. 22-1259 affected the TANF Work Participation Rates and contract support services? **(slide 9)**

   On December 4, 2024, the Department was notified by the U.S. Department of Health and Human Services, Office of Family Assistance (OFA) that Colorado had successfully met the Work Participation Rate (WPR) for federal fiscal year 2023. The policies enacted through H.B. 22-1259 will not directly affect WPR or contracted supportive services. However, as county reserves decline, counties could reduce contracts and supportive services. This could affect the WPR if counties reduce supportive services that help to remove client barriers to participating in work-related activities. Typically, clients enter the Colorado Works program in crisis and need help stabilizing their situation; these activities count towards the WPR, and are typically provided via supportive services. However, counties provide case management to all Colorado Works clients. Solid case management practices (e.g. guiding clients to the most appropriate activities, good data entry, listening to clients, and offering referrals and other resources) are also important to meeting the WPR. Even if available supportive services for clients decrease, case management practices can support both the client and the WPR.

10. ***Colorado Works (TANF) -*** *Rep. Bird:* Please describe the statutory requirements for annual increases to the TANF basic cash assistance payments. What has been the annual rate of increase in basic cash assistance payments since the enactment of H.B. 22-1259? **(slide 9)**

    House Bill 22-1259 implemented a one-time 10 percent increase to TANF Basic Cash Assistance (BCA) benefits to households, beginning in July 2022. Benefit levels did not change again until July 2024 when the first annual COLA, per H.B. 22-1259, was applied. Statute prescribes that the annual COLA shall be the average of the last three calendar years Social Security Administration (SSA) COLA or 2.0 percent, whichever is higher. In July 2024, a 5.93 percent COLA was applied. In July 2025, a 4.80 percent COLA will be applied.

    Table 3 presents the change in the TANF BCA payments, based on the average BCA award for a family of three (one parent and two children), correlating with the fiscal

analysis for H.B. 22-1259, and the rate of increase from FY 2021-22 through FY 2025-26 for this average household's monthly benefit.

Table 3: BCA Rate of Increase

State Fiscal Year	Average Monthly BCA	One-time 10 Percent BCA Increase	COLA	Total Percent Increase (over FY 2021-22)
FY 2021-22	$508	n/a	n/a	n/a
FY 2022-23	$559	$51	n/a	10%
FY 2023-24	$559	n/a	n/a	10%
FY 2024-25	$592	n/a	5.93% (+$33)	16.5%
FY 2025-26	$620	n/a	4.80% (+$28)	22%

11. ***Colorado Works (TANF)*** **-** *Sen. Kirkmeyer:* Please describe the TANF closeout process. **(slide 10)**

During the TANF closeout process, the Department's Settlement Accounting team determines final, year-end county expenditures and reserve balances. This process entails several distinct steps:

a. The closeout process begins with distributing Small County Mitigation Fund, whereby $430,000 of the available funds are allocated to small counties (i.e. receive less than $250,000 in their County Block Grant) based on their spending as well as their reserve limits.
b. Next, the Excess Reserve Distribution process is completed. Statute allows counties to maintain a reserve balance of 40 percent of the county's allocation or $100,000, whichever is greater. If a county's unused TANF funds would exceed the cap, those funds are redistributed to counties with reserve balances below the cap. These adjustments are made in the subsequent year's allocation.
c. Once the mitigation fund and excess reserve distributions are completed, Settlement Accounting completes their closeout process, including finalizing transfers, cap reversions, final spending, and reserve balances.

Since passage of H.B. 22-1259, program staff calculate the H.B. 22-1259 policy costs (sanctions, earned income disregard, and extensions) and sends this data to Settlement

Accounting to ensure that these costs, along with the 10 percent increase to BCA and the COLA, beginning in FY 2024-25, are charged to the appropriate fund sources prescribed by the bill. Thus, H.B. 22-1259 spending is closed out in a parallel process since there are multiple funding sources, only one-sixth of which is contributed by counties. Up until November 2024, all H.B. 22-1259 costs have been charged to the ARPA appropriation per H.B. 22-1259. Moving forward, two-thirds of these costs will be charged to the General Fund appropriation, one-sixth to State TANF funds, and one-sixth to County TANF funds.

12. ***Colorado Works (TANF)*** **-** *Sen. Kirkmeyer:* What are the county TANF reserves of each county? **(slide 10)**

    County reserve balances are included in tab C in the TANF RFI. The updated County TANF Reserve balances are included in Attachment 1[1]. Each county's reserve balances are presented in column M 'SFY 2023-24 Final Ending Balance'.

13. ***Colorado Works (TANF)*** **-** *Sen. Kirkmeyer:* How much of the TANF block grant was transferred for the purpose of funding child welfare (Social Security block grant) and child care (Child Care Development block grant)? **(slide 10)**

    As presented in Attachment 1, counties transferred a total of $259,118 to the Social Services Development Fund (Title XX) for Child Welfare close-out (column I) in FY 2023-24. Counties transferred $0 to the Child Care Development Fund (CCDF) (column H) and $973,114 for child care quality initiatives (column G). Additionally, the State spent nearly $2.8 million of the TANF funds transferred to Title XX for Foster Care Transportation per H.B. 18-1306 (Improving Educational Stability For Foster Youth) in FY 2023-24. These transfers meet an allowable federal provision for states to transfer up to 30 percent of their annual TANF Block Grant to CCDF and up to 10 percent of the allowable 30 percent transfer authority to Title XX. When dollars are transferred in this way, they lose their 'color of money' for TANF and become a Title XX or CCDF dollar when spent.

[1] https://drive.google.com/file/d/1IMJJ8gvIlhMRvlUkWF52Bj7GiMMJyT01/view

14. ***SNAP Corrective Action Plan -*** *Sen. Kirkmeyer:* Counties have reported part of the difficulty with addressing SNAP application processing timeliness is that the applications for SNAP and Medicaid are combined, requiring additional time processing both set of applications. What actions is the Department taking to address this situation and streamline the SNAP application process? **(slide 12)**

    The Department values ensuring that Coloradans can receive all the benefits they are eligible for in the most efficient manner. A key impact of the Affordable Care Act and the Medicaid Expansion was generally aligning eligibility for SNAP and Medicaid. Because many households are eligible for both SNAP and Medicaid, having separate applications would likely have the opposite effect on timeliness: county workers would need to process two distinct applications instead of one, increasing demands on workers' time to process multiple applications that contain similar information. Additionally, this approach would likely increase administrative costs to process the same information twice.

    Colorado's integrated application helps to ensure that Coloradans who are applying for Medicaid can also apply for SNAP and vice-versa. Additionally, the existing integrated application streamlines the collection of common eligibility criteria across programs, saving both clients and county workers time and creating a more holistic experience for clients.

15. **County Administration (R1) -** *Sen. Kirkmeyer:* For FY 2023-24, what was the total overexpenditure borne by counties for county administration of public assistance programs? What is the projected overexpenditure for FY 2024-25 and FY 2025-26? **(slide 15)**

    Following the close-out of FY 2023-24, counties collectively overspent the County Administration appropriation by nearly $19 million. Fifty percent of this spending was matched by the federal government. Within the County Administration appropriation, 20 percent is county funds, 30 percent is General Fund, and 50 percent is federal funds. Overspending, in this case, means the General Fund was depleted. Thus, counties cover 30 percent more of the total spending than their 20 percent share when the appropriation is overspent. Based on county spending in the first four months of FY 2024-25, the County Administration appropriation is on-track to be overspent by approximately $29 million of which 50 percent should receive a federal fund match. It is too soon to predict spending patterns for FY 2025-26.

16. **Community Food Assistance Provider Grant Program (H.B. 24-1407) -** *Sen. Kirkmeyer and Rep. Sirota:* Is it possible to reduce or eliminate the administrative cost of managing this program, in order to increase the amount of funding for the purchase of food supplies? Would addressing administrative costs require legislation, or are there regulatory/administrative steps the Department could implement? **(slide 16)**

    Section 26-2-145, C.R.S., allows the Department to use up to five percent of the appropriation for the direct and indirect costs of administering and monitoring the program. Accordingly, in FY 2024-25, the Department retained $150,000 of the $3 million appropriation and contracted $2.85 million to its program administrator to issue grants. The Department's administrative cost cannot be fully eliminated, but it can be reduced. These costs are anticipated to be less than $50,000 (primarily time to execute the contract, monitor the contract, accounting, and indirect costs). The Department can work closely with our accounting team to estimate these exact administrative costs and amend the vendor's contract in spring 2025 to push out more resources for food purchases.

17. ***Budget Reductions (CO Diaper Distribution Program) -*** *Rep. Bird*: Please provide and discuss the program's outcomes and impacts. **(slide 16)**

    The Diaper Distribution Program provides diapers and diapering supplies statewide to ensure that vulnerable households have access to resources to ensure their babies/toddlers are properly diapered and avoid health complications. The Department does not have specific outcomes data from its vendors. However, recent national research[2] indicates that one in two families with young children in the United States cannot afford enough diapers to keep their children dry and healthy. Additionally, this research found that one in four parents miss work or school because they cannot afford to provide requisite diapers for their children to attend childcare.

    Evidence of the demand for diapering supplies in Colorado is evident in the additional use of a one-time $500,000 investment to expand the Diaper Distribution Program via funds transferred to the Department from the Department of Law (DOL) secured through a settlement agreement with Walmart.

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2 https://nationaldiaperbanknetwork.org/wp-content/uploads/2023/06/NDBN-Diaper-Check-2023_Executive-Summary-FINAL.pdf

18. ***Budget Reductions (CO Diaper Distribution Program) -*** *Rep. Bird*: How many diaper distribution centers receive funding and how much funding have those centers received? **(slide 16)**

The Diaper Distribution Program is currently operated by 11 contracted vendors, serving nearly 90 percent of Colorado counties. Funds are allocated based on the vendors' estimates of the number of people they expect to serve. These vendors have distributed resources to more than 50 distribution centers. Many of these distribution centers provide diapering supplies to smaller organizations in their areas (e.g. foodbanks, church pantries, shelters) to distribute. Table 4 presents the funding provided to Diaper Distribution centers across Colorado since the program was created. As noted in the table, the Diaper Distribution Program was expanded through a one-time $500,000 investment in FY 2023-24 from funds transferred from the Department of Law (DOL) secured through a settlement agreement with Walmart.

Table 4: Colorado Diaper Distribution Program

Vendor	FY 2021-22	FY 2022-23	FY 2023-24*
A Precious Child	$204,735	$346,327	GF = $276,144 DOL = $74,552
Aspen Community Health Services	$12,876	$2,676	N/A
Bent County Public Health	$5,413	N/A	N/A
Catholic Charities Marisol Family	$461,808	$289,376	GF = $283,570 DOL = $76,557
Dolores County	$21,073	$23,652	GF = $21,127 DOL = $5,704
Early Childhood Council of the San Luis Valley	N/A	$140,129	GF = $137,318 DOL = $37,073
Food Bank for Larimer County	$171,800	$62,193	GF = $60,945 DOL = $16,454
Full Circle of Lake County	$21,043	$19,118	GF = $18,735 DOL = $5,058

Vendor	FY 2021-22	FY 2022-23	FY 2023-24*
Gunnison County	$7,395	$9,661	GF = $6,955 DOL = $1,881
Hilltop Community Resources	N/A	$41,196	GF = $40,370 DOL = $10,898
Moffat County	$48,566	$12,142	N/A
Montezuma County Public Health	$56,284	$56,015	GF = $54,114 DOL = $14,859
Prowers County	$10,948	N/A	N/A
United Way of Weld County	$131,527	$115,255	GF = $112,943 DOL = $30,492
WeeCycle	$676,079	$906,612	GF = $838,849 DOL = $226,470

**$500,000 in additional funding was provided by the Colorado Department of Law (DOL) through a settlement with Walmart. Dollars were added to vendor contracts. General Fund and settlement (DOL) funds are separated for transparency.*

19. ***Budget Reductions (CO Diaper Distribution Program) -*** *Rep. Bird*: How many Coloradans have been served by the diaper distribution centers since the inception of this program, by fiscal year? **(slide 16)**

Table 5 presents the total number of clients served since the program was created via S.B. 21-027 (Emergency Supplies For Colorado Babies And Families). As Table 5 demonstrates, the program's reach has increased steadily since the program became operational.

Table 5: Coloradans Served by Diaper Distribution Program

State Fiscal Year	Unduplicated Households Served*
FY 2021-22	18,000
FY 2022-23	70,000
FY 2023-24	80,000

**Approximations as program vendors have reported client data in different formats.*

20. ***Budget Reductions (CO Diaper Distribution Program) -*** *Sen. Amabile*: How many diaper distribution centers are stand-alone operations and how many are organizations that provide other services? Is there efficiencies to be gained by encouraging funding to be directed to multi-service organizations? **(slide 16)**

    None of the Department's vendors for the Diaper Distribution Program are stand-alone organizations. All vendors are either county agencies or non-profit entities that provide additional services. This approach enables the Department to capitalize on efficiencies by contracting with organizations with a broad footprint in serving vulnerable families who may need diapering products.

21. ***Budget Reductions (CO Diaper Distribution Program) -*** *Sen. Bridges*: What would be the impact on the programs of the JBC Staff proposed reduction? How many fewer Coloradans would the program be able to serve? **(slide 16)**

    Reducing the program budget by $1 million (50 percent of the total) will equate to about a 50 percent reduction in the number of households served. Based on the approximate unduplicated households served in the last two years, reducing the program budget by $1 million would reduce the number of households served by up to 40,000.

OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

22. ***ARPA Program Expenditures -*** *Sen. Amabile:* What new units have opened at the state hospitals in recent years, and how do these relate or not relate to H.B. 22-1303 construction projects? **(slide 23)**

Table 6: Beds Opened Since October 2022
(unit names in parentheses)

Year	Pueblo	Ft. Logan	RISE	Private Hospital Forensic Beds	MHTL	Total
2022	n/a	+22 new (F1)	n/a	+23	n/a	+45
2023	+39 reopened (RNRU)	+22 new (F2)	n/a	+10	+36*	+107

Year	Pueblo	Ft. Logan	RISE	Private Hospital Forensic Beds	MHTL	Total
2024	+41 reopened 31 adult (E2) 10 adolescent (ABTU)	n/a	+0 -18 Boulder +18 Arapahoe	+31	+32*	+104
2025	n/a	+16* new (G-Wing)	n/a	n/a	+86*	+102
Total	+80	+60	0	+64	+154**	+358

**indicates funding through H.B. 22-1303 (16 hospital + 154 MHTL = 170 total)*

***contracts are pending for 10 additional MHTL beds*

23. ***Competency Capacity*** **-** *Sen. Amabile:* Please describe current funding and need for the Restoring Individuals Safely and Effectively (RISE) program. What locations receive RISE funding and how is it used? How does the Department evaluate success and determine ongoing need for the program? Can patients served through RISE be supported through community-based programs? **(slide 23)**

    OCFMH's Jail-Based Restoration (JBR) program enables individuals to be restored to competency in a jail setting for those who have higher level charges. Inpatient restoration in a hospital is most appropriate for individuals who require an acute level of psychiatric care and the needs of these individuals often do not reach that level. For those who do not require an acute level of care and are not released on bond, the jail-based setting has proven successful for restoration.

    The RISE program and the Denver Restoration Treatment Unit (DRTU) are part of OCFMH's Jail-Based Restoration (JBR) programs. Funding for the JBR programs consists of $17,050,457 General Fund and 5.3 FTE. Arapahoe County RISE has provided competency evaluation or restoration to 1,531 Coloradans through this partnership of Wellpath Recovery Solutions, the Arapahoe County Sheriff's Office and the JBR team over the past ten years. DRTU provides 18 beds to male defendants from Denver County with any charge level and of mild to moderate psychiatric acuity. In both programs, FSDV-trained clinicians within the JBR based program review records, identify treatment needs, determine program placement, audit programs, and coordinate all admissions.

    OCFMH had an 18-bed RISE location in the Boulder County jail from 2019 until June 30, 2024. This was a collaboration between OCFMH, the Boulder County Sheriff's Office

(BCSO), and Recovery Solutions. Although this partnership served more than 232 patients over four years, the Boulder County Jail has faced a growing census and made the difficult decision to use these beds for its general inmate population rather than jail-based restoration. CDHS and Recovery Solutions arranged to increase the bed count at Arapahoe RISE by 18 to avoid net loss of beds. Remaining patients served by Boulder RISE were transferred to Arapahoe RISE at the end of May 2024.

The successes of these JBR programs include:

- 55 dismissals of cases allowing these individuals to either return to the community or be placed into civil commitment;
- 24 orders that were converted into outpatient restoration;
- Increased placement of higher acuity clients at CMHHIP;
- Average lengths of stay of 102 days at Arapahoe RISE and 72 days at DRTU; and
- Development and implementation of involuntary medication administration at Arapahoe RISE for individuals with standing court orders prior to admission. Since this initiative began, Arapahoe RISE has served nine individuals who were admitted with involuntary medication orders.

Individuals served by JBR programs are typically individuals with higher level charges and low to medium acuity. Due to the criminal charges level served by this program, most of the individuals cannot be served in the community. Additionally, evaluators determine the appropriate level of inpatient treatment placement, including placement in the JBR program, during the initial evaluation based on the client's current medication noncompliance or need for further psychiatric assessment. If the client is actively experiencing symptoms of a mental health disorder that may be interfering with their functional ability and capacity to participate meaningfully in outpatient restoration treatment, and does not pose a current safety concern that would require state hospitalization, the evaluators will recommend inpatient treatment at JBR or a private hospital bed. For these particular clients, JBR is usually the best of these options because of the client's level of charges. Additionally, evaluators will assess if the clients have been previously placed in outpatient restoration and how well the client did at managing their mental health and psychiatric symptoms in an outpatient restoration treatment setting.

However, in recent years, the JBR program has seen an increase in the number of individuals whose cases were dismissed or they were released on personal recognizance bonds and referred to outpatient restoration. Because treating individuals in the least restrictive environment necessary is the ultimate goal, providing outpatient restoration in the community is often preferable to restoration in jail or in a hospital where they may have to wait for admission. As the Department moves toward compliance with the Consent Decree, these are ongoing decisions that will need to be made regarding which inpatient programs will best serve the needs of pre-trial defendants.

24. ***Competency Capacity -*** *Sen. Bridges:* When does the Department anticipate that there will not be an inpatient competency restoration waitlist? Does the Department anticipate that the waitlist can be eliminated with existing services? **(slides 24, 29)**

    The Department anticipates compliance with Consent Decree wait times near the end of calendar year 2025 contingent upon approval of the Department's FY 2025-26 requests. While the number of people on the waitlist is a key metric for measuring progress, the Consent Decree measures the amount of time each individual is on the waitlist, not the total number of people on the waitlist. Specifically, the Colorado Revised Statutes requires Tier 1 (higher acuity) patients be admitted for inpatient restoration within seven days of a court order and Tier 2 (lower acuity) patients be admitted for inpatient restoration within 28 days of a court order. Although the Department strives to have individuals wait for as little time as possible, some wait times may be necessary to ensure the individual is admitted to a unit in the least restrictive setting possible. The Department anticipates compliance with these statutory and Consent Decree requirements within existing resources.

25. ***Competency Capacity -*** *Sen. Amabile:* What is the anticipated impact to the waitlist if funding is reduced for diversion programs currently supported with fines committee funding? **(slide 24)**

    Although the Department believes that upstream diversion is critical to reducing the burden on the competency system, it does not have data models estimating the impact of reduced funding to these diversion programs on the waitlist. It has always been the goal that these diversion programs develop sustained funding mechanisms outside of the temporary fines committee funding. These expectations are set during the application and approval process for fines funding.

26. ***ARPA Program Expenditures -*** *Sen. Amabile:* How do youth PRTF beds relate to the juvenile justice system? Are there youth awaiting competency restoration in detention that would be more appropriately served in PRTF beds? Would increasing PRTF beds be expected to have an impact on detention capacity? **(slides 25, 26)**

    Youth must meet a medical necessity standard in order to be placed in a PRTF bed. . Most youth in detention who are awaiting mitigation services do not need the level of treatment offered by a PRTF.

    Very few youth are receiving competency restoration in detention. Currently, only 5 youth are receiving restoration services in a detention facility as compared to 185 receiving outpatient competency restoration services in the community. If a youth who has been found incompetent to proceed meets the medical necessity standard for hospital psychiatric care, the youth will be admitted to CMHHIP for inpatient competency restoration services. If they do not meet medical necessity, those services can be provided directly in the youth detention facility. Outpatient competency

restoration services can be provided if the youth does not pose a safety risk or a flight risk. Youth receiving competency restoration in detention are receiving it because they have been screened into detention, and the court has not determined them to be eligible to be discharged to a community placement. They are not being held solely for the restoration service. They are being held for the alleged crime(s) and other contributing factors.

It is unlikely that increasing PRTF beds will have an impact on detention capacity because eligibility for a PRTF is based on a medical standard and so few youth meet the medical standard. Per the **Alternative to Detention Report dated July 1, 2024,** of all the youth released (FY 2022-23) from detention, 0.9 percent (26 youth) were initially placed in a PRTF.

27. ***ARPA Program Expenditures*** **-** *Sen. Bridges:* Please provide an update of the construction status for the youth neuro-psych facility from H.B. 22-1283, and the Fort Logan G-wing unit from H.B. 22-1303. What construction delays has the Department experienced? When does the Department anticipate that the units will be operational? What assurances does the Department have that the units will open when anticipated? **(slides 26, 32)**

    Youth Neuro-Psych Facility (H.B. 22-1283, Youth And Family Behavioral Health Care), now known as the Psychiatric Residential Treatment Facility (PRTF) at the Ft Logan campus: The first phase of design of the facility, which consists of schematic design, is complete. Abatement and demolition of the existing site are ongoing and construction is projected to start in the Fall of 2025. The Department expects that construction will be completed and the facility will begin operations in late 2026. Originally, according to the fiscal note for H.B. 22-1283, the Department received funding in FY 2022-23 for construction of the facility with staffing in place in FY 2024-25. Construction was delayed because the original design for the facility was projected to come in over budget and the design needed to be re-evaluated this summer to ensure that construction will come in within the budget. The project team has been meeting on a weekly basis to assess the budget and schedule for construction and ensure we are meeting key milestones and trending on target for a successful completion. The Department also anticipates identifying and contracting with the operator of the facility in early 2025 which will allow adequate time for the operator to occupy the building and prepare to open the facility quickly after construction is completed.

    G-Wing: The 16-bed Fort Logan G-Wing project is currently under construction and the existing space within the H-Building, identified for this program, is being demolished in order to construct the new facility. Originally, the G-Wing was scheduled to be renovated in FY 2022-23 per the fiscal note for H.B. 22-1303 with the facility fully staffed in FY 2023-24. However, the construction timeline for G-Wing was delayed because the estimate for design and construction of the facility exceeded available funding from HB 22-1303. The Department requested a supplemental in FY 2023-24 to ensure sufficient

funding for design and construction. Currently the Department is projecting that the facility can be turned over to the program for training and operations in August 2025. Like many other pending construction projects, the G-Wing project could still be affected by market slowdowns or subcontractor issues that are beyond CDHS' control. At this time, we are not anticipating any of those issues and are working diligently to support the contractor with direction and timely responses to ensure they can keep their commitments. Once construction is completed (estimated August 2025), CMHHIFL will be able to staff and operate the facility. Initially, G-Wing will admit forensic patients on the competency waitlist for restoration treatment. House Bill 22-1303 requires the Department to notify the JBC and develop and implement a plan to convert G-Wing to a civil unit when the waitlist is trending toward elimination, which will open additional beds for individuals in the community needing acute psychiatric hospitalization.

28. ***ARPA Program Expenditures -*** *Sen. Amabile:* Please describe the anticipated impact of not constructing the youth neuro-psych unit, or reducing capacity at Fort Logan or the Mental Health Transitional Living Homes. Would the state experience higher costs for serving youth out of state or in other facilities compared to the Fort Logan youth neuro-psych unit? **(slide 26)**

    Funding for the neuro-psych unit, now called Psychiatric Residential Treatment Facility (PRTF) at the Fort Logan campus, addresses a need for additional beds for youth with high acuity mental health needs within the state. Colorado continues to lack the right number and types of therapeutic options for children with highly complex medical and behavioral health needs who require psychiatric treatment services in a residential setting designed specifically for youth. The PRTF will help fill a gap in the care continuum in the state by serving very high acuity youth who cannot be supported by the currently operating PRTF's. If the unit is not constructed, the state would continue to use currently contracted PRTF beds, and these providers already have waiting lists. Across the state, there were 55 children/youth on waitlists at the end of November for all four PRTFs in Colorado. For PRTF contracted beds, that waitlist is 8. Additionally, without these new PRTF placements, youth may continue to wait in emergency rooms and hospitals unable to discharge while they await a placement in a PRTF, in state or out of state.

    If funding for the MHTL Homes were reduced by eliminating the state-run homes, the Department projects that Consent Decree compliance would be delayed from December 2025 to March 2027 at the earliest and increase the expected cost of Consent Decree fines in FY 2025-26. Availability of beds in MHTL Homes is relevant to the Consent Decree because the state hospitals can discharge adult patients restored to competency to the MHTL Homes, which frees up beds for individuals on the competency restoration waitlist. As beds in the MHTL Homes become available, the hospitals can continue discharging competency patients to these beds where appropriate.

    If funding for Fort Logan were reduced by eliminating the G-Wing, between 48 and 64 fewer adult patients would be admitted from the competency waitlist each year. This

would delay Consent Decree compliance from December 2025 until April 2026 at the earliest and also likely increase projected Consent Decree fines for FY 2025-26.

If funding for both the state-run MHTL Homes and G-Wing at Fort Logan were impacted as described, the Department would likely not be able to comply with the Consent Decree timeframes by the court-mandated deadline of December 2027. Furthermore, the Department would not be able to reduce Consent Decree fines below the $12 million cap for any of the fiscal years leading up to the deadline.

29. ***Competency Capacity -*** *Rep. Bird:* Why would the state reduce private hospital contract beds when there are still 241 individuals on the inpatient competency restoration waitlist? **(slide 28)**

    In the R-04 request, the Department is requesting a $2 million reduction to funding for competency beds at private hospitals. If this request is approved, the Department would reduce the number of competency beds at private hospitals by five. As OCFMH's beds serve an average of three to four patients per year, 15 to 20 fewer patients would be served by beds at private hospitals each year. However, the Department would still be funded to operate 64 beds in private hospitals. Overall, the Department has a total of more than 350 inpatient beds in use for competency patients across all settings and can place these patients with little to no increase in their wait times.

    As the waitlist has reduced, the Department's ability to respond to the needs of patients has increased and it has become easier to manage with beds at the state hospitals and in the Jail-Based Restoration program. As such, a small reduction in private beds is appropriate to consider particularly with the state facing difficult budgetary challenges. If approval of this request slows the Department's progress in reducing the waitlist at all, such a delay is anticipated to be minor.

30. ***Competency Capacity -*** *Sen. Amabile:* What is the impact of the proposed $2.0 million reduction for private hospital contracts? What would be the impact of utilizing these funds for civil beds upstream of the competency system? **(slide 28)**

    In the R-04 request, the Department is requesting a $2 million reduction to funding for competency beds at private hospitals. If this request is approved, the Department would reduce the number of competency beds at private hospitals by five. As OCFMH's beds serve an average of three to four patients per year, 15 to 20 fewer patients would be served by beds at private hospitals each year. However, the Department would still be funded to operate 64 beds in private hospitals. Overall, the Department has a total of more than 350 inpatient beds in use for competency patients across all settings and can place these patients with little to no increase in their wait times.

    Although OCFMH believes that increased investment in civil beds will help divert individuals upstream from the competency system, we do not have data to drive an

estimate of the impact of preventing these individuals from entering the competency system or comparing it with the impact of inpatient competency restoration in a hospital. We are seeing that other states have programs and services where individuals likely to need competency restoration are served in the civil system and are diverted before the issue of competency is raised. We are reviewing these programs to better understand how they have upstream impacts on the competency systems in those states.

31. ***Competency Capacity -*** *Rep. Sirota:* How does utilization of contract nurses compare to one year ago? Does the Department estimate that hiring and retention bonuses have decreased contract staffing? Does the Department anticipate that current state FTE can be retained without maintaining hiring and retention bonuses in FY 2025-26? **(slide 34)**

    From October 2023 to October 2024, the CMHHIP vacancy rate for nursing staff dropped from 52 percent to 45 percent. At CMHHFL during the same period, it dropped from 26 percent to 23 percent. Although the total number of contract nurses increased from 130 to 177 in that same time span, this is a slightly misleading comparison because the hospitals used contract staff to open, or reopen, beds in four units resulting in a need for more staff overall. The hospitals have also increased the average number of filled state FTE nursing positions between FY 2023-24 and FY 2024-25 year to date. In FY 2023-24, the hospitals averaged 212 FTE nurses. In FY 2024-25 year to date, the hospitals have averaged 225 FTE nurses.

    Because this year's enhanced hiring incentives have only been in place for five months, the Department does not have enough data to reach conclusions about the precise impact of the hiring and retention bonuses, especially because there are so many other factors influencing vacancy rates. Nevertheless, the Department believes they are critical to maintaining and increasing hiring and retention levels. Without these hiring incentives, the Department would be at a disadvantage when competing with the private sector.

COMMON QUESTIONS FOR DISCUSSION

32. Please describe any budget requests that replace one-time General Fund or ARPA funded programs with ongoing appropriations, including the following information:
    a. Original fund source (General Fund, ARPA, other), amount, and FTE;
    b. Original program time frame;
    c. Original authorization (budget decision, legislation, other);
    d. Requested ongoing fund source, amount, and FTE; and
    e. Requested time frame (one-time extension or ongoing). **(slides 31, 32)**

    CDHS has no budget requests that replace one-time programs. However, the Department's R-06 and R-07 budget requests for the Office of Civil and Forensic Mental Health (OCFMH) include ongoing appropriations and FTE assumed in H.B. 22-1303

(Increase Residential Behavioral Health Beds), including 16 inpatient beds in the G-Wing at the Colorado Mental Health Hospital in Fort Logan (CMHHIFL) and at least 125 residential beds in mental health residential facilities that are now called Mental Health Transitional Living (MHTL) Homes, respectively. H.B. 22-1303's fiscal note indicates that CDHS expenditures are initially paid from the Behavioral and Mental Health Cash Fund (CF), which consists of State and Local Fiscal Recovery Funds (SLFRF) from the federal American Rescue Plan Act (ARPA), and that these expenditures would be supported ongoing with General Fund in FY 2024-25.

R-06 Staffing and Funding the Fort Logan G-Wing for Patient Acuity

Table 7: CMHHIFL G-Wing Operational Appropriations

	H.B. 22-1303	FY 2024-25 appropriation	H.B. 24-1465 & 1466 SLFRF Recapture	R-06 FY 2025-26	Total
General Fund	$0	$2,778,742	$0	$6,856,155	$9,634,897
Cash Funds	$6,578,266	$0	($6,578,266)	$0	$0
FTE	59.2	15.6	(59.2)	56.9	72.5

House Bill 22-1303 appropriated $6,578,266 and 59.2 FTE from the Behavioral and Mental Health Cash Fund for FY 2022-23 with the requirement to spend or obligate these funds by December 30, 2024. Section 27-94-107(2), C.R.S., indicates that these beds could be used for persons needing competency services until the waitlist for these services is eliminated or trending toward elimination within one year. CDHS would be required to transition these beds to serve civil patients thereafter on an ongoing basis and immediately notify the JBC of this transition.

After some construction delays, the G-Wing is expected to open in the first quarter of FY 2025-26. Because of these delays, CDHS reverted the $6,578,266 in FY 2024-25 for G-Wing's operations. In order to hire and train staff in anticipation of the completion of construction and the opening of the unit, the JBC approved $2,778,742 and 15.6 FTE as a quarter-year of funding in FY 2024-25 and ongoing, with the intent to increase to a full-year level of funding in FY 2025-26. The hospital has also found that additional staff beyond what was initially planned are necessary to operate units with the additional security needs and patient acuity that come from forensic treatment.

R-06 requests $6,856,155 General Fund and 56.9 FTE in FY 2025-26 in order to staff and operate the G-Wing for a full year in FY 2025-26. For FY 2026-27 and ongoing, the amount requested in R-06 is $6,661,286 General Fund and 57.1 FTE.

R-07 Mental Health Transitional Living Home Funding Adjustment

Table 8: Mental Health Transitional Living Homes Operational Appropriations

	H.B. 22-1303	FY 2024-25 Appropria-tion	H.B. 24-1465 & 1466 SLFRF Recapture	H.B. 24-1465 & 1466 SLFRF Refinance	R-07 FY 2025-26	Total
General Fund	$0	$12,599,486	$0	$5,700,000	($12,195)	$18,287,291
Cash Fund	$39,854,179	$0	($22,299,160)	$5,485,761	$0	$5,485,761
Reappro-priated Funds	$0	$0	$0	$0	$5,207,824	$5,207,824
FTE	21.8	0.0	0.0	0.0	32.9	54.7

House Bill 22-1303 appropriated $39,854,179 and 21.8 FTE from the Behavioral and Mental Health Cash Fund for FY 2024-25 with the requirement to spend or obligate these funds by December 30, 2024. If funds are obligated by December 30, 2024, then the deadline is December 30, 2026 for spending them. House Bill 22-1303 authorizes OCFMH to use these funds for oversight costs and FTE related to MHTL Homes, costs and FTE associated with MHTL homes located in Department-owned properties, and contract beds in and renovation of MHTL Homes. $16,586,000 of this funding was appropriated in FY 2022-23 for use and renovation of contract beds while CDHS and the Department of Health Care Policy and Financing (HCPF) applied for a federal waiver to reimburse CDHS for serving Medicaid patients in these homes starting in FY 2023-24.

In FY 2024-25, CDHS recaptured and repurposed $22,299,160 of ARPA funding for programs approved by the General Assembly under H.B. 24-1465 due to construction and licensing delays and because the properties with contract beds required only minimal renovations. The General Assembly appropriated a total of $12,599,486 in FY 2024-25 for ongoing contracting, operational, and staffing costs associated with the MHTL Homes. House Bill 24-1465 & 1466 also rolled forward $11,185,761 of the original SLFRF appropriation that must be spent by December 31, 2025, consisting of $5,485,761 cash funds and $5,700,000 of SLFRF refinanced as General Fund. All of these appropriations support contract beds in MHTL Homes that are currently admitting

residents and staffing and operations of Department-owned homes expected to open in the first quarter of 2025.

R-07 requests an increase of $5,207,824 reappropriated funds, a reversion of $12,195 General Fund, and 32.9 FTE for the MHTL Homes in FY 2025-26. Although the federal government approved the waiver, H.B. 22-1303 did not provide spending authority for Medicaid funds reappropriated to CDHS by HCPF. CDHS estimates that the MHTL Homes will receive $5,207,824 in reappropriated funds from HCPF per year and R-07 provides spending authority for these funds. House Bill 22-1303 also did not provide an adequate number of FTE to staff the program, especially the Department-owned homes that require 24/7 staffing levels. OCFMH has sufficient ongoing funding in FY 2024-25 to staff the homes for about half of the fiscal year but not for a full year. R-07 enables OCFMH to staff the MHTL Homes for a full year starting in FY 2025-26. For FY 2026-27 and ongoing, R-07 requests $5,207,824 RF, a reversion of $33,098 General Fund, and 33.1 FTE for the MHTL Homes.

COLORADO
Department of Human Services

“We are the people who help people”

Fiscal Year 2025-26

Joint Budget Committee Hearing
December 19, 2024



Agenda

1:30PM - 3:30PM

- Introduction
- Office of Economic Security
- Office of Civil and Forensic Mental Health

Office of Economic Security



COLORADO
Department of Human Services

Office of Economic Security: Serving Coloradans

OES mission is to provide income, nutritional and support services to Coloradans in need. OES services include:



Income Support
$187M in FY 2023-24



Employment Support
$47M in FY 2023-24



Food & Safety
$1.43B in FY 2023-24



Targeted support
$52M in FY 2023-24

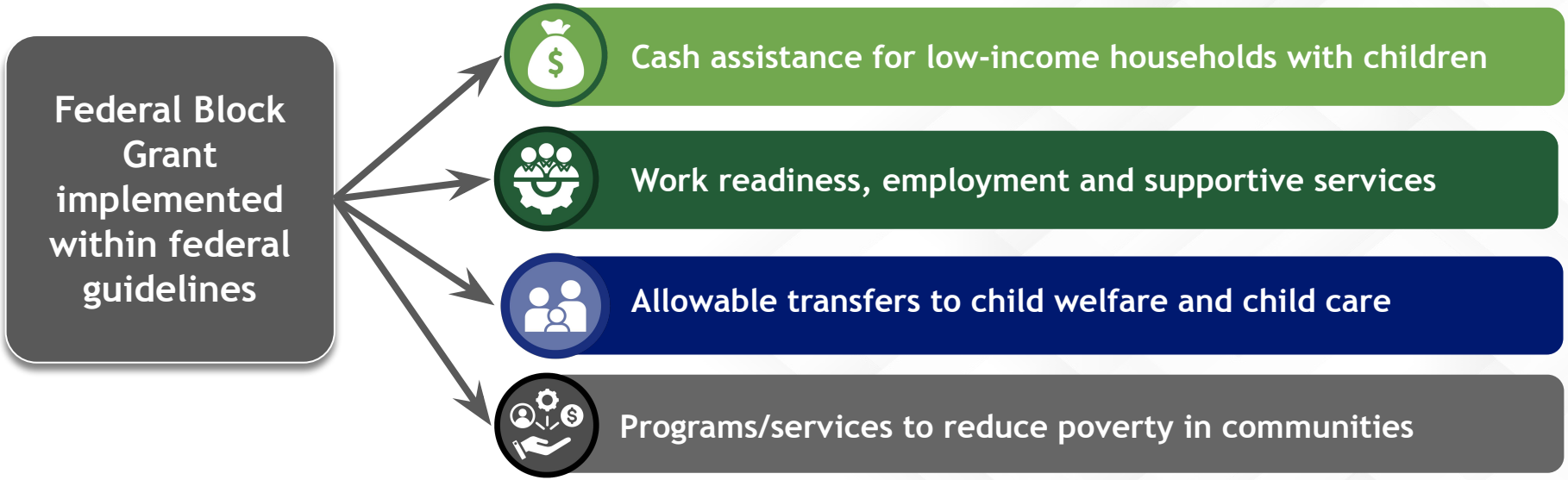
Office of Economic Security

Supporting Coloradans through Income Assistance and Employment

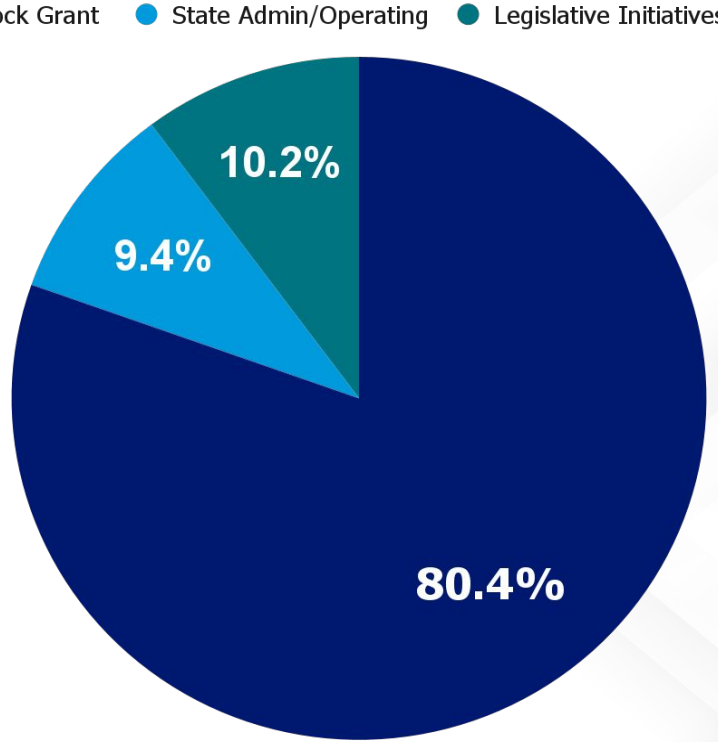


COLORADO
Department of Human Services

Temporary Assistance for Needy Families (TANF) (Q1, pg.1 | Q2, pg.2)

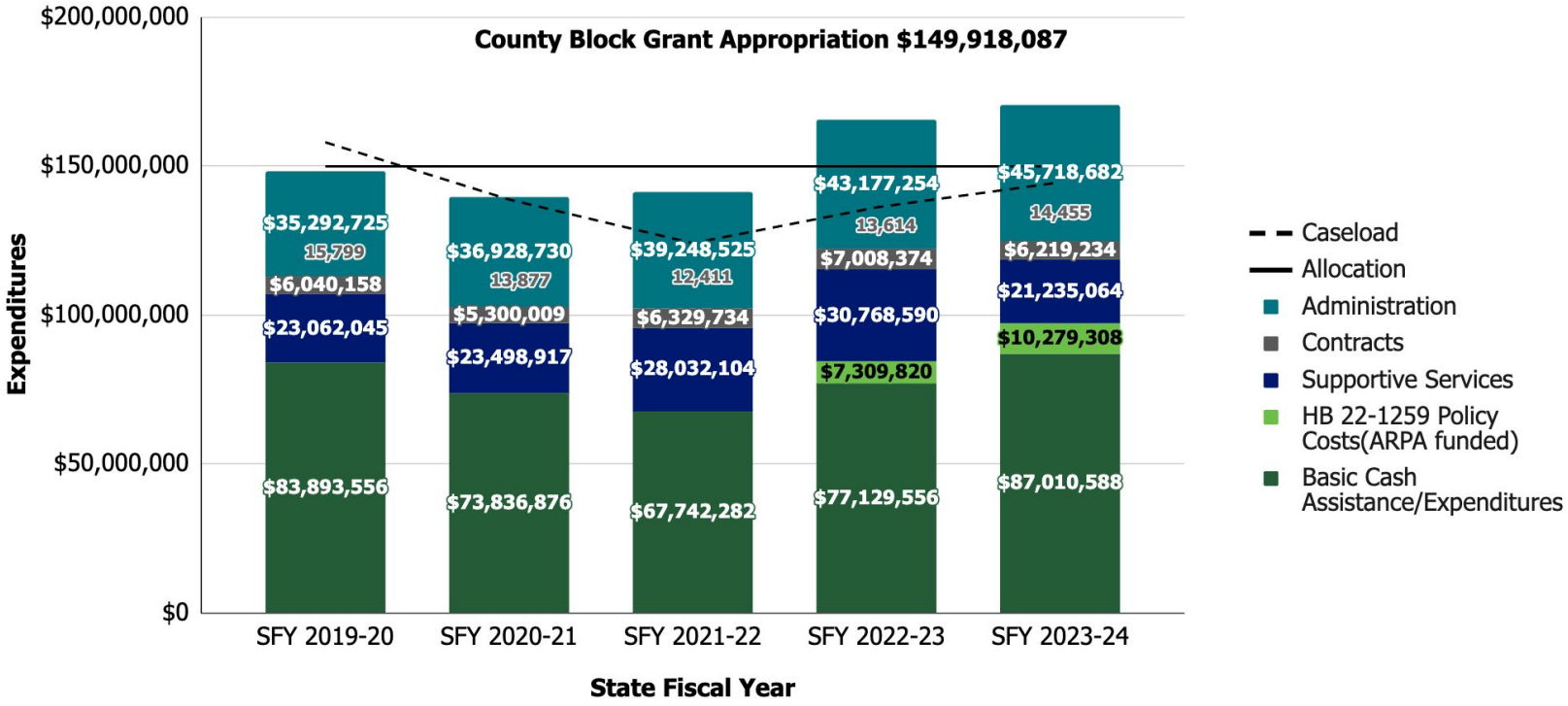


Colorado TANF Priorities (Q3, pg.3 | Q4, pg.4)





County TANF Block Grant Spending by Category FYs 2019-20 through 2023-24 (Q5-8a, pg.4-7)



HB 22-1259: Modifications to Colorado Works Program (Q9, pg.8 Q10, pg.8)



Cash Assistance

Increased BCA payments by 10% in July 2022. Annual COLA beginning July 2024.

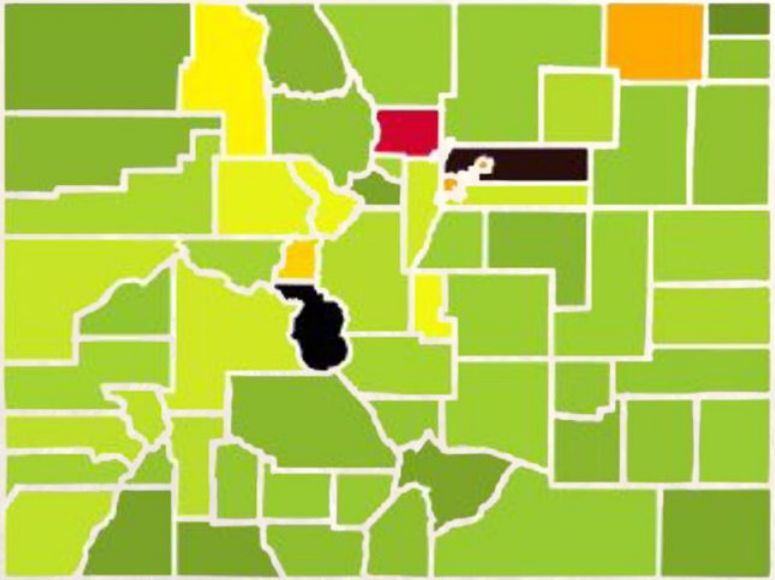
Eligibility

Expanded eligibility per sanctions, income disregards, extensions

Funding

Created a new GF appropriation to cover ⅔ of increased costs; County TANF cover ⅙ of costs; State TANF cover ⅙

TANF Reserves Used by County (Q11-13, pg.9-10)



% of Reserves Used

- Overextended: More Than 100% of Reserves Used
- 100% of Reserves Used
- 15% Reserve Floor
- 50% of Reserves Used
- 100% of Reserves Maintained
- Ending Balance Greater Than Reserve

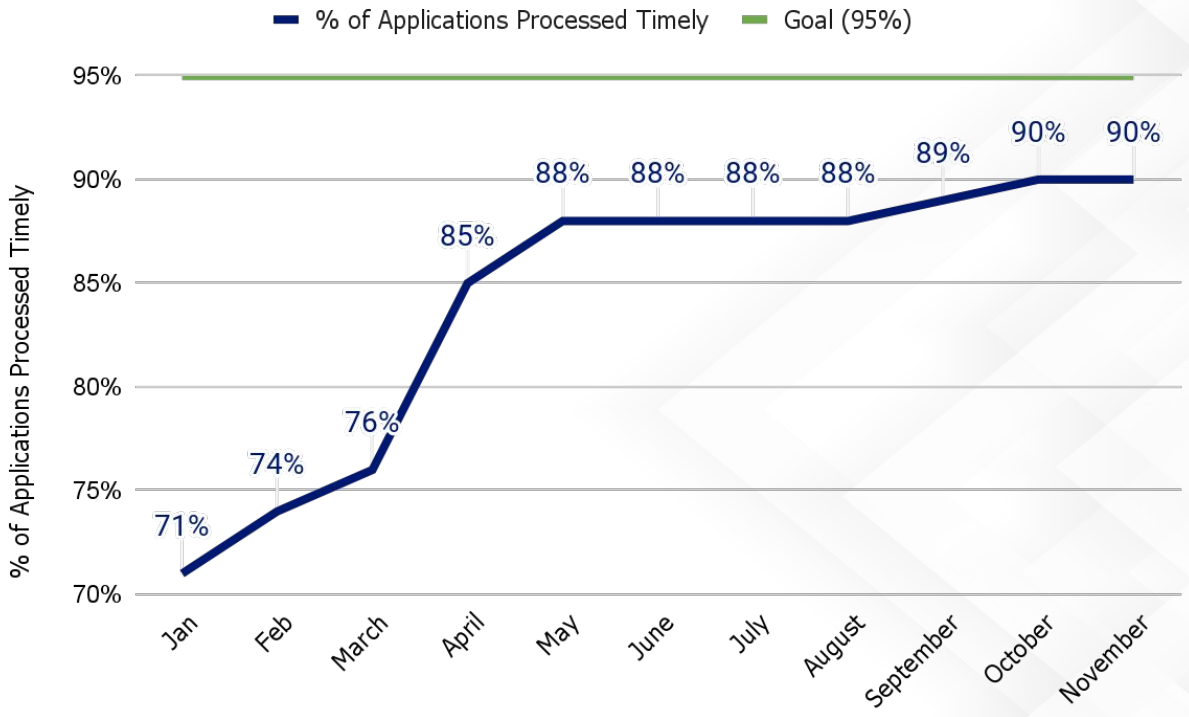
Office of Economic Security

Supporting Coloradans through Food Assistance



COLORADO
Department of Human Services

Improving Timely Processing of SNAP Applications (Q14, pg.11)

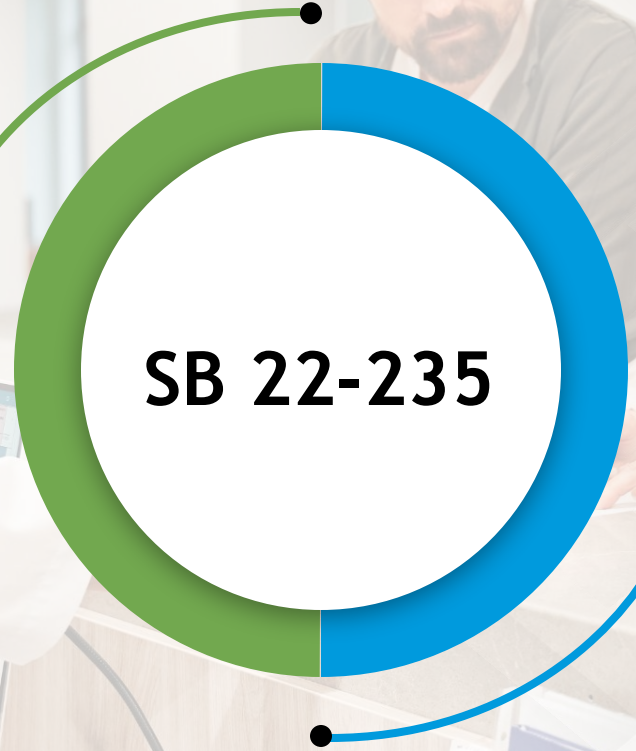


This incredible work of the counties has resulted in

4,428

additional Coloradans with timely approvals, estimate per month.

County Administration Of Public Assistance Programs



Phase 1
Assess the delivery of public and medical assistance programs

Phase 2
Develop a comprehensive, statewide funding model

OES FY 2025-26 Budget Requests

R-01: Resourcing Counties to Administer Public Assistance Programs
$4,185,074 in FY 2025-26

R-14: Teen Drivers License Program
($100,000) in FY 2025-26

R-16: Further Right-sizing Home Care Allowance
($1,050,000) in FY 2025-26

R-17: ReHire Colorado Adjustment
($250,000) in FY 2025-26

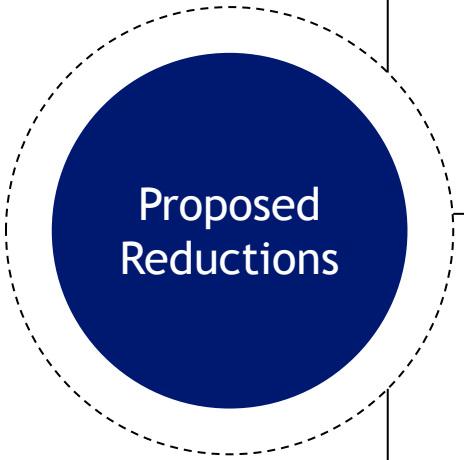
R-01 Resourcing Counties to Administer Public Assistance Programs (Q15, pg.11)

The Department's County Administration request will:

- Make progress to ensure sufficient resources to process public assistance cases
- Promote equitable access to benefits



Proposed Budget Reductions (Q16, pg.12 | Q17-21, pg.12-15)



R-14: Teen Drivers License Program
($100,000) in FY 2025-26

R-16: Further Rightsizing Home Care Allowance
($1,050,000) in FY 2025-26

R-17: ReHire Colorado Adjustment
($250,000) in FY 2025-26

Thank you!
Questions?

COLORADO
Department of Human Services

Office of Civil & Forensic Mental Health



COLORADO
Department of Human Services

Office of Civil and Forensic Mental Health

01	Mental Health Hospitals	Provide inpatient behavioral health services for civil and forensic patients.
02	Forensic Services	Provide evaluation, treatment, and case management to the forensic population statewide.
03	Mental Health Transitional Living Homes	Provide a less restrictive residential setting for individuals with serious mental illness. (Created in HB 22-1303)

What is Competency?

Competency is a legal construct referring to an individual's current capacity to function meaningfully and knowingly in a legal proceeding.

When someone is found incompetent to proceed, the entire legal process pauses until competency is restored.

Competency can be raised at any point in criminal proceedings.

The Consent Decree

CDHS was sued in 2011 for failure to provide timely competency evaluations and restoration treatment which created a significant waitlist of adult pretrial detainees.

CDHS has been subject to requirements resulting from the lawsuit since then and is currently under a 2019 consent decree.

As part of the consent decree, CDHS pays up to $12 million annually in fines because we are not in compliance.

Previous Funding has Supported…



Beds Opened Since Oct. 2022 (Q22, pg.15 | Q23, pg.16)

Year	Pueblo	Fort Logan	Jail Based	Private Hospitals	MHTL	Total
2022	N/A	+22	N/A	+23	N/A	**+45**
2023	+39	+22	N/A	+10	+36*	**+107**
2024	+41 31 adult 10 youth	N/A	+0 -18 Boulder +18 Arapahoe	+31	+32*	**+104**
2025	N/A	+16* (new)	N/A	N/A	+86*	**+102**
Total	**+80**	**+60**	**0**	**+64**	**+154**	**+358**

*Indicated funding through HB 22-1303 (16 Fort Logan hospital + 154 = 170)

Waitlist Progress (Q24, pg.18 | Q25, pg. 18)

Between Fall 2023 and Fall 2024 OCFMH achieved a:

- **47% decrease** in the waitlist
- **37% decrease** in wait time
- **83% decrease** in Tier 1 wait time

Year	People on Waitlist	Average Days Waited	
2022	412	Tier 1	74
		All	103
2023	432	Tier 1	101
		All	96
2024	**223**	**Tier 1**	**17**
		All	**67**

Juvenile Competency (Q26, pg.18)

	Inpatient (ABTU at CMHHIP)	Facility-Based (DYS detention facility)	Outpatient (Community)
Criteria for placement/ admission	Medical necessity for inpatient hospital	Detention criteria but not medical necessity	Anyone not meeting detention or inpatient criteria
Current number of youth	3	5	185
Average length of stay	261 days	Not yet enough data to determine	208 days

There is currently no waitlist for juvenile restoration treatment

Psychiatric Residential Treatment Facility (Neuro-Psych) Update (Q27, pg.19 | Q28, pg.20 | Q26, pg.18)



PRTF will provide treatment for youth with high acuity mental health needs who are waiting in inappropriate settings in Colorado

- Initially funded through HB 22-1283
- There is a critical need for beds at this acuity level for children and youth currently awaiting treatment
- Initial design phase is complete
- Construction scheduled to begin Fall 2025

FY 2025-26 Requests

27

R-04 Savings from Competency Beds at Private Hospitals (Q29, pg.21 | Q30, pg.21)

$2 million ongoing reduction of private hospital bed funding from General Fund

OCFMH received funding for private hospital beds in FY 2024-25 through our R-01 request.

Due to the decrease in the waitlist, OCFMH can scale back five beds without impact to Consent Decree compliance.

R-05 Reduce Consent Decree Fines (Q24, pg.18)

$5 million ongoing reduction of Consent Decree fine payments from General Fund



In recent years, CDHS has spent $12 million annually in fines, the maximum amount in accordance with the Consent Decree.



CDHS anticipates spending $7.2 million on fines in FY 2025-26 due to reductions in the competency waitlist.

Impact of Mental Health Transitional Living Homes



R-07 Mental Health Transitional Living (MHTL) Home Funding Adjustment (Q32, pg.22)

Adjustment of $5.2 million for the MHTL Homes in FY 2025-26 and ongoing

Spending authority for $5.2 million of federal funds reappropriated from HCPF

OCFMH received $21.4 million in ongoing operational funding through HB 22-1303 for beds in residential mental health homes; the initial funding was through ARPA including construction of 24 beds in state-owned buildings.

The homes will be fully operational, with 164 total beds, in FY 2025-26, and will cost a total of $17.8 million to run. This cost is $5.2 million more than in FY 2024-25, when not all homes were online for the full year.

If spending authority is granted, the $5.2 million will come from federal funds for Medicaid patients, and no additional General Fund will be necessary.

R-06 Funding Fort Logan G-Wing (Q27, pg.19 | Q32, pg.22)

Adjustment of $6.9 million in FY 2025-26 & $6.7 million in FY 2026-27 and ongoing

OCFMH received funding through HB 22-1303 to renovate and operate a new forensic wing of the Fort Logan hospital. The initial funding was provided through ARPA with ongoing operations from General Fund.

OCFMH received partial funds of $2.7 million for a quarter of FY 2024-25 with the understanding of an ongoing need to fund operations at this level.

This request aligns the amount of funding with what is necessary for a full year of operations beginning in FY 2025-26.

R-09 Maintain Electronic Health Records Amid Changing Technical & Regulatory Requirements

Increases funding by $800,000 for FY 2025-26 & $900,000 for FY 2026-27 and ongoing



Hospitals face significant fines or negative care outcomes if electronic health records are not kept up to date.



The EHR system was initially funded in FY 2016-17. That funding has remained unchanged despite technological updates and growing regulatory requirements and costs.



Since our EHR vendor was acquired by a third party in 2022, the billing model has changed to a subscription based model resulting in unanticipated cost increases.



OCFMH maintains more than **10,000 electronic health records** for individuals through a contract with our vendor, Cerner.



Nurse Staffing Updates (Q31, pg.22)

	2023	2024
CMHHIP Nursing Vacancy Rate	52%	45%
CMHHIFL Nursing Vacancy Rate	26%	23%
Number of Contract Nurses	130	177
Nurses (FTE) Hired	90	148

But for over one year, Colorado competence-related services have been improving. At the end of this quarter (October 31, 2024), the waitlist is less than half the length it was exactly one year prior. Indeed, the total number of people admitted to inpatient restoration this quarter (n=308) continues a year-long trend of admitting more than 300 people to inpatient restoration every quarter-the most since the start of the Consent Decree. Newly opened Mental Health Transitional Living homes (MHTLs) now provide a crucial level of care that has long been lacking in Colorado….

The Department's trajectory is one of improvement.

-Special Master Report
November 2024

Thank you!
Questions?

COLORADO
Department of Human Services

Behavioral Health Administration

FY 2025-26 Joint Budget Committee Hearing

Thursday, December 19, 2024

ADMINISTRATION

1. *Sen. Kirkmeyer:* Does the BHA fund administrative programs like HR and IT services internally? Please describe which administrative functions are managed internally at the BHA, and which are managed by the Department of Human Services and the associated FTE at the BHA.

CDHS provides administrative support to BHA. A small portion of funds appropriated to BHA's line items are utilized by CDHS HR, IT, Audit, and Financial Services teams via indirect costs to provide support for these functions. This structure allows BHA to leverage the infrastructure and expertise that exists on these CDHS teams, and avoid replication of back end staff and processes.

Separate from the administrative support that CDHS provides, BHA has the following FTE:

- HR - BHA 1.0 FTE
- Timekeeping - BHA 1.0 FTE
- Contracting and Procurement - BHA -12.0 FTE
- Program accounting - BHA -10.0 FTE

Contracting and Procurement:

There are 2.0 FTE dedicated to Procurement. The BHA Procurement team handles about 15 major solicitations annually, performing the tasks of identifying the proper solicitation types to be used, guiding program staff through concepting and development of their scopes of work and solicitations, drafting and refining solicitation documents, responding to questions from applicants, organizing procurement scoring meetings, and coordinating with the Contracts Team once awardees are identified. The CDHS Procurement staff (separate FTE from those listed above) act as the Procurement Officials on each solicitation, post and manage the solicitation during the open period, and lead scoring meetings, among other roles defined in the Procurement Code of the Procurement Official delegee and subdelegees

There are 10.0 FTE dedicated to contracting functions. BHA Contracts staff are responsible for primary development of contracts, amendments, and purchase orders. Their work results in finished documents that CDHS then reviews and approves. BHA Contracts staff guide program staff through the development and refinement of scopes of work, assemble documents, perform quality control, and coordinate execution of all documents. They also provide regular maintenance such as amending contracts to reallocate budgets or refining scopes of work. As Contracts staff remain dedicated to the same contract groups year to year, they also provide advice and guidance to program staff in matters of performance improvement and long term provider relationships. The CDHS Contracts team (separate FTE from those listed above) sets

templates, policies and procedures for contracting in compliance with the Fiscal Rules and OSC policies, review BHA submitted contracting items for Fiscal Rules and OSC policy compliance before release for signature, set up our contracts in CORE, and obtain signatures from the Controller's Office.

Program Accounting:

BHA's 10.0 accountants manage spending and pay invoices for an assigned set of contracts each fiscal year. The accounting team is primarily responsible for the workflow surrounding receipt and payment of invoices from providers, ensuring timely payment, and compliance with State and other applicable fiscal rules. CDHS Accounting team manages data entry into CORE; approves invoices; reconciles all general and grant ledger accounts; manages federal reporting; oversees the proper classification, processing, and timing for recording financial accounting transactions, and booking spending authority; and produces required financial exhibits using the information available in CORE.

2. *Sen. Marchman:* Please provide the vacancy and turnover rate by program.

BHA has a vacancy rate of 20% (38 out of 190) and a turnover rate of 13% annually. Turnover rates are not currently available by functional areas, but vacancy rates are shown below.

Table 2 - Vacancy and Turnover Rates

Functional Areas	Vacancy Rate
Adult BH Continuum	13% (6 out of 45)
Children, Youth, & Families	09% (2 out of 22)
Finance	15% (6 out of 38)
Strategy	32% (10 out of 31)
Commissioner's Office (includes Quality & Standards Division)	26% (14 out of 54)

BHASO IMPLEMENTATION AND COORDINATION WITH HCPF

3. *Sen. Amabile: It doesn't seem appropriate to fund ongoing health care needs through grant structures. Does the BHA plan to shift away from grant structures for ongoing services?*

BHA's state funding is currently discretionary, and will in that way, continue to align in some ways with grant structures. However, BHA's role in the behavioral health system is to ensure that statewide, in partnership with other agencies, Colorado is maximizing federal drawdowns, strategically utilizing federal funding such as Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, and maximizing the impact of state funding to expand access to a high quality services across Colorado. This statewide approach uses BHA's limited

grant funding to fill gaps, build capacity across the system, and address the needs of the uninsured population, while also ensuring that these efforts are coordinated with a broader approach to funding the behavioral health care system.

While still aligned with a grant structure, the BHASOs will also catalyze a shift in how BHA distributes funding by moving away from siloed funding streams and programs, to a model under where BHA is able to best leverage state discretionary funds, in complement to other funding, to bolster the system. In the short term, this will look like consolidating Crisis, SUD, and Mental Health funding under the BHASOs. In coming years, BHASOs will be central partners for BHA in creating and implementing additional reforms. The fundamental goal is to advance BHA payment models and accountability of public funds while sustaining Safety Net Providers and other Network providers and avoiding disruptions in services for the people of Colorado. BHA will make payment model changes gradually while other significant and intersecting policy changes are implemented.

4. *Sen. Kirkmeyer:* What is the anticipated cost of administration for the BHASOs? How does this cost compare to historic administrative costs for MSOs and ASOs? What costs are associated with the BHASO contract that did not exist under the MSO and ASO contracts? How did the BHA assess that existing funding was sufficient for the new structure?

In the BHASO RFP released in the summer of 2024, BHA requested BHASO bidders to propose an administrative rate to fund their operations, not to exceed 10%. The organizations selected to operate the BHASOs, Rocky Mountain Health Plans and Signal Behavioral Health Network, proposed a 7.5% rate and 6.7% rate respectively. Applying these rates, BHA will pay about $11.8 million TF (~$7million GF) in administrative costs as a share of the $171 million TF, not including pooled funds that are shared amongst all Regions or federal discretionary grant contracts (which often set their own administrative rate caps).

These rates are in line with the administrative rates the organizations currently charge as Crisis Administrative Service Organizations; both Signal and Rocky charge 7%. These rates are lower than the Managed Service Organization rates currently, as the MSO contract sets a universal administrative rate for all MSOs at 10%.

New programming / costs in the BHASO system that did not exist in the previous systems include:

- Care coordination: Care coordination, inclusive of navigation, happened at the provider level in the previous system, but this is the first time that the activity of care coordination has been expressly included in contracts with our intermediaries. BHA R-01 for FY2025-26 would support this new programming and cost. The paired care coordination roles of providers and BHASOs is reflective of feedback received from providers and advocates during the BHASO RFI process.
- Network requirements: BHASOs are now required to identify and contract with providers in order to create a network that meets access and availability minimum requirements in BHA system rules. If there are gaps, BHASOs must report to BHA a work

plan to get to adequacy. If that workplan requires additional funding, BHASO must articulate the cost to BHA.

- S.B. 22-177, an originally ARPA funded project, is actively supporting technology enhancements that are being built or already in place for potential BHASO utilization, including:
    - Central Registry for Medication Assisted Treatment (MAT)
    - Bed Capacity Tracker for Bed Availability in Inpatient and Residential facilities
    - Client Care Search Referral System
    - LADDERS Licensing Modernization
    - Modernized Data Collection Tooling
    - Data Lakehouse for BHASO Interoperability
    - OwnPath Care Directory for Public Navigation

As BHA has implemented safety net reforms driven by H.B. 22-1278, including the new safety net provider requirements and the BHASO system, we have assessed the sufficiency of current funding and have gathered feedback from providers. Two consistent themes have emerged in this process:

1. The system does not have any new funding in place to account for the new service requirements, including care coordination that providers must provide to both individuals receiving care, and those who may need support in accessing alternative care or services outside the scope or capacity of the provider.

2. Coming into compliance with new requirements has come with administrative costs that providers are not reimbursed for. This includes updates to EHRs, developing new policies and procedures, developing and implementing new trainings for staff, etc.

In response to these needs, BHA carefully developed R-01, with a 3 pronged approach to addressing these concerns. BHA believes the R-01 request will appropriately address provider concerns regarding FY 2025-26 funding needs as BHASOs launch in 2025.

5. *Sen. Amabile:* Can a company that is a RAE also serve as a BHASO? Does it create excess administrative burden and cost at the state level to have one agency serving separate populations as a BHASO and RAE? Would it be more cost effective and improve service access for individuals if BHASOs and RAEs were combined?

Yes, a single organization can operate as both a BHASO and RAE if the organization is able to demonstrate the ability to perform the duties associated with both contracts. Based on the RAE and BHASO awards, Rocky Mountain Health Plans has been awarded both a RAE award for ACC 3.0 and a BHASO award beginning July 1, 2025. All HCPF RAEs were given an opportunity to bid to provide BHASO services in their same RAE region, and all but one chose not to bid on the BHASO work. Looking at how the BHASO and RAE contracts were awarded, there is only an opportunity to move from 5 contracted organizations to 4 organizations between both HCPF/RAE and BHA/BHASOs, given that the BHA awarded 3 regions to 1 organization. To force

organizations to perform work that they choose not to bid on is not an efficiency opportunity; it would likely create far more challenges than efficiencies.

Regional Accountable Entities (RAEs) manage Medicaid funds for Colorado. Commercial carriers manage behavioral health in the private insurance space through offerings such as employer-sponsored benefits, individual and family plans on and off of the Connect for Health marketplace exchange, and within Medicare Advantage. The BHASO will manage state and federal behavioral health funds directed to BHA. BHASO's will cover care for those without coverage will also leverage funding and lead collaborative efforts across state agencies, partners and stakeholders, to build and maintain critical service capacity that will support all people in Colorado regardless of payer.

To maximize alignment and deliver improved quality of service to individuals, HCPF and BHA have had intentional decisions as we have collaborated on the launch of ACC 3.0 and BHASOs. We have aligned the four BHASO and RAE regions to promote greater whole system alignment, and the BHASOs will enter into formal agreements with RAEs to establish coordination and cooperation between BHASOs and RAEs. These agreements will include:

- Policies and procedures to ensure continuity of care for all Individuals transitioning into or out of Medicaid enrollment, preventing disruption or delay to an Individual's services.
- Data sharing and privacy policies for individuals transitioning onto or off of Medicaid, as well as those who are receiving coverage from both BHASOs and RAEs simultaneously.
- Definition of roles in Care Coordination to reduce duplication.
- Methods to leverage resources within Medicaid and BHA to optimize funding for needed services.
- Procedures to monitor equity and outcomes within the Region and share data with one another.
- Procedures to report and share quality information relevant to monitoring the provider network.
- Methods to support provider quality improvement through shared or coordinated training, grievances, and technical assistance.

Details on RAEs: RAEs, managed by the Department of Health Care Policy and Financing (HCPF), are responsible for managing a network of primary care providers and behavioral health providers to ensure access to appropriate physical health and behavioral health care for Medicaid members, in line with CMS requirements. This includes paying behavioral health claims to providers, submitting those claims through the Medicaid Enterprise System, negotiating standard and specialty rates for all providers, maintaining and reporting on network adequacy standards, providing care navigation, maintaining member and provider call centers, paying physical and behavioral health providers for whole person care coordination services, submitting all federally required Medicaid data for outcomes and encounters, determining and documenting medical necessity for all services (also known as utilization management), providing practice transformation and technical assistance for providers, contracting with out-of-state providers for clients that cannot be served in Colorado, analyzing and aggregating provider performance and quality data, managing level one grievances and appeals in accordance with state and federal Medicaid laws, and meeting all federal Managed Care Entity

regulations as a health plan. The RAE budgets are determined based on actuarially sound rates, and all provider payment from the RAE to providers are governed by federal Medicaid laws and regulations.

Details on BHASOs: BHASOs will coordinate behavioral health services, not physical health services. Though often providing services to different groups of individuals, BHASOs and RAEs must collaborate to ensure alignment in behavioral health system strategies and in requirements for providers and individuals seeking care. Additionally, BHASOs must maintain close connections to RAEs, as BHASOs are expected to support individuals to enroll in Medicaid, coordinate warm handoffs for Medicaid-enrolled individuals seeking physical health or covered behavioral health services, and support other connections to the RAE's care coordination team for ongoing support.

6. *Sen. Kirkmeyer:* Are RAEs required to contract with comprehensive providers? How can a safety net system be established if RAEs are not required to contract with providers designated by the BHA?

RAEs are, and will continue to be, required to offer contracts to all willing and qualified Comprehensive providers. HCPF identified that inconsistent guidance was given at an informal provider presentation. HCPF wants to assure that the following language is retained in the in RAE contract for ACC Phase III:

> Contractor shall offer contracts to all willing and qualified FQHCs, Comprehensive Providers, RHCs, and Indian Health Care Providers located in the Contractor's assigned region(s).

BHA supports this decision as it achieves goals shared by HCPF and the BHA, including creating aligned BHASO and RAE provider networks where possible, and aligning incentives for safety net providers to serve medicaid and uninsured populations.

7. *Sen. Amabile:* Why do comprehensive and essential providers designated by the BHA receive enhanced payment models and rates under HCPF when the BHA and HCPF are addressing different populations?

The behavioral health safety net requires, by design, coordination between BHA and HCPF as providers approved by the BHA serve a population that encompasses Medicaid-eligible individuals. The behavioral health safety net exists to ensure that "priority populations" defined in 27-50-101, C.R.S. as people who are uninsured, underinsured, medicaid-eligible, publicly insured, or whose income is below thresholds established by the BHA; and presenting with acute or chronic behavioral health needs, including but not limited to individuals who have been determined incompetent to stand trial, adults with serious mental illness, and children and youth with serious emotional disturbance, are able to access the behavioral health care that they need. A comprehensive funding model that leverages all available funding sources is necessary to ensure the viability of the safety net system. This funding model is expected to use state funds to complement and not supplant other funding sources including Medicaid, federal Substance Abuse Prevention and Treatment Block Grants (SABG), and federal Mental Health

Services Block Grants (MHBG). Ultimately, BHA and HCPF together want to prioritize opportunities to support the safety net with federal match funds that can be drawn down.

Beyond paying for specific services for certain populations, BHA is responsible for ensuring access to quality behavioral health safety net services. BHA approves agencies as comprehensive and essential safety net providers. As an approved safety net provider, comprehensive and essential safety net providers commit to meet the safety net regulations, including the no refusal requirements, and serve priority populations, inclusive of Medicaid members.The safety net approval from BHA allows a provider to enroll in HCPF as the corresponding provider type, and to be prioritized for contracts by the BHASOs.

Medicaid reimburses comprehensive providers using a cost-based prospective payment system (PPS). HCPF cost-based rates are an incentive to participate in the safety net system. Medicaid reimbursements are key to safety net provider's revenue and stability, and HCPF and BHA together have a shared interest in ensuring that safety net providers achieve financial stability, keeping their doors open to provide critical services to uninsured, underinsured, and Medicaid covered individuals. Cost based rates are the best way to do that.

In addition to the cost based rates paid to comprehensive providers for services provided to Medicaid members, BHASOs are statutorily required to prioritize comprehensive providers when contracting for safety net services.

Essential safety net providers are eligible to receive enhanced rates that are designed to provide reimbursement for the additional requirements they meet. Beyond the opportunity to receive enhanced rates from HCPF for services provided to Medicaid members, Essential Safety Net providers may contract with the BHASOs to be reimbursed for safety net services provided to uninsured and underinsured individuals.

Ultimately, braided funding from HCPF and BHA seeks to ensure that safety net providers can provide care to both HCPF and BHA "populations".

8. *Sen. Kirkmeyer:* How is the BHA coordinating with HCPF on an ongoing basis? How do the two agencies coordinate to ensure there is not duplication of services, or gaps in services, between the two agencies?

The BHA is charged with leading and developing the state's vision and strategy for behavioral health in Colorado. Every state agency that administers a behavioral health program is required to collaborate with BHA to achieve the goals and objectives established by the BHA. In addition to formal written agreements, HCPF participates in the interagency council, chaired by BHA's Commissioner, made up of 12 executive directors of state agencies that administer behavioral health programs where BHA coordinates multiple initiatives across state agencies. To promote efficient and unduplicated services, BHA and HCPF also engage in daily communication,

collaboration, and coordination from individual contributors to senior leadership. BHA and HCPF are aligned in such a way that even the foundation pillars align.

Table 1 - BHA and HCPF Foundational Pillars

Pillars of BHA	Pillars of HCPF
Access	Care Access
Affordability	Affordability Leadership
Workforce and Support	Employee Satisfaction
Accountability	Operational Excellence and Customer Service
Whole Person Care	Member Health
Lived Expertise and Local Guidance	Health First Colorado Value

As the largest payer of behavioral health services in the state, HCPF is partnering closely with BHA, along with local communities, safety net providers, advocates, members and families, to inform the design and implementation of policies to a coordinated, cohesive, and effective behavioral health system in Colorado. HCPF and BHA coordinate through integrated planning, data sharing, joint stakeholder engagement, and aligned policies to ensure efficient service delivery, address gaps, and prevent duplication in behavioral health care. The shared BHA and HCPF pillar of Access To Care is highlighted through the development of the safety net system. HCPF and BHA don't just share the intention of collaboration, but have multiple policies and programs that demonstrate that alignment.

Safety Net Reform: HCPF and the BHA have worked closely to ensure that reforms and the implementation of Colorado's Safety Net system are cohesive. The BHA defines and regulates safety net services and providers, then HCPF relies on those definitions and licenses to enroll BH providers in Medicaid. BHA and HCPF worked closely through the regulatory review process to ensure Medicaid regulations and infrastructure were considered throughout the new rule structure and the BH service definitions did not include any services that could not be covered by Medicaid. This close collaboration then informed HCPFs reform efforts related to creating pathways to enroll, identify, and reimburse safety net providers, and has led to a significant increase in licensed safety net providers enrolled in Medicaid. Through co-facilitated stakeholder engagement, coordinated responses to providers, and jointly developed FAQs, the new Safety Net system went live in July 2024.

As of December 12, 2024, BHA has issued 19 Comprehensive Provider approvals, 18 are enrolled with HCPF across multiple locations, and one is in process. BHA has issued 160 Essential Provider approvals and HPCF has processed 141 enrollments. Open communication

and collaboration continues with weekly updates regarding BHA licenses and approvals and new HCPF enrollments shared with the Regional Accountable Entities (RAEs).

SUD Benefit: In response to expanded and discrete regulatory definitions in BHA rules, HCPF expanded Medicaid provider enrollment options to allow for the full continuum of SUD services based on the levels of care outlined in American Society of Addiction Medicine (ASAM) criteria, which also aligned with HCPF's SUD residential waiver. This SUD continuum now includes multiple levels of outpatient, high intensity outpatient, residential and inpatient enrollment categories. BHA sends HCPF a monthly report of all licensed SUD providers at every level which allows HCPF to monitor member access to SUD providers statewide. 100% of BHA-licensed Opioid Treatment Programs (OTPs) are enrolled as Medicaid providers, 53% of licensed Residential SUD providers are enrolled as Medicaid providers, and 50% of Essential Safety Net providers are enrolled as SUD providers. In preparation for the transition from ASAM 3rd Edition to ASAM 4th Edition taking effect July 1, 2026, HCPF and BHA are co-facilitating a withdrawal management-focused workgroup to gather insight from providers and collaboratively prepare for this transition.

Provider Supports: HCPF supported the BHA in developing and delivering Training and Technical Assistance (TTA) modules aimed at Safety Net and independent providers as part of the BH transformations. HCPF prioritized funding through ARPA to contract with a vendor ensuring that the trainings were developed in alignment with adult learning styles and help providers BHA training requirements. These training modules remain available across a provider-focused Learning Management System and a Safety Net Provider website managed by BHA and HCPF, respectively. Topics include administrative functions like contracting and enrollment, licensing standards for BHA and CDPHE, evidence-based practices in program design, and financing skills like how to bill Medicaid and BHA or how to complete a cost report.

Aligning Regional Accountable Entities and Behavioral Health Administrative Service Organizations: HCPF and BHA have worked closely to thoughtfully align program design for the RAEs and BHASOs. This includes:

- **Create an aligned regional map for RAEs and BHASOs.** HCPF heard from stakeholders about the importance of aligning the RAE and BHASO regions to create simplicity and reduce confusion for those that may interact with both entities, such as members and providers. HCPF and BHA jointly hosted stakeholder meetings and reviewed statewide population data to determine the optimal region map and other considerations as both ACC Phase III and the BHASOs go live on July 1, 2025.
- **Development of joint care coordination expectations**. Stakeholders have emphasized the importance of aligning care coordination standards between the RAEs and BHASOs. Since early 2023, HCPF and BHA have worked closely to develop a tiered approach to care coordination for Medicaid members served by RAEs and Coloradans served by BHASOs. Aligning these service definitions is intended to ensure Coloradans moving from Medicaid coverage continue to receive the navigation and coordination support they need.

- **Alignment of the contracts between RAEs and BHASOs.** While RAEs serve Medicaid members, there are many members that may churn off of Medicaid and would therefore be served by BHASOs. Additionally, there are many requirements around the services that Medicaid can or cannot provide. There may be instances where BHASOs cover additional services for members. HCPF has worked closely with BHA to crosswalk key contract requirements and ongoing operations between the RAEs and BHASOs. Both agencies have looked at the general role of RAEs versus BHASOs, the administrative burden for other agencies that may need to work with both entities, care coordination expectations, requirements for community engagement, and quality and data sharing. Additionally, HCPF and BHA plan to work with both RAEs and BHASOs to ensure that network providers are trained on the role of each entity.

Children and Youth: HCPF has been actively collaborating with BHA in the development of the Medicaid System of Care around the Settlement Agreement Implementation Plan which consists of the Identification Tool, the Standardized Assessment including the Child & Adolescent Needs and Strengths (CANS) tool, and Intensive Care Coordination with High Fidelity Wraparound (HFW). The Medicaid System of Care will leverage the existing Colorado Crisis Services Mobile Response managed by BHA. In addition, the internal state group creating a proposed System of Care framework consists of leaders from both HCPF and BHA. This group meets no less than weekly to ensure alignment in vision and execution for system of care across state agencies.

Peer and Recovery Services: HCPF continues to actively collaborate with BHA on the implementation of HB 21-1021 which directed BHA to establish rule and licensing for Recovery Support Services Organizations (RSSOs) and authorized HCPF to reimburse RSSOs for permissible claims for peer support services. HCPF and BHA staff meet at least once per month to collaborate on this work, discuss stakeholder and provider questions and concerns, and strategize on responses. As a result of this ongoing collaboration, BHA and HCPF staff have supported a smooth transition for new RSSOs to go through BHA licensing, Medicaid enrollment, and RAE contracting and billing. There are currently 8 RSSOs licensed through BHA and an additional 10 open applications. HCPF has published web-based policy guidance and FAQs for providers.

Colorado Crisis System: HCPF and BHA continue to partner on improving the Statewide Crisis Continuum. BHA and HCPF worked together to standardize Mobile Crisis Response (MCR) services in alignment with federal standards to assure appropriate reimbursement for Medicaid members and access 85% federal medical assistance percentage (FMAP) for those members. Stakeholder engagement for MCR was conducted in tandem, both in person and virtually. HCPF and the BHA co-published clarifying policy memos and co-authored the MCR Service Definition[1], demonstrating a closed loop for providers by indicating that all MCR providers must contract with the BHA ASO and the HCPF RAE, which is key to maximizing federal funding where possible. HCPF also contributed to the development of BHA's Crisis Professional Curriculum which aims to narrow the scope of training of crisis professionals to those who have completed

[1] https://hcpf.colorado.gov/sites/hcpf/files/7.5.23%20MCR%20Final%20Service%20Definition%20%281%29.pdf

the curriculum, thus expanding the workforce to include individuals with lived experience and various disciplines. BHA, HCPF, and CDPHE co-host monthly Crisis office hours for providers and RAEs, and regularly hold collaboration meetings, to assure alignment between regulations, reimbursement strategies, and broader crisis system goals. The 988 implementation plan[2] is an example of this alignment effort, where HCPF was tasked "with the goal of having Medicaid revenue support the crisis center (both crisis lines 988 and 844)" and has done so while supporting BHA and the 988 Enterprise through vendor transition.

CCBHC Grant: H.B. 24-1384 legislated that HCPF and BHA coordinate to complete a competitive application for the SAMHSA-sponsored CCBHC Planning Grant. HCPF and BHA preparation and planning meetings began monthly but ramped up heavily once the short application window was released, nearly reaching a daily rate, through collaborative strategy meetings, cross-agency executive leadership check-ins, monthly stakeholder forums, and ad hoc informal meetings. All application materials, support materials, and a HCPF CCBHC website were approved by both HCPF and BHA leadership. This joint effort led to the successful completion and submission of the planning grant.

Operational Partnerships: In addition to the larger system alignment efforts, HCPF and BHA jointly participate in several ongoing public meetings, including:

- BHA and BHASOs have been incorporated into the membership and leadership of the collaborative forum to support youth involved in the child welfare system called the HRC2B2 (HCPF, RAEs, CHDS, counties, BHA, BHASOs). In this forum, BHA helps select the agenda, presents topics, solicits feedback and provides input on any issues that impact the child welfare system. The HRC2B2 forum also has associated workgroups such as the Assessment Workgroup where BHA and current Administrative Service Organization (ASO) staff are actively working to increase alignment between systems (Medicaid, child welfare, and Children and Youth Mental Health Treatment Act).
- HCPF also participates in BHA facilitated workgroups. An example is the BHA workgroup to improve the independent assessment process for youth in foster care. BHA and HPCF staff coordinate agendas and tasks to ensure efforts are aligned and to avoid duplication.
- Alignment between HCPF and BHA is also demonstrated in the ACC's Program Improvement Advisory Committee (PIAC). PIAC is the regular public stakeholder advisory structure for the ACC program. Currently, BHA has a seat on the behavioral health subcommittee, BHA joins PIAC to present topics of shared interest (such as explaining the similarities and differences between RAEs and BHASOs), and representatives of current ASO/future BHASO serve as committee members.
- HCPF and the BHA collaborate regularly on more narrow program management items such as implementing reimbursement for room and board in residential treatment per H.B. 24-1038. Collaboration on these items happens via multiple channels such as the forums listed above, BHA staff joining ACC operational meetings, and state technology solutions (email, Google Chat, shared document editing etc.).

[2] https://drive.google.com/file/d/14miYUWAh8NcPEUAKnNS7L8i2o_gzkWXv/view?usp=sharing

- HCPF and BHA also collaborate regularly for member specific items under the Child and Youth Consulting Staffing meetings. HPCF management meets with BHA and CHDS child welfare management to support members whose needs are extremely complex and / or difficult to address. These state staff work to ensure all available resources, regardless of the program, are used effectively.

9. *Sen. Bridges:* Do any recently created programs help address the G.A. v. Bimestefer settlement agreement in HCPF?

BHA has been actively collaborating with HCPF in the development of the Medicaid System of Care and the Settlement Agreement Implementation Plan. In doing so, BHA and HCPF are leveraging existing cross-agency work streams, including updates to the Child & Adolescent Needs and Strengths (CANS) tool, and Intensive Care Coordination with High Fidelity Wraparound (HFW). The Medicaid System of Care will also leverage the existing Colorado Crisis Services Mobile Response managed by BHA. In addition, the BHA is working with HCPF on developing workforce capacity solutions for the proposed system of care outlined for the settlement agreement in HCPF.

BHA's role as the state agency establishing standards for quality of care in the behavioral health system, including system of care, is key in HCPF successfully meeting their obligations in the settlement agreement. BHA, in collaboration with HCPF, has created a system of care rules and standards of care for services that are proposed in the settlement agreement.

The team developing the Settlement Agreement Implementation Plan consists of leaders from both HCPF and BHA. This group meets no less than weekly to ensure alignment in vision and execution for system of care across state agencies. Implementation Plan development is based on the settlement agreement, community feedback from providers, counties, and families, evidence based programs, and national and state data.

The Settlement Agreement Implementation Plan has not been finalized at this time. BHA understands that JBC has requested a briefing on the settlement from HCPF and would defer to HCPF to provide a detailed update on the settlement agreement.

PRIORITIZED REQUESTS

R2 Advancing the Children and Youth Behavioral Health Implementation Plan

10. *Sen. Kirkmeyer:* Please describe the steps of the child and youth implementation plan that have been completed in the first year, and the steps the BHA expects to complete in year two.

The Children and Youth Behavioral Health Implementation Plan, launched in January 2024, is a five year plan that lays out existing efforts and planned implementation activities across state agencies to achieve a continuum of care that spans from prevention to recovery and allows for youth and families to access the care they need, when and where they need it. Additionally, it lays the foundation to join together existing work and investments across the state that too often today exist in silos by putting into place foundational structures for communication and

coordination across agencies, in line with BHA's role as the single entity responsible for driving coordination and collaboration across state agencies.

The CYBHI Plan is foundational to, but not the entirety of, the behavioral health reforms BHA must accomplish. The collaboration fostered by the plan ensures building upon existing CYF behavioral health efforts in Colorado, connecting the dots and beginning to create a true continuum where families move seamlessly between levels of care. Work began with the creation of the Steering Committee, which is attended by all state departments who have action items identified in the plan. This is a leadership group of twelve state agencies and a division within the Lieutenant Governor's Office, who meet monthly to support the direction of the plan, ensure the alignment of the plan goals and the goals of each State agency, and identify potential corrections which need to be made to the plan to have the greatest impact. This group successfully aligned the action items to the continuum of care. BHA staff also meet monthly, with the specific staff within each State agency who are working on each year one action item to support the continuation of progress and reduce barriers to completion.

In year one, BHA's efforts to implement the CYBHI plan have focused on these foundation setting elements of putting into place the structures to ensure collaboration, alignment and transparent tracking of cross agency efforts to achieve the continuum of care, and setting the foundation of the system of care for youth with complex needs. This work is driven by H.B. 24-1038, and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) settlement agreement. BHA, CDHS, and HCPF were responsible for the nineteen unique action[3] items identified in the Children and Youth Implementation Plan for year one. Eighteen of the nineteen items have been completed with a single remaining item expected to be complete by the end of the calendar year. These action items were prioritized to address the immediate needs of youth with high acuity behavioral health needs. Some completed tasks are iterative or ongoing. For these, completion indicates that processes and structures are in place to continue the related work. These year one tasks are shown in the table beginning on the next page.

Since the plan's release, BHA has acknowledged that efforts across agencies and partners will continue to evolve the children and youth behavioral health system. Some tasks will also be iterative. BHA will lead the collaboration across state agencies and periodically review priorities on at least a year-by-year basis. Moving forward, while the plan will continue to guide our work, and leverage the foundational collaboration and tracking that is now in place, with this foundation laid, discussions and descriptions will be less about the plan and more about the continuum. What matters to families isn't that a task has been marked complete, but whether they can access the care that they need. To address this BHA is:

- Actively working with a cross agency data group to identify shared metrics that will be used to monitor the CYF continuum of care. These metrics are informed also by community partners through efforts including the H.B. 23-1269 extended stay data group, and Tackling Barriers. These new metrics, and not a percentage of tasks in the

[3] Children and Youth Implementation Plan - *Year 1 CYBHI Plan Action Items*, https://docs.google.com/spreadsheets/d/1j0JUkqs8XiaAmDazkdSwczOPFavU2UdPG4oJJ8N_F_4/edit?usp=sharing

plan completed, will ultimately be the way to measure success and to hold BHA accountable; and

- Putting forward budget request R-02. This request helps us close some of the current knowledge gaps identified in the plan so that we can move full steam ahead from assessment to implementation of solutions that work for Colorado families, including identifying means to expand access to the system of care for youth with complex needs beyond Medicaid members.

With this, agencies are set to begin work on 41 tasks in year two[4]. These tasks are shown below, including some that have begun already and one that has been completed early as shown.

Table 3 - CYBHI Plan Year 1 Tasks

Action Item	Lead Agency	Year Started	Status
Increase engagement with hospitals, Colorado Crisis Services Continuum, County Partners, Judicial Partners, etc., on the Standardized Assessment process to support identifying high-acuity children and youth with complex behavioral health needs.	BHA	Year 1	Complete
BHA, CDHS/OCYF, and HCPF to work with Colorado Hospital Association to determine how to remove barriers to children receiving assessments timely when they are awaiting a placement upon discharge.	BHA	Year 1	Complete
Meet regularly with state agencies to ensure ongoing alignment in the delivery of care for children, youth and families.	BHA	Year 1	Complete
Continue to carry out the requirements outlined in S.B. 22-181 that address workforce strategies prior to the end date tied to the appropriations.	BHA	Year 1	Complete
Use information from RFI for BHASO and publish the BHASO RFP in the spring of 2024, select vendors in the fall of 2024: And Establish a framework for a behavioral health continuum of care and network, a BHASO will establish and maintain.	BHA	Year 1	Complete

[4] Children and Youth Implementation Plan - *Year 1 CYBHI Plan Action Items*, https://docs.google.com/spreadsheets/d/1j0JUkqs8XiaAmDazkdSwczOPFavU2UdPG4oJJ8N_F_4/edit?usp=sharing

Action Item	Lead Agency	Year Started	Status
Determine which current BHA services and programs will be integrated into BHASO contracts during the RFP process.			
Develop the capacity for crisis stabilization beds to serve individuals with co-occurring disabilities	BHA	Year 1	Complete
All state agencies on the Operational Committee shall have their teams review the 2020 memo by the Colorado Health Institute on the menu of screening tools and collectively determine an avenue to streamline screening across agencies.	BHA	Year 1	Complete
BHA to increase awareness of CRT to emergency rooms and crisis stabilization units across the state.	BHA	Year 1	Complete
Develop a plan to operate all 20 adolescent beds at CMHHIP	CDHS	Year 1	Complete
OCYF / CDHS should lead a joint effort with BHA and HCPF to identify a multi-agency approach to financially sustaining a robust treatment foster care system.	CDHS	Year 1	Complete
Publish an updated version of the 2023 psychotropic medication guidelines for children and adolescents in Colorado's child welfare system	CDHS	Year 1	Complete
CDHS, HCPF, and Counties identify and analyze to what extent Core Services dollars are utilized for Medicaid eligible children and families.	CDHS	Year 1	Complete
OCYF/CDHS to identify the capacity needed and find opportunities to sustain the PRTF incentive approach that is currently being implemented via RFP.	CDHS	Year 1	Complete
Have standardized room and board rates	CDHS	Year 1	Complete

Action Item	Lead Agency	Year Started	Status
across all state agencies, CYMHTA, Medicaid children via BHA, and CDHS / OCYF.			
CDHS / OCYF to identify the opportunities to create an incentive approach to QRTPs, similar to the program with PRTFs, in order to address the cost associated with youth who have high acute needs and require a QRTP setting.	CDHS	Year 1	Complete
BHA and HCPF identify a robust centralized list of intensive in-home and community-based behavioral health interventions that should be available to the children and families of Colorado.	HCPF	Year 1	Complete
Collaborate with DYS to determine a plan for reimbursing Medicaid Reentry Services provided to eligible youth, as defined in Section 5121 of the Consolidated Appropriations Act of 2023 and H.B. 24-1045. This would include addressing federal compliance with CAA 5121 and incorporating the expanded scope of services authorized through the pending 1115 Waiver amendment.	HCPF	Year 1	In Progress
Starting with the Medicaid population, create the foundation for a system of care structure that utilizes key services for children with high acuity needs in a well-designed manner that orchestrates a care system. This means purposeful, cross-systems interaction, high fidelity wraparound, appropriate clinical interventions and support services.	HCPF	Year 1	Complete
Track the progress of adding Mobile Crisis Response as a Medicaid benefit	HCPF	Year 1	Complete

The Children and Youth Implementation Plan contains 41[5] unique action items scheduled to begin in year two. Not all of these action items are scheduled to be completed in year 2 as some action items are longer term. BHA, CDHS, HCFP, CDPHE, and CDE are each responsible for various action items.

Table 4 - CYBHI Plan Year 2 Tasks

Action Item	Lead Agency	Year Started	Status
BHA will formally document Colorado's children, youth and family advisory council structure to inform the creation of a systemwide governance structure. In addition, all advisory councils will require the inclusion of different perspectives, including individuals with varying abilities, race, ethnicity, life-experience and / or advocacy.	BHA	Year 2	In Progress
Using existing committees, councils, and workgroups across the state, the governance structure includes BHA consolidating all Children Youth and Family (CYF) Behavioral Health (BH) efforts across the state into a single state children and youth behavioral health system governance plan.	BHA	Year 2	In Progress
BHASOs operational by July 2025.	BHA	Year 2	In Progress
Develop standards of care to be utilized in ACC Phase III.	BHA	Year 2	In Progress
Establish and expand the standardized assessment for CYF across state agencies that provide or purchase behavioral health services for children and youth who need intensive services in the home, community, residential, or inpatient setting.	BHA	Year 2	In Progress
Determine a schedule for applying standardized assessment and a re-assessment schedule.	BHA	Year 2	In Progress
MCR providers are trained to work with children and youth and include IDD training.	BHA	Year 2	Complete

[5] Children and Youth Implementation Plan - *Year 2 CYBHI Plan Action Items*, https://docs.google.com/spreadsheets/d/1WLtURzMaSHsJTKKp4x84F9ddVtLRcgY0iUSmRrdrkQQ/edit?usp=sharing

Action Item	Lead Agency	Year Started	Status
Work with partners to develop a level of care framework that builds off of SSUM and aligns with ASAM. This would be a MH equivalent of the ASAM level of care approach.	BHA	Year 2	In Progress
In recognition of shortages of Colorado child and adolescent psychiatrists, BHA should review the funding sufficiencies of CPPCAP.	BHA	Year 2	Not Started
BHA efforts on addressing workforce capacity for child and adolescent psychiatry should include meeting with leaders at the University of Colorado Department of Psychiatry.	BHA	Year 2	In Progress
Develop metrics to measure system quality: Identify and adopt metrics (KPI's) from federal agencies and limit variations of similar KPIs across agencies	BHA	Year 2	In Progress
An advisory council will meet at least once a year to review the school-based approach and support coordinated by CDE and other related school-based behavioral health efforts.	BHA	Year 2	Not Started
BHA will collaborate with The Colorado Department of Education (CDE) to lead the efforts in executing H. B. 23-1003 and establish the protocols and infrastructure for school based mental health screenings.	BHA	Year 2	In Progress
Identify methods to address the bifurcation between behavioral health and cognitive disability, neurodiversity, and brain injury.	BHA	Year 2	Not Started
BHA, HCPF, and CDHS will develop a point-of-entry system (with “no wrong door”) that is culturally, linguistically, and developmentally responsive to help individuals with co-occurring diagnoses navigate the full continuum of behavioral health services.	BHA	Year 2	In Progress
BHA in partnership will develop and implement culturally and linguistically competent models	BHA	Year 2	In Progress

Action Item	Lead Agency	Year Started	Status
of care along the continuum.			
Assess the success and potential expansion of the Center for START Services pilot program for people with intellectual and developmental disabilities	BHA	Year 2	Not Started
Develop standards of care to be established in rule	BHA	Year 2	In Progress
Establish standards of care that are inclusive of various disabilities and unique needs of those populations	BHA	Year 2	In Progress
BHA to assess and determine the necessary capacity for CRT to be available to any child who needs it in Colorado.	BHA	Year 2	In Progress
BHA to determine the true need and current capacity of the Momentum program for children and youth specifically.	BHA	Year 2	In Progress
BHA and HCPF to assess what Momentum services should be covered under Medicaid funds instead of general funds or BHA block grants.	BHA	Year 2	In Progress
Continue exploration of reciprocity processes for licensed behavioral health positions where workforce shortage has been identified.	BHA	Year 2	In Progress
As part of the council, CDE will work with BHA to lead a multi-agency effort in creating a unified approach (a framework) for state resources to support local school districts in addressing the behavioral health needs of students.	CDE	Year 2	Not Started
Examine feasibility of specific reimbursement rates or incentives for providers to serve individuals with co-occurring disabilities	CDHS	Year 2	In Progress
CDHS, HCPF, and BHA meet to propose	CDHS	Year 2	In Progress

Action Item	Lead Agency	Year Started	Status
solutions to addressing the systemic issues causing rural counties to use Core Services dollars for Medicaid-eligible services.			
BHA, CDHS, and HCPF integrate FFSPA into the children and youth behavioral health continuum.	CDHS	Year 2	In Progress
Create an advisory council for children and youth behavioral health prevention to coordinate state-level primary prevention efforts.	CDPHE	Year 2	Not Started
CPDHE, with the advisory council, shall create a children and youth behavioral health state-level prevention framework	CDPHE	Year 2	Not Started
Incorporate accountability policy changes proposed for ACC Phase III	HCPF	Year 2	In Progress
HCPF to include the standardized assessment tool as part of ACC phase III and OCYF / CDHS and BHA to use the same standardized assessment in determining the level of care and need.	HCFP	Year 2	In Progress
Under ACC Phase III establish a Children's Behavioral Health Benefit	HCPF	Year 2	In Progress
For ACC Phase III make primary care behavioral health integration a distinct Integrated Care Benefit.	HCPF	Year 2	In Progress
Add the foundations for the System of Care to the Medicaid services delivery system, including ACC Phase III.	HCPF	Year 2	In Progress
Identify early dyadic services as a distinct group of services in ACC Phase III.	HCPF	Year 2	In Progress
Add High Fidelity Wrap-around as a benefit in ACC Phase III	HCPF	Year 2	In Progress
Incorporate intensive care coordination as part	HCPF	Year 2	In Progress

Action Item	Lead Agency	Year Started	Status
of ACC Phase III of the managed care system in order to provide comprehensive care coordination for children and youth with complex behavioral health needs.			
HCPF to review the current rates for PRTF providers to ensure it is capturing the cost to provide this level of care.	HCPF	Year 2	In Progress
Expand the support services afforded to children, youth, and families with IDD to those with complex behavioral health needs.	HCPF	Year 2	In Progress
Expand the habilitative residential services afforded to children, youth and families with IDD to those with complex behavioral health needs.	HCPF	Year 2	In Progress
Secure Federal approval on 1115 Waiver amendment to support Medicaid Reentry Services	HCPF	Year 2	In Progress

11. *Sen. Kirkmeyer:* Has the BHA coordinated with HCPF regarding the potential for Medicaid to cover room and board costs rather than the BHA as contemplated in H.B. 24-1038 (High Acuity Youth)?

Room and board costs are excluded from Medicaid coverage. In developing H.B. 24-1038, HCPF, BHA and CDHS worked closely together to identify opportunities to maximize federal draw downs and achieve policy goals.

12. Sen. Kirkmeyer: What is the source of federal funds for HB 24-1038 (High Acuity Youth)? If it is ARPA funds, were the funds originally allocated in a different bill? Please provide the bill and program that the funds were originally expected to support.

BHA receives Mental Health Block Grants from Substance Abuse and Mental Health Services Administration (SAMHSA). In FY 2024-25, BHA identified funding from this source to apply towards room and board payments. In FY 2025-26 a small portion of Block Grants were able to be budgeted for this purpose, however beyond FY 2025-26 funds for this purpose are not available from this federal source.

R3 Crisis Consolidation

13. *Rep. Bird:* Has the BHA received feedback from providers about consolidating the crisis lines? What impacts does the BHA anticipate consolidation could have on providers?

Colorado has long been a national leader in providing our communities with crisis services through the Colorado Crisis Line (CCL). When the 988 line was established nationally, Colorado followed suit by creating the 988 Mental Health Line. When BHA and the 988 Enterprise launched a marketing campaign for 988, there was extensive outreach and communication with the providers and other community leaders who have utilized and promoted CCL for the last 14 years. One of the most critical pieces of feedback that BHA heard from providers was that CCL is a familiar and trusted resource and that any transition away from CCL must be a phased approach. R-03 will not impact providers or the community as R-03 is a consolidation of funding sources without impacting current service delivery. While the long term goal remains a single 988 crisis hotline, BHA assumes the phasing to only 988 will be driven by the rise of 988 utilization and the decrease of Colorado Crisis Line (CCL) utilization.

14. *Sen. Bridges:* Is there a reason the Colorado Crisis Line was not included in the 988 Enterprise in the original legislation that created the Enterprise?

Senate Bill 21-154 required the 988 Enterprise Board of Directors to consider recommendations from the 988 Implementation Planning Committee (IPC) to determine how the 988 crisis hotline will interact with the 24-hour telephone crisis line created as part of the Behavioral Health Crisis Response System, Section 27-64-103 (7), C.R.S. IPC provided vital input to the BHA and eventual 988 Crisis Hotline Enterprise to develop clear roadmaps for how to address key coordination, capacity, funding, and communication issues in preparation for the launch of 988. The first of nine high level recommendations from the IPC was for Colorado to maintain two lines for the near future with ongoing assessment of feasibility to merge the lines at a future date. Consideration for consolidation would be contingent on the 988 Enterprise's review of overall demand and center performance with consideration of:

- geo-routing status (988 call and text routing);
- call volume (Colorado Crisis Line and 988);
- scope of both call lines; and
- text and chat capacity.

With geo-routing advancement and appropriate text and chat capacity in place, BHA is shifting to promoting only 988, making it an appropriate time to consolidate funding sources. As noted in question 12, R-03 will not impact current service delivery.

R-04 Alternative Funding for Services

15. *Sen. Amabile:* Please provide information on current operations for the Circle Program. Where are Circle Programs located? How many people are served? What is the average and maximum allowed length of stay? What is the overlap with Medicaid and RAEs?

Three providers operate Circle programs in the state: Summitstone Garcia House (Fort Collins); Crossroads (Pueblo), and MindSprings Health (Grand Junction). All locations provide 24 / 7 comprehensive residential treatment to individuals with co-occurring substance use and mental health disorders with the capability to provide residential levels of care including ASAM 3.7 level of care facility, and optionally, lower levels of care. All three programs are enrolled with RAEs and accept Medicaid.

- There are a total of 59-60 beds between all agencies on average: Crossroads - 11 beds; MindSprings - 32.3; Garcia House - 16. (The partial number reflects a change in the number of beds operating as part of the program during the reporting period.)
- The average total length of stay residential services for each site is shown below; the maximum length of stay is determined by utilizing the American Society of Addiction Medicine Criteria to determine medical necessity. For Medicaid members, length of stay is governed by medical necessity and does not have a maximum limit, but rather members transition between residential levels of care across the continuum.
- In FY 2023-24, 449 individuals were served by the three circle programs. The majority of these individuals were Medicaid members, and reflect services billed to Medicaid.

Table 5 - FY 2023-24 Circle Program Data

Agency	Number of Unique Clients Admitted	Average Length of Service (days)	% of Unique Clients where Medicaid was billed
SummitStone	72	36	92%
Crossroads	138	25	96%
Mindsprings	239	26	85%

16. *Sen. Bridges:* Please provide an update for the implementation of H.B. 23-1003 (School Mental Health Assessment). What schools are served under the program? How many youth have been served?

The purpose of the Sixth through Twelfth Grade Mental Health Screening Program is to identify potential risks related to unmet behavioral health needs of students in grades six through twelve and to provide resources and referrals to address those concerns. The Program aims to positively impact student readiness to learn and future academic success by identifying and addressing unmet behavioral health needs.

The contract with the school mental health screening vendor, Possibilities for Change (P4C), was executed on July 1st, 2024. Upon execution of the contract, BHA, with input from CDE and

CDPHE, worked with the vendor to determine the screening tools to be used, and develop informative program documents such as Frequently Asked Questions and implementation timelines and guidelines to provide to schools. It was determined that the program would screen for student risk of depression, anxiety, suicidal ideation, substance use, and social determinants of health that may impact behavioral health.

As advised by CDE, all 201 public school districts in Colorado were invited to participate in the program. Invitations were sent out in March of 2024, and a live Question and Answer session was held in April of 2024. A total of 169 responded indicating interest in learning more about participating in the screening program. An information session was hosted in August for interested schools.

Following the information session, 17 schools made program participation commitments. Many schools that opted not to participate cited concerns about the timeline of the legislative requirement to inform parents of participation within the first two weeks of the start of the school year. Ultimately, only eleven schools met the legislative timeline to inform parents (as required by H.B. 23-1003). In December Sheridan School District, which had three schools confirmed to participate, dropped out of the program citing a lack of staff and resources due to unforeseen district changes mid-year. The current program participation is eight schools. These eight schools are in the Garfield 16, Colorado River BOCES, Canon City, and Revere School Districts (Garfield, Fremont, and Sedgwick counties respectively).

In January the staff at each of these schools will be trained to administer the mental health screening through the screening technology platform from Possibilities for Change. In February the screenings will take place on dates determined by the schools. The screening technology will be supported on screening day by Possibilities for Change and the screening response needs (crisis intervention, suicide risk assessments, and general mental health support as needed) will be supported by BHA and the Office of School Safety's Crisis Response Unit. The estimated number of students to be screened for the 2024-25 school year is 2,615.

Given the low participation, BHA has solicited feedback from schools who declined to participate after showing initial interest in the program. Schools have generally indicated a lack of resources / capacity as the reason for not participating, including: not enough staff / workforce to implement the screening program, not enough time due to other screenings or district / school initiatives, and concerns that the screening will prompt more students to seek school mental health resources that will exceed the school's capacity.

BHA is closely monitoring implementation and identifying, along with CDE and P4C, opportunities to address school concerns and increase participation in future years. This includes creating a marketing and outreach plan to increase program familiarity and the scope of participation. In addition, BHA is collaborating with Project AWARE on their School Mental Health Screening Toolkit with the goal of cross-promotion and increased school support through this combined effort.

R6 Right-sizing I Matter

17. *Rep. Bird:* Is the requested funding sufficient to meet current need for the program? How does the BHA assess need?

In recent years, BHA has reverted from the $6.0 million in annual appropriations to this program. On average, spending for the program has been approximately $5.0 million annually, resulting in approximately $1.0 million in reversions annually.

In FY 2024-25 the General Assembly made the decision to appropriate $5.0 million to the program. To account for the reduced budget, BHA did the following:

- decreased the program's marketing budget to $800,000;
- maintained the current rate for provider payments; and
- maintained contractor expenses at the same rate.

It is also important to note that the statute states "The BHA shall reimburse providers up to a maximum of three sessions per youth client; except that subject to available money, the BHA may reimburse a provider for additional sessions" Section 27-60-109 (2)(b), C.R.S. With current funding, up to six sessions are consistently made available to youth. Not all youth require or choose to access all six sessions, and on average youth access 4 sessions.

BHA believes that with an ongoing budget of $5.0 million annually, I Matter will continue to provide low-barrier access to short-term intervention services, as well as an entry point to services for youth and families who might not know where to start getting care, and will need ongoing support.

BHA is actively working to increase quality of and access to mental health services for youth in a variety of settings and through programs that offer youth mental health services separately from I Matter, as is outlined in the Children and Youth Behavioral Health Implementation Plan. This expands the resources and services to which youth and families can be referred beyond I Matter. As a result, BHA anticipates that an ongoing $5.0 million per year budget for the I Matter program will be sufficient to continue the program in an effective manner as one program within the larger youth behavioral health continuum.

18. *Sen. Bridges:* Does I Matter provide services otherwise available through Medicaid or private insurance?

While many insurance plans do cover counseling services like those offered by I Matter, there are often barriers associated with accessing these services. This includes costs including copays, prior authorization requirements, assessment and diagnosis requirements, all of which can delay care or prevent individuals from accessing the services. I Matter in an innovative solution that facilitates prompt, low barrier access to high quality behavioral health services for youth, regardless of their insurance status.

While BHA is committed to ensuring that I Matter remains an option for youth who need it, opportunities are actively being explored to better leverage alternative payors and to continue

expanding access to services for youth through I Matter and services and programs across the continuum.

BHA has explored opportunities for Medicaid and commercial insurance to reimburse for services. In doing so, BHA has identified several challenges and opportunities. These include:

- Credentialling and billing: Currently, I Matter's licensed providers are not required to be enrolled with Medicaid or credentialed with other insurance companies. This eliminates the administrative burden the program and providers would face if credentialing was required. Additionally, the program, and in some cases individual providers are not set up to bill these payors, and a shift to do so would increase burden on youth and providers as well as drive administrative costs needed to make data, billing and other financial and regulatory requirements possible.
- Prior authorization and diagnosis: In order to provide rapid access to services the program does not require a diagnosis or prior authorization which are known factors to delaying treatment. Youth and families are able to fill out a quick online screening and schedule an appointment within minutes.

In 2023, the Colorado Legislature passed Senate Bill 23-174 that required the Department of Health Care Policy and Financing (HCPF) to provide access to a limited set of behavioral health services to members under the age of 21 without a covered diagnosis. The legislation detailed service categories that must be included under this coverage, and HCPF engaged stakeholders to identify the specific service codes that are included. This coverage policy went into effect July 1, 2024[6]. This policy change allows BHA and HCPF to work together to identify mechanisms to reimburse providers for I Matter services delivered to Medicaid members.

ARPA PROGRAM EXPENDITURES & COMMON QUESTIONS FOR DISCUSSION

19. Please describe any budget requests that replace one-time General Fund or ARPA funded programs with ongoing appropriations, including the following information:

    a. Original fund source (General Fund, ARPA, other), amount, and FTE;
    b. Original program time frame;
    c. Original authorization (budget decision, legislation, other);
    d. Requested ongoing fund source, amount, and FTE; and
    e. Requested time frame (one-time extension or ongoing).

BHA's requests for budget increases for FY 2025-26 do not replace one-time General Fund or ARPA funded programs with ongoing appropriations.

[6] https://hcpf.colorado.gov/sb23-174-coverage-policy

20. *Sen. Kirkmeyer:* How many FTE are administering ARPA programs? How many positions are state FTE or contracted? How many positions are ongoing or term-limited?

While BHA staff are broadly involved in administering ARPA programs through significant involvement across all levels and teams of the organizational chart, the following are fully dedicated to, and funded through, ARPA programs. All of these positions are term-limited.

- State FTE: 11.0 (through December 2026)
- Contracted: 28.0 (end dates align with program completion dates)

21. *Sen. Bridges:* Is there any funding associated with ARPA programs that has not been awarded? What would be the impact of forcing programs to end early to retain one-time General Fund? Please describe any anticipated reversions based on current expenditures for all ARPA programs.

As of the date of this submission (December 17, 2025) all State and Local Fiscal Recovery Funds (SLFRF - sometimes referred to as ARPA) are encumbered in contracts or grants, and most refinanced general funds are entered into contracts or grants. This information reflects encumbrances that have been made since September 30, 2024 and will be reflected on the Colorado Forward website when updated during the next quarterly update.

Funds that remain unencumbered at this time are committed to projects where the full award cannot be encumbered at the outset of a project because the work plan requires a series of smaller consecutive contracts across the project timeline. This includes projects where work is contracted in smaller, incremental steps like BHA's Learning Management System (LMS) builds, and technology development, due to the need for a phased approach across multiple vendors and / or workstreams. This also includes administrative funds that will be used to ensure compliance as remaining funds are spent and projects are finalized through 2027. At this time, BHA anticipates no future reversions. All funds are on track to be spent by statutory deadlines.

Ending ARPA programs early would result in the following:

- active contracts would need to be terminated; and
- projects that are in process would be left unfinished. Examples include leaving LMS courses that are in development incomplete, and leaving tech projects such as the expansion of a referral system and interoperability with the BHASOs, unfinished.

Colorado Forward data from S.B. 21-137 reflects $1.42 million in unencumbered dollars that BHA no longer has spending authority for. This number does not account for final closeout transactions and processes, so the true final remaining amount is less than $350k and will be directed to other purposes approved by the general assembly per H.B. 24-1466.

22. *Sen. Bridges:* Please provide an update on the expected expenditure timelines for S.B. 22-181 and S.B. 22-177. When does the BHA anticipate that funds will be fully expended? Are the full amounts allocated by the legislation committed in contracts or grants? Please describe any implementation delays or anticipated reversions.

S.B. 22-181

S.B. 22-181 funding is utilized through a variety of distinct projects implemented concurrently to support and expand the behavioral health workforce through comprehensive and strategic approaches. All S.B. 22-181 funds will be fully expended by December 31, 2026 per the legislative spending authority granted in H.B. 24-1465. Since funds are utilized for distinct projects, funds will fully expend at varied rates based on the different workplans.

Contracts with most grantees have been extended through December 2026 to ensure partners are able to fully expend funds through sustainable implementation, however BHA program managers are working closely with each grantee based on appropriate timelines to ensure spending is not unnecessarily delayed and programs are benefiting people in Colorado as intended. Most grant agreements with community partners are anticipated to complete spending and close contracts in mid - FY 2025-26, other programs (primarily including interagency agreements) are anticipated to complete spending and close contracts at the end of FY 2025-26, and funds focused on the Learning Management System (LMS) will complete spending into FY 2026-27 prior to December 31, 2026. LMS spending extends farthest into the legislative spending authority as timing is dependent on curriculum development completion to be released on a rolling basis through FY 2025-26. When all curriculum is completed and delivered by the end of FY 2025-26, funds will then be utilized for LMS expenses related to platform licenses, expansion, and development to accommodate the final curriculum. At this point all funds allocated by the legislation are fully committed to workforce development projects.

As of this date, since the most recent available fiscal data as posted on Colorado Forward website, all State and Local Fiscal Recovery (SLFRF - sometimes referred to as ARPA) are encumbered in contracts or grants and most refinanced general funds are entered into contracts or grants. This will be reflected on the Colorado Forward website when updated during the next quarterly update. The refinanced general funds that will remain are reserved for operational expenses that are essential to manage and complete the programs including BHA temporary contractor staffing expenses and LMS technology platform development. These funds cannot be encumbered into a contract in advance because the state pricing agreement for the temporary contractor company renews in May 2025 (at which point a contract can be executed), and LMS technology platform development requires a series of smaller and incremental encumbrances to ensure compliant and responsible utilization of funds in the phased workplan.

S.B. 22-177

The Behavioral Health Administration (BHA) anticipates a full expenditure of S.B. 22-177 funds by June 30th, 2026 for all technology related costs and systems. As of FY 2024-25, $4.3 million will be allocated to contracts that support the critical technology infrastructure, including:

- a platform to support behavioral health providers who do not have Electronic Health Records in engaging in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform [Administrative Burden Interoperability efforts and data modernization];
- technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance [OwnPath Expansion and Client Care Search Referrals);
- Technology capabilities so that people and providers could engage directly with BHA navigators to find behavioral health services and BHA's Behavioral Health Administrative Services Organizations [BHASO technology ecosystem integration]; and
- Collection and reporting of outcomes of individuals who were assisted via care coordination infrastructure [Data Collection and Data Lakehouse]

Due to BHASO launch timelines shifting to July 1, 2024, several initiatives launched in the current fiscal year will extend into FY 2025-26 to accomplish the interoperability efforts with EHRs and the broader health landscape. These programs, which started as Minimally Viable Products (MVPs), require further enhancement and development to reach full functionality. As a result, the remaining $6.9 million will be encumbered for FY 2025-26 contracts and continued OIT services and support to ensure alignment with statewide enterprise technology best practices.

In FY 2025-26, the implementation costs will support the expansion of Care Coordination Infrastructure, including enhancements to the referral system and the public-facing access point for behavioral health care, OwnPath. Significant resources will also be invested in improving interoperability for data collection, reducing administrative burdens, and ensuring integration with existing systems, including the SHIE for SDOH resource placement.

These efforts will require ongoing collaboration with existing and new vendor partners, as well as resources from both OIT and BHA technology program staff. It is important to note that none of these funds will be allocated to grants, as they are earmarked for licensing, operational support, and vendor services.

Table 6 provides a breakdown of these technology requirements and status.

Table 6 - Technology Requirements and Status

Major requirement	BHA's Plan
A platform to support behavioral health providers without Electronic Health Records to	This work will be completed in three phases: Completed **LAUNCHED IN 06/24**

Major requirement	BHA's Plan
engage in digital care coordination activities with people and their colleagues around the state. This includes outreaching to and training navigators on the platform.	Phase 1 (FY24 Q4 - April to June 2024): Develop and launch platform where hospital and in-patient behavioral health providers can find an available provider and complete a referral for transition to in-patient care. This will cost approximately $2.5 million, including vendors supplying platform / software licensing and augmented engineering for platform configuration and custom build support. New Requirements **IMPLEMENTING NEW BHASO INFRASTRUCTURE REQUIREMENTS:** Phase 2 FY25 Q3: Outreach to and train select providers based on Phase 1 use case. Goal to have 75% saturation in in-patient providers participating in behavioral health safety net, mandated to use the tool and 30% saturation in emergency rooms. Make functionality adjustments based on provider feedback. Expand functionality to support referrals for stepping down from in-patient to select outpatient behavioral health services. This will cost approximately $2.5 million, including vendors supplying application workflow development, project management, and program coordination support and training. ● 84% saturation with bed tracking functionality ● Currently piloting referral features with provider groups but will hold on scaling until the BHASO requirements are better understood in February 2025. ● As a note, there is currently no mandate for leveraging this tool. In Progress **ON TRACK BUT DEPENDENT ON S-HIE RELEASE TIMELINE** Phase 3 (FY26 Q4 April to June 2026): Broad outreach and training to behavioral health providers. Goal to have 60% saturation in all behavioral health providers and 85% saturation in providers participating in behavioral health safety net. Fully incorporate referrals to social determinants of health supports leveraging the Office of eHealth Innovation's Social-Health Information Exchange Infrastructure. This will cost approximately $3.5 million, including vendors supplying data integration, application workflow development, project management, and program coordination support.
Technology capabilities to support navigation to behavioral health services that are funded through Medicaid and private insurance	In Progress **WORKING WITH HCPF TO AUTOMATE THIS QUARTERLY PROVIDER DATA EXCHANGE** FY25 Q4 - Intentional outreach to approved safety net providers (most, if not all, of which will be Medicaid providers) to onboard to the provider platform. This will cost approximately $1 million, including vendors supplying application development, marketing and communication services, project management, and program coordination support and training. New Requirements **ADDITIONAL REQUIREMENTS WILL NEED TO BE REFINED WITH THE BHASO STRUCTURE FOR PRIOR AUTHORIZATION** FY26 Q3 - January to March 2026: Develop integrations for HCPF to check for prior authorization for services as part of e-referrals. This streamlines and incentivizes use by Medicaid providers. This will cost approximately $400K, including vendors supplying data integration, application workflow development, project management and program coordination.

Major requirement	BHA's Plan
Technology capabilities for people and providers to engage directly with BHA navigators to find behavioral health services and BHA's BHASOs	New Requirements **ADDITIONAL REQUIREMENTS WILL NEED TO BE REFINED WITH BHASO STRUCTURE FOR CARE COORDINATION** FY26 Q2 - October to December 2025: Incorporate of workflows that support people engaging with BHA's navigators and state-managed service providers via OwnPath and the provider platform. Goal to have all BHA's Behavioral Health Administrative Services Organizations incorporated to all care coordination use cases in the provider platform. Make functionality adjustments based on provider and user feedback. This will cost approximately $1.2 million, including vendors supplying data integration, application workflow development, project management, and program coordination support and training.
Collection and reporting outcomes for individuals who were assisted via care coordination infrastructure	In Progress **ONGOING EFFORTS THAT CONTINUE TO PROGRESS TOWARD THIS END GOAL** FY26 Q2 - October to December 2025: Incorporation and integration of all data from provider platform efforts to the BHA Data Lakehouse and updated within master data management practices; analytics and data science engineering development to iteratively provide reporting on each specific type of care supported by the care coordination efforts and outcomes detailed above (hospital/in-patient; safety-net; social determinants of health; Medicaid; private insurance; BHASO). This will cost approximately $1.1 million, including vendors supplying data integration, application workflow development, project management, data analysis and program coordination support and training.

These funds are being expended through iterative contract processes with external vendors and flexible OIT engagements, with smaller, more flexible outcomes based scopes that allow for quick pivots and responsive technology development. These funds will be used for contract amendments with existing partners and to support vendor services, including licensing, implementation, and personnel. One vendor contract is currently awaiting renewal of their State Pricing Agreement, which is temporarily delaying further encumbrance of funds. This approach aligns with industry best practices for technology budgeting, as outlined by GSA 18F's Technology Budgeting Handbook[7], which emphasizes gradual encumbrance of funds to allow for adaptive and efficient project execution, rather than encumbering large sums upfront and creating a monolithic waterfall technology system. BHA is strategically and iteratively encumbering funds over time to ensure the final product is built based on end user needs. This method helps reduce the risk of investing funding into systems that do not scale and create large technical debt.

Given this strategic approach to contracting and iterative development, BHA does not anticipate any reversion of funds at the end of the next fiscal year.

23. *Sen. Amabile:* Please describe the programs funded by S.B. 22-196. Are all allocated funds fully committed in contracts or grants? Could unencumbered money be used to support Jail-based behavioral health for MAT programs?

[7] https://guides.18f.gov/derisking-government-tech/

Senate Bill 22-196 funded a number of efforts across various agencies , and under BHA established the early intervention, deflection, and redirection from the criminal justice system grant program. This program provides grants to local governments, federally recognized Indian tribes, health-care providers, community-based organizations, and nonprofit organizations to fund programs and strategies that prevent people with behavioral health needs from becoming involved with the criminal justice system or that redirect individuals in the criminal justice system with behavioral health needs to appropriate services. As of June 2024, 6,386 individuals have been served through expansion of early intervention, deflection and / or redirection across 29 initiatives.

Initiatives for early intervention include services for youth including multisystemic family therapy in rural Colorado, school-based programming for at-risk youth, bilingual youth services, and restorative justice programs. The grant program also funds capital infrastructure for two 24/7 crisis walk-in service centers which will provide medication-assisted treatment, withdrawal management, and case management. These centers provide early intervention for those seeking behavioral health resources and meet vital needs for the continuum of care in other deflection, diversion, and reentry programs.

Deflection and diversion programs created or expanded include co-responder, law enforcement-assisted diversion, and community responder programs to meet the behavioral health needs of individuals in communities. Other supports include harm reduction programs, intensive case management, substance use disorder and inpatient behavioral health treatment referrals, drop-in and day programs for individuals with substance use disorders, pre-trial services, DUI classes, and culturally responsive therapy.

For those individuals with criminal justice involvement, the S.B. 22-196 grant develops and supports programs that provide necessary behavioral health support and off-ramps for successful reintegration back into the community. These programs include pre-release planning and support, wrap-around case management, peer support groups, housing support, job skills training, and sex offender-specific support.

All S.B. 22-196 early intervention, deflection, and redirection from the criminal justice system grant program funds are fully committed in contracts, and BHA has plans to fully expend all funds by the 2026 statutory deadline. Due to the nature of these projects, BHA anticipates that some of the currently encumbered funds will not be fully spent by awardees. This is the result of adjusted workplans (eg: grantees removing or adjusting capital expenditures, requesting modification to scope based on feasibility, etc), and awardee initiated renegotiated budgets. All of the projects are being closely monitored and BHA is offering support to grantees to achieve project aims. Based on the projection that some encumbered funds will not be spent by current awardees, BHA has plans in place to fully spend these funds for their statutorily intended purposes.

The grant program’s statutory requirements do not currently include jail-based MAT services as an allowable use of these funds.

24. *Rep. Bird:* In response to recent reporting related to substance use recovery grants, how does the BHA track and audit the use of grant funds? How does the BHA evaluate awardees and ensure that people are connected with appropriate services?

Grantees have diverse funding streams for various uses. During the procurement and award process, BHA requests and reviews information to identify duplication of funding and sustainability. While BHA cannot speak to the transparency and oversight between vendors and other funding entities - BHA follows the following processes when evaluating and awarding grants.

- Pre-award Evaluation: Grant applications undergo a structured and transparent process to ensure fairness, alignment with program and legislative goals, and the selection of the qualified applicants. Here is an outline of how grant evaluations are conducted.
    - **Scoring Rubric:** Solicitations include detailed evaluation criteria, outlining how the grant application will be scored according to alignment with program goals, feasibility, sustainability, equity, best use of state dollars.
    - **Evaluation Committees:** Diverse group of subject matter experts, community representatives, and stakeholders are assembled by the BHA program to review and score applications.
    - **Screening for Eligibility:** Applications are checked for compliance with basic eligibility requirements.
    - **Scoring & Evaluation:** Evaluators score applications independently based on the rubric. Key factors typically include:
        - Grant Project Design: clarity and goal alignment
        - Impact: expected outcomes and target populations
        - Capacity: staffing and resources
        - Equity: strategies to serve diverse and underserved populations
        - Budget: reasonableness and justification
    - **Review Meeting & Consensus:** Evaluation committee meets to finalize scores, recommend awardees and notify recipients.
- Post-award Evaluation and Tracking:
    - All grant awards are monitored by BHA staff, including fiscal and programmatic teams, per BHA and federal code of regulations to provide grantee technical assistance, ensure compliance, and monitor implementation success or barriers.
    - Monitoring occurs through regularly scheduled group office hours and individual meetings, desk reviews and / or site visits as appropriate, review and approval of quarterly and annual performance reports as required in contracts, and detailed review of supporting documentation with each invoice prior to approval.
    - Grantee spending and performance details are reviewed and included in standard BHA reporting processes dependent upon the source of funds which may include internal reviews, monthly spending and performance submissions to the Governor's Office, quarterly and / or annual reporting to the federal government, reporting and transparency with Colorado legislature, etc.

25. *Sen. Kirkmeyer:* Please provide any ongoing programs that originated as ARPA programs.

The following ongoing programs were originally funded with ARPA-SLFRF:

- **Crisis Resolution Teams -** S.B. 21-137 provided funding for a Crisis Resolution Teams (CRT) pilot that was extended by H.B. 22-1283. This funding has allowed BHA to operate a crisis resolution team pilot in 21 counties and the city of Colorado Springs since 2022.

  A Crisis Resolution Team supports youth who are experiencing behavioral health challenges and their families. The teams provide intensive, short-term (4-6 weeks), in-home services up to 3 times per week and linkage to ongoing supports. While the team's focus is the youth, they also provide services to family members directly involved with the youth to increase sustainable interventions and support. CRT aims to avoid out-of-home placement like hospital admission or residential / psychiatric placement by wrapping services around the family in an effective manner. Referrals to CRT typically come through emergency departments and Colorado Crisis Services.

  Program outcomes are monitored and reported. The program has consistently had over a 90% success rate at keeping kids safely in their homes and avoiding the need to transition to costly residential or inpatient treatment since its launch. Over 600 families have accessed these services for youth and young adults with high acuity behavioral health needs since the program's launch.

  The CRT program is expected to receive $1.25 million GF in FY 2025-26.

  Proposition KK directs $3.0 million annually to continue and expand access to these behavioral health crisis response system services for children and youth.

- The **I Matter program** originated from H.B. 21-1258 and was continued by H.B. 22-1243. The program currently receives $5.0 million GF and was made ongoing by S.B. 24-001.

RECENTLY CREATED PROGRAMS

26. *Sen. Bridges:* Please describe the ongoing programs implemented by S.B. 21-137 (Rural vouchers, recovery residence certification, recovery services, workforce learning, care coordination, and SUD housing). How does the BHA evaluate the impact and ongoing need for these programs?

Recovery Residence Certification - Recovery residences are residential settings for individuals recovering from substance use disorder that provide an alcohol and drug-free living environment, peer support, assistance with obtaining behavioral health services and other substance use disorder recovery assistance. S.B. 21-137 established an ongoing requirement that BHA must hire a contractor for certification and training on industry best practices for recovery residences. $200,000 GF is appropriated for this purpose annually. The Colorado

Agency for Recovery Residences is contracted by BHA as the certifying body for recovery residences. Three hundred thirty-one (331) recovery residences have been certified to date. The certification process includes application review, site inspections, policy documentation review, Technical Assistance (TA), and follow up and monitoring. This certification is meant to ensure that recovery residences adhere to established national standards for safety, quality, and accountability, ensuring the residents in the homes receive enhanced recovery outcomes.

Housing Assistance Program - This program provides temporary assistance for individuals with a Substance Use Disorder who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery, or receiving treatment for the individual's substance use disorder.

The Housing Assistance Program allows Managed Service Organizations (MSOs), contracted by the Behavioral Health Administration (BHA), to provide stipends to Recovery Residences and Oxford houses to cover costs for eligible individuals residing in the setting. These stipends can only be paid to CARR certified recovery residences or chartered Oxford Houses. Recovery residences are residential settings for individuals recovering from substance use disorder that provide an alcohol and drug-free living environment, peer support, assistance with obtaining behavioral health services and other substance use disorder recovery assistance.

The Program stipends are designed to provide short term support for recovery residence service costs until the individual can pay their own way or no longer needs recovery oriented housing services. It is important to note that these stipends are targeted towards ensuring access to these critical recovery services along the behavioral health continuum, and can only be used to support individuals experiencing or recovering from a Substance Use Disorder and residing in these settings. The stipends are not transferable or able to be used for generic rental subsidies.

The Program receives an annual appropriation of $4.0 million GF that supported 1,461 unique individuals with access to a recovery residence in Q1 of FY 2024-25. Currently, these funds are distributed through MSOs. Beginning in July 2025, the Behavioral Health Administrative Service Organization's (BHASO) will distribute these funds.

Measurement: MSOs develop and report on workplans related to the program, including the number of individuals who receive services.

Recovery Support Services (RSS) Grant Program - The RSS Grant Program provides grants to recovery community organizations for the purpose of providing recovery-oriented services to individuals with a substance use disorder or co-occurring substance use and mental health disorder. The recovery services that have been implemented and carried out successfully are comprehensive support for individuals' recovery from substance use and mental health.

Under the recovery umbrella are recovery residences, Recovery Community Organizations, and Peer Support. These organizations provide support including Art, Education, Groups (education & support), Hobby Inspiration, Meditation / yoga, Prayer / Spirituality, Coaching & Mentorship, Social Support. These programs empower individuals across Colorado to experience whole-person health through accessible and trusted systems.

These recovery programs are grounded in lived experience and evidence-based practices in communities. Research consistently demonstrates peer support enhances recovery outcomes, reduces relapse rates, and increases engagement in treatment. The MSO reports to BHA the number of unique clients served, number of clients served in a month, individual peers services, 1:1, individual peers services, group.

Rural Behavioral Health Vouchers - BHA contracts with the Colorado Farm Bureau to administer this program. They support training to build capacity to serve rural agricultural workers as well as issue vouchers for services to providers with the cultural competence to provide direct services to farmers, ranchers, and other agricultural workers and their families.

Individual programs often have their own metrics for measuring outcomes. These may differ based on funding source, statutory requirements, provider and community input, and other factors. BHA evaluates programs for impact and identifies opportunities to make improvements, including, when necessary proposing statutory changes. Additionally, as BHA strengthens and streamlines the behavioral health safety net system through new statutorily driven standards and the implementation of BHASOs, we are working to standardize how and what we collect in order to draw more holistic conclusions, identify gaps, and measure improvements across the system as a whole.

On July 1, 2025 BHA launched the Performance Hub[8]. The first version of the Performance Hub sets a baseline for metrics related to service usage, capacity, and complaints. Over time, more data will launch to support improvements and address inequalities to healthcare in Colorado.

Today, BHA is reporting on the following outcomes through performance hub:

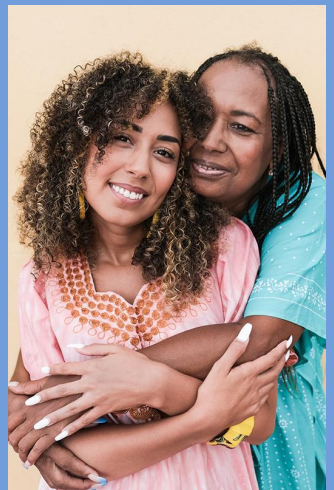
- Number of people who received publicly-funded community mental health services per 1,000 people
- Number of people with health insurance and at least one claim who received mental health services at a rate per 1,000 people
- Number of people with health insurance and at least one claim and a mental health diagnosis who received mental health services at a rate per 1,000 people
- Number of people who received substance use disorder care under a BHA-funded or overseen program per 1,000 people
- Number of residential beds for substance use disorder treatment in Colorado by county
- Number of complaints made to BHA about behavioral health services
- Number of children and youth that spent time in inappropriate care settings past when they are releasable

[8] https://bha.colorado.gov/data-and-reports/performance-hub











Behavioral Health Administration

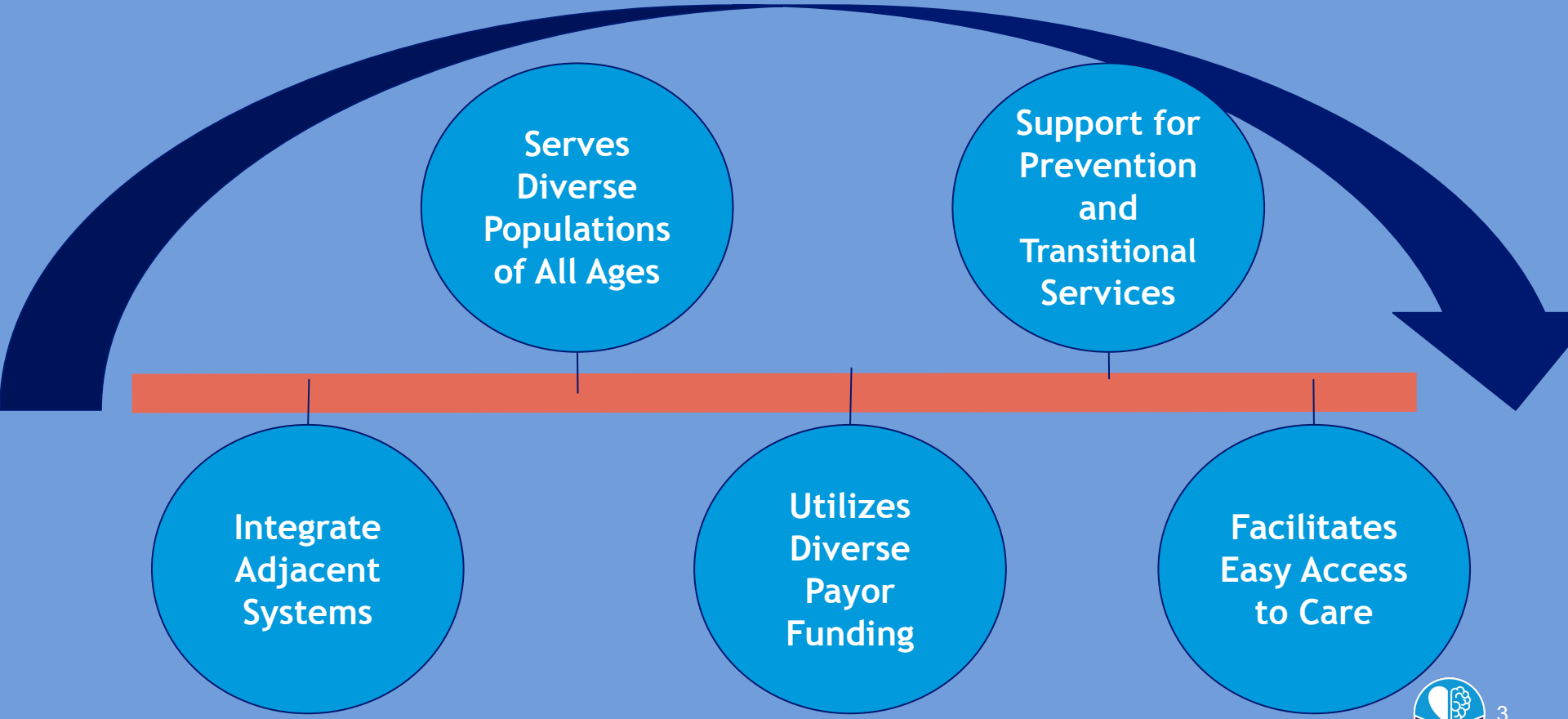
Joint Budget Committee Presentation
December 2024
Commissioner Dannette R. Smith

COLORADO
Behavioral Health Administration

What You'll Hear Today

1. Vision.
2. Internal Alignment to the Vision.
    a. Administration
    b. BHASO Implementation
3. BHA's 2026 Budget Request.
4. ARPA Impact Update.

Clear Vision: BHA is Colorado's Behavioral Health Authority



Moving From “Old” to Transformed



Patchwork System of Programs and Payors

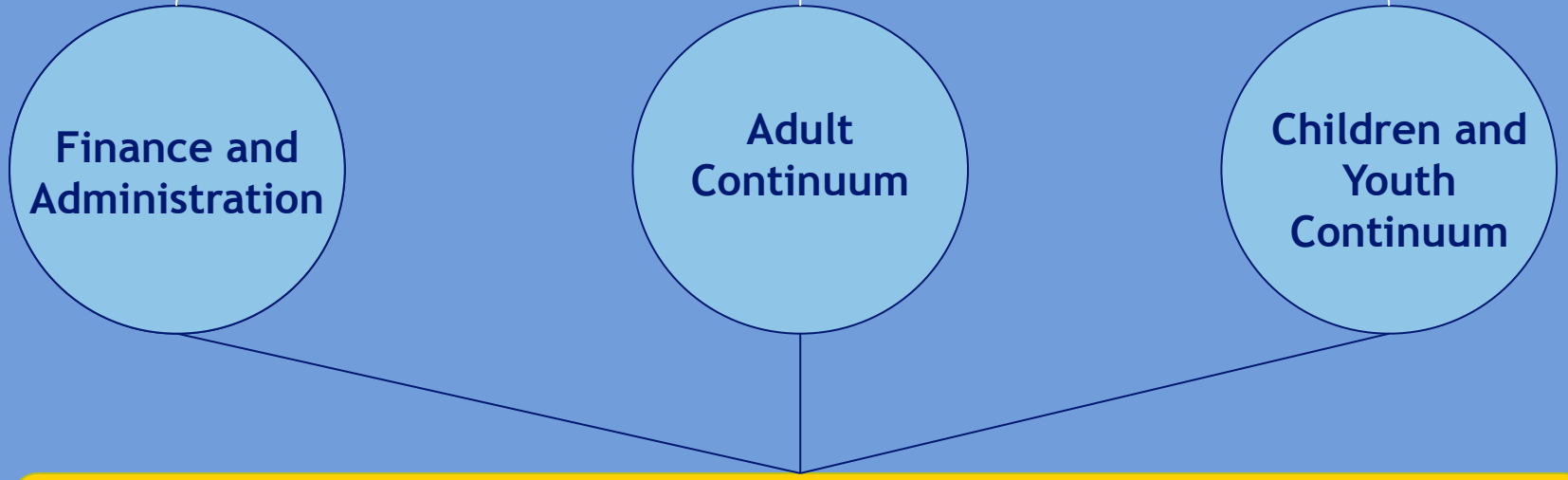


BHA

4 Areas of Action

1. Realigning Organizational Structure
2. Updating Internal Structures and Processes
3. Developing an Entrepreneurial and Collaborative Finance Model
4. Implementing the BHASO Networks

BHA's Realigned Workstreams

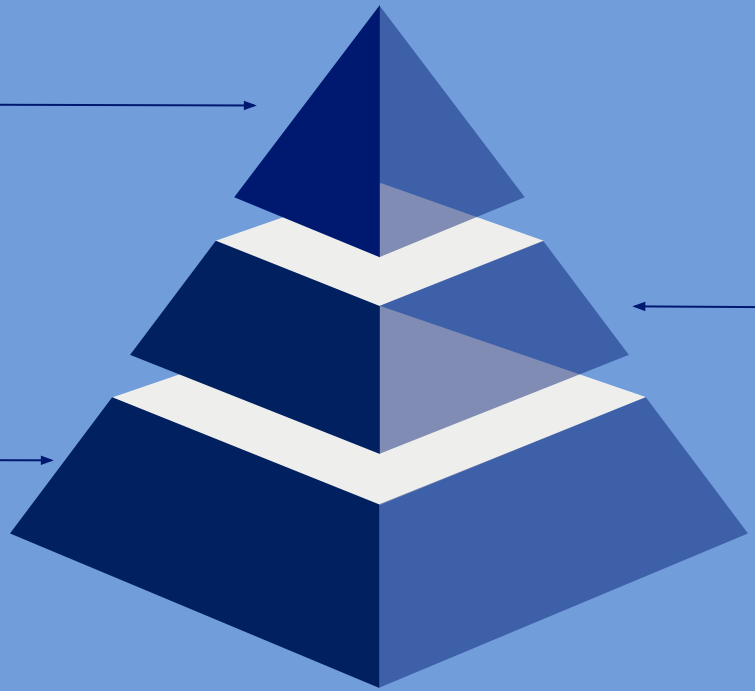


BHA is methodically solidifying its foundation of passionate staff with subject matter expertise.

Q1, pg.1; Q2, pg. 2

Civic Initiatives and Finance Model

Entrepreneurial approach to financing agency and system!

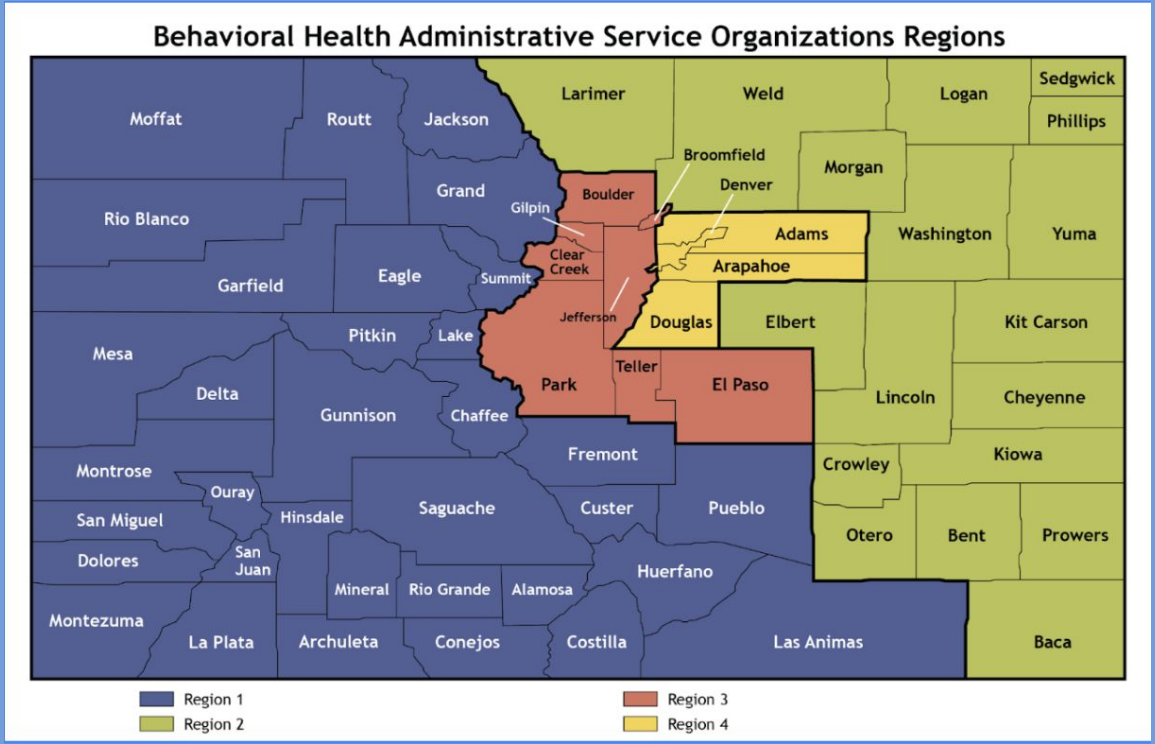


Leveraging discretionary funds to bolster the behavioral health system and expand access.

Solid internal structures to support the portfolio of a behavioral health authority.

Q3, pg. 2

Behavioral Health Administrative Service Organizations



- Care Coordination
- Administrative Services
- Direct contracting with providers and other community-based behavioral health organizations

BHASO Funding



BHASO Administrative Rate

7.5% & 6.7%

BHASO RFP required that bidders propose an administrative rate to fund their operations, not to exceed 10%.



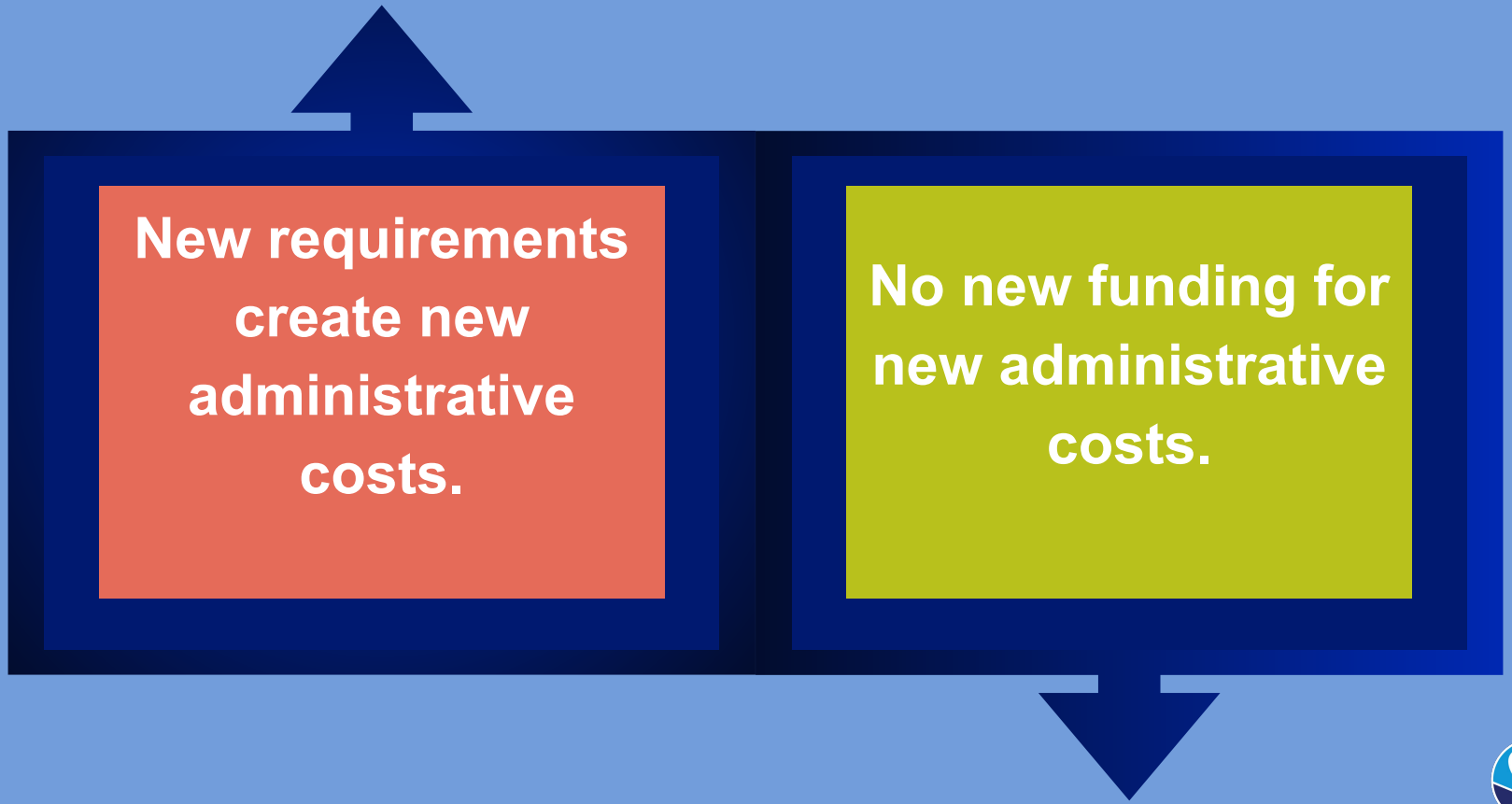
MSO Administrative Rate

10%

Managed Service Organization contract sets a universal administrative rate for all MSOs at 10%.

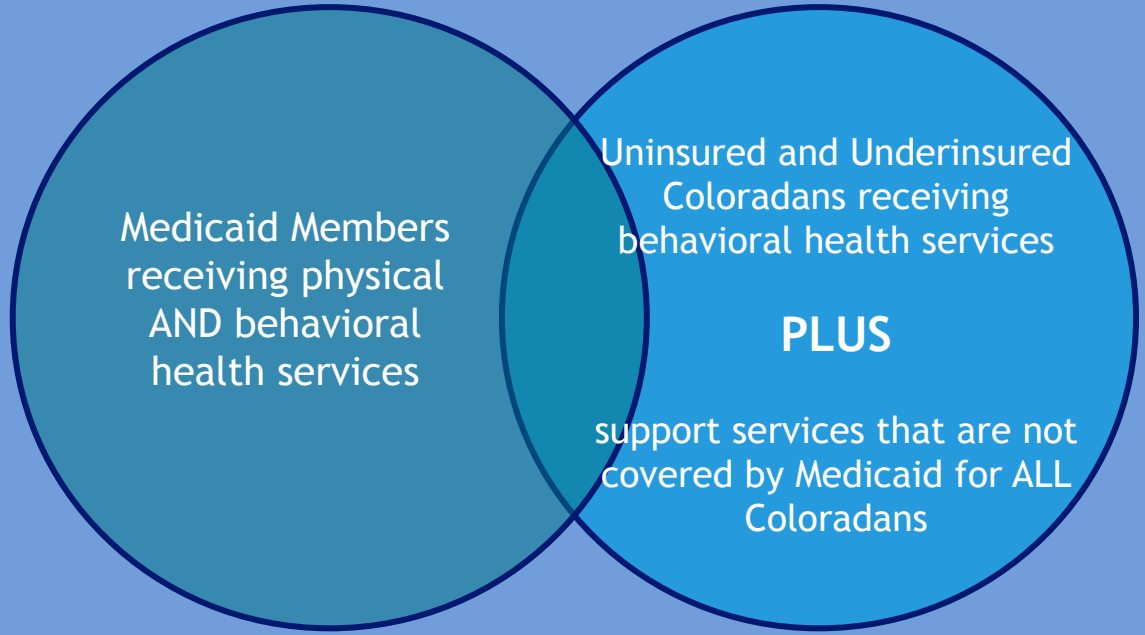
Q4, pg.3

Provider Feedback on BHASOs



RAEs vs BHASOs

Safety Net Providers receive enhanced rates for providing additional services.



Contracted Safety Net Providers *reimbursed* for services to uninsured and underinsured.

Q5, pg. 4; Q6, pg. 6, Q7, pg. 6

BHA FY 2026 Budget Request At a Glance

R1	*Increasing Access to Behavioral Health Care*	$3.15M
R2	*Advancing the Children and Youth Behavioral Health Implementation Plan*	$0.35M
R3	*Streamlining Crisis Care*	Net $0.20M
R4	*Alternative Funding for Behavioral Health Services*	-$1.6M
R5	*School Mental Health Screening Savings*	-$0.78M
R6	*Rightsizing I Matter*	-$6.0M
R7	*BHE Licensing Cash Fund Spending Authority*	Net $0.42M
R8	*High-Acuity Crisis for Youth and Children*	$3.35M

R-01 Increasing Access to Care $3.15M



Coordination

Service funding for care coordination services provided by safety net providers.



Navigation

Expanded care navigation by BHASOs to get people connected to care.



Compliance

Administrative support for providers taking on new responsibilities to support communities.

R-02 Advancing the Children and Youth Behavioral Health Implementation Plan (CYBHIP) $350K



Assessment

Capacity assessment will determine gaps and strategies to connect and expand services across the continuum.



Analysis

Analysis will consider opportunities to offset costs informed by capacity expansion recommendations.



Access

Inform strategies to streamline public funds to maximize access to, and quality of, behavioral health care for children and youth in Colorado.

Q9, pg. 12 ; Q10, pg. 20; Q11, pg. 21; Q12, pg. 21

Advancing the Children and Youth Behavioral Health Implementation Plan



Regular meetings among state agencies establish a habit of collaboration.

Participation across 12 state agencies and the Lt. Governor's Office.

6 Priorities and 19 Year 1 Action Items.

R-03 Streamlining Crisis Care

$200K



Align

Placing the Colorado Crisis Line under the 988 Enterprise - 988 is much easier to remember than the CCL number.



Expand

988's services would expand to include a peer warm line, as is currently available through CCL.



Transition

Begin a clear transition to 100% use of the 988 Mental Health Line.

Q13, pg.21; Q14, pg. 22

R-04 Alternative Funding for Behavioral Health Services

$1.5M



Rightsize

The Circle Program has seen decreased demand for BHA funding due to changes in Medicaid coverage.



Quality

R4's reductions will not sacrifice quality or access.



Progress

This request is another example of BHA's desire to move forward from the "old" framework of funding a patchwork of programs to a continuum of care approach.

Q15, pg. 22

R-05 School Mental Health Screening Savings $775K



Consolidate

The current vendor responsible for providing services through the School Mental Health Screening program is able to fulfill both the screening and data aspects of the project.



Continue

Per statute, schools must notify parents during the first two weeks of the school year, which has significantly affected participation.

Q16, pg. 23

R-06 Rightsizing I Matter

$6M



Maintain

I Matter is able to continue to operate on the 5 million dollar budget that this committee approved for the current fiscal year.



Discover

BHA continues to work to address challenges and opportunities related to leveraging other payors to expand the I Matter program.

Q17, pg. 24; Q18, pg. 25

R-07 and R-08 - Technical Corrections



Spending Authority



Technical Error

Colorado's ARPA Behavioral Health Investments



Behavioral & Mental Health (BMH) Fund

$550M

SLFRF from the BMH Fund appropriated across 9 departments and the judicial branch.



BHA Appropriations

$294M

One time SLFRF appropriated to BHA for behavioral health, workforce and public health investments from the BMH Fund.

Q19, pg. 26; Q20, pg. 26, Q21, pg. 26; Q22, pg.27; Q23, pg. 31

ARPA Examples

1. Children's Hospital Colorado Mental Health Emergency Unit - 8 New Beds
2. BHA'S Learning Management System - 81 New Courses
3. Crisis Resolution Teams in 21 Counties - 600 Families Served
4. Recovery Support - 3 Ongoing Programs

Q24, pg.31;Q25, pg. 34; Q26, pg.34

What You've Heard Today

1. BHA's vision for the future.
2. BHA's internal alignment to that vision.
3. BHA's 2026 budget request.
4. BHA's APRA progress.

Commissioner's Leadership



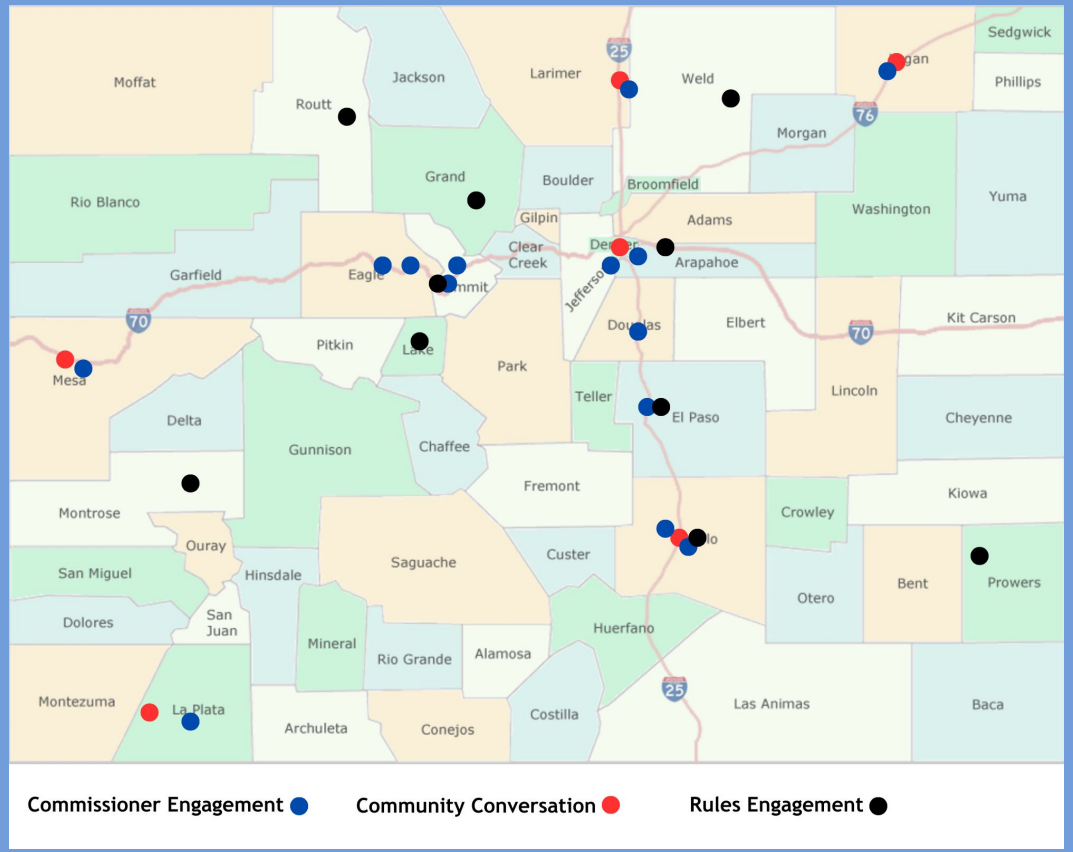
Service



Commitment



Results



Community Conversations and BHA Engagement

Commissioner Smith's Engagement Around the State

Number of Sessions

120+

Commissioner Smith and BHA Staff hosted over 120 community meetings and listening sessions.

Total Hours

200+

Commissioner Smith and BHA Staff have spent over 200 hours meeting with community members and partners in behavioral health reform.

Emerging Themes

10

All across the state, 10 consistent themes emerged, which will inform BHA's future work.

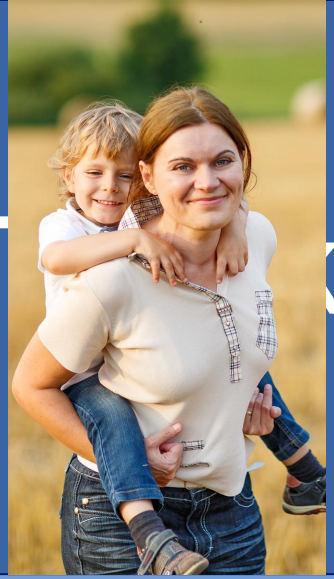
BHA's Commitment

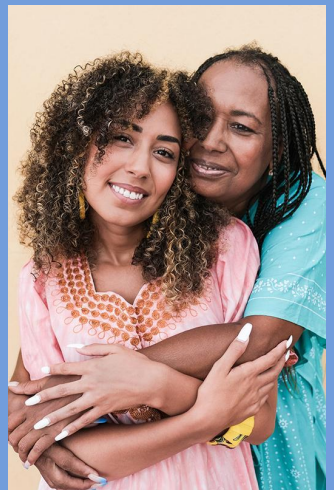
Execution

Leadership

Measurement






Thank You!

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COLORADO
Behavioral Health Administration

BEHAVIORAL HEALTH ADMINISTRATION

FY 2025-26 JOINT BUDGET COMMITTEE HEARING

WRITTEN RESPONSES ONLY

WRITTEN-ONLY COMMON QUESTIONS

1. Provide a list of any legislation with a fiscal impact that the Department has: (a) not implemented, (b) partially implemented, or (c) missed statutory deadlines. Please specifically describe the implementation of ongoing funding established through legislation in the last two legislative sessions. Explain why the Department has not implemented, has only partially implemented, or has missed deadlines for the legislation on this list. Please explain any problems the Department is having implementing any legislation and any suggestions you have to modify legislation.

(a) There is no legislation that BHA has *not implemented*.

(b) BHA has *partially implemented* the following legislation:

- *H.B. 24-1217* - The initial draft of the *Friends and Family Input Form* is currently receiving feedback from interested stakeholders. Upon incorporating feedback and final legal review, the form will be publicly available by July 1, 2025 as required by C.R.S. § 27-50-110. Implementation is on schedule.
- *S.B. 24-117 - Designation of Eating Disorder Treatment and Recovery Programs* is scheduled to be effective January 1, 2026. Although the funding appropriated to implement and operate this program begins in FY 2025-26, BHA has created a rule promulgation timeline to ensure the rules required to designate eating disorder treatment and recovery programs are effective prior to January 1, 2026. In Fall 2024, BHA began outreach to engage stakeholders to begin the rule drafting and feedback process. Implementation is on schedule.
- *H.B. 24-1176* - BHA is currently working through the procurement process for the $4,000,000 appropriated for a *Behavioral Health Grant for Capital Project.* Implementation is on schedule.
- *H.B. 22-1278 - Behavioral Health Administration* created BHA and established initiative deadlines to be executed by BHA. *HB 23-1236: Implementation Updates to BHA*, moved some deadlines to ensure that key deliverables like Behavioral Health Administrative Service Organizations (BHASOs) aligned with related deadlines and deliverables for other state departments. The launch of the BHASOs is on track for July 1, 2025 as required by C.R.S. § 27-50-401.

(c) BHA has *not missed any statutory deadlines* since BHA's inception on July 1, 2022.

2. Describe General Fund appropriation reductions made in the Department for budget balancing purposes in 2020, and whether the appropriation has been restored with General Fund or another fund source through budget actions or legislation.

H.B. 20-1384 reduced the appropriation for high-fidelity wraparound services as originally established by S.B. 19-195 (C.R.S. §27-62). The S.B. 19-195 program was restored in FY2021-22 (S.B. 21-205, 2021 Long Bill) to provide wraparound services for children with behavioral health needs. The 2021 Long Bill Narrative Document (Document page 71, actual page 79), explains the restoration of funding for the S.B. 19-195 Wraparound Services which included an increase of $142,449 in General Funds.

H.B. 20-1391 reduced the appropriation for the Behavioral Health Capacity Tracking System and Care Navigation Program originally established by H.B. 19-1287. The H.B. 20-1391 program was restored in FY 2021-22 (S.B. 21-205, 2021 Long Bill). The Long Bill Narrative Document (pages 185-186) explains the restoration of funding for H.B. 20-1391 as now being included as one of the many State departmental Information Technology Projects in FY 2021-22. The Behavioral Health Infrastructure Investments include the following components: consolidated behavioral health data collection; a virtual crisis telehealth app; a health information exchange; a bed capacity tracking system; and other support components.

3. Please provide the most current information possible. For all line items with FTE, please show:

a the number of allocated FTE each job classification in that line item
b the number of active FTE for each of those job classifications
c the number of vacant FTE for each of those job classifications
d the vacancy rate for each of those job classifications

Use the attached Template C to populate these data. Please return the data in editable Excel format.

State agencies cannot track the history of an appropriated position, therefore cannot provide detail on a position's job class relative to its original allocation. In table 1 below, BHA has reported:

a intended FTE by job class,
b the number of active FTE for each of those job classifications
c the number of vacant FTE for each of those job classifications
d vacancy rates

This data reflects information from Colorado Personnel Payroll System (CPPS). This data does not reflect updates such as positions that have been substituted. Based on current BHA data, BHA has a vacancy rate of 20% (38 out of 190).

Table 1 - Behavioral Health Administration FY 2024-25[1]

Job Class	FTE	Active FTE	Vacant FTE	Rate
Accountant	7.0	7.0	0.0	0.0%
Accounting Tech	1.0	1.0	0.0	0.0%
Administrative Asst	--	--	--	--
Administrator	9.0	4.0	5.0	55.6%
Analyst	--	--	--	--
Budget/Policy Analyst	12.0	10.0	2.0	16.7%
Compliance Specialist	10.0	6.0	4.0	40.0%
Contract Administrator	15.0	13.0	2.0	13.3%
Data Management	8.0	6.0	2.0	25.0%
Grants Specialist	6.0	5.0	1.0	16.7%
Health Professional	3.0	3.0	0.0	0.0%
HR Specialist	1.0	0.0	1.0	100.0%
Liaison	4.0	3.0	1.0	25.0%
Management	5.0	0.0	5.0	100.0%
MKTG & Comm Spec	8.0	3.0	5.0	62.5%
Planning Specialist	1.0	1.0	0.0	0.0%
Policy Advisor	3.0	3.0	0.0	0.0%
Program Assistant	10.0	9.0	1.0	10.0%
Program Coordinator	6.0	5.0	1.0	16.7%
Program Management	55.0	45.0	10.0	18.2%
Project Coordinator	--	--	--	--
Project Manager	8.0	2.0	6.0	75.0%
Senior Executive Service	5.0	4.0	1.0	20.0%
Social Work/Counselor	3.0	3.0	0.0	0.0%
State Service Prof Trainee	1.0	0.0	1.0	100.0%
Statistical Analyst	4.0	1.0	3.0	75.0%
Temporary Aid	5.0	0.0	5.0	100.0%
Training Specialist	4.0	3.0	1.0	25.0%
	194.0	137.0	57.0	29.4%

[1] Copy of BHA JBC request 12_4_2024_Qs_3&4 FTE

4. Please provide the same information as Question #4 for FYs 2022-23 and FY 2023-24. Use the attached Template C to populate these data. Please return the data in editable Excel.

The following table shows the requested information as of June 30 of each of the fiscal years requested. The editable sheet is linked.

Table 2 - Behavioral Health Administration FY 2023-24 and FY 2022-23[2]

	FY 24				FY23			
Job Class	**FTE**	**Active FTE**	**Vacant FTE**	**Rate**	**FTE**	**Active FTE**	**Vacant FTE**	**Rate**
Accountant	7.0	6.0	1.0	14.3%	18.0	11.0	7.0	38.9%
Accounting Tech	1.0	1.0	0.0	0.0%	3.0	2.0	1.0	33.3%
Administrative Asst	--	--	--	--	2.0	2.0	0.0	0.0%
Administrator	9.0	4.0	5.0	55.6%	53.0	40.0	13.0	24.5%
Analyst	--	--	--	--	7.0	4.0	3.0	42.9%
Budget/Policy Analyst	12.0	10.0	2.0	16.7%	10.0	4.0	6.0	60.0%
Compliance Specialist	6.0	5.0	1.0	16.7%	8.0	6.0	2.0	25.0%
Contract Administrator	15.0	13.0	2.0	13.3%	9.0	7.0	2.0	22.2%
Data Management	8.0	6.0	2.0	25.0%	11.0	8.0	3.0	27.3%
Grants Specialist	6.0	6.0	0.0	0.0%	1.0	0.0	1.0	100.0%
Health Professional	3.0	3.0	0.0	0.0%	3.0	2.0	1.0	33.3%
HR Specialist	1.0	0.0	1.0	100.0%	5.0	2.0	3.0	60.0%
Liaison	4.0	2.0	2.0	50.0%	2.0	1.0	1.0	50.0%
Management	5.0	2.0	3.0	60.0%	1.0	1.0	0.0	0.0%
MKTG & Comm Spec	8.0	4.0	4.0	50.0%	16.0	9.0	7.0	43.8%
Planning Specialist	1.0	1.0	0.0	0.0%	3.0	1.0	2.0	66.7%
Policy Advisor	2.0	2.0	0.0	0.0%	6.0	1.0	5.0	83.3%
Program Assistant	11.0	8.0	3.0	27.3%	9.0	7.0	2.0	22.2%
Program Coordinator	6.0	6.0	0.0	0.0%	8.0	4.0	4.0	50.0%
Program Management	60.0	51.0	9.0	15.0%	5.0	3.0	2.0	40.0%
Project Coordinator	--	--	--	--	3.0	1.0	2.0	66.7%
Project Manager	8.0	3.0	5.0	62.5%	5.0	3.0	2.0	40.0%
Senior Executive Service	5.0	4.0	1.0	20.0%	1.0	1.0	0.0	0.0%
Social Work/Counselor	3.0	3.0	0.0	0.0%	--	--	--	--
State Service Prof Trainee	1.0	0.0	1.0	100.0%	2.0	0.0	2.0	100.0%

[2] Copy of BHA JBC request 12_4_2024_Qs_3&4 FTE

	FY 24				FY23			
Job Class	FTE	Active FTE	Vacant FTE	Rate	FTE	Active FTE	Vacant FTE	Rate
Statistical Analyst	4.0	1.0	3.0	75.0%	8.0	0.0	8.0	100.0%
Temporary Aid	5.0	3.0	2.0	40.0%	3.0	0.0	3.0	100.0%
Training Specialist	4.0	3.0	1.0	25.0%	--	--	--	--
	195.0	147.0	48.0	24.6%	202.0	120.0	82.0	40.6%

5. For FYs 2022-23 and 2023-24, please provide, in editable Excel format, department-wide spending totals for each of the following object codes, by fund source.

a Object Code 1130: Statutory Personnel & Payroll System Overtime Wages
b Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages
c Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments
d Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments
e Object Code 1340: Employee Cash Incentive Awards
f Object Code 1350: Employee Non-Cash Incentive Award
g Object Code 1370: Employee Commission Incentive Pay
h Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance
i Object Code 1524: PERA – AED
j Object Code 1525: PERA - SAED
k Object Code 1531: Higher Education Tuition reimbursement

The requested information can be found in this sheet: Question 5 and 7 Tables

6. For the latest month for which the data are available, please provide, in editable Excel format, department-wide FY 2024-25 year-to-date spending totals for each of the following object codes, by fund source.

a Object Code 1130: Statutory Personnel & Payroll System Overtime Wages
b Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages
c Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments
d Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments
e Object Code 1340: Employee Cash Incentive Awards
f Object Code 1350: Employee Non-Cash Incentive Award
g Object Code 1370: Employee Commission Incentive Pay
h Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance
i Object Code 1524: PERA – AED
j Object Code 1525: PERA-SAED
k Object Code 1531: Higher Education Tuition reimbursement

The most recent month's expense by object code is not useful data as departments adjust the information through the end of the fiscal year via JVs for revised allocations, POTS adjustments, correcting entries, etc. Therefore, no data will be provided.

7. For FYs 2022-23 and 2023-24, please provide department-wide spending totals for each of the following object codes, by fund source.

a Object Code 1100: Total Contract Services (Purchased Personal Services)
b Object Code 1210: Contractual Employee Regular Part-Time Wages
c Object Code 1211: Contractual Employee Regular Full-Time Wages
d Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages
e Object Code 1240: Contractual Employee Annual Leave Payments
f Object Code 1622: Contractual Employee PERA
g Object Code 1624: Contractual Employee Pera AED
h Object Code 1625: Contractual Employee Pera - Supplemental AED
i Object Code 1910: Personal Services – Temporary
j Object Code 1920: Personal Services – Professional
k Object Code 1940: Personal Services – Medical Services
l Object Code 1950: Personal Services - Other State Departments
m Object Code 1960: Personal Services – Information Technology

The requested information can be found in this sheet: Question 5 and 7 Tables

8. Please provide a table showing both allocated and actual FTE for each Division within the Department from FY 2018-19 through FY 2023-24.

This information is included in the Schedules 3A and 3B which can be found here: https://drive.google.com/drive/folders/1nwdQb2Mt4H6-IXlJuAHqHSK5RrzN4FuY

9. Please discuss how the Department would absorb base personal services reductions of the following amounts: 1.0 percent, 3.0 percent, and 5.0 percent. How would those reductions impact the department's operations and core mission?

BHA is open to providing feedback on targeted reduction proposals, including staffing reductions, that are accompanied by adjustments to statutory requirements. However, BHA navigates a complex set of state and federal requirements, and manages a diverse set of funds and programs. Reducing personal services without accounting for workload associated with those positions will negatively impact the ability of BHA to fulfill its mission of ensuring access to quality mental health services in the state. . Reductions to personal services without corresponding reductions in statutory requirements may result in longer wait times, less staff availability to provide technical assistance to providers, delays in conducting licensing activities

including investigating grievances in a timely manner, and decrease in operational effectiveness.

1.0 Percent (1.9 FTE) This would have minimal impact as the reduction would be focused on administrative staff. This would cause a realignment of administrative functions but would not impact the overall operational effectiveness.

3.0 Percent (5.7 FTE) This will have some impact on program staff as the reduction would require reductions of staff operating programs, not just administrative staff. Without accompanying reductions in statutory requirements, BHA would expect some delays in operational effectiveness and an impact on staff such as higher turnover due to expanded responsibilities and adjusted position descriptions.

5.0 Percent (9.5 FTE) This will have an impact on program staff across BHA. There will need to be a restructure of objectives and priorities. To maintain operational effectiveness, some deadlines will need to be extended. The reduction will affect the morale of current staff who are already stretched in capacity to meet statutory requirements. BHA will need to strategize on and refocus on which business functions are critical.

10. Describe steps the Department is taking to reduce operating expenditures for FY 2025-26.

BHA submitted multiple reductions for both FY2024-25 and FY2025-26. This includes reducing three separate programs in FY24-25 which results in a $2.4 million supplemental reduction. BHA also submitted reductions totaling $12.5 million for FY2025-26 in our November 1st budget submission. Our proposal made reductions ranging from $200,000 to over $6 million for six different programs. The Executive Branch's plan for reducing operating expenditures is reflected in the budget requests submitted to the JBC on November 1, 2024, and January 2, 2025.

11. For each operating line item, identify the total expenditure at the end of the 3rd quarter for each of the last three fiscal years, as well as the total appropriation for the fiscal year.

BHA does not have any line items that are exclusively operating expenses. All line items are consolidated program lines with personal services and/or other expenses intermingled

12. Please provide an overview of the department's service efforts. In your response, describe the following:

a Populations served by the Department

Broadly, BHA serves all Coloradans by fulfilling our mission to co-create a people-first behavioral health system that meets the needs of all people in Colorado. This is done in a number of ways,

including:

1. Quality and Standards: BHA's licensing, designation, and approval activities seek to ensure safe and high quality services for all Coloradans seeking behavioral health care.

2. Funding: BHA funds a variety of services accessible to all Coloradans. These are broken down in more detail in part b.

3. Workforce: BHA's workforce efforts seek to ensure a robust and well trained behavioral health workforce is available to meet the behavioral health needs of Coloradans. BHA's Learning Management System has 2,139 Learners actively enrolled in one or more courses. 1,365 Learners have completed at least one course.

b The target populations of the Department's services
c Number of people served by the Department

While specific BHA programs may have target populations that are more broad or narrow, generally the priority populations defined in 27-50-101, C.R.S. are the target populations of BHA's services.

"Priority populations" means people who are:
(I) Uninsured, underinsured, medicaid-eligible, publicly insured, or whose income is below thresholds established by the BHA; and
(II) Presenting with acute or chronic behavioral health needs, including but not limited to individuals who have been determined incompetent to stand trial, adults with serious mental illness, and children and youth with serious emotional disturbance.

Statute also directs the BHA to identify populations that meet above criteria (I) and (II) and may also require specific prioritization on a regional or statewide basis based on health equity data. In identifying these populations, the BHA is directed to consider input directly from behavioral health providers that are culturally and linguistically representative of the populations they serve, and recommendations from the behavioral health administrative services organizations, the advisory council, and regional subcommittees in identifying subpopulations. As BHA continues to implement behavioral health system reforms, including launching BHASOs in 2025, we will continue to gather data, and work with providers, BHASOs, and advisory groups to identify populations needing additional prioritization.

BHA's **Mental Health Community Programs** focus on serving these priority populations. In 2023, 112,217 people received publicly-funded community mental health services.

BHA's **Substance Use Services** make treatment services accessible to people without insurance or people with limited insurance coverage. In 2023, 51,004 unique individuals received BHA-funded SUD services.

Crisis Services

Colorado's Behavioral Health Crisis Response System is the statewide system offering individuals mental health, substance use or emotional crisis help, information and referrals. Its mission is to strengthen Colorado's mental health system by providing Coloradans with greater access to crisis services wherever they are at 24/7/365 regardless of ability to pay. Colorado Crisis Services is managed by the Behavioral Health Administration and provides confidential, professional, and immediate support, 24/7/365 on the phone, text, or in person at walk-in centers.

The number of individuals served by these programs in FY 2023-24 are as follows:
Crisis Stabilization Unit (CSU) = 3,157
Respite = 301
Crisis Walk-In Center (WiC) = 15,104

Additionally, Mobile Crisis Response Teams,which provide community based on-site response to individuals experiencing a behavioral health crisis, cover all of Colorado. In FY 2022-23, Mobile Crisis Response Teams were dispatched 4,221 times.

988 is the easy to remember number that immediately connects anyone experiencing emotional distress, mental health challenges, or substance use concerns with a trained specialist who will listen without judgement. 988 is free, confidential, and available 24/7. Since January 2023, Colorado has answered more than 270,000 988 calls, 27,000 text messages, and 13,000 online chats through 988.

Criminal Justice Services

BHA's Criminal Justice Services include Co-Responder Programs, DUI Services, Jail Based Behavioral Health Services (JBBS), Law Enforcement Assisted Diversion (LEAD), Medication Consistency, Offender Behavioral Health Services, and the Strategic Individualized Remediation Treatment Program (STIRT). These services target and provide services to individuals involved in or at risk of becoming involved in the criminal justice system. While the target populations and numbers of individuals served vary across service, a few are highlighted here:

JBBS served a total of 42,296 individuals across 48 jails in FY 2023-24, and specifically provided medication assisted treatment (MAT) to 15,763 MAT individuals.

Co-Responder Programs serve individuals (of any age) in the community experiencing a behavioral health crisis or other behavioral health concerns that result in a request for police response. Co-Responder Programs had approximately 35,000 contacts in FY2023-24.

LEAD provides services to individuals at risk for low-level controlled substance-related offenses, all of whom have been repeatedly involved with law enforcement. Starting FY25, a pilot within the LEAD program will serve youth. Currently, approximately 9600 individuals are served in some capacity by the LEAD program annually.

The **Strategic Individualized Remediation Treatment (STIRT)** program assists individuals within the criminal justice system who are at high risk for reoffending and require specialized interventions referred from Parole, Probation, Specialty, and County Courts, and occasionally Specialized Pretrial Release programs, who are engaging in criminogenic behaviors, and experiencing substance use and/or co-occurring mental health disorders. The STIRT program serves approximately 2600 individuals annually.

Children, Youth and Families

BHA provides a variety of services to Children, Youth and Families. These include school screening programs, I Matter, Crisis Resolution Teams (CRT), Children and Youth Mental Health Treatment Act (CYMHTA), and others. These services seek to provide services to children, youth and families across the behavioral health continuum. Many of these efforts are focused on youth with high acuity needs, which seek to prevent out-of-home placement (CRT), and prevent youth from becoming involved in child welfare (CYMHTA). While the target populations and numbers of individuals served vary across service, a few are highlighted here:

Number of Children, youth, and families served in FY 2023-24:

I Matter: 4,110 youth
Crisis Resolution Teams: 264 families
CYMHTA: 310 youth

d Outcomes measured by the Department

On July 1, 2025 BHA Launched the Performance Hub. The first version of the Performance Hub sets a baseline for metrics related to service usage, capacity, and complaints. Over time, more data will launch to support improvements and address inequalities to healthcare in Colorado.

Today, BHA is reporting on the following outcomes through performance hub:

- Number of people who received publicly-funded community mental health services per 1,000 people
- Number of people with health insurance and at least one claim who received mental health services at a rate per 1,000 people
- Number of people with health insurance and at least one claim and a mental health diagnosis who received mental health services at a rate per 1,000 people
- Number of people who received substance use disorder care under a BHA-funded or overseen program per 1,000 people

- Number of residential beds for substance use disorder treatment in Colorado by county
- Number of complaints made to BHA about behavioral health services
- Number of children and youth that spent time in inappropriate care settings past when they are releasable

Many individual programs often have their own metrics for measuring outcomes. These may differ based on funding source, statutory requirements, provider and community input, and other factors. BHA evaluates programs for impact and identifies opportunities to make improvements, including, when necessary proposing statutory changes. Additionally, as BHA strengthens and streamlines the behavioral health safety net system through new statutorily driven standards and the implementation of BHASOs, we are working to standardize how and what we collect in order to draw more holistic conclusions, identify gaps, and measure improvements across the system as a whole.

e Present and future strategies for collecting customer experience data

The Behavioral Health Administration (BHA) will accept and investigate all grievances that it receives in a timely and effective manner. Furthermore, 27-50-108, C.R.S. (HB22-1278) requires the BHA, in collaboration with other state agencies and ombudsman offices, to stand up a comprehensive behavioral health system grievance resolution process that meets the needs of all Coloradans, by July 1, 2024. BHA has successfully executed data sharing agreements with each ombuds office and is processing the data it receives. BHA publishes an annual grievance report with this information, including trend analysis that will be used to inform policy change proposals at the regulatory and statutory level.

13. For each TABOR non-exempt cash fund, provide the following information

a The amount in the cash fund
b Total amount of revenue in the fund that would not be transferred
c Detailed explanation of why the fund should not be sunset
d Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund
e Every program funded by the fund
f Explanation of how fees to the fund are set and a history of fee changes
g The number of people provided service by the programs funded through the cash fund
h Any additional information necessary to ensure the Joint Budget Committee can make an informed decision.

The attached document outlines the requested information for each of BHA's TABOR non-exempt cash funds.

OTHER WRITTEN QUESTIONS

14. Sen. Bridges: Colorado's vision for a new safety net system includes expanded benefits, enhanced regulations and oversight of providers, and an expanded provider network. CRS 27-50-301(3)(b), which is part of the section of statute that outlines the BHA's authority to implement this new system, requires the BHA to do the following: When routinely assessing the services available regionally and statewide, as required in subsection (3)(a) of this section, assess adequacy of funding and resources necessary to implement the behavioral health system plan pursuant to section 27-50-204.
    a. Has the BHA completed this assessment, to the degree that we have a thorough and complete understanding of what the new system that was envisioned will cost and how it will be sustainably paid for?
    b. BHA R-01 requests a total of $3.15M for new system requirements – is this requested funding adequate to meet the new requirements of BHASOs and the expanded provider network now and into the near future?
    c. If it is not, what is the plan to study the cost of fully implementing the requirements of the new system? Has the BHA developed a plan to develop a safety net financing model that considers the new elements envisioned in an enhanced system?

The BHA, in line with statutory requirements, continues to assess the availability of services across the state, and further the adequacy of funding and resources to carry out the behavioral health system plan developed pursuant to 27-50-204. The 2024 version of this plan can be found here: BHA 2024 Behavioral Health System Plan.

As BHA has implemented safety net reforms driven by H.B. 22-1278, including the new safety net provider requirements and the BHASO system, we have assessed the sufficiency of current funding and have gathered feedback from providers. Two consistent themes have emerged in this process:

1. The system does not have any new funding in place to account for the new service requirements, including care coordination that providers must provide to both individuals receiving care, and those who may need support in accessing alternative care or services outside the scope or capacity of the provider.

2. Coming into compliance with new requirements has come with administrative costs that providers are not reimbursed for. This includes updates to EHRs, developing new policies and procedures, developing and implementing new training for staff, etc.

In response to these needs, BHA carefully developed R-01, with a 3 pronged approach to addressing these concerns. BHA believes the R-01 request will appropriately address provider concerns regarding FY 2025-26 funding needs as BHASOs launch in 2025.

Looking ahead, the BHASOs will be important partners in assessing and responding to system needs in the coming years. Today, Crisis, SUD, and Mental Health funding are distributed by different entities, ASOs, MSOs, and BHA directly, respectively, and regions are not aligned. The launch of the BHASOs in 2025 allows for a more comprehensive regional and statewide approach to assessing the availability of services and the gaps in funding and services. BHASOs will be required to identify and contract with providers in order to create a network that meets access and availability minimum requirements in BHA system rules. If there are gaps, BHASOs must report to BHA a work plan to get to adequacy. If that workplan requires additional funding, BHASO must articulate the cost to BHA.

To address these gaps, BHA will work closely with HCPF and other state agency partners. While BHA's funding is discretionary, and therefore limited, BHA and HCPF have worked together to develop a comprehensive funding model that leverages all available funding sources. This funding model is expected to use state funds to complement and not supplant other funding sources including Medicaid, federal Substance Abuse Prevention and Treatment Block Grants (SABG), and federal Mental Health Services Block Grants (MHBG). Ultimately, BHA and HCPF together want to prioritize opportunities to support the safety net with federal match funds that can be drawn down.

Within this model, Medicaid reimburses comprehensive providers using a cost-based prospective payment system (PPS). HCPF cost-based rates are an incentive to participate in the safety net system. Medicaid reimbursements are key to safety net provider's revenue and stability, and HCPF and BHA together have a shared interest in ensuring that safety net providers achieve financial stability, keeping their doors open to provide critical services to uninsured, underinsured, and Medicaid covered individuals. Cost based rates are the best way to do that.

In addition to the cost based rates paid to comprehensive providers for services provided to Medicaid members, BHASOs are statutorily required to prioritize comprehensive providers when contracting for safety net services.

Essential safety net providers are eligible to receive enhanced rates that are designed to provide reimbursement for the additional requirements they meet. Beyond the opportunity to receive enhanced rates from HCPF for services provided to Medicaid members, Essential Safety Net providers may contract with the BHASOs to be reimbursed for safety net services provided to uninsured and underinsured individuals.

Ultimately, braided funding from HCPF and BHA has been designed to promote financial viability of safety net providers and address the new requirements of the safety net system.

d. It is our understanding that the BHA has approved 19 comprehensive providers and dozens of essential providers. How does the BHA assess how many providers can be approved to participate in the new safety net system? How will the resources requested in R-01 be distributed to providers?

There is not a limit on the number of providers that can be approved as comprehensive or essential safety net providers.

Funds for R-01 will be distributed through the BHASOs to ensure consistent methods of distributing and overseeing funding for comprehensive and essential safety net providers. Notably, given that BHA will no longer hold direct contracts with comprehensive providers, channeling these funds through the BHASOs will prevent additional administrative burden of contracting with the BHA for some funds, and the BHASOs for others.

e. Is the BHA able to assess and monitor how much funding goes towards administrative functions vs. direct services/capacity?

Yes, the BHA currently monitors and limits how much money goes towards administrative functions for MSOs and ASOs, and in the future will monitor this for BHASOs. In the BHASO RFP released in the summer of 2024, BHA requested BHASO bidders to propose an administrative rate to fund their operations, not to exceed 10%. The organizations selected to operate the BHASOs, Rocky Mountain Health Plans and Signal Behavioral Health Network, proposed a 7.5% rate and 6.7% rate respectively. Applying these rates, BHA will pay about $11.8 million TF (~$7million GF) in administrative costs as a share of the $171 million TF, not including pooled funds that are shared amongst all Regions or federal discretionary grant contracts (which often set their own administrative rate caps).

These rates are in line with the administrative rates the organizations currently charge as Crisis Administrative Service Organizations; both Signal and Rocky charge 7%. These rates are lower than the Managed Service Organization rates currently, as the MSO contract sets a universal administrative rate for all MSOs at 10%.

The BHASO administrative rate will cover the following services:

- Network development and maintenance
- Monitoring and responding to changes in service needs and barriers
- Operation of a care navigation line
- Data collection, analysis, and reporting
- Quality monitoring and improvement
- Community and provider outreach and education
- Fiscal management and timely payment services
- Overhead such as legal, human resources, insurance, information technology, and other expenses of the BHASO organization.

Outside of this administrative rate, funding will be distributed to providers to conduct services and/or support capacity.

15. Sen. Bridges: Safety net providers are experiencing more regulation and oversight in the new system as implemented. One of the policy priorities outlined in the Blueprint for Reform included decreasing administrative burden: “Without jeopardizing federal funding, reduce the administrative burden that gets in the way of treating patients in a timely manner and overwhelming the workforce, while also ensuring quality & transparency.”
    a. Has the BHA identified significant reductions in administrative burden for providers that may lead to cost savings or improved access for communities?
    b. Does BHA see this as a concern?
    c. What is being done to ensure that the system is efficiently regulated to strike a balance between quality and access?

Prior to 2024, many behavioral health providers, including providers that are now considered comprehensive providers were required to obtain a BHE license from CDPHE and an SUD license from BHA. With changes that went into effect this year, providers will no longer hold these dual licenses, and will instead hold a single BHE license from BHA. This consolidation of license types reduces burden for providers, and streamlines the state’s regulatory oversight of these providers.

BHA has complied with its statutory mandates, pursuant to 27-50-502, C.R.S. to promulgate rules that establish minimum standards for Behavioral Health Entities, and that address specific statutory requirements for those minimum standards. Additionally, Safety Net providers may voluntarily seek safety net approval. In doing so, providers are subject to additional requirements, as outlined in statute, and operationalized through rule. BHA carried out an extensive stakeholder process while drafting these rules, which included gathering feedback from providers, advocates, individuals with lived experience.

The State Board of Human Services (SBHS) approved these rules in November 2023, and they went into effect January 1, 2024. In promulgating these rules, BHA, in line with feedback from the behavioral health community, and in particular providers, agreed to delay enforcement of all rules until July 1, 2024, for all rule violations except those that posed a risk to health, safety and welfare of individuals receiving services. As such, BHA did not begin enforcement of these rules until July 2024.

BHA is committed to continuing to gather feedback and make updates to provider rules. BHA was built on stakeholder and community perspectives. These diverse community perspectives are the reason the BHA exists, and it is our duty to fulfill our mission of co-creating a people-first behavioral health system that meets the needs of all people in Colorado. This means ensuring everyone has a voice at the table and their wisdom is applied to all aspects of our work.

Between September 18, 2024 and December 9, 2024, BHA led ten (10) in-person and seven (7) virtual rule feedback sessions. These in-person and virtual events included

evening sessions as requested by interested community members to allow for diverse representation that typically have barriers to attending working hour (8am-5pm) Events. Interested community members were also invited to provide written feedback on BHA rules through a feedback form and/or through a targeted BHA email address.

Community participation and feedback on proposed rule changes are an important part of BHA's Mission to co-create a people-first behavioral health system that meets the needs of all people in Colorado. As part of rule-promugation, BHA collects each individual piece of rule feedback and responds to that feedback in writing. Community members should see their feedback driving specific changes in the proposed rule Drafts.

In gathering feedback throughout the fall, BHA has identified some immediate changes needed to the rules. BHA is actively working with SBHS to bring forward these changes in the first half of 2025. Additionally, there are topics that need ongoing conversation. Striking a balance between quality and access takes thoughtfulness and time. BHA is committed to working with all community members to address concerns with provider burden, and ensure high quality services for individuals. As such, BHA will continue the feedback process for provider rules throughout 2025. This also allows time for BHA to assess the impact of these rules, which have been enforced for only 6 months, alongside providers, advocates, and individuals with lived experience.

16. Sen Bridges: Currently the community mental health centers have a dedicated line in the state budget to ensure services are provided to the most vulnerable Coloradans. As the state transitions to new administrative entities, the Behavioral Health Service Organizations (BHASOs), to manage the historic CMHC funding along with SUD, crisis and other funding lines, how will the state guarantee adequate resources for the variety of core services that all comprehensive safety net providers offer and which support the most seriously mentally ill?

Comprehensive providers (formerly CMHCs) will be prioritized for contracts by the BHASOs, ensuring that community mental health funding continues to support comprehensive providers that offer core services to the most seriously mentally ill.

As noted in question 14 part d, the behavioral health safety net exists to ensure that "priority populations" defined in 27-50-101, C.R.S. as people who are uninsured, underinsured, medicaid-eligible, publicly insured, or whose income is below thresholds established by the BHA; and presenting with acute or chronic behavioral health needs, including but not limited to individuals who have been determined incompetent to stand trial, adults with serious mental illness, and children and youth with serious emotional disturbance, are able to access the behavioral health care that they need. BHA and HCPF have worked together to develop a comprehensive funding model that leverages all available funding sources to best accomplish

this goal, including prioritizing comprehensive providers for crisis, SUD, and mental health funding distributed by the BHASOs.

Additionally, Medicaid reimburses comprehensive providers using a cost-based prospective payment system (PPS). HCPF cost-based rates are an incentive to participate in the safety net system. Medicaid reimbursements are key to safety net provider's revenue and stability, and HCPF and BHA together have a shared interest in ensuring that safety net providers achieve financial stability, keeping their doors open to provide critical services to uninsured, underinsured, and Medicaid covered individuals. Cost based rates are the best way to do that.

17. Sen. Bridges: Last year, the BHA reported to the JBC about a grant program that would be made available to ensure funding for those safety net programs that are most difficult to support financially, such as wraparound services, housing and crisis.
    a. How much is that grant program funded for?
    b. Given all the new requirements, administrative burden, and uncertainty in funding, can the Comprehensive Providers be guaranteed a level of consistency in funding through such a program?
    c. Will the BHA require this grant to be offered in all BHASO regions?
    d. Will this grant be sufficient to ensure comprehensive providers have adequate and consistent funding during this time of transition to ensure necessary services to the most vulnerable in need of MH and SUD services?
    e. What role will the BHA play in this first year to guarantee the safety net is stable and receives adequate funding from the BHASOs?

In December 2023, BHA reported to the JBC that the funding structure for Comprehensive providers would shift as Behavioral Health Administrative Service Organizations were put into place. At the time, BHA proposed a competitive process for this funding.

In engaging with stakeholders about the needs of the system, and the shifts occurring as system reforms go into place, BHA has adjusted this approach. BHA is finalizing the development of the upcoming Mental Health Safety Net Request for Information (RFI) (addressed in CDHS - BHA LRFI #18 from November 1, 2024). While referred to as an Request for Application (RFA) in LRFI #18, this will be an RFI, and will be focused on gathering information to inform allocations to comprehensive providers. The RFI will consider mental health service delivery costs for uninsured individuals served by the comprehensive provider, funding gaps for services that address critical community needs, but otherwise have unsustainable funding streams, and capacity expansion needs.

This RFI will inform community mental health funding allocations across all four BHASO regions. BHA will work collaboratively with BHASOs in this first year to determine allocations and support the stability of the safety net.

18. Sen Bridges: The Committee has heard from providers and communities about the impact of Medicaid disenrollment, and we understand that many providers are seeing increased numbers of uninsured Coloradans. How will Colorado's new safety net absorb the cost of this disenrollment and increase in uninsured clients?

BHA's role in the behavioral health system is to ensure that statewide, in partnership with other agencies, Colorado is maximizing federal drawdowns, strategically utilizing federal funding such as Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, and maximizing the impact of state funding to expand access to a high quality services across Colorado. This statewide approach uses BHA's limited funding to fill gaps, build capacity across the system, and address the needs of the uninsured population, while also ensuring that these efforts are coordinated with a broader approach to funding the behavioral health care system. In response to needs we have heard from providers, BHA FY 26 R-01 requests targeted funding to providers to address gaps that we have identified with feedback from providers.

BHA and HCPF have worked closely to develop a comprehensive financing model that addresses the needs of the safety net. We will continue to refine this model in partnership. As noted above in question 14c, within this model, Medicaid reimburses comprehensive providers using a cost-based prospective payment system (PPS). HCPF cost-based rates are an incentive to participate in the safety net system. Medicaid reimbursements are key to safety net provider's revenue and stability, and HCPF and BHA together have a shared interest in ensuring that safety net providers achieve financial stability, keeping their doors open to provide critical services to uninsured, underinsured, and Medicaid covered individuals. Cost based rates are the best way to do that.

In addition to the cost based rates paid to comprehensive providers for services provided to Medicaid members, BHASOs are statutorily required to prioritize comprehensive providers when contracting for safety net services.

Essential safety net providers are eligible to receive enhanced rates that are designed to provide reimbursement for the additional requirements they meet. Beyond the opportunity to receive enhanced rates from HCPF for services provided to Medicaid members, Essential Safety Net providers may contract with the BHASOs to be reimbursed for safety net services provided to uninsured and underinsured individuals.

Ultimately, braided funding from HCPF and BHA is designed to promote financial stability for providers.

19. Sen Bridges: The Medicaid demonstration model for Certified Community Behavioral Health Clinics (CCBHCs) is gaining momentum federally and many states are implementing or planning to implement a state certification.
    a. Are we doing enough to prepare for this model?

b. How is the BHA planning to collaborate with HCPF assuming the state is awarded a CCBHC Planning Grant?

Yes. H.B. 24-1384 legislated that HCPF and BHA coordinate to complete a competitive application for the SAMHSA-sponsored CCBHC Planning Grant. HCPF and BHA preparation and planning meetings began monthly but ramped up heavily once the short application window was released, nearly reaching a daily rate, through collaborative strategy meetings, cross-agency executive leadership check-ins, monthly stakeholder forums, and ad hoc informal meetings. All application materials, support materials, and a HCPF CCBHC website were approved by both HCPF and BHA leadership. The CCBHC planning grant application was developed with feedback and partnership from community members, providers, and advocates. This joint effort led to the successful completion and submission of the planning grant.

The planning grant submission outlines a detailed plan[3] for how BHA and HCPF will collaborate during the planning grant period and utilize the resources made available through the grant to apply for a demonstration grant, and prepare the state for implementation of the CCBHC model. BHA and HCPF will collaborate in accordance with this plan, if Colorado is awarded the planning grant.

Additionally, BHA's rules and regulations are already aligned in many ways with the CCBHC model. It is important to note that services that differ between BHA Comprehensive Provider requirements and CCBHC Criteria are driven by statutory service requirements for Comprehensive providers, as set by HB 22-1278. These differences do not prevent the state from pursuing the CCBHC demonstration grant.

20. Sen Bridges: The Circle Program was intended to be a long-term residential program serving individuals with complex, co-occurring substance use and mental health disorders, with a goal to stabilize clients at risk of homelessness, hospitalization, and criminal justice involvement. The BHA cites a shift in Medicaid reimbursement as a reason for lower spending of BHA Circle funding. Yet this shift has also required providers to adjust to justifying placements and determining lengths of stay in a managed care model, which makes it harder for participating providers to effectively meet patient needs. We understand that the length of stay today is much lower than the original program. Is there a reason that we are not utilizing BHA Circle funds fully to extend the length of stay in these programs and therefore possibly improve client outcomes?

When the Circle Program was initially operated on the Colorado Mental Health Hospital in Pueblo (CMHHIP) campus, it was a 90 day program. In 2018, the legislature directed CDHS to transition this program to a community based provider. The Office of Behavioral Health

[3]https://hcpf.colorado.gov/sites/hcpf/files/CO%202025%20CCBHC%20Planning%20Grant%20FINAL.pdf

contracted with Crossroads Turning Point, and in identifying opportunities to improve the program, aligned the program with ASAM criteria. The ASAM Criteria are a nationally recognized, widely used and comprehensive set of standards for placement, continued service, and transfer of patients seeking treatment for substance use disorders and co-occurring mental health disorders. This shift to use ASAM Criteria to determine length of stay was in place prior to the medicaid benefit expansion that allows for providers to now bill medicaid for this service. Each program is not only licensed for ASAM 3.7 level of care, but also for ASAM 3.5 level of care. People often do not need very long to stabilize in a 3.7 setting, and these patients can remain in the facility, at ASAM 3.5 level of care even after their initial acuity may be addressed.

When an individual is no longer appropriate for care at the ASAM 3.5 level, Circle programs support individuals through discharge planning. This includes identifying ongoing care appropriate to the individual's needs, including community based outpatient support, recovery housing, and other services offered along the continuum. Regardless of payor, BHA the ASAM criteria are a nationally recognized set of criteria that providers are expected to follow pursuant to BHA licensing standards. BHA does not support utilizing Circle funds to extend length of stay for individuals beyond when they require residential care.

DEPARTMENT OF HUMAN SERVICES

FY 2025-26 JOINT BUDGET COMMITTEE HEARING

WRITTEN RESPONSES ONLY

Office of Children, Youth and Families

1. [Sen. Kirkmeyer] Can counties use Child Welfare Block funds to support IMPACT-like programs?

   An IMPACT-like program could be eligible for payment through the Child Welfare Block as long as clients that it serves meet a program area definition (child/youth in need of protection, youth-in conflict, and/or prevention or adult transition) and is used as an intervention to address an objective identified in a Family Services Plan (FSP) for any of the below-listed purposes found in Title 26. Typically, any funding used for purposes other than staff and department operating costs should be clearly identified in a FSP, which is available and required when a case with a family is opened. An FSP should provide interventions in order to meet an objective that is aimed toward safety, permanency, and well-being and, in many situations, court-ordered.

   Counties are provided capped allocations, including the Child Welfare Block, in order to provide child welfare services to constituents who meet criteria for various programs. “Child welfare services,” per Section 26-5-101(3), C.R.S., means the provision of necessary shelter, sustenance, and guidance to or for children who are or who, if such services are not provided, are likely to become neglected or dependent by Colorado law. "Child welfare services" includes but is not limited to:

   - child protection;
   - risk assessment;
   - permanency planning;
   - treatment planning;
   - case management;
   - core services (family preservation);
   - adoption and subsidized adoption;
   - emergency shelter;
   - out-of-home placement, including foster care;
   - utilization review;
   - early intervention and prevention;
   - youth-in-conflict functions;
   - administration and support functions;
   - more detailed services described in Section 19-3-208, C.R.S.;
   - foster care prevention services; and
   - services that address abuse, neglect, and youth-in-conflict issues for runaway, homeless, and unaccompanied youth.

Follow-up from JBC Hearing for OCYF 12/12/24

RGAP

2. [Sen. Kirkmeyer] What are the anticipated General Fund RGAP expenditures for FY 2024-25 and FY 2025-26?

Cell intentionally left blank	**FY 2024-25 Expenditures through 12/10/2024**	**FY 2024-25 Expenditure through End of Year Projections**	**FY 2025-26 Expenditure Projections**
Relative Guardianship	$2,134,171	$4,577,624	$4,575,449
Adoption Subsidy	$28,308,171	$60,718,739	$60,689,886
Total	**$30,442,342**	**$65,296,363**	**$65,265,335**

The caseloads for adoption are not predictable, which creates challenges for the timing and amount to consider for anticipated expenditures. Additionally, it is important to note that subsidies can be renegotiated after permanency is established when family circumstances or a child/youth's needs change. When these subsidies are renegotiated, they are done so at the current rates, which may be higher than those in the original agreement.

DYS

3. [Rep. Sirota] The table on page 5 of the written responses "Table 2: Judicial District – Agreement Between the Juvenile Detention Screening and Assessment Guides Screening Level and Initial Placement" demonstrates significant differences in placement by judicial district. Please describe differences in practice or resources that would explain the variation.

   There are multiple reasons why the State's judicial districts demonstrate varying levels of alignment between the screening result and override to higher or lower levels on the detention continuum. All districts possess the capability to supervise youth in the community at screening. The reasons may include the following:

   - Law enforcement practices. In some districts, law enforcement may more frequently refer youth who can be supervised in the community to detention than in other districts.
   - Bed management considerations. Districts in the metro area have more beds available to borrow from other districts and may be able to exceed their allocation more easily. This may result in fewer screens overridden to a lower level of detention.
   - The 4th Judicial District has the highest number of screens in the State, and of the five largest judicial districts in the State (>50,000 juveniles 10-17 yo: 1st, 2nd, 4th, 17th, 18th), has the highest percentage of screens overridden to a lower

level of detention. The 4th, the second largest judicial district in the State also has access to the fewest number of beds to borrow in this group of five JDs.

Most overrides are to a lower level of detention. The average percentage of overrides to a higher detention level is 3.8 percent. The average percentage to a lower detention level is 19.1 percent. The Department believes this demonstrates that local jurisdictions are working hard to ensure the right youth are in secure detention and that those youth who can be safely supervised in the community are not detained.

4. [Sen. Amabile] How many youth are receiving competency restoration treatment in detention? Please provide any data available regarding the average number of youth by district, region, month, or ADP. How many youth are on the competency waitlist on average by month or any data level available to the Department?

   As of December 2024, five youth are receiving competency restoration treatment in detention. Previously, competency restoration treatment took place at the Colorado Mental Health Hospital at Pueblo. Because the Department has only recently provided restoration treatment in a DYS detention center, there is not sufficient data to provide historical averages at this time. Youth are not part of the adult inpatient competency restoration waitlist under the Consent Decree and presently there is no waitlist for juvenile restoration treatment, nor has there been a waitlist for several years. Youth that are cleared to be in the community can receive competency evaluation and restoration treatment outpatient in the community. They do not remain in detention simply for competency evaluation and/or restoration.

   Considering that these numbers are so small, any further breakdown by district/region could be used to identify individual youth and therefore violate confidentiality.

   A youth within their court process can be ordered by the court to undergo competency evaluation and/or restoration.

   Youth who have been found incompetent to proceed are screened by the hospital to determine if they meet hospitalization criteria. If not, they will remain in DYS but only if they are screened to be in detention and not ordered by the court to be released. Those eligible for release can receive this service via outpatient services in the community. The vast majority do not meet hospitalization criteria. In addition, for those youth requiring competency restoration services, and are screened to be held in detention, it is more appropriate to keep them in their current DYS setting where they are with same age individuals, familiar staff, maintain their current education and programming schedule, closer to home, easier access for family and counsel to visit, etc.

   Youth who have been screened into detention and the court has determined that they must have competency evaluation and/or restoration will receive that while they are in secure care.

5. [Sen. Amabile] Please provide information on recidivism, including the recidivism rates of youth after placement in secure detention, commitment, and youth who are screened to a placement other than secure detention.

Commitment

The Division of Youth Services focuses on reducing recidivism by providing targeted treatment and rehabilitation programs designed to address the needs of committed youth. Beyond housing, these programs aim to equip youth with the tools and skills necessary for a productive reentry into their communities. By tracking recidivism rates alongside other outcome measures, we assess the effectiveness of our services and continuously refine our approach to ensure positive, long-term impacts on the lives of the youth we serve.

The Division comprehensively and regularly measures commitment recidivism. Annually, on July 1st, CDHS publishes the results of an extensive analysis and review of juvenile recidivism for committed youth discharged from the Division of Youth Services in the preceding fiscal years. The July 2024 publication[1] marks the 32nd edition of the annual recidivism report. The Division tracks all youth for a period of one-, two-, and three-years following their discharge date (post-discharge) to determine recidivism rates.

Colorado has one of the most stringent definitions of recidivism in the country – A youth is deemed to be a recidivist if he or she commits a new offense that results in a guilty finding for a misdemeanor or felony class charge (adjudication/conviction). The FY 2023-24 recidivism evaluation demonstrated a decline in one-year recidivism rate from 26.3 percent to 25.4 percent in the FY 2020-21 to FY 2021-22 youth cohorts. The last three years of recidivism reporting have demonstrated the lowest rates of one-year recidivism when compared to the prior 15 years of reporting. Within the last three years, an average of 75.4 percent youth *have not* recidivated. Additionally, the latest study, published in July 2024, reported the lowest 2-year (39.2 percent) and 3-year (48.5 percent) recidivism rates DYS has ever experienced.

From a national perspective, currently eight states define, measure, and report juvenile recidivism utilizing a research methodology similar to Colorado, thus providing nine data points for a limited between-states comparison of recidivism rates. When comparing the one-year post-discharge recidivism rates between these comparable states, Colorado's one-year rate (25.4 percent) is in the top third of the performance range (15.2 percent - 44.0 percent).

Detention

In regard to detained youth, the Department does not have the ability to track recidivist behavior for all youth once they leave detention. Longitudinal data on recidivism is not readily available for detained youth and would require extensive and costly research. That said, although it does not officially constitute "recidivism" (as recidivism is statutorily defined now), the Department does track repeat detention statistics. For instance, DYS tracks how many detained youth have been detained prior, and figures show that nearly 70

[1] https://drive.google.com/file/d/1KkbBY9Sm5B-_E6WFHYDtoqnzmmGlb83X/view

percent (68.5 percent in FY 2023-24) of the detained population had been in detention previously. With this statistic, it is known that a majority of youth do return to secure detention. Of the 68.5 percent of youth detained prior, this ranges from one to two prior detainments (on the low end) to 14-17 detainments (on the high end).

Reducing repeat detention stays among previously detained youth requires sufficient staffing and bed cap resources to provide meaningful programs and services that address their needs while in detention. By ensuring appropriate staff levels and bed capacity to serve our highest risk youth while investing in rehabilitative resources, we can create safer, more supportive environments that promote positive behavioral change and better prepare youth for successful reintegration into their communities.

6. [Rep. Sirota/Sen. Amabile/Rep. Taggart] The table on page six of the written responses "Table 6: Emergency Bed Access by Judicial District" does not show data for eight judicial districts. Does that mean those districts have not utilized emergency beds? The difference does not seem to be explained by availability of other facilities within a 50 mile radius alone. Is the difference by judicial district a difference in practice or available resources?

   The table shows the judicial districts that used an emergency bed. If the judicial district is not listed, it is because they have not needed to access an emergency bed to date.

   The differences in the use of emergency beds are not a function of practice or available resources, rather it is the structure of catchment areas and the location of detention centers. Namely, more beds in a catchment area gives some districts more available beds to borrow. The data below illustrates how these factors play out.

   There are key differences in catchment areas that contribute to the use of emergency beds. The following data provides some context.

   Catchment Area Bed Allocations (Excluding Emergency Beds):

Central Region (3 detention centers)	93 beds
Northeast Region (2 detention centers)	56 beds
Southern Region (2 detention centers)	46 beds
Western Region (1 detention center)	20 beds

   Detention Screens, Admissions, and ADP for Large Judicial District in FY 2023-24

District	Total Screens	Detention Admissions	ADP
1st JD	408	244	11.6
2nd JD	546	398	27.7
4th JD	776	437	31.0
18th JD	509	518	41.7
19th JD	472	293	17.2

   The bulk of emergency beds have been used in the Southern Region. The Southern Region has the second-largest judicial district by juvenile population in the state, has the highest number of screens, and the second-highest number of admissions to detention. Aside from the 4th JD, the Southern Region is composed of primarily small judicial

districts with two beds each. The 4th JD has fewer options for borrowing beds, as the region has the smallest allocation on the Front Range. The 4th JD and other districts are often compelled to use emergency beds. Those JDs in the Central and Northeast Catchment Areas have more options for bed borrowing that allow them to avoid using emergency beds as frequently. Recently, the Western Region, where a similar dynamic is in place (only one detention center with a total of 20 beds) has experienced an uptick in the number of emergency beds in use.

Client load is an indicator of the number of youth admitted to and released from detention. It reflects the amount of work going on to manage the detention bed population. This further illustrates the point made in the previous paragraph. The highest client load in the state is found in the 18th JD at 43. The second highest is in the 4th at 32.1. The 2nd JD is at 30, and the 19th is at 26.4. The 18th JD has access to borrow beds at two additional catchment area detention centers, while the 19th has access to 10 more beds in the Northeast Regions' two facilities. The 4th JD can only borrow from 19 additional allocated beds when they are not in use.

7. [Sen. Kirkmeyer] Please continue researching the origin of the dedicated funding for the IMPACT program. The managed care project started as pilots in multiple counties. What counties were part of the original pilot? Why was funding continued for Boulder but not for other pilot counties?

   In July of 1997, a group of leaders from various Boulder County sectors – including Social Services, Community Services, Public Health, the District Attorney's Office, the Public Defender's Office, the 20th Judicial District Probation, and the Mental Health Center – started working together on an integrated initiative, which ultimately became the Boulder County Integrated Managed Partnership for Adolescent and Child Community Treatment (IMPACT).

   Once the concept was created, the group went to the General Assembly and requested funding to test the concept. It allowed Boulder to provide client management and parole supervision to youth committed to the Division of Youth Corrections (DYC) by the 20th JD. The contract set a target average daily population (ADP) for committed youth from the 20th JD.

   This program was not directed at detained youth at the time as detention beds were not capped until 2003. If IMPACT was able to maintain a committed population under the agreed ADP, they would "earn" a pre-determined payment based on the savings to the State for youth not committed. Those funds were to be used to further enhance the continuum of services available to IMPACT to continue to reduce commitments to DYC. Commitments are managed by several factors. IMPACT has control over recommendations to commit youth and the term of that commitment (0-6 months, 0-12, 0-24), as well as the length of time a youth serves in a committed bed prior to recommendations for community placement or parole. The latter are decisions managed by the authority of the parole board and a community review board.

The Department was unable to locate original records of the inception of the pilot or additional information on other pilot counties. The Department was also not able to locate any historical record on why funding was continued for Boulder only.

The General Assembly has continued to fund the program, with a formal evaluation by Colorado State University scheduled for completion in June 2025. The Department proposes to repurpose these funds specifically allocated to Boulder by increasing the overall Colorado Youth Detention Continuum (CYDC) allocation. This will result in all judicial districts being funded in a standardized, equitable way, ensuring that every part of the State can benefit from funding based on their specific service and population needs. Increased budgets will afford all judicial districts a greater ability to right-size both mandated staffing (salaries and FTE experience levels) and community-centered treatment services.

8. [Sen. Kirkmeyer] Page 24 of the written responses refers to the Boulder County IMPACT Executive Board. Who is on the board and what organizations do they represent? Does any agency on the Board have the ability to veto Boulder County IMPACT or CMP plans that would jeopardize funding from the State through CMP incentive or Managed Care Project funds?

The Boulder County IMPACT Executive Board includes the following:

Organization	**Representative**	**Mandated Partner**
County Department of Human Services	Susan Caskey, Director	Yes
20th Judicial District Probation Department	Anjali Nandi, Chief Probation Officer	Yes
20th Judicial District Courts	Acting Chief Judge Thomas Mulvahill for Chief Judge Ingrid Bakke	Yes
Boulder County Public Health	Indria Gujral, Deputy Director	Yes
Boulder Valley School District	Rob Anderson, Superintendent	Yes
St. Vrain Valley School District	Don Haddad, Superintendent	Yes
Clinica Family Health and Wellness	Jennifer Leosz, Co-CEO	Yes
Colorado Community	Ken Nielsen, Executive	Yes

Organization	Representative	Mandated Partner
Health Alliance	Director	
Division of Youth Services	Maria Campos, DYS Northeast Region Director	Yes
Signal Behavioral Health Network	Daniel Darting, CEO	Yes
Safe Shelter of St Vrain Valley	Nancy Herbert, Interim Executive Director	Yes
Safehouse Progressive Alliance for Nonviolence	Anne Tapp, Executive Director	Yes
Boulder County Community Services	Robin Bohannan, Director	No
Boulder County Public Defender's Office	Nicole Collins, Managing Public Defender	No
20th Judicial District Attorney's Office	Michael Dougherty, District Attorney	No

The Department is unaware if agencies on the Board have the ability to veto the Boulder County IMPACT plan. The Department is only able to speak to the requirements for CMP. To receive funding, counties must have a signed CMP Memorandum of Understanding (MOU) accepted by CDHS on or before June 30th of the current fiscal year. The MOU must include signatures from the 10 mandated partners to create an Interagency Oversight Group (IOG). If any of the 10 mandated partners refuse to sign the MOU, the CMP will not be funded.

Of note, the Boulder County MOU includes 12 mandated partners. Boulder County has signatures from two school districts and two domestic violence programs. While counties are able to include as many school districts and domestic violence programs as they would like, CMP only requires one school district and one domestic violence program. The Boulder County MOU also includes three non-mandated partners. Signatures from non-mandated partners are not required to maintain CMP funding.

9. [Sen. Amabile] What is the process for determining when youth are releasable, and what placement they are required to be released to?

   The court determines when the youth can be released. The term "releasable" means that the court has authorized a release to a placement or services that will mitigate the youth's risk to the community, without the youth returning to court to authorize a release. In these circumstances, the court may be requiring a specific placement or the decision may be left

to the discretion of the placing agency with agreement from the professionals involved in the case.

10. [Sen. Amabile] How many youth awaiting mitigating services are awaiting placement in beds that are funded through HB 24-1038 annually, and how many require other kinds of placements or services? What are the other services typically required and why is the Executive Branch not requesting increased funding for those services?

    Over the last 12 months, eight youth awaiting mitigating services were awaiting placement in beds funded through H.B. 24-1038. Of those eight, two were admitted to placement and have since been discharged, two were admitted and are still in placement, and four are either first or second for the next placement openings at these residential programs. Time on the waitlist ranges from nine to 72 days; youth who have been admitted to the program spent an average of 31 days on the waitlist, and youth who are still pending admission have been on the waitlist for an average of 47 days.

    Services that are typically required to mitigate youth awaiting placement or services are typically provided in residential treatment placements including: Qualified Residential Treatment Placement (QRTP), Psychiatric Residential Treatment Facility (PRTF), Colorado Mental Health Hospital in Pueblo (CMHHIP), Therapeutic Foster Care, Foster Care, Kin Care determined by the court as appropriate, inpatient substance treatment, outpatient substance treatment, psychological and/or medication evaluations, electronic home monitoring (EHM), informed supervision, and/or court approved supervision or safety plan(s).

    Given the limited available budget and the recent investments in H.B. 24-1038, the Department did not submit a request for FY 2025-26. As the Department fully implements H.B. 24-1038, we will continually reevaluate the need for additional funding.

11. [Rep. Sirota] The response to the average daily cost for state secure facilities on page 27 of the written responses is not satisfying. Please provide an average rate, an average by facility, or any other category deemed appropriate. Please coordinate with JBC staff if additional information is necessary to facilitate a response.

    The Division does not calculate or use a 'daily bed rate' per youth because it is highly dependent on several factors.

    The Division is provided an annual base budget and works in tandem with the Legislative Council Staff to forecast numbers for committed and detained youth annually. The Division breaks out its budget into three main categories:

    - Cost summary for direct services
    - Central overhead and administration
    - Special programs

Direct services include facility staffing, operational costs, dining, medical, behavioral health, education, and staff development. (Note: differs between commitment and detention)

Central overhead and administration include support costs, e.g. finance, data analysis, and training.

Special Programs are dollars that are part of the base budget, but do not directly impact facility operations. They include the Colorado Youth Detention Continuum, Boulder Impact, Parole, Victim Assistance, and various projects and evaluations.

Central administration, regional offices, and facilities must allocate these factors appropriately. Each area is not identical due to youth allocation, caseload, service delivery, staffing ratios, facility footprint, and overall condition.

However, when factoring in personal services, allocated operating budget per youth center, shared operating, and state portion of food costs, the average daily cost amounts to $422.90 per youth.

This number should be used with caution. As an example, if you have a 12-bed pod that requires an allocation of 10.4 direct care staff to be assigned over a 24/7 period and reduce that census to a 10-bed pod you do not receive $308,717 savings. You still need the 10.4 direct care staff to manage the 10 youth and be in the federally mandated staffing ratio.

Cash Funds

12. [Sen. Kirkmeyer] Please provide the revenue received from docket fees in civil actions to the Performance-based Collaborative Management Incentives cash fund created in Section 24-1.9-104, C.R.S. Please provide the revenue, expenditures, year end fund balance, and uncommitted reserve for the cash fund for the last five fiscal years, and projections for FY 2024-25 and FY 2025-26.

FY 2019-20

Revenue: $8,519,097
Expenditures: $8,567,321
Year End Fund Balance: $103,276
Uncommitted Reserve: $103,276

FY 2020-21

Revenue: $2,835,807
Expenditures: $3,012,165
Year End Fund Balance: ($73,082)
Uncommitted Reserve: ($73,082)

FY 2021-22

Revenue: $2,720,016
Expenditures: $3,011,201
Year End Fund Balance: ($364,268)

Uncommitted Reserve: ($364,268)

FY 2022-23

Revenue: $2,833,316
Expenditures: $2,907,859
Year End Fund Balance: ($438,811)

Uncommitted Reserve: ($438,811)

FY 2023-24

Revenue: $3,947,028
Expenditures: $965,480
Year End Fund Balance: $2,542,737

Uncommitted Reserve: $2,542,737 Note: The uncommitted reserve was due to legislative intent from HB23-1249 to implement in the next fiscal year.

FY 2024-25 - ESTIMATE

Revenue: $3,390,172
Expenditures: $4,880,946
Year End Fund Balance: $1,051,963

Uncommitted Reserve: $1,051,963 Note: The board and program requested to keep a small cash balance due to declining revenue in the program to ensure additional General Fund requests to the JBC were not forthcoming to maintain current programmatic levels.

FY 2025-26 - ESTIMATE

Revenue: $3,390,172
Expenditures: $3,390,172
Year End Fund Balance: $1,051,963
Uncommitted Reserve: $1,051,963

13. [Sen. Kirkmeyer] Please provide accounting of the Child Welfare Cash Fund created in Section 26-6-921 (4), C.R.S. Please provide the revenue, expenditures, year end fund balance, uncommitted reserve, and use of funds from the cash fund for FY 2022-23, FY 2023-24, and projections for FY 2024-25 and FY 2025-26. The fund was created through HB 22-1295 (Department of Early Childhood).

FY 2022-23

Revenue: $187,169
Expenditures: $177,988
Year End Fund Balance: $9,181
Uncommitted Reserve: $9,181

Use of Funds: Salary and FTE

FY 2023-24

Revenue: $393,271
Expenditures: $128,018
Year End Fund Balance: $274,434

Uncommitted Reserve: $272,434

Use of Funds: Salary and FTE, QMAP Training Fees

FY 2024-25 - ESTIMATE

Revenue: $290,220
Expenditures: $290,220
Year End Fund Balance: $272,434
Uncommitted Reserve: $272,434
Use of Funds: Investigative Monitoring Specialist, Performance Management and Outcome Specialist, Temporary FTE and Salary and FTE

FY 2025-26 - ESTIMATE

Revenue: $290,220
Expenditures: $290,220
Year End Fund Balance: $272,434
Uncommitted Reserve: $272,434
Use of Funds: Salary and FTE

High Acuity Youth/Kinship Foster Care

14. [Rep. Taggart] What is the estimated daily cost per youth to the state and counties for youth placed out of state when PRTF or other residential placements are not available?

The Division of Child Welfare average daily rate paid to out-of-home placements for children and youth accessing residential care out of state during FY 2023-24 was $1,102. It is important to note that it is very difficult, if not impossible, to determine what costs would have been realized if a youth was *not* sent out of state. While out-of-state residential placement costs can be higher, there is great fluctuation in required rates by facility and per each individual. It is also notable that we currently have less than 12 youth placed outside of Colorado in residential facilities, which is the lowest number since we began tracking it, and is about half of the number of youth we have had in out-of-state placements in the last 4-5 years. Children placed out of state may also have lower-quality experiences, due to distance from family and support services, anxiety about the move, and potential differences in treatment models across states. The goal is for every child to remain in Colorado.

15. [Sen. Kirkmeyer] How do the number of beds from the Emergency Residential Treatment Program currently supported by funding from HB 24-1038 (High Acuity Youth) compare to the increase in beds assumed in the fiscal note? Why have contracts only supported 10 beds instead of the full amount assumed in the fiscal note?

    The Emergency Residential Treatment Program supports the continuation of the 35 beds previously supported by ARPA projects, including appropriations from S.B. 21-137, H.B. 22-1283, and spending authority granted by H.B. 23-1269. All of these expiring funding pools have ended or will end on June 30, 2025. H.B. 24-1038 allows continuation of these contracts. The 10 beds are new beds supported by the incentive program in the fiscal note. Additional requests for proposal (RFPs) will seek the remaining 22 beds to be contracted

for an incentive payment, in addition to traditional costs, billed when a child/youth is identified as having high acuity needs that cannot otherwise be met by providers in Colorado. Bed costs increase with inflation and there are notable increased costs over time for the workforce. The providers we contract with are able to negotiate what resources they require because the cohort of children served in these programs are very much in need. Due to this, it is likely that these providers will identify higher costs at each contract opportunity or renewal in order to operate.

Programs are currently assessing how to best utilize available Medicaid and/or other funding as appropriate in conjunction with incentive payments contracted through these programs. The programs identify opportunities to maximize the H.B. 24-1038 dollars across beds by utilizing best fit funding first when available. Currently that stands at supporting 16 PRTF, 13 QRTP, and 16 Specialized Foster Care Beds. As the funds from H.B. 23-1269 sunset and as the program has spent down all prior ARPA funds, the Department is mindful of future projections to ensure stability of the existing beds and to avoid any future cliffs.

16. [Sen. Amabile] Please provide the average annual amounts provided to families for non-certified and certified foster care. Please describe how rates may vary by family.

    The annual amount provided to families for non-certified and certified foster care placements are in Table 1 and 2 below. This amount is assuming the child is in the placement for 365 days with the same age range throughout the full year. The annual amount provided to individual clients will vary considerably depending on length of stay in that placement, if the child moved age ranges throughout the year, and if the provider went from a non-certified placement to certified placement, making an average annual amount difficult to provide.

    Reimbursement rates are based on the child's age, broken down into three age categories (0-8, 9-13, and 14+). Families receive reimbursement based on whether they are certified, the number of children they care for, and the ages of those children. Kinship foster families (certified) receive 100 percent of the foster care reimbursement rate. Non-certified kinship families receive 30 percent of the foster care reimbursement rate. For example, a kinship foster family caring for three teens would be reimbursed $5,979.60 (based on a 30-day month), whereas a non-certified kinship family caring for three teens would be reimbursed $1,758.69 for the same time period. Conversely, a kinship foster family caring for a two-year-old would be reimbursed $1,285.80 for a 30-day month, while a non-certified kinship caregiver would receive $385.78 for the same time period. There are two main reasons for the disparity in these rates. First, to incentivize kin to become certified as they would receive the same level of support as traditional foster homes. Secondly, reimbursement to certified families is reimbursable through federal Title IV-E drawdown. Reimbursement to non-certified kin is solely State funds.

    Table 1: FY 2024-25 Non-Certified Kinship Care Reimbursement Rates

Age-Based Rates (child maintenance)	Daily Rate	30-Day Rate	Annual Amount
0-8 years	$12.86	$385.80	$4,693.90
9-13 years	$16.40	$492.00	$5,986.00
14 and up	$19.93	$597.90	$7,274.45

Table 2: FY 2024-25 Foster Care Reimbursement Rates

Age-Based Rates (child maintenance)	Daily Rate	30-Day Rate	Annual Amount
0-8 years	$42.86	$1,285.80	$15,643.90
9-13 years	$54.65	$1,639.50	$19,947.25
14 and up	$66.44	$1,993.20	$24,250.60

Office of Economic Security

CO Works (TANF)

Advocates provided an issue summary discussing TANF expenditures, county staffing, and the impact of the finalization of federal rules. The following questions and data requests are based on that summary.

17. [Rep. Sirota] For the last three fiscal years, please provide the following data related to Colorado's TANF allocation:
    - The proportion expended on basic cash assistance.

      The County Block Grant is $149,918,087. Based on data available in the Colorado Benefits Management System (CBMS), counties spent the following amounts of the block grant allocation on Basic Cash Assistance (BCA) in the last three State fiscal years:
      - FY 2021-22: 45.2 percent* ($67.7M) was expended on BCA
      - FY 2022-23: 51.4 percent* ($77.1M**) was expended on BCA
      - FY 2023-24: 58.0 percent* ($87.0M**) was expended on BCA

      *BCA spending as a percentage of the total county block grant. (In FY 2021-22, the block grant was underspent; in FT 2022-23 and FY 23-24, the block grant was overspent.)

**Total BCA expenditures from the county block grant. ARPA funds covered the 10% BCA increase in FY 2022-23 and FY 2023-24; those funds were not included in the county block grant, so they were not included in these totals.

- The number of families who receive supportive services and who are eligible for basic cash assistance, and the proportion expended in support of those families.

  The Department has available data about a sub-set of supportive services provided to households who are eligible for Temporary Assistance for Needy Families (TANF) Basic Cash Assistance (BCA), as described below and presented in Table 3.

  Supportive services are provided to Colorado families who are eligible for BCA in two distinct ways:

  - Counties provide cash "supportive services payments" to BCA clients, which are administered and distributed by counties. The amounts as well as policies and practices for providing supportive services vary by county. These supportive service payments provided to BCA cases are recorded in CBMS, as presented in column (c) in Table 3.
  - Counties have the option to provide services aligned with the federally-defined purposes of TANF to address community needs in addition to the cash assistance and supportive service payments to BCA cases. These services are directed to the broader TANF-eligible community, which includes both households who are eligible for BCA (income less than 30 percent of the federal poverty level) and those with annual income up to $75,000. These services are primarily provided through an array of third-party providers; transactions are only recorded in the Colorado Financial Management System (CFMS) because these services are also provided to households who are not BCA cases. (Only BCA case data is captured in CBMS.) It is impossible to parse out services to BCA eligible families from those who are broadly TANF-eligible from the CFMS data because the expenditures are reported as total expenditures, which includes BCA eligible households in the total (outside that which is captured in the CBMS data and reported through CFMS).

    As presented in Table 3, the total Supportive Services provided through TANF funds are presented in column (a). This total includes both the supportive services for BCA cases in column (c) and the services provided to the broader TANF eligible population (including both households who are eligible for BCA and those with income up to $75,000/year) through third party providers.

  Table 3: TANF Supportive Services Payments

State Fiscal Year	a. Total Supportive Services (CFMS)	b. Percentage of Total Spending on Supportive Services	c. Supportive Services for BCA Cases (CBMS)*	d. BCA Cases Receiving Supportive Services**
FY 2021-22	$28,032,104	18.70%	$19,225,925	13,040 cases (55%)
FY 2022-23	$30,768,590	20.52%	$17,975,493	14,556 cases (57%)
FY 2023-24	$21,235,064	14.16%	$18,458,401	18,342 cases (70%)

*These amounts are a subset of the Total Supportive Services (a).
**The actual number of cases receiving supportive service payments in the year. Given program churn and that households can receive more than one Support Service in a year, the number of cases receiving supportive service payments exceeds the average monthly total for the year.

- The number of families who receive supportive services and who are eligible for TANF non-assistance but are ineligible for basic cash assistance, and the proportion expended in support of those families.

  This data is not available because these services are provided through county contracts with third-party providers and can serve BCA-eligible households among the broader TANF eligible population. Generally, these contracts are for vendors to provide specified services that meet the federal purposes of TANF to TANF-eligible households, including both BCA clients and the broader TANF-eligible population (additional context provided in the previous response). Counties and their partners utilize a variety of methods for recording the services provided, eligibility, and the numbers served. Furthermore, because these services are provided to households who do not receive BCA, vendors would not be required to distinguish between BCA eligible clients and those who are broadly eligible.

- The proportion expended on case management services.

  Counties record case management services as contracts, supportive services, and/or administration. Thus, the State does not have the data to identify the proportion of TANF expended on case management services.

- The proportion expended on diversion payments.

  Based on CBMS data, the following proportions of the $149,918,087 County Block Grant were spent on State Diversion in the last three State fiscal years:
  - FY 2021-22: 0.1 percent ($141,347) was expended on State Diversion
  - FY 2022-23: 1.2 percent ($1.74M) was expended on State Diversion

- FY 2023-24: 0.8 percent ($1.18M) was expended on State Diversion

- The proportion expended on administration.

  Based on the transactions recorded in the monthly settlement reports, counties spent the following percentages of the $149,918,087 county block grant on administration in the last three State fiscal years:
  - FY 2021-22: 26.2 percent ($39.3M) expended on administration
  - FY 2022-23: 28.8 percent ($43.2M) expended on administration
  - FY 2023-24: 30.5 percent ($45.7M) expended on administration

- For b) and c) above, what portion of these expenditures are through contracts with third parties? What are the reporting requirements associated with these contracts?

  The portion of supportive services funds directed to contracts with third parties is not available through the monthly settlement accounting reports. Counties report these expenditures in both contracts and supportive services codes, among other categories. An internal study is currently underway to gather information on the nature of services provided through third parties; early assessments indicate that expenditures for services provided by third parties are only partially accounted for in the contracts category.

  Counties set their own reporting requirements for contracts with third parties, which vary by county. The Department does not have access to these requirements.

18. [Rep. Sirota] Of those TANF applications that are denied, what proportion are denied due to ineligibility?

    Table 4 presents the number of TANF applications that are approved versus denied. The common reasons for denials are presented below.

    Table 4: Colorado Works Application Denials

Fiscal Year	Total Applications	Approved Applications	Denied Applications
FY 2021-22	70,395	43,211 (61.4%)	27,184 (38.6%)
FY 2022-23	76,980	46,652 (60.6%)	30,328 (39.4%)
FY 2023-24	91,098	51,544 (56.6%)	39,554 (43.4%)

All denials are due to the household missing eligibility criteria. The most common denial reasons are missing the eligibility interview (43 percent of applications), missing verification to determine eligibility (39 percent of applications), being over income (22 percent of applications), or not having a child (27 percent of applications). Applications can be denied for multiple reasons which makes the total greater than 100 percent.

19. [Rep. Sirota] What is the current county staff-to-client ratio in Colorado? How does this compare to other states and/or the national average?

Because county staff charge time for staff work in different ways, the Department does not have access to definitive data to identify counties' staff to client ratios for Colorado Works. However, available data indicates that, on average, 602 county staff charged time to TANF in the first quarter of FY 2024-25. (The average BCA caseload was 15,368 cases during this time period). It is important to note that these staff may be working on multiple programs, including SNAP and Medicaid. Additionally, counties may charge TANF for staff in administrative roles who do not provide direct client services.

Federal partners solicited staffing pattern information from ten counties, nationwide, who reported a range of staff-to-client ratios from 1:40 on the low end to 1:400 on the high end.

20. [Rep. Sirota] Do counties offer performance incentives to staff? Is so, what are examples of metrics used to measure staff performance?

    While counties are not required to report the types of incentives given to staff for performance, the State has heard anecdotally that for some programs, counties do offer incentives (e.g. offering hybrid work arrangements for staff who continue to meet program performance goals). For TANF specifically, funding is distributed to the counties via a block grant, not through a specific administration allocation and counties are able to utilize that funding for purposes they deem necessary, which could include staff incentives.

21. [Rep. Sirota] Section 26-2-709 (1)(a), C.R.S., directs the Department to "annually review and promulgate rules as necessary to update the standard of need to ensure the standard of need is equitable, promotes economic mobility and self-sufficiency, and reflects the current economic situations in the state."

    - Has the Department conducted such a review and promulgated any rules as a result?

      The Department has reviewed the standard of need according to Section 26-2-709 (1)(a), C.R.S. At this time, the Department has not promulgated rules to update the standard of need because projections indicate it would not be fiscally responsible to raise the need standard at this time, as explained in the following question. However, the Department will continue to review the standard of need along with program stakeholders, including advocates and the Works Allocation Committee.

    - If a review has been conducted, what were the results? Did the review consider comparisons to other states or national trends?

      State program staff reviewed caseload projections and related costs, application of the cost of living increase (COLA), and policy changes from H.B. 22-1259 in its assessment of the standard of need. Based on these projections, combined with the lack of reliable data about counties' non-BCA expenditures, staff determined that it was not fiscally responsible to raise the need standard in the next State fiscal year because that would increase the BCA caseload and put too much pressure on resources. Without the State's ability to require counties to reduce their TANF expenditures for things like contracts and administration, raising the need standard

would exacerbate the current financial pressure on TANF and introduce additional risk that more counties may completely exhaust their reserves.

- What are the costs associated with any rules promulgated as a result of the review?

  Because rules have not been promulgated per the need standard, the Department does not have a specific cost analysis for raising the need standard.

County Administration

22. *[Sen. Kirkmeyer]* Given the results of the studies conducted and funding model developed pursuant to S.B. 22-235, what actions has the Department taken to address those findings? How does the Department plan to implement the quick wins, best practices recommendations, and funding model prescribed?

    The Department has made significant progress to address the recommendations that were developed by the Department's vendors per S.B. 22-235. As required by statute, that work was conducted in two phases: Phase 1 assessed best practices in delivering public and medical assistance and recommended improvements; Phase 2 developed a funding model for resourcing counties to administer public and medical assistance programs. Both Phase 1 and 2 were developed in collaboration with the Department of Health Care Policy and Financing (HCPF) and counties. Table 5 presents the Department's progress in implementing the S.B. 22-235 findings:

Table 5: S.B. 22-235 Implementation

Phase 2: Develop a County Administration Funding Model		
Status	Next Steps	Expected Completion
In progress: The Department's vendor developed a County Administration Funding Model using county data. The model was shared with and validated by counties. The Department's R-01 Resourcing Counties to Administer Public Assistance Program Decision Item requested 50% of the funds identified in the funding model. This request was balanced among the array of priorities across the	The Department recognizes that its R-01 request is the first step in fully funding the model. Should the State budget constraints ease, the Department will consider approaches for seeking additional funds. The Department will contract with a vendor in July 2025 to update the model and report on the metrics as required by S.B. 22-235 (26-1-121.5).	Ongoing. As required, the model will be annually updated, adjusting for changing circumstances in Colorado counties.

Department and the State.		
Phase 1: Assess Best Practices in Public and Medical Assistance		
Transformative Recommendations		
Status	Next Steps	Expected Completion
Recommendation: Develop service delivery standards for public and medical assistance programs		
In progress: CDHS has developed a best practices handbook, implemented success metrics, developed and implemented support plans, and facilitated individual business process improvement initiatives.	- Continue cross-agency partnerships - Continue evaluating internal processes, measures, and business process improvement initiatives to increase improvements, as feasible.	Ongoing
Recommendation: Make work accessible and portable		
In progress: This ongoing work is managed by the CDHS BITS (Business, Information, Technology and Solutions) team. The Joint Agency Interoperability (JAI) team is in the midst of reviewing vendor proposals as of December 2024.	The Department will continue working with and involving counties in this work.	2027
Recommendation: Modernize and customize eligibility worker roles, career paths, and compensation		
In progress: The County Administration funding model uses the highest eligibility technician salary among the ten model counties as the baseline	The Department's R-01 budget request includes these metrics in its assumptions. In future iterations of the model, the vendor can help to	Ongoing

standard for the FTE salary cost.	conduct a statewide salary survey and develop guidance for roles and career paths.	
Recommendation: Optimize PEAK		
Complete: - PEAK received 19,000 additional pool hours beginning in FY 2023-24. - The PEAK product has a dedicated process for reviewing language and visual designs each month; clear language improvement ideas are regularly added. - Completed projects to restrict the types and frequency of changes clients are able to make, simplified change reporting, and clarifying navigation language. Nearly complete: - Trained county staff on PEAK.	- PEAK optimization has been added as a standing agenda item on monthly County Director calls. - Working with national digital safety net organizations (Code for America) and Digital Benefits Network to align paper forms as much as possible with PEAK processing. - Two dedicated PEAK training staff were hired. They are currently developing training for PEAKPro as it relates to Behavioral Health Administration (BHA) services. General PEAK training (e.g. how PEAK works in coordination with CBMS) will be developed and delivered.	Ongoing
Recommendation: Improve policy documentation and dissemination		
In progress: - CDHS has developed and tested a policy bot (PANDA) internally that will provide real-time access to the most recent and relevant policies for eligibility and claims processes. - CDHS submitted a non-prioritized request to HCPF's R-07 budget request on November 1 to expand PANDA's capacity as a tool for counties.	Determine how to get policy memos and other policy changes consistently uploaded for PANDA usage.	Ongoing

Recommendation: Continue with improvements to the current training model		
Nearly complete: - Working on enhanced (e.g. 201-level) training and evaluation methods for continuous improvement. - Complex practice scenarios (22 topics with 30 deliverables) were built into training in 2024. - Completed a full inventory of available training: 449 web-based modules and 532 desk aids/process manuals (does not include instructor-led sessions)	- Continue to audit training needs (via customer surveys) and adjust the training model. - Continue to enhance communication with county workers and directors. - Continue to test changes made to the CBMS Sandbox training environment to ensure accuracy.	Ongoing
Quick Wins		
Status	Next Steps	Expected Completion
Recommendation: Increase communication and collaboration between CDHS and HCPF		
In progress: - Dashboards have been created with shared information. - CDHS and HCPF have implemented a bi-weekly check-in prioritizing collaboration and communication. - HCPF staff have been active participants in all six workstreams per the 95% SNAP Timeliness Project, participating in weekly meetings since April 2024. - Ongoing S.B. 22-235 discussions and trackers. - CBMS Executive Steering	- Continuing to review shared issues and align as possible. - Continue to increase communication and collaboration. - Conduct a meeting amnesty and audit to ensure alignment and proper channels of communication and collaboration.	Ongoing

Committee (ESC).		
Recommendation: Create opportunities for State and county collaboration		
In Progress: - Strikeforce was created at counties request to provide a regular forum to discuss and address CBMS projects, S.B. 22-235 projects, and other shared agendas. - Quarterly CDHS, HCPF and Counties (CHSDA & CCI) Working Session	- Continuing to review shared issues and align as possible. - Reviewing the Management Evaluation processes to align processes and streamline communications. - Adding policy discussions and advocacy to monthly Director's meetings. - Responding to results from the Community Partnerships survey	Ongoing
Recommendation: Align administrative requirements		
In progress: CDHS and HCPF are working together to align requirements whenever possible. However, different federal guidelines make this difficult. For example, agencies are developing ideas to align Management Evaluations, per counties' requests.	CDHS and HCPF are committed to continued partnership in this area.	Ongoing

Follow up from OES Hearing 12/12/24

State and County TANF Reserves

Concerns have been expressed regarding the state and county TANF reserves, especially given the ongoing fiscal impacts of the policy changes driven by H.B. 22-1259 and the statutory requirements to maintain reserve minimums. The state and county TANF reserves have experienced increased financial pressure in the last two fiscal years, resulting in increased obligations and drawdowns of those reserves.

23. What are projections indicating as to the financial sustainability of these reserves and when the statutory minimums will be reached?

Limited state insight into future county expenditures, including the possibility of significant transfers of TANF dollars to child care (Child Care Development Fund) and child welfare (Title XX) at the end of the State fiscal year, are currently making reliable projections difficult. If counties spend at the same rate in FY 2024-25 as in the last two years, the 15 percent county reserve floor could be reached in FY 2025-26. To date, spending trends indicate FY 2024-25 spending will be similar, if not higher, to the last two years. Counties spent approximately $13M of their reserves in FY 2022-23 and FY 2023-24, respectively, for a total reduction in county reserves of nearly $26M. Once statewide county reserves reach the statutorily defined 15 percent floor, 26-2-709(1)(b)(III) requires the General Assembly to appropriate funds from the State Long Term Reserve (LTR) to the county block grant until the county reserve balance exceeds the 15 percent floor until the LTR reaches its 25 percent floor. Assuming current spending trends hold pace, the State LTR could reach its 25 percent floor in FY 2028-29 as a result of needing to backfill depleted county reserves in addition to routine spending obligations as presented in the RFI submitted on January 2, 2025. Currently, the Department is partnering with counties to collect more detailed information on their priorities to support their communities' needs in order to have more robust projections. For example, the Department's Research and Analysis team per the TANF program is in the process of creating a survey for counties to share their individual spending strategies and projections. This additional analysis will help to better project county spending behavior and drawdown of reserves amid the wide array of spending strategies per supportive services, contracts, and administrative expenses among our 64 counties.

24. What mechanisms are available, short of statutory changes, to mitigate and/or slow the drawdown of these reserves?

    The Department has limited mechanisms to slow county spending of their TANF reserves short of statutory changes, as counties have significant discretion to spend their TANF allocation as they see fit as long as expenditures fall into the four main purposes of TANF described in federal law (provide assistance to needy families so that children can be cared for in their own homes, etc). The mechanisms the Department currently utilizes for program oversight, including rule and Memorandums of Understanding (MOU) with counties, could be applied more broadly to direct county spending and/or insert guardrails to limit expenditures in certain categories. However, counties are key stakeholders in the rulemaking process, and changes that are not supported by most counties can be difficult to implement. The Department is engaged with counties and other State partners, including CWAC and CDEC, to identify areas of opportunity that best support families, while also attempting to minimize impact to county finances.

Executive Director's Office/Administration & Finance

25. [Sen. Amabile] What percent of Department employees are covered under COWINS? What is the total number of staff covered and not covered by COWINS by division?

    Figures in the table below are a snapshot of 10/31/2024.

Table 6: CDHS Staff COWINS Status

Unit	Covered Emp	Non Covered	Total
Executive Director's Office	13	9	22
Community Partnerships	9	10	19
Office of Adult, Aging & Disability Services	189	41	230
Office of Children Youth & Families	93	41	134
Office of Economic Security	166	39	205
Administration & Finance	455	191	646
MHI Pueblo	775	131	906
MHI Ft Logan	272	45	317
Regional Centers	549	82	631
Veteran's Community Living Centers	420	54	474
Division of Youth Services	935	207	1,142
Total	3,876	850	4,726
Percentages	**82%**	**18%**	**100%**

26. [Sen. Kirkmeyer] What percent of fraud reports are related to counties that do not have their own fraud support? Please provide the count of fraud reports by county in FY 2022-23 and FY 2023-24 if possible.

    Prior to FY 2023-24, fraud reports (tips) were collected via a telephone hotline (recorded message) or email. Staff would then determine, if possible, the relevant county and forward that information to the county via email.

    Fraud reporters often do not provide contact information or county specifics. In July 2023, an anonymous online option for reporting fraud was created, resulting in a significant increase in tips. The increase in fraud tips in FY 2023-24 warranted an improved process for tracking and prompting reporters for additional information.

Table 7: FY 2023-24 Fraud Tips Forwarded to Counties by CDHS Audit

Note: Only those tips with complete county information are reflected in the table below

County	Referrals Made	County	Referrals Made
Adams	105	**La Plata***	**6**
Alamosa	5	**Lake***	**2**
Arapahoe	112	Larimer	40
Archuleta	1	Las Animas	7
Baca*	**1**	Lincoln	3
Bent*	**1**	Logan	5
Boulder	34	Mesa	34
Broomfield	2	**Moffat***	**5**
Chaffee	1	Montezuma	6
Conejos	2	Montrose	3
Delta	9	Morgan	8
Denver	198	Otero	5
Dolores*	**2**	**Park***	**1**
Douglas	15	Prowers	1
Eagle	1	Pueblo	79
El Paso	197	**Rio Blanco***	**2**
Elbert*	**2**	Rio Grande	1
Fremont	10	Routt	2
Garfield	10	Saguache	4
Gunnison	1	**San Miguel***	**1**
Huerfano	1	Teller	8
Jefferson	65	Weld	66
Kiowa*	**1**	Yuma	1
Kit Carson*	**4**		
Total Referrals		Total Referrals	1,070
***County Without Fraud Investigative Staff**			

Table 8: FY 2023-24 Total Fraud Tips by Submission Method

Telephone Message	Email	Online Form	Total
901	17	1,225	2,143

Of the 1,070 cases where the Department identified the county where the case resides, 2.6 percent were from the 25 counties that do not have dedicated fraud staff. While this is a small percentage of the total fraud tips received, it is worth noting that these counties receive

additional fraud tips directly. The Department believes offering investigation assistance to counties is critically important.

Medium and larger counties with fraud investigators on staff also seek assistance from the Department. In these situations the Department works with the counties to create a plan of action but cannot assist with the investigations and follow up. Below are examples of situations where the Department was asked to assist counties:

- The county asked for suggestions on how to handle a case of SNAP fraud allegedly being committed by a high level manager of the county.
- A county investigator contacted the Department for assistance with a case involving an employee receiving benefits who failed to disclose accurate case information.
- A citizen escalated concerns to the Department regarding public assistance fraud because they were not getting a response from the county department.
- A county requested guidance in handling a case where the suspect appeared to have residency in another state.

In addition to performing investigations for counties, the Department's request for an additional FTE is to track fraud referrals sent to counties and the outcomes of the investigations to identify underlying programmatic gaps that are allowing fraudulent activities to occur. This data will be used to inform fraud prevention strategies. At this time, the Department cannot answer questions such as:

- How many tips resulted in actual fraud committed?
- What is the financial impact of public assistance fraud?
- What are commonalities in founded cases of fraud?

Currently, counties receive limited support, guidance, or training from the Department regarding fraud investigations in comparison to the robust support provided by other human services programs. Our federal partners have expectations that Colorado Human Services is doing its part to identify and prevent fraud. For example:

- Code of Federal Regulations 273.16 (SNAP): The State agency shall be responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon.
- Code of Federal Regulations 200.303: The recipient and subrecipient must establish, document, and maintain effective internal control over the Federal award that provides reasonable assurance that the recipient or subrecipient is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should align with the guidance in "Standards for Internal Control in the Federal Government".
    - Standards for Internal Control in the Federal Government issued by the Comptroller General of the United States 8.06: **Management analyzes and responds to identified fraud risks so that they are effectively mitigated.**

Additionally, fraud prevention is a requirement at the state level:

- State Fiscal Rules 1-1-6.3: The Chief Fiscal Officer or controller of a Principal Department shall report in writing and in a timely manner the following to the State Controller: A suspected theft or embezzlement of State funds or assets totaling $5,000 or more per incident; All suspected theft of sensitive State financial information; and The results of any investigation or follow-up **including corrective measures implemented to prevent or reduce the likelihood of future occurrences.**

27. [Sen. Kirkmeyer] Please provide the amount of ARPA funds allocated to the Department that were not directly appropriated to the Department by the General Assembly. Please provide amounts by bill number when relevant. Please provide the source of ARPA funds that temporarily supported CAMDRS records and reports staff.

- *Please provide the amount of ARPA funds allocated to the Department that were not directly appropriated to the Department by the General Assembly. Please provide amounts by bill number when relevant:*

  In addition to the ARPA SLFRF funding that was appropriated through the Colorado General Assembly in the Long Bill and special bills, CDHS received ARPA funding as Direct to Agency Awards. These funds are administered differently than the U.S. Treasury administers SLFRF, because the funds were appropriated through other federal bills and administered by different federal agencies. As a result, the funds are awarded directly to CDHS for purposes set forth by those other bills under ARPA.

  The funds are administered in some cases as block grants and in other cases as the result of direct applications from CDHS to the federal agencies.

  CDHS received $462,218,224 in direct to agency funding, which supported projects which began in 2021 and have end dates ranging from 2022 at the earliest to September 2025 for the longest running projects. These funds went to a variety of CHDS offices, primarily OAADS ($30,975,005), OES ($418,905,266), and OCYF ($12,337,953).

  For example, OES received funding to extend the temporary 15% increase to SNAP benefits through September 2021.

  Federal legislation involved in funding these awards included the Older Americans Act and the Family Violence Prevention and Service Act.

Table 9: ARPA – Direct to Agency Awards

Source of Funds	Program	Amount
American Rescue Plan Act (ARPA)	Supportive Services under Title III-B of the OAA	$7,033,084.00
ARPA	Congregate Meals under Title III-C1 of the OAA	$4,583,601.00
ARPA	Home Delivered Meals under	$6,874,054.00

Source of Funds	Program	Amount
	Title III-C2 of the OAA	
ARPA	Preventive Health under Title III-D of the OAA	$669,712.00
ARPA	Family Caregivers under Title III-E of the OAA	$2,067,672.00
ARPA	Ombudsman Program under Title VII of the OAA	$152,207.00
ARPA	APS under SSA Title XX Section 2042(b)	$3,714,246.00
ARPA	LTCO under SSA Title XX Section 2043(a)(1)(A)	$278,443.00
ARPA Public Health	(STPH) Expanding the Public Health Workforce within the Aging Network for States	$1,257,757.00
Domiciles ARPA Grant	Colorado Veterans Community Living Center at Homelake-Domiciliary program	$428,512.00
One time ARPA funds from Veterans Affairs	Colorado Veterans Community Living Center at Fitzsimons, Florence, Rifle and Homelake-Nursing Home program	$3,915,717.00
ARPA	Family Violence Prevention and Services/Domestic Violence Shelter & Supportive Services	$2,027,062
ARPA	Family Violence Prevention and Services/Sexual Assault/ Rape Crisis Services and Supports	$2,796,371
ARPA	Family Violence Prevention and Services/COVID-19 Testing, Vaccines, and Mobile Health Units	$5,806,277
ARPA	Child Abuse and Neglect	$1,708,243
ARPA	Supplemental Nutrition	$14,388,311

Source of Funds	Program	Amount
	Services Program (SNAP) Administration	
ARPA	Low-income Energy Assistance Program (LEAP)	$71,759,071
ARPA	Low-income Household Water Assistance Program	$6,675,722
ARPA	SNAP benefits increase	$135,439,397
ARPA	Pandemic Electronic Benefits Transfer (P-EBT) program	$190,642,765

- *Please provide the source of ARPA funds that temporarily supported CAMDRS records and reports staff:*

Administrative Solutions:
The line item that funds CAMDRS was included as part of H.B. 24-1466, which converted General Fund expenditures to ARPA. The over expenditure in this line item was covered by these ARPA funds.

OFFICE OF CIVIL AND FORENSIC MENTAL HEALTH

28. [Sen. Amabile] How many people were on the competency restoration waitlist when the consent decree began? If available, what was the average and median wait time for Tier 1 and Tier 2 patients when the consent decree began?

    The Consent Decree went into effect in April 2019. On the last day of June 2019, which is the earliest data available, 188 people were on the waitlist for inpatient competency restoration consisting of:

    - 3 Tier I patients who had waited for less than 8 days
    - 185 Tier II patients
        - 57 patients who had waited for less than 29 days
        - 68 patients who had waited for 29 to 56 days
        - 60 patients who had waited for more than 56 days

    The average wait times were 1 day for Tier I patients and 88.1 days for Tier II patients. This data did not include median wait times for Tier I and Tier II patients.

    It should be noted that the 2019 Consent Decree implemented the Tier I and Tier II classifications for patients. Tracking patients by Tier would have been a relatively new data point for OCFMH in June 2019. The assignment of Tier designations has improved significantly since that time, and has resulted in a larger number of defendants receiving a Tier I designation. Furthermore since that time, OCFMH has implemented data

management systems to comply with the Consent Decree that have improved the validity of all data related to competency.

29. [Sen. Amabile] What is the average cost per bed per day for the mental health transitional living homes, inpatient forensic beds at Pueblo and Fort Logan, and inpatient civil beds? What are some of the factors that may cause the cost per bed to vary at the state hospitals?

In each fiscal year, CDHS and OCFMH calculate the average daily rate per bed for CMHHIFL and CMHHIP, and more recently the MHTL Homes. The average daily rate calculation includes the number of individual days when beds are in use, salaries, operating expenses, and indirect costs. This rate serves as the Department's best approximation of the average daily costs of serving individuals in OCFMH's inpatient and residential facilities. Because individual needs vary and many expenses are shared throughout these facilities, calculating the full and actual cost to the state per bed on average is complicated.

For FY 2024-25, the average daily rate per bed is as follows:

CMHHIP

- $1,637 for General Adult Psychiatry
- $1,576 for Forensic Psychology
- $1,783 for Geriatric Psychiatry
- $2,465 for Child and Adolescent Treatment Unit (net of $112 education discount)

CMHHIFL

- $1,611 for General Adult Psychiatry

MHTL Homes

- $430 for Level 1 Homes. Level 1 Homes provide regular support with medication, therapeutic activities, and activities of daily living in order to support the individual's work toward full independence.
- $650 for Level 2 Homes. Level 2 Homes provide support with medication management and dispensation, daily living, social, and life skills activities, therapeutic services, support with activities of daily living, and more. Services are geared toward individuals needing hands-on care and enhanced supervision to manage their mental illness and ensure their safety.
- $772 for State Run Homes. These Homes provide Level 2 services in state-owned properties and are operated by state FTE.

Factors that may cause the cost per bed per day to vary at the state hospitals include:

- the age of the patient. CMHHIP serves all three of these age groups while Fort Logan serves adults only;
- whether the patient needs forensic services or general psychiatry;
- the level of security needed for the patient or the unit where the patient is located;
- whether the patient has co-occurring physical health needs;

- whether the patient is being served at Fort Logan or Pueblo. Until recent years, Fort Logan predominantly served civil patients and is now serving a greater number of forensic patients. Pueblo has traditionally served both forensic patients and some patients on civil commitments.

DEPARTMENT OF HUMAN SERVICES

FY 2025-26 JOINT BUDGET COMMITTEE HEARING

WRITTEN RESPONSES ONLY

Common Questions: Please retain the numbering in order to maintain consistent labeling across departments.

COMMON QUESTIONS

1. Provide a list of any legislation with a fiscal impact that the Department has: (a) not implemented, (b) partially implemented, or (c) missed statutory deadlines. Please specifically describe the implementation of ongoing funding established through legislation in the last two legislative sessions. Explain why the Department has not implemented, has only partially implemented, or has missed deadlines for the legislation on this list. Please explain any problems the Department is having implementing any legislation and any suggestions you have to modify legislation.

Administration Solutions

a. Not implemented: N/A
b. Partially implemented:
    - H.B. 21-1110 Colorado Laws for Persons with Disabilities
        - The Department has implemented continuous improvement and demonstrable accomplishments towards compliance of H.B. 21-1110 (b), which was funded by "OIT BA-01 IT Accessibility Testing and Remediation." The agency hired a project manager who is working across the agency's programs to review every technology solution for compliance with the new legislation, and providing process guidance around accessibility accommodations, accessibility statements, and other practices mandated in the Office of Information Technology (OIT) Technology Accessibility Standards[1] (8 CCR 1501-11). A consultancy has also been procured for audit of websites and applications, based on placement within a prioritization matrix, and audit results are being provided to key stakeholders including the development teams for remediation. Tools, training, and personalized guidance are being provided to staff, with continued efforts to reinforce the agency's commitment to accessibility as well as the State's accessibility compliance obligations. Addressing inaccessible digital content is often a time consuming and iterative process, and one that will continue to be a

[1] https://docs.google.com/document/d/1mCr7jSojOdQYyGI1c4FZeguaeXJrcA03eMuk_mzXE9Y/edit?tab=t.0

focus area indefinitely as the Department progresses towards a more fully accessible digital landscape.

c. Missed statutory deadline: N/A

The Office of Adult, Aging, and Disability Services (OAADS)

a. Not implemented: N/A
b. Partially implemented: N/A
c. Missed statutory deadline: N/A

The Office of Civil and Forensic Mental Health (OCFMH)

OCFMH has fully implemented all legislation with a fiscal impact from the 2023 and 2024 legislative sessions without missing any statutory deadlines.

The Office of Children, Youth, and Families (OCYF)

a. Not implemented: N/A
b. Partially implemented:
    - H.B. 24-1038 High-Acuity Crisis for Children & Youth
      The Division of Child Welfare (DCW) has made significant progress with the implementation of the components of H.B. 24-1038 designated to CDHS, which includes the sections on ensuring quality of care and supporting residential providers.
    - Section 2 of the bill requires the development of a child care provider training academy.
        - The curriculum for the Colorado Provider Training Academy (CPTA) or "The Academy" was created to establish a pipeline of highly trained staff to support the needs of young people placed in residential facilities. It has been created and will be piloted in February of 2025 and the DCW team continues to work to promulgate required rules for the CPTA that are anticipated to be presented to the State Board of Human Services in early summer. The Department continues to work to hire the necessary 10.0 FTE provided by the bill for the Colorado Provider Training Academy, the PMO team, and the clinical care team. DCW is currently contracting with a clinician at 0.5 FTE to provide clinical oversight of Residential Child Care Facilities (RCCFs) and the CPTA.
    - Section 3 of the bill requires continued support for existing provider contracts, expansion of these contracts, adjustments to QRTP rates and room and board rates for children not placed by county departments, and expansion of specialized foster care.

- The emergency residential treatment program, initially funded with $5 million in ARPA funds, is now utilizing the funding appropriated in this bill for this purpose to sustain the programs.
- DCW has awarded contracts for 10 additional Qualified Residential Treatment Programs (QRTP) beds, with subsequent rounds to be pursued via second round requests for proposals (RFP) up to the target of 32 additional beds. These 10 additional beds were awarded to Shiloh House, Inc. and Griffith Centers.
- Justice-Involved Youth Program/Multi-County High-Acuity Bed Share program. Counties include: Adams, Arapahoe, Boulder, Denver, Larimer and Douglas. Douglas County secures agreements/contracts with other participating Counties. Douglas County contracts directly with Savio House and Shiloh House for up to 4 beds at $706.40 per day. This daily rate is split 50/50 between those counties and DCW. DCW also contributes up to $12,146.50 for monthly assessment rates.
- Appropriations from this bill were added to county child welfare block dollars to support an increased QRTP rate of $425 per day.
- The number of specialized foster care beds continues to expand to our goal of 266. The target number of beds to add during the fiscal year is 40 additional specialized foster care beds. At the start of FY24/25, 226 specialized foster care beds were available; that total has increased to 250 at the end of December 2024 and is on track to meeting this goal. The Division's Provider Services Unit continues to work to expand the number of QRTPs and PRTFs in the state both through additional physical locations as well as expansion of beds within currently established QRTPs and PRTFs, while the PSU Performance Management and Outcomes team works to improve the treatment, aftercare, and discharge planning in residential facilities. DCW continues to explore how to collect denial reasons for placements and just finished a 6-month pilot of the Universal Placement Referral Form, which will allow for more efficient referrals across multiple providers.

- H.B. 24-1431 Stable Housing for Survivors of Abuse Program
  - H.B. 24-1341 provides $2 million of ongoing funding annually for fiscal years 2024-25 through 2028-29 to provide stable housing to support survivors of domestic or sexual violence. The Domestic Violence Program (DVP) is currently in the process of establishing a housing-focused flexible financial assistance project with these funds. DVP hired a Temporary Assistance to Needy Families (TANF) Project Coordinator in December 2024 to manage the project, and the Request for Applications (RFA) is currently being drafted. The RFA is expected to be published in January 2025, with contracts beginning in July 2025.

- S.B. 24-008 Kinship Foster Care Homes
  - This legislation is partially implemented. Payments for non-certified kinship care reimbursement began September 1, 2024, in tandem with Operation Memo OM-CW-2024-0011[2] issued on August 26, 2024. As of the end of November 2024, payments were made to 948 non-certified kinship providers on behalf of 1,412 children whose temporary caregiver would otherwise not receive these payments. The law's provisions includeinstructing parties to the case to ensure kin have been informed about their rights, standards about non-certified kinship care reimbursement, modified kinship care certification requirements, new provisional certification guidelines, exploring kinship legal opportunities, and data reporting requirements.
  - Rules relating to these pieces are being discussed in public stakeholder meetings and are being drafted, with a rough draft currently available for review and editing during these meetings. CDHS developed and issued Operation Memo OM-CW-2024-0018[3] to ensure compliance with the law while allowing for thoughtful program implementation and community engagement.

c. Missed statutory deadline: N/A

The Office of Economic Security (OES)

OES does not have any missed statutory deadlines. Additionally, there are no bills within OES' purview that are not/partially implemented.

2. Describe General Fund appropriation reductions made in the Department for budget balancing purposes in 2020, and whether the appropriation has been restored with General Fund or another fund source through budget actions or legislation.

   A list of the 2020 balancing actions and their status as of December 2024 can be found in Attachment 1: Balancing Question – Updated Dec 2024. There were two refinances that were not reversed: the Child Welfare Services (TANF block grant funds) and the OAADS Older Coloradans Cash Fund refinance. In addition, there were three reductions in DYS (DYS contract placements, DYS Medical Services, and DYS Drug Detection Devices) that were not restored. There was one reduction of -$337,346 to the DYS Drug Detection Devices in 2020, which was funded in FY 2023-24 through the CDHS budget request R-06 (DYS Youth Service Center Security Modernization).

[2] https://docs.google.com/document/d/11pegzG4T0h2_mL8oIuY2YhC7mPBI3PxLc-_DVGB4Zeg/edit?tab=t.0

[3] https://drive.google.com/file/d/1EU-L_uFqEgooWSADbk8S8pWyEYDP6s1H/view

3. Please provide the most current information possible. For all line items with FTE, please show:

   - the number of allocated FTE each job classification in that line item
   - the number of active FTE for each of those job classifications
   - the number of vacant FTE for each of those job classifications
   - the vacancy rate for each of those job classifications

   Use the attached Template C to populate these data.

   State agencies cannot track the history of an appropriated position, therefore cannot provide detail on a position's job class relative to its original allocation. However, Attachment 2: Template C FTE Vacancies by Job Class, tab "FTE by Line Item & Job Class FY 2024," includes 1) current filled positions by job class, 2) any vacant positions, their projected FTE allocation, and the intended job classes, and 3) vacancy rates. This data was pulled from CPPS (Colorado Personnel Payroll System) at a fixed point in time, the first Monday after the end of each fiscal year (after June 30). The counts of positions included allocated FTE percentage, and filled and vacant positions were calculated from that data.

4. Please provide the same information as Question #3 for FYs 2022-23 and FY 2023-24. Use the attached Template C to populate these data.

   The Attachment 2: Template C FTE Vacancies by Job Class spreadsheet, tabs "FY 2023" and "FY 2022," also includes 1) current filled positions by job class, 2) any vacant positions, their projected FTE allocation, and the intended job classes, and 3) vacancy rates. This data was pulled from CPPS (Colorado Personnel Payroll System) at a fixed point in time, the first Monday after the end of each fiscal year (after June 30). The counts of positions included allocated FTE percentage, and filled and vacant positions were calculated from that data.

5. For FYs 2022-23 and 2023-24, please provide department-wide spending totals for each of the following object codes, by fund source. [Final version in editable Excel format]

   - Object Code 1130: Statutory Personnel & Payroll System Overtime Wages
   - Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages
   - Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments
   - Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments
   - Object Code 1340: Employee Cash Incentive Awards
   - Object Code 1350: Employee Non-Cash Incentive Award
   - Object Code 1370: Employee Commission Incentive Pay
   - Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance
   - Object Code 1524: PERA – AED
   - Object Code 1525: PERA - SAED

- Object Code 1531: Higher Education Tuition reimbursement

DPA will provide a statewide report including this information in aggregate, by department. However, CDHS-specific information is also included by line item in the Schedule 14B, found here[4].

6. For the latest month for which the data are available, please provide department-wide FY 2024-25 year-to-date spending totals for each of the following object codes, by fund source. [Final version in editable Excel format]

   - Object Code 1130: Statutory Personnel & Payroll System Overtime Wages
   - Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages
   - Object Code 1140: Statutory Personnel & Payroll System Annual Leave Payments
   - Object Code 1141: Statutory Personnel & Payroll System Sick Leave Payments
   - Object Code 1340: Employee Cash Incentive Awards
   - Object Code 1350: Employee Non-Cash Incentive Award
   - Object Code 1370: Employee Commission Incentive Pay
   - Object Codes 1510, 1511, 1512: Health, Life, and Dental Insurance
   - Object Code 1524: PERA – AED
   - Object Code 1525: PERA-SAED
   - Object Code 1531: Higher Education Tuition reimbursement

   The most recent month's expense by object code is not useful data as the information is adjusted through the end of the fiscal year via JVs for revised allocations, POTS adjustments, correcting entries, etc.

7. For FYs 2022-23 and 2023-24, please provide department-wide spending totals for each of the following object codes, by fund source.

   - Object Code 1100: Total Contract Services (Purchased Personal Services)
   - Object Code 1210: Contractual Employee Regular Part-Time Wages
   - Object Code 1211: Contractual Employee Regular Full-Time Wages
   - Object Code 1131: Statutory Personnel & Payroll System Shift Diff. Wages'
   - Object Code 1240: Contractual Employee Annual Leave Payments
   - Object Code 1622: Contractual Employee PERA
   - Object Code 1624: Contractual Employee Pera AED
   - Object Code 1625: Contractual Employee Pera - Supplemental AED
   - Object Code 1910: Personal Services – Temporary
   - Object Code 1920: Personal Services – Professional
   - Object Code 1940: Personal Services – Medical Services
   - Object Code 1950: Personal Services - Other State Departments

[4] https://drive.google.com/file/d/1QGzZ3PgcR9TdZN-fAizPC8vxF2IsKsI8/view

- Object Code 1960: Personal Services – Information Technology

  All of this information is already included in the Schedule 14B, by line item. However, DPA will provide a statewide report including this information in aggregate, by department.

8. Please provide a table showing both allocated and actual FTE for each Division within the Department from FY 2018-19 through FY 2023-24.

   This information is available in the Schedule 3s, which can be found here[5] for FY 2018-19 through FY 2023-24. A summary table is also provided in Attachment 3 – FY19-FY24 Allocated Actual FTE Table 01072025.

9. Please discuss how the Department would absorb base personal services reductions of the following amounts: 1.0 percent, 3.0 percent, and 5.0 percent. How would those reductions impact the departments operations and core mission?

   How the reduction is applied across line items may impact how reductions are implemented. However, generally speaking, impacts are described below.

   Personal Services Reduction of 1.0 percent:
   For non-24/7 facilities, a base personal services reduction of 1.0 percent would correspond to approximately 23.0 FTE and would primarily be absorbable through freezing vacant positions and shifting existing staff to areas with the most critical business need. Some departmental operations and services may be impacted. For example, programs that provide support to county and community partners may experience longer wait times for technical assistance, and internal support services such as Human Resources and Accounting would be impacted. As some of the Department's FTE salaries draw down a federal funding match, efforts would be made to target reductions in alternative areas.

   For 24/7 facilities, a base personal services reduction of 1.0 percent is estimated to impact up to 37.0 FTE across the Department's 24/7 facilities, including 10.0 FTE at Division of Youth Services (DYS) facilities and 26.4 FTE at CMHHIP and CMHHIFL. The impact of this level of reduction would require hospitals to downsize. This reduction would leave the Department unable to comply with Consent Decree timeframes before the December 2027 deadline and risk additional fines. It is estimated that Mental Health Transitional (MHTL) Homes would be reduced by 8 beds, serving 8 fewer patients per year. DYS facilities would be required to increase workload onto remaining staff, increasing caseloads on client managers, direct care, and teaching staff, potentially increasing turnover rates.

[5] https://drive.google.com/drive/folders/1WrxCnFx--BUc5Dd79hrE72rU712oFB34

Personal Services Reduction of 3.0 percent:

For non-24/7 facilities, a base personal services reduction of 3.0 percent would correspond to a reduction of approximately 68.0 FTE across the Department, a lesser extent to which could be absorbable through freezing vacant positions and shifting existing staff. In addition to county and community partners potentially experiencing longer wait times to receive technical assistance from State staff, this level of reduction could also cause delays in the implementation of statute and rules, increase the time to fill critical positions across the Department, including 24/7 facilities, and increase workloads among existing staff. Efforts to target reductions in areas where FTEs do not draw down additional federal funding would be more challenging at this level of reductions.

For 24/7 facilities, a base personal services reduction of 3.0 percent would correspond to a reduction of approximately 122.0 FTE across the Department's 24/7 facilities, including 43.0 FTE at DYS facilities and 79.0 FTE at CMHHIP and CMHHIFL. The impact of this level of reduction would require the closure and consolidation of the Phoenix Youth Services Center and transfer of beds to other campuses, the closure of 2-4 units or 50-100 beds across CMHHIP and CMHHIFL, and a closure of two MHTL homes. The reduction in beds across CMHHIP and CMHHIFL would leave the Department unable to comply with the Consent Decree timeframes before the December 2027 deadline and risk an increase in fines. The closure of MHTL homes would prevent the Department from meeting statutory requirements to open three MHTL homes. This level of reduction would also impact facilities and maintenance staff, resulting in a decreased capacity for proper housekeeping and maintenance at the Department's 24/7 facilities.

Personal Services Reduction of 5.0 percent:

For non-24/7 facilities, a base personal services reduction of 5.0 percent would correspond to a reduction of approximately 115.0 FTEs across the Department. The Department's ability to absorb a reduction through freezing vacant positions and shifting existing staff would be limited and layoffs would be required to meet the reduced personal services budgets. A 5.0 percent reduction to personal services lines would severely limit State staff's ability to provide technical assistance to all external partners, implement required statute and rule in a timely manner, and increase wait times for clients receiving benefits as county and community partners wait longer for State assistance. The Department's ability to perform routine work to monitor spending, complete required reports, and carry out oversight responsibilities would be greatly reduced. As efforts to target reductions in areas that do not draw down additional federal matching funds would be more challenging at this level, there would likely be a loss in federal funds for FTE salaries with a federal match.

For 24/7 facilities, a base personal services reduction of 5.0 percent would correspond to a reduction of approximately 202.0 FTE, including 71.0 FTE at DYS facilities and 132.0 FTE at CMHHIFL and CMHHIP. This level of reductions would likely require the closure and

consolidation of Gilliam Youth Services Center and transfer of beds to alternative campuses. CMHHIFL and CMHHIP would close two units at each hospital, for a total of four units and 100 beds. With at least 300 fewer patients served per year, the Department would be unable to comply with the Consent Decree timeframes before December 2027, risking increased fines. The reduced FTE would risk the loss of licensure and require an increase in contract staff at State hospitals. This level of reductions would require the closure of all MHTL homes and prevent the Department from meeting statutory requirements to open three MHTL homes. Facilities and maintenance staff would need to greatly reduce housekeeping, maintenance, and operations at the Department's 24/7 facilities.

10. Describe steps the Department is taking to reduce operating expenditures for FY 2025-26.

    In addition to the reductions submitted in the November 1, 2024 budget request, CDHS is also working to minimize operational expenditures beginning in FY 2024-25. These efforts include closely monitoring and limiting travel for Department staff, reducing official functions, and carefully evaluating if we need to backfill positions, including high-level positions. We anticipate that these efforts will continue in FY 2025-26, and that we may need to take additional measures based on the finalized FY 2025-26 budget. As we plan for FY 2026-27 beginning this spring, the Department plans to evaluate additional ongoing efficiencies and reductions as part of the budget development and planning process, which could result in internal efficiency projects, further budget reduction requests, or additional hiring and travel restrictions.

11. For each operating expenses line item in FY 2023-24, provide a table showing the total appropriation for FY 2023-24 and the total actual expenditures at the end of the third quarter of FY 2023-24.

    DPA will provide a statewide report including this information in aggregate, by department and line item.

12. Please provide an overview of the department's service efforts. In your response, describe the following:

    - Populations served by the Department

      - **OAADS**
        - ***Aging and Adult Services Division (AAS):*** The AAS Division serves Colorado's older adults and at-risk adults through its two programs, Adult Protective Services (APS) and the State Unit on Aging (SUA).
        - ***The Division of Regional Centers:*** The Division of Regional Centers (DRC) serves adults with intellectual and developmental disabilities who are unable to remain safe and stable in the community.

- ***The Veterans Community Living Centers:*** The Veterans Community Living Centers (VCLCs) serve honorably discharged veterans, their surviving spouses, and Gold Star parents who are in need of 24/7 long term care services.

■ **OCFMH**

- The Office of Civil and Forensic Mental Health serves adults, adolescents, and geriatric patients, all with serious mental illness either in a civil or forensic capacity.

■ **OCYF**

The Office of Children, Youth, and Families (OCYF) serves Colorado's most vulnerable children, youth, and families through three divisions:

- The Division of Child Welfare (DCW) population served includes children and youth who are alleged to have been or have been abused or neglected, children and youth in need of supportive services, and/or out-of-home placement as a result of abuse and neglect or immediate safety concerns.
- The Division of Youth Services (DYS) serves populations of youth who are in need of short-term secure detention and community-based detention services and youth who are either pre-adjudicated or sentenced.
- The Division of Community Programs (DCP) serves child welfare and juvenile justice systems-involved children, youth, and families/caregivers, domestic and sexual violence survivors, justice-involved youth and victims of juvenile crime, individuals living with or affected by brain injury, and their communities.

■ **OES**

- The Office of Economic Security (OES) operates an array of programs that provide cash, food, and energy assistance benefits to Coloradans, and oversees the establishment, collection, and enforcement of child support orders. Some OES programs are broadly available to targeted populations (e.g. child support and school meals programs); other programs are targeted to households meeting specific income and demographic criteria, as explained in (b).

- The target populations of the Department's services

■ **OAADS**

- ***Aging and Adult Services Division (AAS):*** The APS program's target population is at-risk adults, defined by Section 26-3.1-101, C.R.S., as individuals 18 or older who are susceptible to mistreatment or self-neglect as a result of either an inability to perform or obtain services for their health or welfare, or insufficient capacity to make decisions regarding their affairs. The SUA's target population includes adults aged 60 and older, grandparents

aged 55 and older who are caring for grandchildren, and family caregivers aged 18 and older.

- ***The Division of Regional Centers:*** The DRC target populations include adults with intellectual and developmental disabilities who are unable to remain safe and stable in the community.
- ***The Veterans Community Living Centers:*** Honorably discharged veterans, surviving spouses, and Gold Star Parents who are Medicare beneficiaries, Medicaid recipients, and Service connected veterans who need 24/7 care in a medical environment.

- **OCFMH**
  - Adults, adolescents, and geriatric patients, all with serious mental illness either in a civil or forensic capacity.
- **OCYF**
  - DCW: Target populations, in general, are children and youth who have experienced intrafamilial maltreatment, are at risk of future intrafamilial maltreatment, are unsafe in the community, and/or who are receiving post-permanency or post-child welfare-system involvement and require assistance and or support services.
  - DYS: Provides for the care and supervision of youth committed by the District Court to the custody of CDHS. DYS operates 14 secure youth centers that serve youth between the ages of 10-21 who are pre-adjudicated or committed.
  - DCP: DCP target population includes justice-involved youth and families, victims of juvenile crime, systems-involved children, youth, and families, individuals with brain injuries, families and caregivers of those with brain injuries and domestic violence and sexual assault survivors.
- **OES**

  The Office of Economic Security is comprised of four divisions, providing targeted serves to the following populations:
  - Division of Child Support Services (CSS): Delivers services to ensure children receive regular financial support from both parents and is committed to providing family-centered services that address barriers to consistent child support payments. Cases where the child and a parent receive public assistance are required referrals to the CSS program (i.e. IV-D program). However, any parent can request that the IV-D agency become involved in a child support case.
  - Division of Economic and Workforce Support (DEWS): Delivers an array of programs and services that are designed to support Coloradans on their paths out of poverty, including cash assistance, case management, employment support, and more. Services are provided to any array of households, including those with children and income below $75,000; disabled individuals under age 60 who are unable to work (income less than 15 percent FPL if they do work); seniors with income below 78

percent FPL; un/underemployed individuals with income below 150 percent federal poverty level (FPL) who owe child support, are veterans, and/or are over age 50.

- Food and Energy Assistance Division (FEAD): Supports Coloradans' basic needs through assistance to purchase groceries, feed households, and heat their homes. Services are provided to an array of households including those with income below 130 percent FPL seeking nutrition assistance; households with income below 60 percent of the State median income who pay home heating costs; and students in more than 200 schools and child care centers that participate in the National School Lunch Program.
- Staff Development Division (SDD): Develops and delivers competency-based training for county staff who are processing applications for public and medical assistance.

- Number of people served by the Department

- **OAADS**
  - ***Aging and Adult Services Division (AAS):*** Adult Protective Services county departments served approximately 9,000 individuals in FY 2023-24. The State Unit on Aging served approximately 56,000 individuals in FY 2023-24 through its regional Area Agencies on Aging (AAAs) and their provider network.
  - ***The Division of Regional Centers:*** The DRC currently provides support and stability services to 170 individuals across three locations (Pueblo, Grand Junction, and Wheat Ridge). The total capacity for the DRCs is 230 individuals.
  - ***The Veterans Community Living Centers:*** The VCLCs serve 280-300 residents collectively at Fitzsimons in Aurora, McCandless at Florence, Home Lake in Monte Vista, and Rifle.
- **OCMFH**
  - The Office of Civil and Forensic Mental Health served 4,741 people in FY 2023-24.

Table 1: Number of People Served by Program by OCFMH

Program	People Served
CMHHIFL	166
CMHHIP	330
FSDV	4181

Program	People Served
MHTL Homes	64
Total	**4,741**

- **OCYF**
  - DCW: 200,000 individuals are served annually in Colorado's child welfare system. This includes families referred to Child Welfare, assessments, out-of-home placements, in-home services, prevention services, and post-permanency support. At any point in time, there are over 11,000 open families involved in Colorado's child welfare system.
  - DYS: The division served 2,745 unique youth in FY 2023-24. This includes detention, commitment, and parole.
  - DCP: Approximately 43,000 Coloradans are served annually.
- **OES**

  In FY 2023-24, OES served the following numbers of Coloradans through its four divisions:
  - CSS: 122,773 families were served.
  - DEWS: 33,156 Colorado households received cash assistance to support their daily needs. An additional 20,800 Coloradans participated in targeted workforce development and employment-focused services.
  - FEAD: 576,651 Coloradans received more than $108M of food assistance, on average each month. More than 500,000 Colorado students received summer food assistance benefits in the program's inaugural year. 85,478 households received energy assistance benefits. Additionally, more than $20M of commodities were stored and delivered to 200 K-12 schools and child care centers participating in the National School Lunch Program in Colorado.
  - SDD: More than 6,200 county staff were trained.

- Outcomes measured by the Department

  In addition to the three Wildly Important Goals[6] CDHS is pursuing, we have identified 16 priority outcomes through our Results-Driven Management System[7] (RDMS). These outcomes guide our ongoing efforts to improve performance through regular business reviews, data analysis, and the implementation of targeted strategies to sustain success or drive improvement. Additionally, individual offices and programs have their own key performance indicators they continuously measure.

[6] https://dashboard.colorado.gov/governors-dashboard/human-services

[7] https://cdhs.colorado.gov/performance-plan

Each measure aligns with the Key Goals outlined in the CDHS Better Together Strategic Plan[8]. For instance, reducing the Mental Health Waitlist and addressing staffing vacancies directly support our goals to enhance the Well-Being and Safety of Coloradans and to Make CDHS a Great Place to Work.

- Present and future strategies for collecting customer experience data

At the Department-level, present strategies include Family Voice Council meetings. The CDHS Family Voice Council is composed of up to 20 Coloradans who experience utilizing at least two CDHS services. Family Voice Council members meet virtually monthly to provide direct feedback to CDHS program directors. CDHS also tracks the program or practice changes made based on the Council's feedback. While the CDHS Family Voice Council recommends changes for all CDHS programs, the Division of Child Welfare also launched a Family Advisory Council in January 2023 to focus solely on child welfare related customer experience feedback. Members of this council also meet with CDHS Child Welfare leaders virtually monthly to discuss their child welfare experience and provide recommendations for practice and policy changes.
In addition to direct communication and collaboration with customers via CDHS Family Voice Councils, CDHS has a complaint process that allows customers to share feedback or file complaints via phone or by completing a form. CDHS analyzes the complaint data by county and program monthly.

As for CDHS future strategies to gather customer experience data, CDHS plans to launch a department-wide customer survey this year which will be available to any external partner who engages with CDHS. This could include, but is not limited to customers, county partners, vendors/contractors, philanthropy partners, and community advocacy organizations. CDHS will also continue to assist counties who request assistance in launching their own customer experience councils.

Please find additional present and future strategies for collecting customer experience data that are specific to each office:

OAADS

- ***Aging and Adult Services Division (AAS):*** Adult Protective Services partners with the Department's Community Partnerships team to understand customer experience data through their county-facing satisfaction survey. The program also measures customer experience through training evaluation forms. These strategies will continue to be utilized in the future, with plans to add satisfaction survey inquiries for the next solicitation. The State Unit on Aging collects data on customer experiences through their annual

[8] https://cdhs.colorado.gov/cdhs-strategic-plan

satisfaction survey. This will continue, with plans to update survey inquiries in FY 2025-26.

- ***The Division of Regional Centers:*** The DRC is already in the process of collecting admission and transition experience from community providers, family/guardians, individuals, and staff experience data. The plan for the DRC is to expand the collection of experience data into other operational areas of the DRC over the next year.
- ***The Veterans Community Living Centers:*** The VCLCs will continue to utilize monthly/annual satisfaction surveys completed by a third party vendor and to compare survey results with peers at the state and national level. They will also continue to utilize annual survey reports from CMS/CDPHE and Veteran's Affairs as present and future strategies for collecting customer experience data.

OCFMH

OCFMH uses the following strategies for collecting customer experience data:

- Audits/surveys by oversight body (CMHHIFL, CMHHIP)
- Committee review of feedback data (CMHHIFL)
- Contractor/stakeholder meetings on care and training (FSDV)
- Family/guardian surveys (MHTL Homes)
- Feedback to program leadership (CMHHIFL, FSDV)
- Formal complaint with oversight body (CMHHIP)
- Formal grievance process (CMHHIFL, CMHHIP, MHTL Homes)
- Patient council: reviews patient satisfaction survey trends and identifies quality improvement projects to work on from a patient perspective (CMHHIP)
- Patient rights specialist (CMHHIFL)
- Periodic and Incident reports to Special Masters under Consent Decree (FSDV)
- Quality Assurance and Performance Improvement Plan (CMHHIP)
- Quality Assurance team audits (FSDV)
- Satisfaction surveys (CMHHIFL, CMHHIP, MHTL Homes)

OCYF

- DCW maintains two family voice/lived experience groups that review draft rules and policies, provide feedback to leadership, support projects that divert unnecessary child welfare system involvement, and review and advise on disparity information. DCW also processes hundreds of complaints and concerns from constituents and dozens of media outreaches per year.
- DYS has routine surveys for youth focusing on safety, medical care, education, food services, programming, and family connection.
- DCP contracts with third-party evaluators to conduct regular evaluations of DCP programs. All evaluations include surveys of program participants to collect customer experience data. Many DCP programs also have advisory boards which

include people with lived experience who are able to share their perspectives and experiences.

OES

- The Colorado Works Leavers survey is regularly sent to a sample of program participants who recently left the program to assess program effectiveness and make improvements. The survey asks questions about the participants' experiences in the program, including beliefs about the program's goals, perception of how the program contributed to their family's goals, reasons for leaving the program, and information about employment status and wages.
- The SDD conducts quarterly evaluation reviews to make continuous improvements to training based on data trends and trainee feedback. Additionally, the SDD conducts an annual customer satisfaction survey in order to identify areas for improvement and adjust its services.

13. For each TABOR non-exempt cash fund*, provide the following information
    a. The amount in the cash fund
    b. Total amount of revenue in the fund that would not be transferred
    c. Detailed explanation of why the fund should not be sunset
    d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund
    e. Every program funded by the fund
    f. Explanation of how fees to the fund are set and a history of fee changes
    g. The number of people provided service by the programs funded through the cash fund
    h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision.

Much of this information can be found in department submissions (Schedule 9s; all links below also compiled here[9]). OSPB has provided staff with other tools to review cash funds to provide the committee with additional information, and the Department has also included a list by office below.

OAADS

- Fund 17K0 - "Records and Reports Fund"
    a. The amount in the cash fund: Please see the schedule 9 here.
    b. Total amount of revenue in the fund that would not be transferred: $153,342
    c. Detailed explanation of why the fund should not be sunset: The purpose of this cash fund is for the screening of applicants against a data base that contains individuals who have a confirmed history of child abuse or older adult abuse. If

[9] https://drive.google.com/drive/u/0/folders/1RIBTsFrR3iXLVhampMM_PRvbfvVc2W6Z

the fund were eliminated, the service could not be provided since the only funding source is the cash fund.

d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 19-1-307, C.R.S.
e. Every program funded by the fund: Aging Programs, Adult Protective Services
f. Explanation of how fees to the fund are set and a history of fee changes: Per Section 26-3.1-111 (9), C.R.S., the fees for this cash fund is set by the Colorado Department of Human Services through the processes defined in Rule at 12CCR 2518-1, Section 30.960. The Department of Human Services must ensure fees do not exceed actual costs of program implementation outlined in statute, and must provide 30 days' notice to interested persons of any fee changes. Fees cannot exceed $16.50 per check without prior approval from the State Board of Human Services. In January 2019, fees were initially set at $15.50, and were reduced to $9.00 per CAPS check in January 2020, which remains the current fee.
g. The number of people provided service by the programs funded through the cash fund: The CAPS check program does not provide direct services to individuals; it provides a statutorily mandated service to certain employer types by providing background checks related to individual candidates for employment in positions that provide direct care to at-risk adults. There are approximately 3,400 employer agencies registered with the CAPS Check Unit to request CAPS Checks. In FY 2023-24, the Department of Humans Services completed 167,364 CAPS checks on potential employees.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: This cash fund is the only fund source for the CAPS checks services.

- Fund 26U0 - "Crimes Against At-Risk Persons Surcharge Fund"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $45,713
  c. Detailed explanation of why the fund should not be sunset: The purpose of this cash fund is to establish a surcharge on persons convicted of crimes against at-risk persons. Funds collected are used to contract with providers for respite services for caregivers of at-risk adults. Eliminating this cash fund would reduce crucial services.
  d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 18-6-5-107, C.R.S.
  e. Every program funded by the fund: Aging Programs, Respite Services
  f. Explanation of how fees to the fund are set and a history of fee changes: Per Section 18-6.5-107, C.R.S., fees are set within the statute outlining the Colorado Criminal Code, therefore any fee changes would require legislation to change. There have been no changes to the fees.
  g. The number of people provided service by the programs funded through the cash fund: This cash fund supports the SUA's respite services and training for older adults and their caregivers. In FY 2023-24, 569 individuals were provided

respite services through the program and 1,355 people were served with training.

h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: N/A

- Fund 14E0 - "Colorado Commission for the Deaf and Hard of Hearing Cash Fund"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $483,973
  c. Detailed explanation of why the fund should not be sunset: The purpose of this cash fund is used for the Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind (CCDHHDB). The funding source is from the cash fund line item in the Department of Regulatory Agencies, Public Utilities Commission. CCDHHDB would be unable to operate if the fund is eliminated.
  d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 26-21-103, C.R.S., was added in 1989 and amended in 1992, 2001, 2003, 2006, 2007, 2013, 2015, 2016, 2017, 2018, 2019, 2021, and 2023.
  e. Every program funded by the fund: CCDHHDB (60 percent), which includes the DeafBlind Community Intervener Program, Legal Communication Services, and Rural Communication Access Services; Reading Services for the Blind (15 percent); Talking Book Library (6-7 percent); and Telecommunications Relay Services (20 percent).
  f. Explanation of how fees to the fund are set and a history of fee changes: The Telephone Users with Disabilities Fund (TUDF) is overseen by the Public Utilities Commission (PUC). The current fee is set at 3 cents per line. The fee history is as follows:
     - July 2017 - February 2018: $0.05 per line
     - March 2018-September 2019: $0.04 per line
     - October 2019 - March 2023: $0.06 per line
     - March 2023 - current: $0.03 per line

     The statute places the jurisdiction for administering the TUDF and setting the uniform charge with the Commission as follows:
     - Not to exceed 15 cents per line
     - Reimburse the Commission for its costs in developing, implementing, and administering TRS
     - Reimburse voice service providers for their administrative cost
     - Cover the cost of providers rendering the TRS service

     The statute further establishes these purposes for the TUDF:
     - Reimburse the Department of Revenue for its administrative costs related to prepaid wireless services pursuant to Section 29-11-102.7, C.R.S.

- Cover annual appropriations made pursuant to Section 40-17-104, C.R.S., to the reading services for the blind cash fund through the State Librarian, as set forth in Section 24-90-105.5, C.R.S., administered by the Colorado Department of Education
- Provide support for library services as authorized by Section 24-90-105 (1) (e), C.R.S.
- Cover annual appropriations made pursuant to Section 40-17-104, C.R.S., to the Colorado Commission for the deaf and hard of hearing cash fund, as set forth in Section 26-21-107, C.R.S., administered by the Colorado Department of Human Services Provide support for auxiliary services in rural areas as authorized by Section 26-11-106 (9), C.R.S.

In October 2019, the PUC was required to reduce its fee due to an additional 1.1 million lines, a reduction in administration costs of the TRS program, accounting changes, and restrictions on cash reserve balances. Fee setting is determined by the PUC based on long bill appropriations as well as projected funding and balances.

g. The number of people provided service by the programs funded through the cash fund: In FY 2023-24, there were 38 deafblind consumers, 15 deafblind children and their families, 502 LCAS consumers, and 239 RCAS consumers. In FY 2023-24, 3818 hours of support service provider (SSP) services were provided to deafblind adults; 190 requests for deafblind children were fulfilled; there were 2,668 legal communication access services (LCAS) service hours; and 1,180 rural communication access service (RCAS) service hours. In addition, outreach services and the communications technology program provided at least 121 trainings and responded to at least 1200 inquiries.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: Even though 60 percent of the TUDF is directed for CCDHHDB operations, CCDHHDB has historically had little input or an avenue to directly request fee increases due to the TUDF existing at a different state agency. A successful enterprise bill would need to include some sort of mechanism allowing direct input from CCDHHDB and authority for the enterprise board to set fee increases.

OCFMH

OCFMH does not receive funding from TABOR non-exempt cash funds at this time.

OCYF

- Fund 16X0 - "Brain Injury Trust Fund"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $1,289,156

c. Detailed explanation of why the fund should not be sunset: The purpose of this fund is to improve the lives of Colorado residents who have brain injuries. Brain Injury Network (MINDSOURCE) was created in Title 26, Article 1, Part 3 of the Colorado Revised Statutes to be operated by the Colorado Department of Human Services. This statute created the Colorado Brain Injury Trust Fund (Trust Fund) to finance MINDSOURCE activities and the Trust Fund Board (Board) to advise the program on Trust Fund operations.
d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: To provide direct services and education to individuals with a traumatic brain injury, and/or their families and others involved. Also to support research related to treatment and understanding of traumatic brain injury and administrative costs. Section 30-15-402 (3), 42-4-1307 (10)(C), and 42-4-1701 (4)(e), C.R.S. (2024)
e. Every program funded by the fund: Programs and Commissions for Persons with Disabilities
f. Explanation of how fees to the fund are set and a history of fee changes: These fees are set in statute per § 30-15-402 (3), 42-4-1307 (10)(c), and 42-4-1701 (4)(e) C.R.S. The history of fee changes are below:
    - 2009:
        - Speeding violation fee increased from $10 to $15
        - Additional speeding violation surcharge increased from $12 to $17
        - DUI fee increased from $15 to $20
        - Motorcycle violations increased from $10 to $15
    - 2019:
        - Speeding violation fee increased from $15 to $20
        - Additional speeding violation surcharge increased from $17 to $22
        - DUI fee increased from $20 to $25
        - Motorcycle violations increased from $15 to $20
g. The number of people provided service by the programs funded through the cash fund: In FY 2023-24, 966 adults (aged 22 and above) and 66 youth (aged 21 and below) clients were served by the Brain Injury Alliance of Colorado. The fund also supported research grants for two years.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: MINDSOURCE currently has a contract for the five year period through FY 2025-26 with the Brain Injury Alliance of Colorado (BIAC) for these services. The Trust Fund income is decreasing by approximately $100,000 per year. This is likely due to several reasons including: municipalities voluntarily pay into the Trust Fund, decreases in DUI filings, and the passage of H.B. 21-1314 which removed the $30 Outstanding Judgement and Warrant fee.

- Fund 18Q0 - Performance-based Collaborative Management Incentive Cash Fund
    a. The amount in the cash fund: Please see the schedule 9 here.
    b. Total amount of revenue in the fund that would not be transferred: $2,542,737

c. Detailed explanation of why the fund should not be sunset: This program provides funding to counties for the development of local collaborative management structures and processes that bring together agencies and services for at-risk, high systems-use children, youth, and families.
d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 24-1.9-104, C.R.S.
e. Every program funded by the fund: Performance-based Collaborative Management Incentives
f. Explanation of how fees to the fund are set and a history of fee changes: Fees are set in statute. The fund consists of money received from docket fees in civil actions and transferred as specified in Section 13-32-101, C.R.S. No history for the fees collected are available.
g. The number of people provided service by the programs funded through the cash fund: 51 counties participate in the Collaborative Management Program.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: Through the passage of HB23-1249, the Collaborative Management Program received an additional $1.2 million to the Collaborative Management Cash Fund to serve youth referred to CMPs and $2.0 million from the General Fund to assist interested counties that do not operate a CMP in establishing one, or joining an existing one.

- Fund 1940 - "Colorado Domestic Abuse Program Fund"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $1,141,631
  c. Detailed explanation of why the fund should not be sunset: The Domestic Abuse Program provides funding for local governments and non-governmental agencies to develop domestic abuse programs. It also provides grant funding to community-based programs that offer emergency shelter, counseling, and advocacy to victims and their families.
  d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 39-22-802 (1) and Section 26-7.5-105 (1)(B), C.R.S. (2024)
  e. Every program funded by the fund: Domestic Abuse Program
  f. Explanation of how fees to the fund are set and a history of fee changes: These fees are set in statute, Section 14-2-106 (1)(a) and 14-15-110 (2). The history of the fees are as follows:
     - Marriage License Fee increased from $10 to $30, $20 of which went to this fund
     - Divorce Petition Fee increased from $220 to $230, this cash fund received 50% of the $10 increase.
  g. The number of people provided service by the programs funded through the cash fund: DVP serves over 20,000 individuals annually. Because there are multiple funding sources for these clients, we are not able to identify the number of people served through the cash fund alone. DVP funds a network of

community-based organizations with a mix of funding from FVPSA, TANF, ARPA and cash.

h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: N/A

- Fund CWLF - Child Welfare Licensing Cash Fund
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $274,434
  c. Detailed explanation of why the fund should not be sunset: The Child Welfare Licensing cash fund supports the Division of Child Welfare's provider licensing program. Provisional licensing fees, fees for continuation or renewal of certain types of child care arrangements, and civil penalties remain with the department and will be deposited to this cash fund on an ongoing basis.
  d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 26-6-907, C.R.S., created the Child Welfare Licensing cash fund.
  e. Every program funded by the fund: Division of Child Welfare
  f. Explanation of how fees to the fund are set and a history of fee changes: Section 26-6-907 (4)(a), C.R.S. The provider licensing fees are set in 12 CCR 2509-8; Section 7.701.4. The background check fees are set in 8 CCR 1401-1; Section 1.103 (A-D). A history of licensing fees can be found at 7.701.4 Fees, pg 20; there is not available information for background fee history.
  g. The number of people provided service by the programs funded through the cash fund: Not applicable. The Child Welfare Licensing cash fund supports administrative functions of the Division of Child Welfare's provider licensing program.
  h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: N/A

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- Fund 18R0 - "Food Distribution Program Cash Fund"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $405,787 (Section 26-1-121 (4)(b), C.R.S., dictates that any unexpended and unencumbered money in the fund shall remain the fund and shall not be credited or transferred to the General Fund or any other fund.)
  c. Detailed explanation of why the fund should not be sunset: This cash fund supports the distribution of U.S. Department of Agriculture (USDA) commodities to more than 200 schools and child care facilities throughout Colorado. Specifically, the fund pays for staff who operate the program warehouse and deliver food throughout Colorado, facility maintenance, transportation (long-term and short-term leases of refrigerated trucks to deliver the food), and other ancillary operating costs. Recipient agencies pay a nominal fee to have their

commodities stored and delivered. Without the cash fund, these agencies, including many small rural schools, would be required to pay for their own storage facilities to take direct shipments from the USDA and compete on price, which would likely result in the smaller districts having less advantageous pricing. Ultimately, if the fund sunset, school districts would be required to use more of their food budget to receive and store the USDA food versus providing healthy meals to children.

d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 26-1-121, C.R.S., authorizes the Department to charge an administrative fee for commodities delivered to agencies per the U.S. Department of Agriculture's (USDA) National School Lunch Program, the Child and Adult Care Food Program, and the Summer Food Service Program. The Department shall collect the fees at least once every calendar year or when agencies receiving USDA commodities balance reaches $100. (H.B. 22-1334 changed the timeline of fee collection from monthly to the current requirement of annually or when a recipient agency's balance reaches $100.)
e. Every program funded by the fund: Food Distribution Programs
f. Explanation of how fees to the fund are set and a history of fee changes: The Food Distribution Program (FDP) charges child nutrition recipient agencies (e.g. school districts and child care centers) two types of fees: 1) Administration fees for National School Lunch Program (NSLP) are charged according to §26-1-121. As such, FDP charges $0.25 per case for all Direct Delivery and Processing cases of USDA Foods that are administered through the Child Nutrition USDA Foods Program. This fee has been the same for the last four years. 2) Warehousing and delivery fee on USDA cases of food to recipient agencies. Prior to operating the USDA Foods program internally, FDP contracted with a variety of for-profit entities who charged $6.25 to $12.81 per case of food. The recipient agencies paid this fee directly to the vendor. When the FDP warehouse was opened in July 2023, FDP determined that a delivery fee of $7/case would be sufficient to operate the program, based on the projected budget. In July 2024, FDP determined that the delivery fee could be reduced to $5/case to operate the program. This reduced fee helps schools stretch their nutrition budgets further while ensuring sufficient revenue to operate the program.
g. The number of people provided service by the programs funded through the cash fund: The program supports the distribution of USDA Foods to more than 200 public, private, and Residential Child Care Institutions (RCCI) schools in Colorado. All children in these schools are served through the FDP cash fund.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: USDA Foods supplement 20 percent of school districts' food budgets in Colorado. With the passage of Healthy School Meals for All, the amount of food entitlement has risen significantly, which has also increased the number of cases of food.

- Fund 24G0 - Supplemental Security Income Stabilization Fund

a. The amount in the cash fund: Please see the schedule 9 here.
b. Total amount of revenue in the fund that would not be transferred: $1,530,813. (Statute prescribes that any unexpended and unencumbered moneys in the fund in excess of 20 percent of the total General Fund appropriation for the Aid to the Needy Disabled program ($7,654,065 x 0.2 = $1,530,813 in FY 2024-25) shall revert to the General Fund.)
c. Detailed explanation of why the fund should not be sunset: The purpose of the fund is to provide a stable source of funding required to meet the federal requirements for maintenance of effort (MOE) for the State-funded supplement to persons receiving Social Security Income (SSI) benefits. The State is required to meet these requirements or risk losing federal Medicaid funding. Sunsetting the fund would require the State to utilize other General Fund sources and could risk failing to meet its MOE obligation.
d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 26-2-210, C.R.S., creates the SSI Stabilization Fund as a source of funding to ensure the federal maintenance of effort (MOE) requirement for State-funded support to Coloradans receiving SSI benefits. The fund is continuously appropriated to the Department to be expended on programs that count towards the State's MOE obligation. As a budget balancing strategy in 2020, the General Assembly transferred $1,877,116 from the SSI Stabilization Fund to the General Fund per H.B. 20-1381.
e. Every program funded by the fund: Adult Financial Programs
f. Explanation of how fees to the fund are set and a history of fee changes: Not applicable. The SSI Stabilization Fund consists of excess money recovered due to overpayment of program recipients, including federal interim assistance reimbursement and fraud recoveries, and any appropriations made to the fund by the General Assembly.
g. The number of people provided service by the programs funded through the cash fund: It is not possible to delineate the exact number of Coloradans served through this fund because the MOE obligations vary annually based on caseload and expenditures among the Adult Financial programs. Funds available in the SSI Stabilization Fund appropriation, in combination with the other adult financial program appropriations, ensure the State meets its federal MOE obligation.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: Without this fund, the State would need to utilize other available General Fund resources to meet its MOE obligation. In the event insufficient resources are available, the State would risk losing federal Medicaid dollars. In FY 2022-23, the Department used $506,891 from this fund to meet the MOE.

- Fund 2470 - "Family Support Registry"
  a. The amount in the cash fund: Please see the schedule 9 here.
  b. Total amount of revenue in the fund that would not be transferred: $139,458. (Statute prescribes that all unexpended and unencumbered money in the Fund

shall remain in the fund and shall not be credited or transferred to the General Fund or any other fund, with the exception that any non IV-D child support payments that are undeliverable after two years shall be considered unclaimed property per the Uniform Unclaimed Property Act.)

c. Detailed explanation of why the fund should not be sunset: Funds are continuously appropriated to the Department to cover unfunded payments and costs to operate the family support registry.
d. Statutory reference of the fund creation, specific uses, and legislative history of changes to the fund: Section 26-13.115.5, C.R.S., creates the Family Support Registry Fund to reimburse the family support registry for unfunded payments by obligors and costs to operate the family support registry. The authorizing statute was amended via S.B. 19-088 per revisions to the Unclaimed Property Act. Money available in the Fund is continuously appropriated to the Department.
e. Every program funded by the fund: Child Support Services
f. Explanation of how fees to the fund are set and a history of fee changes: Not applicable because no fees are charged. Revenue comes from other sources (e.g. interest from child support payments that are unable to be transferred to households and instead are transferred to an administrative holding).
g. The number of people provided service by the programs funded through the cash fund: Total caseload for the Colorado IV-D program, approximately 122,000.
h. Any additional information necessary to ensure the Joint Budget Committee can make an informed decision: Operating a Family Support Registry is a federal requirement for Child Support programs. This cash fund is critical to that operation.

Attachment 1: 2020 Balancing Question

2020 Balancing Actions	Reduction	Dollar Amount Resto	Where Funding was Restored
Budget balancing adjustments as a result of COVID expenditures (GF)	-$26,125,246	$26,125,246	FY 2021-22 Long Bill
Health, Life, Dental reduction (GF)	-$10,956,710	$10,956,710	FY 2021-22 Long Bill
1% ATB Reduction to Community Provider Rates (-$5,353,890 GF)	-$8,701,887	$8,701,887	FY 2021-22 Long Bill
Youth Services Contracted Services (GF)	-$1,200,000	$1,200,000	FY 2021-22 Long Bill
Child Welfare Services (GF)	-$1,638,408	$0	Refinance was not reversed
Child Welfare Services (TANF block grant funds)	$1,638,408	$0	Refinance was not reversed
Child Welfare Services refinance (GF)	-$11,338,408	$11,338,408	FY 2021-22 Long Bill
Child Welfare Services refinance (FF)	$11,338,408	-$11,338,408	FY 2021-22 Long Bill
Foster and adoptive parent support (-$71,375 GF; -$33,740 FF)	-$105,115	$105,115	FY 2021-22 Long Bill
OAADS Older Coloradans Cash Fund refinance (GF)	-$3,000,000	$0	Refinance was not reversed
OAADS Older Coloradans Cash Fund refinance (CF)	$3,000,000	$0	Refinance was not reversed
OAADS VCLCs (GF)	-$2,669,922	$2,669,922	FY 2021-22 Long Bill
OAADS VCLCs (CF)	$2,669,922	-$2,669,922	FY 2021-22 Long Bill
Brain Injury Trust Fund (GF)	-$450,000	$450,000	FY 2021-22 Long Bill
Brain Injury Trust Fund (RF)	-$450,000	$450,000	FY 2021-22 Long Bill
Disability benefits assistance programs (GF)	-$2,700,000	$2,000,000	FY 2021-22 Long Bill
DYS contract placements (GF)	-$1,800,000	$0	Was not restored
DYS Medical Services (GF)	-$887,911	$0	Was not restored
DYS Drug Detection Devices (GF)	-$337,346	$540,600	Funded in FY 2023-24, R-06 (DYS Youth Service Center Security Modernization)
DYS Lookout Mountain Youth Services Center (GF)	-$180,410	$0	Was not restored

Attachment 2 - Template C FTE Vacancies by Job Class

Subdivision	Job Classification	Allocated FTE	Active FTE	Vacancies	Vacancy Rate
IHHA BUSINESS TECHNOLOGY SVCS	ACCOUNTING TECHNICIAN II	1	1	0	0
IHHA BUSINESS TECHNOLOGY SVCS	ADMINISTRATOR III	3	3	0	0
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST III	5	2	3	1
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST IV	7	5	2	0
IHHA BUSINESS TECHNOLOGY SVCS	BUDGET & POLICY ANLST III	1	0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	BUDGET & POLICY ANLST IV	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	BUDGET ANALYST I	2	1	1.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	COMPLIANCE SPECIALIST VI	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	CONTRACT ADMINISTRATOR	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	CONTRACT ADMINISTRATOR	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT II	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT III	14	9	5.0	35.7%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT IV	3	1	2.0	66.7%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT V	3	3	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT VI	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	HEALTH PROFESSIONAL III	1	0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	HEALTH PROFESSIONAL VI	2	1	1.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	IT PROFESSIONAL	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	MANAGEMENT	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	MKTG & COMM SPEC IV	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	NURSE III	1	1	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM ASSISTANT II	3	1	1.6	53.3%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT II	4.0	2.0	2.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT COORDINATOR	4.0	1.0	3.0	75.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER I	5.0	2.0	3.0	60.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER II	4.0	4.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER III	4.0	3.0	1.0	25.0%
IHHA BUSINESS TECHNOLOGY SVCS	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHHA DATA OPERATIONS	ANALYST IV	1.0	0.0	1.0	100.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT III	2.0	1.0	1.0	50.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT IV	5.0	4.0	1.0	20.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ADMINISTRATOR III	5.0	4.0	1.0	20.0%

IHHA DIR OFC OF ADMIN SOLUTIONS	ANALYST IV	2.0	0.0	2.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	MANAGEMENT	2.0	0.0	2.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROJECT MANAGER I	3.0	3.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PURCHASING AGENT III	1.0	0.0	1.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	SENIOR EXECUTIVE SERVICE	2.0	2.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHHA DIVISION OF FIELD AUDITS	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR I	3.0	2.0	1.0	33.3%
IHHA DIVISION OF FIELD AUDITS	AUDITOR II	5.0	3.0	2.0	40.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR III	3.0	2.6	0.4	12.5%
IHHA DIVISION OF FIELD AUDITS	AUDITOR IV	2.0	2.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR V	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	COMP INSURANCE SPEC II	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC II	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC I\	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	SAFETY SPECIALIST IV	1.0	0.0	1.0	100.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	COMP INSURANCE SPEC II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES DIRECT(	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC II	4.0	4.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC III	21.0	17.0	4.0	19.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC IV	16.0	14.0	2.0	12.5%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC V	11.0	11.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC VI	4.0	4.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN III	9.0	9.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN IV	5.0	5.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN V	3.0	2.0	1.0	33.3%
IHHA EMPLOYMENT AFFAIRS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST III	4.0	3.0	1.0	25.0%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST IV	2.0	2.0	0.0	0.0%

IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST V	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN I	35.0	24.0	11.0	31.4%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN II	13.0	10.0	3.0	23.1%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN III	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRICAL TRADES II	4.0	4.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC I	3.0	1.0	2.0	66.7%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC II	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY II	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC TRAINEE VII	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PIPE/MECH TRADES II	19.0	17.0	2.0	10.5%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	STRUCTURAL TRADES II	18.0	13.0	5.0	27.8%
IHHA FACILITIES MANAGEMENT - ND	TECHNICIAN III	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	TRAINING SPECIALIST II	3.0	0.0	3.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	UTILITY PLANT OPER I	4.0	1.0	3.0	75.0%
IHHA FACILITIES MANAGEMENT - ND	UTILITY PLANT OPER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN I	66.0	58.0	8.0	12.1%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN II	8.0	7.0	1.0	12.5%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN III	6.0	6.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRICAL TRADES II	4.0	2.0	2.0	50.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC I	3.0	1.5	1.6	51.7%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC II	3.0	2.0	1.0	33.3%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY I	5.0	4.0	1.0	20.0%

IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY II	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC TRAINEE VII	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	MATERIALS HANDLER II	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PIPE/MECH TRADES II	23.0	20.0	3.0	13.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	STRUCTURAL TRADES II	25.0	22.5	2.5	10.0%
IHHA FACILITIES MANAGEMENT - SD	STRUCTURAL TRADES III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER I	5.0	3.0	2.0	40.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN I	12.0	8.0	4.0	33.3%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	ELECTRICAL TRADES II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY II	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY III	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	LTC OPERATIONS I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PIPE/MECH TRADES II	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	STRUCTURAL TRADES II	6.0	6.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MGMT ADMIN	MANAGEMENT	2.0	2.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ADMINISTRATOR III	2.0	1.0	1.0	50.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ADMINISTRATOR IV	3.0	3.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ANALYST IV	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PLANNING SPECIALIST III	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER I	4.0	3.0	1.0	25.0%

IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER II	4.0	3.0	1.0	25.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER III	2.0	2.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT PLANNER I	7.0	4.0	3.0	42.9%
IHHA FACLTS MGMT PLAN TECH SVCS	TECHNICIAN II	1.0	1.0	0.0	0.0%
IHHA LEGAL	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA LEGAL	ADMIN LAW JUDGE II	1.0	0.0	1.0	100.0%
IHHA LEGAL	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA LEGAL	HEARINGS OFFICER II	2.0	2.0	0.0	0.0%
IHHA LEGAL	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHHA LEGAL	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHHA LEGAL	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA LEGAL	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
IHHA LEGAL	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST IV	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST V	2.0	1.0	1.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	AUDITOR III	2.0	0.0	2.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR II	31.0	29.0	2.0	6.5%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR III	5.0	5.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST III	12.0	12.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST IV	3.0	1.0	2.0	66.7%
IHHA QUAL ASSUR & QUAL IMPRVMNT	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	HEALTH PROFESSIONAL V	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	LEGAL ASSISTANT II	3.0	2.0	1.0	33.3%
IHHA QUAL ASSUR & QUAL IMPRVMNT	MANAGEMENT	2.0	1.0	1.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	4.0	4.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT I	3.0	3.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT II	6.0	6.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	SOC SERVICES SPEC III	2.0	1.0	1.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	YOUTH SERV COUNSELOR III	2.0	0.0	2.0	100.0%
	Subtotal	702.0	551.0	151.0	21.5%
IHAA CENTRAL ADMINISTRATION OFC	ACCOUNTING TECHNICIAN II	1.0	0.0	1.0	100.0%
IHAA CENTRAL ADMINISTRATION OFC	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHAA CENTRAL ADMINISTRATION OFC	ANALYST IV	1.0	1.0	0.0	0.0%
IHAA CENTRAL ADMINISTRATION OFC	CONTROLLER II	1.0	1.0	0.0	0.0%
IHAA CENTRAL ADMINISTRATION OFC	MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA CENTRAL ADMINISTRATION OFC	MKTG & COMM SPEC V	1.0	1.0	0.0	0.0%
IHAA CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	1.0	0.3	0.8	75.0%
IHAA EXECUTIVE DIRECTORS OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%

IHAA EXECUTIVE DIRECTORS OFFICE	ANALYST IV	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	CHIEF FINANCIAL OFFICER	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE ASSISTANT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE DIRECTOR	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	SENIOR EXECUTIVE SERVICE	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	TEMPORARY AIDE	13.0	0.0	13.0	100.0%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL VII	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA BOARDS & COMMISSIONS	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	TRAINING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHBA CLIENT SVC CNTRLD CORSPNDCE	LIAISON III	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC III	2.0	1.0	1.0	50.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC IV	3.0	3.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC VI	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	PUBLIC INFO OFFICER	1.0	1.0	0.0	0.0%
IHBA COUNTY SERVICES	LIAISON III	1.0	1.0	0.0	0.0%
IHBA COUNTY SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	SENIOR EXECUTIVE SERVICE	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	GENERAL PROFESSIONAL III	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	HEALTH PROFESSIONAL II	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON III	2.0	1.0	1.0	50.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON IV	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON V	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	MANAGEMENT	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	SENIOR EXECUTIVE SERVICE	3.0	3.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	DEPT LEGISLATIVE LIAISON	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	LIAISON III	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHCA EXEC DIR OF OPERATIONS	ADMINISTRATOR III	3.0	2.0	1.0	33.3%

IHCA EXEC DIR OF OPERATIONS	MANAGEMENT	1.0	0.0	1.0	100.0%
IHCA EXEC DIR OF OPERATIONS	SENIOR EXECUTIVE SERVICE	3.0	3.0	0.0	0.0%
IHCA EXEC DIR OF OPERATIONS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA PROCUREMENT SERVICES	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
	Subtotal	78.0	41.3	36.8	47.1%
IHEA AGING AND ADULT SERVICES	ANALYST IV	3.0	2.8	0.2	6.7%
IHEA AGING AND ADULT SERVICES	ANALYST V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	CONTRACT ADMINISTRATOR	2.0	1.0	1.0	50.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT IV	5.0	4.0	1.0	20.0%
IHEA AGING AND ADULT SERVICES	GRANTS SPECIALIST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	MANAGEMENT	1.0	0.0	1.0	100.0%
IHEA AGING AND ADULT SERVICES	PLANNING SPECIALIST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT II	3.0	3.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PROGRAM MANAGEMENT II	3.0	0.0	3.0	100.0%
IHEA AGING AND ADULT SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC III	4.0	4.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC VI	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TECHNICIAN II	6.0	5.0	1.0	16.7%
IHEA AGING AND ADULT SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	ACCOUNTANT II	3.0	0.0	3.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	COMPLIANCE SPECIALIST III	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	MKTG & COMM SPEC III	3.0	2.0	1.0	33.3%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM COORDINATOR	2.0	1.0	1.0	50.0%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM MANAGEMENT II	3.0	3.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	SOC SERVICES SPEC IV	1.0	0.5	0.5	50.0%
IHEA CENTRAL ADMINISTRATION OFFICES	SOC SERVICES SPEC VI	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	TRAINING SPECIALIST III	1.0	0.5	0.5	50.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR II	1.0	0.0	1.0	100.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%

IHEA DIR OFC CMUNTY ACC & INDPN	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA DISABILITY DETERM SVCS	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR I	77.0	58.5	18.5	24.0%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR II	48.0	40.6	7.4	15.4%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR III	42.0	36.0	6.0	14.3%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR IV	13.0	11.0	2.0	15.4%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR V	20.0	18.0	2.0	10.0%
IHEA DISABILITY DETERM SVCS	ANALYST IV	11.0	7.8	3.3	29.5%
IHEA DISABILITY DETERM SVCS	ANALYST V	2.0	2.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	CLIENT CARE AIDE II	2.0	0.0	2.0	100.0%
IHEA DISABILITY DETERM SVCS	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST VI	1.0	0.0	1.0	100.0%
IHEA DISABILITY DETERM SVCS	HEARINGS OFFICER II	4.0	3.0	1.0	25.0%
IHEA DISABILITY DETERM SVCS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PLANNING SPECIALIST III	1.0	0.0	1.0	100.0%
IHEA DISABILITY DETERM SVCS	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT II	3.0	2.0	1.0	33.3%
IHEA DISABILITY DETERM SVCS	SAFETY SPECIALIST I	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	TEMPORARY AIDE	13.0	0.0	13.0	100.0%
IHEA DISABILITY DETERM SVCS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CT AT WBG ADMIN	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
IHEA VET COMM LVNG CTRS ADMIN	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHEA VET COMM LVNG CTRS ADMIN	HEALTH PROFESSIONAL II	1.0	0.8	0.2	20.0%
IHEA VET COMM LVNG CTRS ADMIN	HEALTH PROFESSIONAL VI	3.0	1.0	2.0	66.7%
IHEA VET COMM LVNG CTRS ADMIN	MANAGEMENT	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%

IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	CLINICAL BEHAV SPEC II	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	CORR/YTH/CLIN SEC OFF I	10.0	9.0	1.0	10.0%
IHKA REGIONAL CENTER AT GRND JCT	CORR/YTH/CLN SEC SUPV III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTAL CARE IV	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTIST I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DIETITIAN III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	DINING SERVICES III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE I	26.0	2.0	24.0	92.3%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE II	19.0	17.0	2.0	10.5%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH I	101.0	83.0	18.0	17.8%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH II	7.0	3.0	4.0	57.1%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH III	26.0	18.0	8.0	30.8%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH IV	14.0	12.0	2.0	14.3%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL III	4.0	2.0	2.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL V	8.0	7.0	1.0	12.5%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VI	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VII	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	MATERIALS HANDLER II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	MEDICAL RECORDS TECH II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE II	12.0	10.8	1.2	10.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE III	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	NURSE V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	PHARMACY TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	PHYSICIAN II	1.0	0.2	0.8	80.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT I	5.0	2.6	2.4	48.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT II	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT GRND JCT	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST III	4.0	0.2	3.8	95.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	CLINICAL BEHAV SPEC II	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE I	33.0	25.0	8.0	24.2%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE II	19.0	16.0	3.0	15.8%

IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH I	55.0	54.0	1.0	1.8%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH II	6.0	0.0	6.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH III	21.0	21.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH IV	9.0	8.0	1.0	11.1%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL III	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL V	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VI	7.0	5.0	2.0	28.6%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VII	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	LIAISON III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE I	9.0	9.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE III	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE V	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ACCOUNTING TECHNICIAN II	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMIN ASSISTANT III	6.0	5.0	1.0	16.7%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST VI	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLIENT CARE AIDE II	4.0	0.0	4.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLINICAL BEHAV SPEC II	7.0	7.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC INTERN	22.0	0.0	22.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF I	10.0	7.0	3.0	30.0%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE I	76.0	27.6	48.4	63.7%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE II	21.0	17.0	4.0	19.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH I	74.0	59.7	14.3	19.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH II	7.0	7.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH III	55.0	41.0	14.0	25.5%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH IV	20.0	18.0	2.0	10.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL I	2.0	0.0	2.0	100.0%

IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL III	9.0	8.0	1.0	11.1%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL V	12.0	12.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VI	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	LPN III	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MANAGEMENT	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	MEDICAL RECORDS TECH II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE II	14.0	13.2	0.8	5.7%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE III	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE V	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACIST I	1.0	0.1	0.9	90.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACY TECHNICIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT I	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	TEMPORARY AIDE	6.0	0.0	6.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST III	6.0	5.6	0.4	6.7%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT II	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT I	4.0	2.0	2.0	50.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTING TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT II	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	BARBER/COSMETOLOGIST	2.0	0.4	1.6	80.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE I	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE II	93.0	41.2	51.8	55.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST II	9.0	3.5	5.5	61.1%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN I	16.0	11.0	5.0	31.3%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN II	4.0	4.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN III	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DIETITIAN II	2.0	1.7	0.3	15.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES II	15.0	10.4	4.6	30.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES III	10.0	7.6	2.4	24.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES IV	2.0	2.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES V	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	FOOD SERV MGR III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH I	8.0	6.0	2.0	25.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH III	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL V	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	LPN III	20.0	17.3	2.7	13.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MEDICAL RECORDS TECH II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE I	16.0	6.2	9.8	61.3%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE II	8.0	6.4	1.6	20.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE III	17.0	12.8	4.2	24.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST II	5.0	4.5	0.6	11.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACY TECHNICIAN II	6.0	5.1	0.9	15.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PIPE/MECH TRADES II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	SOCIAL WORK/COUNSELOR I	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	STRUCTURAL TRADES II	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	TEMPORARY AIDE	29.0	0.0	29.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTANT I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTANT III	1.0	0.4	0.6	60.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE I	10.0	4.1	5.9	58.7%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE II	34.0	19.2	14.8	43.5%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN I	15.0	10.4	4.6	30.7%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DIETITIAN III	1.0	0.6	0.4	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES II	13.0	8.0	5.0	38.5%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES III	7.0	6.0	1.0	14.3%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES IV	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC TRAINEE I	1.0	0.1	0.9	90.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MKTG & COMM SPEC III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE I	6.0	3.5	2.5	41.7%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE II	19.0	12.0	7.0	36.8%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE III	7.0	3.4	3.6	51.4%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PHARMACIST II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PIPE/MECH TRADES II	1.0	0.4	0.6	60.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	SOCIAL WORK/COUNSELOR I	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STATE SERVICE TRAINEE I	6.0	2.5	3.5	58.3%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES I	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	TEMPORARY AIDE	32.0	1.6	30.4	95.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT I	5.0	3.0	2.0	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT III	4.0	2.0	2.0	50.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT III	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTING TECHNICIAN II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ADMIN ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE I	7.0	3.0	4.0	57.1%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE II	22.0	21.0	1.0	4.5%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN I	6.0	5.0	1.0	16.7%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES I	2.0	1.6	0.4	20.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES II	8.0	6.0	2.0	25.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	EQUIPMENT OPERATOR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	FOOD SERV MGR I	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	LPN II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE II	11.0	11.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES II	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	TEMPORARY AIDE	14.0	3.0	11.0	78.6%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT II	2.0	0.8	1.2	60.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT III	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE I	25.0	13.3	11.7	46.8%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE II	23.0	13.2	9.8	42.6%
IHKA VET COMM LVNG CTR AT RIFLE	CLINICAL THERAPIST III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN I	11.0	9.0	2.0	18.2%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	DIETITIAN III	1.0	0.5	0.5	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES II	10.0	9.6	0.4	4.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	LPN III	2.0	1.8	0.2	10.0%
IHKA VET COMM LVNG CTR AT RIFLE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT RIFLE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE I	8.0	3.3	4.7	58.8%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE II	12.0	8.9	3.1	25.8%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE III	6.0	4.0	2.0	33.3%
IHKA VET COMM LVNG CTR AT RIFLE	PHYSICIAN I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	STRUCTURAL TRADES II	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT RIFLE	TEMPORARY AIDE	8.0	0.0	8.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	THERAPY ASSISTANT I	3.0	2.0	1.0	33.3%
	Subtotal	1,968.0	1,331.7	636.3	32.3%
DYSR-ASPIRE YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	32.0	13.0	19.0	59.4%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	4.0	1.0	3.0	75.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV III	4.0	2.0	2.0	50.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT II	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	2.0	1.0	1.0	50.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	2.0	0.0	2.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR III	1.0	0.0	1.0	100.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	40.0	20.0	20.0	50.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF II	11.0	8.0	3.0	27.3%
DYSR-Betty. K. Marler Youth SVC FCLTY	CORR/YTH/CLN SEC SUPV III	5.0	5.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	2.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	3.0	2.0	1.0	33.3%
DYSR-Betty. K. Marler Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	STATE TEACHER AIDE	2.0	1.0	1.0	50.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	STATE TEACHER I	9.0	2.0	7.0	77.8%
DYSR-Betty. K. Marler Youth SVC FCLTY	STATE TEACHER II	2.0	2.0	0.0	0.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	STATE TEACHER III	1.0	0.0	1.0	100.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	TEMPORARY AIDE	6.0	1.9	4.1	68.7%

DYSR-CENTRAL ADMINISTRATION OFC	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	4.0	3.0	1.0	25.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST III	1.0	0.0	1.0	100.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST IV	8.0	7.0	1.0	12.5%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST V	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	CLINICAL TEAM LEADER	3.0	3.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF I	4.0	2.0	2.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	CRIMINAL INVESTIGATOR I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DENTIST II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DIETITIAN II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH CARE TECH II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL V	2.0	1.0	1.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	MANAGEMENT	5.0	5.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE III	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	POLICY ADVISOR III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT I	4.0	3.0	1.0	25.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT II	7.0	6.0	1.0	14.3%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT II	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PSYCHOLOGIST II	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER II	5.0	5.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER III	4.0	3.0	1.0	25.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	TECHNICIAN IV	3.0	3.0	0.0	0.3%
DYSR-CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	7.0	0.5	6.5	92.9%
DYSR-CENTRAL REGIONAL OFFICE	ADMIN ASSISTANT III	3.0	2.0	1.0	33.3%
DYSR-CENTRAL REGIONAL OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST III	2.0	1.0	1.0	50.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	BUDGET & POLICY ANLST V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	NURSE III	1.0	1.0	0.0	0.0%

DYSR-CENTRAL REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR II	21.0	19.0	2.0	9.5%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR III	6.0	6.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	11.0	7.0	4.0	36.4%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	7.0	6.0	1.0	14.3%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	7.0	4.0	3.0	42.9%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	NURSE I	2.0	1.5	0.5	25.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	0.0	1.0	100.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	0.0	2.0	100.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	52.0	45.0	7.0	13.5%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	13.0	12.0	1.0	7.7%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV III	9.0	9.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES III	4.0	4.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	MID-LEVEL PROVIDER	3.0	2.0	1.0	33.3%
DYSR-GILLIAM YOUTH SVC FACILITY	NURSE I	3.0	2.0	1.0	33.3%
DYSR-GILLIAM YOUTH SVC FACILITY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-GILLIAM YOUTH SVC FACILITY	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV I	5.0	5.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	29.0	18.4	10.6	36.6%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	8.0	6.0	2.0	25.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLN SEC SUPV III	5.0	5.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	DINING SERVICES III	2.0	1.0	1.0	50.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	DINING SERVICES V	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%

DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	YOUTH SERV COUNSELOR III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV I	6.0	6.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	54.0	39.0	15.0	27.8%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	14.0	14.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	9.0	8.0	1.0	11.1%
DYSR-GRAND MESA YOUTH SVC FCLTY	DINING SERVICES III	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	MID-LEVEL PROVIDER	1.0	0.0	1.0	100.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	NURSE I	3.0	2.0	1.0	33.3%
DYSR-GRAND MESA YOUTH SVC FCLTY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	NURSE V	1.0	0.0	1.0	100.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT II	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	5.0	4.0	1.0	20.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER AIDE	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER I	7.0	5.0	2.0	28.6%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER II	4.0	3.0	1.0	25.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	TEMPORARY AIDE	6.0	0.0	6.0	100.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	YOUTH SERV COUNSELOR II	2.0	2.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV I	3.0	2.0	1.0	33.3%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	51.0	38.0	13.0	25.5%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	12.0	8.0	4.0	33.3%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	9.0	9.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	DINING SERVICES III	3.0	3.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	NURSE I	3.0	0.0	3.0	100.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%

DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CLINICAL TEAM LEADER	4.0	3.0	1.0	25.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR SUPP TRADES SUPV I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	4.0	3.0	1.0	25.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	HCS TRAINEE III	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	NURSE I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	0.5	0.5	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PSYCHOLOGIST I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PSYCHOLOGIST II	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	0.0	2.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	7.0	7.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER I	7.0	4.0	3.0	42.9%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER II	3.0	2.0	1.0	33.3%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER III	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	TEMPORARY AIDE	16.0	1.0	15.0	93.8%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	YOUTH SERV COUNSELOR II	2.0	2.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR II	12.0	10.0	2.0	16.7%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR III	4.0	4.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT III	2.0	1.5	0.5	25.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV I	5.0	5.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	67.0	48.2	18.8	28.1%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	19.0	15.0	4.0	21.1%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	11.0	10.0	1.0	9.1%
DYSR-PLATTE VALLEY YTH SVC FCLTY	DINING SERVICES III	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	HEALTH CARE TECH I	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	NURSE I	4.0	3.5	0.5	12.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	NURSE V	1.0	1.0	0.0	0.0%

DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	3.0	2.0	1.0	33.3%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	7.0	5.5	1.5	21.4%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	3.0	3.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER AIDE	2.0	1.9	0.1	3.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER I	8.0	7.0	1.0	12.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER II	4.0	1.5	2.5	62.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	TEMPORARY AIDE	7.0	0.0	7.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	TRAINING SPECIALIST IV	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	YOUTH SERV COUNSELOR III	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	ADMIN ASSISTANT III	1.0	0.6	0.4	40.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	43.0	36.0	7.0	16.3%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	12.0	11.0	1.0	8.3%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLN SEC SUPV III	8.0	7.0	1.0	12.5%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES III	3.0	0.0	3.0	100.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES IV	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	NURSE I	2.0	2.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	NURSE II	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	TEMPORARY AIDE	5.0	0.0	5.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	36.0	30.0	6.0	16.7%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	10.0	7.0	3.0	30.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV III	8.0	7.5	0.5	6.3%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES III	4.0	4.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	NURSE I	3.0	2.0	1.0	33.3%
DYSR-PUEBLO YOUTH SVC FACILITY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%

DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-Rocky Mountain Youth SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR SUPP TRADES SUPV I	4.0	4.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	34.0	27.0	7.0	20.6%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF II	8.0	6.0	2.0	25.0%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR/YTH/CLN SEC SUPV III	5.0	5.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	DINING SERVICES III	3.0	2.0	1.0	33.3%
DYSR-Rocky Mountain Youth SVC FCLTY	MID-LEVEL PROVIDER	2.0	0.5	1.5	75.0%
DYSR-Rocky Mountain Youth SVC FCLTY	NURSE I	3.0	2.5	0.5	16.7%
DYSR-Rocky Mountain Youth SVC FCLTY	NURSE III	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	TEMPORARY AIDE	5.0	1.0	4.0	80.0%
DYSR-Rocky Mountain Youth SVC FCLTY	YOUTH SERV COUNSELOR II	1.0	0.0	1.0	100.0%
DYSR-SOUTHERN REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	MANAGEMENT	1.0	0.0	1.0	100.0%
DYSR-SOUTHERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	12.0	8.0	4.0	33.3%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR III	4.0	4.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV I	2.0	1.0	1.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	55.0	44.4	10.6	19.3%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	14.0	10.0	4.0	28.6%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	9.0	9.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	DINING SERVICES III	6.0	5.0	1.0	16.7%
DYSR-SPRING CREEK YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	0.5	1.5	75.0%
DYSR-SPRING CREEK YTH SVC FCLTY	NURSE I	3.0	2.5	0.5	16.7%
DYSR-SPRING CREEK YTH SVC FCLTY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	4.0	4.0	0.0	0.0%

DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	1.0	1.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER AIDE	1.0	0.0	1.0	100.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER I	6.0	3.0	3.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER II	4.0	4.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	TEMPORARY AIDE	13.0	1.0	12.0	92.3%
DYSR-SPRING CREEK YTH SVC FCLTY	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST III	6.0	4.0	2.0	33.3%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST IV	3.0	3.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	2.0	1.0	1.0	50.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	40.0	26.0	14.0	35.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	6.0	3.0	3.0	50.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV III	5.0	3.0	2.0	40.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	DINING SERVICES III	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	2.0	1.0	1.0	50.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	TEMPORARY AIDE	2.0	2.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	TRAINING SPECIALIST IV	1.0	0.9	0.1	7.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR II	2.0	0.0	2.0	100.0%
DYSR-WESTERN REGIONAL OFFICE	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	5.0	5.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR III	3.0	3.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	CLINICAL TEAM LEADER	1.0	0.0	1.0	100.0%
DYSR-Willow Point Youth SVC FCLTY	CORR SUPP TRADES SUPV I	1.0	1.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	23.0	18.0	5.0	21.7%
DYSR-Willow Point Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF II	8.0	7.0	1.0	12.5%
DYSR-Willow Point Youth SVC FCLTY	CORR/YTH/CLN SEC SUPV III	3.0	3.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%

DYSR-Willow Point Youth SVC FCLTY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	2.0	2.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	0.0	1.0	100.0%
DYSR-Willow Point Youth SVC FCLTY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV I	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	40.0	39.0	1.0	2.5%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	9.0	8.0	1.0	11.1%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV III	6.0	6.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	DINING SERVICES III	2.0	1.0	1.0	50.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	NURSE I	3.0	3.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	NURSE II	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	STATE TEACHER II	1.0	0.0	1.0	100.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	TEMPORARY AIDE	15.0	0.0	15.0	100.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR IV	4.0	3.0	1.0	25.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR V	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	ANALYST IV	5.0	4.0	1.0	20.0%
IHFA CHILD WELFARE SERVICES	ANALYST V	5.0	4.0	1.0	20.0%
IHFA CHILD WELFARE SERVICES	AUDITOR III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST III	2.0	1.0	1.0	50.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST IV	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST V	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET ANALYST II	4.0	3.0	1.0	25.0%
IHFA CHILD WELFARE SERVICES	COMMUNITY WORKER I	1.0	0.3	0.7	70.0%
IHFA CHILD WELFARE SERVICES	COMPL INVESTIGATOR II	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	COMPLIANCE SPECIALIST V	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	LIAISON V	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MANAGEMENT	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM ASSISTANT II	7.0	4.0	3.0	42.9%

IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT II	5.0	5.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT II	7.0	6.0	1.0	14.3%
IHFA CHILD WELFARE SERVICES	PROJECT MANAGER I	2.0	1.0	1.0	50.0%
IHFA CHILD WELFARE SERVICES	PROJECT MANAGER III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC III	6.0	5.0	1.0	16.7%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC IV	40.0	38.0	2.0	5.0%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC V	14.0	12.0	2.0	14.3%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC VI	8.0	8.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	TECHNICIAN III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	TRAINING SPECIALIST IV	3.0	3.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	TRAINING SPECIALIST V	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	ANALYST V	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	BUDGET ANALYST II	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	GENERAL PROFESSIONAL IV	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	TRAINING SPECIALIST V	1.0	1.0	0.0	0.0%
IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHFA Juvenile Parole Board	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	AUDITOR III	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT II	1.0	0.0	1.0	100.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	YOUTH SERV COUNSELOR III	3.0	3.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	ANALYST V	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	2.0	2.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	COMMUNITY WORKER I	1.0	0.3	0.7	70.0%
OCYF CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%

OCYF CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	LIF/SOC SCI RSRCH/SCI III	3.0	3.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	MANAGEMENT	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT II	2.0	1.5	0.5	25.0%
OCYF CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	SOC SERVICES SPEC III	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	SOC SERVICES SPEC IV	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	SOC SERVICES SPEC V	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	2.0	1.0	1.0	50.0%
OCYF CENTRAL ADMINISTRATION OFC	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
QAQI ADMINISTRATIVE REVIEW	COMPL INVESTIGATOR II	2.0	0.0	2.0	100.0%
QAQI ADMINISTRATIVE REVIEW	PROGRAM ASSISTANT II	1.0	0.5	0.5	50.0%
	Subtotal	1,727.0	1,289.9	437.1	25.3%
IHJA FORENSIC SERVICES	ADMIN ASSISTANT III	14.0	13.0	1.0	7.1%
IHJA FORENSIC SERVICES	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL I	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL III	25.0	22.0	3.0	12.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL IV	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL V	4.0	4.0	0.0	0.0%
IHJA FORENSIC SERVICES	LEGAL ASSISTANT I	1.0	0.5	0.5	50.0%
IHJA FORENSIC SERVICES	MANAGEMENT	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	MEDIA SPECIALIST III	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	OFFICE MANAGER I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT II	6.0	6.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM COORDINATOR	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT II	3.0	3.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT II	4.0	3.0	1.0	25.0%
IHJA FORENSIC SERVICES	PSYCHOLOGIST I	37.0	20.5	16.5	44.6%
IHJA FORENSIC SERVICES	PSYCHOLOGIST II	6.0	5.5	0.5	8.3%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELOR I	4.0	4.0	0.0	0.0%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ACCOUNTING TECHNICIAN II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMIN ASSISTANT III	29.0	25.4	3.6	12.4%

IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR IV	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR V	7.0	3.0	4.0	57.1%
IHJA MENTAL HEALTH INST @ PUEBLO	AUDITOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BARBER/COSMETOLOGIST	4.0	1.0	3.0	75.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET & POLICY ANLST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET ANALYST II	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE I	109.0	39.3	69.7	63.9%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE II	122.0	81.3	40.7	33.4%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL BEHAV SPEC II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL TEAM LEADER	2.0	1.7	0.3	16.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST I	8.0	5.0	3.0	37.5%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST II	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST III	12.0	3.0	9.0	75.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST IV	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	COMMUNITY PROG SPEC III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRATOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRATOR	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH SEC OFF IV	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF I	79.0	70.4	8.6	10.9%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF II	11.0	9.0	2.0	18.2%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLN SEC SUPV III	8.0	8.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL II	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES III	56.0	46.2	9.8	17.5%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES IV	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES V	8.0	8.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	EMER PREP & COMM SPEC I\	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	EQUIPMENT OPERATOR III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE I	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE II	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE III	5.0	0.0	5.0	100.0%

IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH I	28.0	7.6	20.4	72.9%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH II	17.0	11.0	6.0	35.3%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH III	20.0	9.0	11.0	55.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH IV	7.0	5.0	2.0	28.6%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL II	11.0	9.0	2.0	18.2%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL III	25.0	21.0	4.0	16.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL IV	10.0	10.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL V	10.0	9.0	1.0	10.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VI	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VII	10.0	9.0	1.0	10.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY SUPPORT III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LIBRARIAN II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LPN I	6.0	2.6	3.4	56.7%
IHJA MENTAL HEALTH INST @ PUEBLO	LPN II	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	LPN III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MANAGEMENT	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER III	9.0	9.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH II	11.0	9.0	2.0	18.2%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN I	64.0	23.2	40.8	63.8%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN II	34.0	20.0	14.0	41.2%
IHJA MENTAL HEALTH INST @ PUEBLO	MID-LEVEL PROVIDER	24.0	20.0	4.0	16.7%
IHJA MENTAL HEALTH INST @ PUEBLO	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE I	156.0	64.6	91.4	58.6%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE II	84.0	52.0	32.0	38.1%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE III	17.0	12.0	5.0	29.4%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE V	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE VI	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PARAMEDIC	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST II	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACY TECHNICIAN II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR I	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION SU	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION TE	9.0	6.8	2.2	24.4%

IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER I	8.0	4.0	4.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICY ADVISOR III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT I	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT II	26.0	21.0	5.0	19.2%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM COORDINATOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROJECT COORDINATOR	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROJECT MANAGER III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST CANDIDATE	4.0	0.0	4.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST I	16.0	5.0	11.0	68.8%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST II	9.0	2.0	7.0	77.8%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION COUNS II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION SUPV I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SAFETY SPECIALIST V	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SECURITY I	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR I	11.0	5.5	5.5	50.1%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR I	9.0	6.0	3.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR I	19.0	9.0	10.0	52.6%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR I	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER I	10.0	5.0	5.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN III	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN IV	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST III	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT II	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT III	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TRAINING SPECIALIST III	4.0	2.9	1.1	27.5%
IHJA MENTAL HEALTH INST @ PUEBLO	UNIT DIRECTOR	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ACCOUNTING TECHNICIAN II	1.0	0.3	0.7	70.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT II	4.0	3.3	0.7	17.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT III	8.0	6.0	2.0	25.0%

IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	AGENCY DIRECTOR	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ANALYST III	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CHAPLAIN I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLIENT CARE AIDE II	2.0	0.2	1.8	90.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST II	6.0	3.0	3.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST IV	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	COMPLIANCE SPECIALIST V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLIN SEC OFF I	23.0	14.4	8.6	37.4%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLIN SEC OFF II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLN SEC SUPV III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTAL CARE V	1.0	0.4	0.6	60.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTIST I	1.0	0.4	0.6	60.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIAG PROCED TECHNOL II	1.0	0.5	0.5	48.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES III	5.0	2.0	3.0	60.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES IV	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES V	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	GRANTS SPECIALIST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL II	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL III	16.0	10.4	5.6	35.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL V	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VI	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VII	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	2.0	0.5	1.5	75.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LIBRARIAN II	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LIBRARY TECHNICIAN III	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MANAGEMENT	4.0	2.0	2.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS HANDLER III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MEDICAL RECORDS TECH II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN I	52.0	32.5	19.5	37.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN II	25.0	21.2	3.8	15.1%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN III	8.0	8.0	0.0	0.0%

IHJA MENTAL HEALTH INST@ FT LOGAN	MID-LEVEL PROVIDER	8.0	8.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE I	65.0	37.4	27.6	42.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE II	14.0	10.0	4.0	28.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE III	18.0	13.1	5.0	27.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE V	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST II	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACY TECHNICIAN II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT II	10.0	9.0	1.0	10.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM COORDINATOR	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT II	5.0	3.0	2.0	40.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST CANDIDATE	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST I	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST II	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	SAFETY SECURITY OFF I	1.0	0.3	0.7	68.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR I	9.0	7.0	2.0	22.2%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR I	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR I	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	STATISTICAL ANALYST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TEMPORARY AIDE	2.0	1.5	0.5	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPIST III	3.0	1.3	1.7	56.7%
IHJA MENTAL HEALTH TRANSITIONAL LIVING HOMES	HEALTH CARE TECH II	9.0	0.0	9.0	100.0%
IHJA MENTAL HEALTH TRANSITIONAL LIVING HOMES	HEALTH PROFESSIONAL III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH TRANSITIONAL LIVING HOMES	Health Care Tech II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH TRANSITIONAL LIVING HOMES	PROGRAM MANAGEMENT I	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH TRANSITIONAL LIVING HOMES	SOCIAL WORK/COUNSELOR I	3.0	0.0	3.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	ACCOUNTING TECHNICIAN II	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMINISTRATOR II	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	COMPLIANCE SPECIALIST III	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF I	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT III	4.0	1.0	3.0	75.0%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%

OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT VI	1.0	0.4	0.6	60.0%
OBHC CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL III	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL V	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	LIAISON IV	4.0	1.0	3.0	75.0%
OBHC CENTRAL ADMINISTRATION OFC	LIAISON VI	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	MANAGEMENT	5.0	2.6	2.4	48.0%
OBHC CENTRAL ADMINISTRATION OFC	POLICY ADVISOR III	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	5.0	3.0	2.0	40.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM COORDINATOR	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	8.0	1.0	7.0	87.5%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT II	4.0	0.0	4.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT II	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROJECT COORDINATOR	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROJECT MANAGER II	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVICE	4.0	2.3	1.8	43.8%
OBHC CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	2.0	1.0	1.0	50.0%
	Subtotal	1,885.0	1,197.4	687.6	36.5%
IHGA CHILD SUPPORT SERVICES	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR III	14.0	13.0	1.0	7.1%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR IV	4.0	3.0	1.0	25.0%
IHGA CHILD SUPPORT SERVICES	ANALYST III	9.0	6.4	2.6	28.9%
IHGA CHILD SUPPORT SERVICES	ANALYST IV	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	CONTRACT ADMINISTRATOR	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT VI	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST III	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST V	2.0	2.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	PLANNING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	POLICY ADVISOR IV	6.0	4.0	2.0	33.3%
IHGA CHILD SUPPORT SERVICES	POLICY ADVISOR V	2.0	2.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT I	9.0	7.0	2.0	22.2%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT II	2.0	1.0	1.0	50.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROJECT MANAGER I	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	TECHNICIAN II	3.0	1.0	2.0	66.7%

IHGA CHILD SUPPORT SERVICES	TECHNICIAN III	4.0	4.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA CHILD SUPPORT SERVICES	TRAINING SPECIALIST III	2.0	1.4	0.6	30.0%
IHGA CHILD SUPPORT SERVICES	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	BUDGET & POLICY ANLST IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRATOR	2.0	1.0	1.0	50.0%
IHGA DIR OFC ECONOMIC SECURITY	MANAGEMENT	2.0	2.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	TRAINING SPECIALIST III	2.0	2.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	ANALYST III	5.0	3.0	2.0	40.0%
IHGA Division of Economic Workforce Support	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	CONTRACT ADMINISTRATOR	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	PROGRAM MANAGEMENT I	3.0	3.0	0.0	0.0%
IHGA Division of Economic Workforce Support	PROGRAM MANAGEMENT II	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC III	5.0	2.0	3.0	60.0%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC IV	3.0	3.0	0.0	0.0%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC V	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST II	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	ANALYST IV	4.0	4.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	ANALYST V	2.0	1.0	1.0	50.0%
IHGA EMPLOYMENT & BENEFITS SVCS	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	CONTRACT ADMINISTRATOR	1.0	0.0	1.0	100.0%
IHGA EMPLOYMENT & BENEFITS SVCS	DATA MANAGEMENT IV	2.0	2.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	POLICY ADVISOR III	1.0	0.5	0.5	50.0%
IHGA EMPLOYMENT & BENEFITS SVCS	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM COORDINATOR	1.0	0.0	1.0	100.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT I	3.0	3.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT II	5.0	5.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROJECT COORDINATOR	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	SOC SERVICES SPEC III	7.0	6.0	1.0	14.3%
IHGA EMPLOYMENT & BENEFITS SVCS	SOC SERVICES SPEC IV	4.0	4.0	0.0	0.0%

IHGA EMPLOYMENT & BENEFITS SVCS	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR III	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST III	8.0	6.0	2.0	25.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST IV	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST V	3.0	3.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	CONTRACT ADMINISTRATOR	3.0	1.0	2.0	66.7%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT V	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	EQUIPMENT OPERATOR II	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	MANAGEMENT	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	MATERIALS HANDLER II	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM ASSISTANT II	4.0	4.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT II	5.0	5.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC III	9.0	7.0	2.0	22.2%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC IV	10.0	8.6	1.4	14.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC V	7.0	5.0	2.0	28.6%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN II	1.0	0.6	0.4	40.0%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN III	3.0	3.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA REFUGEE SERVICES	CONTRACT ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	LIAISON IV	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	SOC SERVICES SPEC IV	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ANALYST IV	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	LIAISON IV	1.0	0.0	1.0	100.0%
IHGA Staff Development Division	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHGA Staff Development Division	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
IHGA Staff Development Division	TRAINING SPECIALIST III	3.0	1.0	2.0	66.7%

IHGA Staff Development Division	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
	Subtotal	245.0	188.5	56.5	23.1%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT I	7.0	6.0	1.0	14.3%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT II	37.0	27.0	10.0	27.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT III	25.0	21.0	4.0	16.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT IV	9.0	7.0	2.0	22.2%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN II	36.0	31.0	5.0	13.9%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN I\	1.0	1.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ADMINISTRATOR V	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTRACT ADMINISTRATOR	4.0	3.0	1.0	25.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER I	3.0	1.0	2.0	66.7%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER II	2.0	2.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER III	4.0	3.0	1.0	25.0%
IHDA ACCOUNTING & FINANCIAL SVCS	DATA MANAGEMENT III	2.0	2.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT II	6.0	5.0	1.0	16.7%
IHDA ACCOUNTING & FINANCIAL SVCS	PURCHASING AGENT III	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PURCHASING AGENT IV	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	TEMPORARY AIDE	10.0	1.5	8.5	85.0%
IHDA ACCOUNTING & FINANCIAL SVCS	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHDA BUDGET & POLICY SERVICES	BUDGET & POLICY ANLST IV	3.0	3.0	0.0	0.0%
IHDA BUDGET & POLICY SERVICES	BUDGET ANALYST II	2.0	0.0	2.0	100.0%
IHDA BUDGET & POLICY SERVICES	MANAGEMENT	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	CONTRACT ADMINISTRATOR	2.0	2.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	EQUIPMENT OPERATOR III	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	GENERAL PROFESSIONAL IV	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER I	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER II	2.0	0.0	2.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER III	7.0	5.0	2.0	28.6%
IHDA PROCUREMENT SERVICES	MATERIALS SUPERVISOR	2.0	1.0	1.0	50.0%
IHDA PROCUREMENT SERVICES	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT IV	4.0	3.0	1.0	25.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT V	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	TEMPORARY AIDE	4.0	0.0	4.0	100.0%
	Subtotal	184.0	127.5	56.5	30.7%
				0.0%	
IHHA PERFORMANCE MANAGEMENT	ANALYST IV	11.0	6.0	5.0	45.5%
IHHA PERFORMANCE MANAGEMENT	ANALYST V	2.0	1.0	1.0	50.0%
IHHA PERFORMANCE MANAGEMENT	ANALYST VI	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	MANAGEMENT	1.0	1.0	0.0	0.0%

IHHA PERFORMANCE MANAGEMENT	PROJECT MANAGER III	1.0	0.0	1.0	100.0%
IHHA PERFORMANCE MANAGEMENT	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA PROJECT MANAGEMENT	PROJECT MANAGER I	4.0	2.0	2.0	50.0%
IHHA PROJECT MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA TWO GENERATION STRATEGIES	PROGRAM MANAGEMENT II	1.0	1.0	0.0	0.0%
	Subtotal	24.0	12.0	12.0	50.0%

Subdivision	Job Classification	Allocated FTE	Active FTE	Vacancies	Vacancy Rate
IHHA BUSINESS TECHNOLOGY SVCS	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST III	2.0	1.0	1.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST IV	6.0	2.0	4.0	66.7%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST V	1.0	0.0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	BUDGET & POLICY ANLST III	1.0	0.0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT III	3.0	1.0	2.0	66.7%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER I	8.0	6.0	2.0	25.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER III	4.0	4.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ADMINISTRATOR III	2.0	1.0	1.0	50.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ANALYST IV	1.0	0.0	1.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	MANAGEMENT	2.0	0.0	2.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PURCHASING AGENT III	1.0	0.0	1.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	SENIOR EXECUTIVE SERVICE	2.0	1.0	1.0	50.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR I	3.0	2.0	1.0	33.3%
IHHA DIVISION OF FIELD AUDITS	AUDITOR II	5.0	5.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR III	4.0	3.6	0.4	9.4%
IHHA DIVISION OF FIELD AUDITS	AUDITOR IV	2.0	2.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR V	1.0	1.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHHA DIVISION OF FIELD AUDITS	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	COMP INSURANCE SPEC II	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC	1.0	1.0	0.0	0.0%

IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	SAFETY SPECIALIST IV	1.0	0.0	1.0	100.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	COMP INSURANCE SPEC II	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	GENERAL PROFESSIONAL III	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES DIREC	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC II	3.0	3.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC II	37.0	28.0	9.0	24.3%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC I'	16.0	13.0	3.0	18.8%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC V	10.0	6.0	4.0	40.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC V	5.0	5.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	MANAGEMENT	3.0	3.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN III	11.0	5.0	6.0	54.5%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN IV	5.0	5.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN V	2.0	1.0	1.0	50.0%
IHHA EMPLOYMENT AFFAIRS	TEMPORARY AIDE	23.0	1.0	22.0	95.7%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST III	4.0	2.5	1.5	37.5%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST IV	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN I	35.0	13.0	22.0	62.9%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN II	14.0	9.0	5.0	35.7%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN III	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRICAL TRADES II	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRICAL TRADES III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC II	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC IV	1.0	1.0	0.0	0.0%

IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS I	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PIPE/MECH TRADES II	21.0	14.0	7.0	33.3%
IHHA FACILITIES MANAGEMENT - ND	PIPE/MECH TRADES III	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROJECT PLANNER I	3.0	2.0	1.0	33.3%
IHHA FACILITIES MANAGEMENT - ND	PROJECT PLANNER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	STRUCTURAL TRADES II	20.0	10.0	10.0	50.0%
IHHA FACILITIES MANAGEMENT - ND	STRUCTURAL TRADES III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	UTILITY PLANT OPER I	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - ND	UTILITY PLANT OPER II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	ADMIN ASSISTANT III	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ANALYST VI	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN I	68.0	46.0	22.0	32.4%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN II	8.0	8.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN III	6.0	6.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRICAL TRADES II	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC I	2.0	1.5	0.6	27.5%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC II	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC I	1.0	1.0	0.0	0.0%

IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY II	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	MATERIALS HANDLER II	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PIPE/MECH TRADES II	27.0	19.0	8.0	29.6%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROJECT PLANNER I	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	PROJECT PLANNER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	STRUCTURAL TRADES II	25.0	22.0	3.0	12.0%
IHHA FACILITIES MANAGEMENT - SD	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER I	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER II	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - WD	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN I	12.0	7.0	5.0	41.7%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN III	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	ELECTRICAL TRADES II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	EQUIPMENT MECHANIC III	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY II	3.0	1.0	2.0	66.7%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY III	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	LTC OPERATIONS I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	LTC OPERATIONS II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	PIPE/MECH TRADES II	5.0	4.0	1.0	20.0%
IHHA FACILITIES MANAGEMENT - WD	PRODUCTION II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	PROJECT PLANNER I	1.0	1.0	0.0	0.0%

IHHA FACILITIES MANAGEMENT - WD	STRUCTURAL TRADES II	4.0	4.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA FACILITIES MGMT ADMIN	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	ARCHITECT III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ANALYST IV	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ARCHITECT II	2.0	1.0	1.0	50.0%
IHHA FACLTS MGMT PLAN TECH SVCS	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	GENERAL PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROFESSIONAL ENGINEER II	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER II	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER III	2.0	2.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA LEGAL	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA LEGAL	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA LEGAL	ANALYST IV	1.0	0.0	1.0	100.0%
IHHA LEGAL	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA LEGAL	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA LEGAL	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	ANALYST IV	10.0	7.0	3.0	30.0%
IHHA PERFORMANCE MANAGEMENT	ANALYST V	3.0	1.0	2.0	66.7%
IHHA PERFORMANCE MANAGEMENT	DATA MANAGEMENT IV	3.0	1.0	2.0	66.7%
IHHA PERFORMANCE MANAGEMENT	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA PROJECT MANAGEMENT	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA PROJECT MANAGEMENT	PROJECT MANAGER I	3.0	3.0	0.0	0.0%
IHHA PROJECT MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST IV	3.0	3.0	0.0	0.0%

IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST V	1.0	0.6	0.4	40.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR II	34.0	31.0	3.0	8.8%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR III	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST III	10.0	10.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST IV	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	DATA MANAGEMENT IV	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	LEGAL ASSISTANT II	3.0	2.0	1.0	33.3%
IHHA QUAL ASSUR & QUAL IMPRVMNT	MANAGEMENT	2.0	1.0	1.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT I	5.0	5.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	SOC SERVICES SPEC III	4.0	3.0	1.0	25.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	SOC SERVICES SPEC IV	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
	Subtotal	689.0	472.2	216.8	31.5%
IHAA EXECUTIVE DIRECTORS OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	ANALYST IV	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	CHIEF FINANCIAL OFFICER	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE ASSISTANT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE DIRECTOR	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	SENIOR EXECUTIVE SERVICE	2.0	1.0	1.0	50.0%
IHAA EXECUTIVE DIRECTORS OFFICE	TEMPORARY AIDE	13.0	0.6	12.4	95.4%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	MANAGEMENT	1.0	1.0	0.0	0.0%

IHBA BOARDS & COMMISSIONS	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	TRAINING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHBA CLIENT SVC CNTRLD CORSPNDCE	LIAISON III	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC III	4.0	3.0	1.0	25.0%
IHBA COMMUNICATIONS DIRECTOR	PUBLIC INFO OFFICER	1.0	1.0	0.0	0.0%
IHBA COUNTY SERVICES	LIAISON V	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	GENERAL PROFESSIONAL III	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON IV	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	SENIOR EXECUTIVE SERVICE	2.0	1.0	1.0	50.0%
IHBA LEGISLATIVE LIASION	DEPT LEGISLATIVE LIAISON	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	LIAISON III	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHCA EXEC DIR OF OPERATIONS	ADMINISTRATOR III	3.0	2.0	1.0	33.3%
IHCA EXEC DIR OF OPERATIONS	MANAGEMENT	1.0	0.0	1.0	100.0%
IHCA EXEC DIR OF OPERATIONS	SENIOR EXECUTIVE SERVICE	3.0	3.0	0.0	0.0%
IHCA EXEC DIR OF OPERATIONS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
	Subtotal	62.0	30.6	31.4	50.6%
IHEA AGING AND ADULT SERVICES	ANALYST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	ANALYST V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	CONTRACT ADMINISTRATOI	2.0	1.0	1.0	50.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT IV	5.0	4.0	1.0	20.0%
IHEA AGING AND ADULT SERVICES	GRANTS SPECIALIST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PLANNING SPECIALIST IV	3.0	2.8	0.2	6.7%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%

IHEA AGING AND ADULT SERVICES	PROGRAM MANAGEMENT I	4.0	3.0	1.0	25.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC III	3.0	3.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC IV	1.0	0.0	1.0	100.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TECHNICIAN II	4.0	3.0	1.0	25.0%
IHEA AGING AND ADULT SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	MKTG & COMM SPEC III	2.0	1.0	1.0	50.0%
IHEA CENTRAL ADMINISTRATION OFFICES	SENIOR EXECUTIVE SERVICE	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMIN ASSISTANT III	1.0	0.6	0.4	40.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT I	1.0	0.6	0.4	40.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA DISABILITY DETERM SVCS	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR I	105.0	70.0	35.0	33.3%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR II	25.0	22.6	2.4	9.6%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR III	25.0	23.0	2.0	8.0%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR IV	13.0	11.0	2.0	15.4%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR V	19.0	17.8	1.3	6.6%
IHEA DISABILITY DETERM SVCS	ANALYST IV	9.0	7.5	1.5	16.7%
IHEA DISABILITY DETERM SVCS	ANALYST V	2.0	2.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	CLIENT CARE AIDE II	2.0	1.0	1.0	50.0%
IHEA DISABILITY DETERM SVCS	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%

IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST VI	1.0	0.5	0.6	55.0%
IHEA DISABILITY DETERM SVCS	HEARINGS OFFICER II	4.0	3.0	1.0	25.0%
IHEA DISABILITY DETERM SVCS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
IHEA DISABILITY DETERM SVCS	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	TEMPORARY AIDE	13.0	1.0	12.0	92.3%
IHEA DISABILITY DETERM SVCS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHEA VET COMM LVNG CTRS ADMIN	HEALTH PROFESSIONAL VI	3.0	0.0	3.0	100.0%
IHEA VET COMM LVNG CTRS ADMIN	MANAGEMENT	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMINISTRATOR I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	CLINICAL BEHAV SPEC II	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT GRND JCT	CORR/YTH/CLIN SEC OFF I	3.0	0.0	3.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTAL CARE IV	1.0	0.6	0.4	40.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTIST I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DIETITIAN III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	DINING SERVICES III	3.0	0.0	3.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DINING SERVICES IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	GENERAL LABOR I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE I	49.0	9.0	40.0	81.6%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE II	9.0	6.0	3.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH I	107.0	78.0	29.0	27.1%

IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH III	22.0	12.0	10.0	45.5%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH IV	14.0	10.0	4.0	28.6%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL II	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL III	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL V	6.0	5.0	1.0	16.7%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VI	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VII	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	MATERIALS HANDLER II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	MID-LEVEL PROVIDER	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE II	12.0	8.9	3.1	25.8%
IHKA REGIONAL CENTER AT GRND JCT	NURSE III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	PHARMACY TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	PHYSICIAN II	1.0	0.2	0.8	80.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT I	5.0	3.0	2.0	40.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST III	3.0	1.2	1.9	61.7%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT II	7.0	4.0	3.0	42.9%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	ADMIN ASSISTANT III	5.0	2.0	3.0	60.0%
IHKA REGIONAL CENTER AT PUEBLO	CLIENT CARE AIDE I	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT PUEBLO	CLIENT CARE AIDE II	7.0	4.0	3.0	42.9%
IHKA REGIONAL CENTER AT PUEBLO	CLINICAL BEHAV SPEC II	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT PUEBLO	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE I	20.0	16.0	4.0	20.0%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE II	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH I	75.0	62.5	12.5	16.7%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH III	23.0	19.0	4.0	17.4%

IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH IV	10.0	7.0	3.0	30.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL II	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL III	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL IV	5.0	3.0	2.0	40.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL V	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VI	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	LIAISON III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MENTAL HLTH CLINICIAN I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	MENTAL HLTH CLINICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	MID-LEVEL PROVIDER	2.0	0.0	2.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE I	10.0	6.0	4.0	40.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	PROGRAM ASSISTANT II	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT PUEBLO	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	SOC SERVICES SPEC IV	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ACCOUNTING TECHNICIAN I	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMIN ASSISTANT III	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR I	2.0	0.0	2.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST IV	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST VI	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLIENT CARE AIDE II	8.0	4.0	4.0	50.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLINICAL BEHAV SPEC II	7.0	6.0	1.0	14.3%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC INTERN	24.0	0.0	24.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF I	11.0	9.0	2.0	18.2%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN III	1.0	1.0	0.0	0.0%

IHKA REGIONAL CENTER AT WHEATRDG	DINING SERVICES III	2.0	0.0	2.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE I	98.0	37.2	60.8	62.0%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE II	9.0	6.0	3.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH I	71.0	61.8	9.2	13.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH II	8.0	6.0	2.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH III	61.0	44.0	17.0	27.9%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH IV	22.0	20.0	2.0	9.1%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL I	2.0	0.0	2.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL III	8.0	7.0	1.0	12.5%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL V	13.0	13.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VI	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MANAGEMENT	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MEDICAL RECORDS TECH II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MENTAL HLTH CLINICIAN I	3.0	0.0	3.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE I	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE II	13.0	12.2	0.8	6.2%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE V	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACIST I	1.0	0.1	0.9	90.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACY TECHNICIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHYSICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT I	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT II	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	TEMPORARY AIDE	6.0	0.0	6.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST III	6.0	4.0	2.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT II	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT I	4.0	2.0	2.0	50.0%

IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTING TECHNICIAN I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT II	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT III	4.0	3.0	1.0	25.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	BARBER/COSMETOLOGIST	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE I	2.0	0.4	1.6	80.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE II	93.0	49.3	43.7	47.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST II	7.0	5.8	1.2	17.2%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN I	16.0	9.0	7.0	43.8%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN II	4.0	4.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN III	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DIETITIAN II	2.0	1.8	0.2	10.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES II	15.0	7.8	7.2	48.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES III	10.0	9.4	0.6	6.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES IV	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES V	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	FOOD SERV MGR III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH I	8.0	7.0	1.0	12.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH III	24.0	20.1	3.9	16.3%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL V	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MEDICAL RECORDS TECH III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE I	11.0	7.1	3.9	35.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE II	9.0	6.6	2.4	26.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE III	18.0	14.5	3.5	19.4%

IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST II	6.0	4.2	1.8	30.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACY TECHNICIAN II	5.0	3.1	1.9	38.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	SOCIAL WORK/COUNSELOR	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	STRUCTURAL TRADES II	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT FITZSIMNS	TEMPORARY AIDE	29.0	0.2	28.8	99.4%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT I	3.0	1.6	1.4	46.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTANT III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTING TECHNICIAN I	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE I	12.0	4.6	7.4	61.7%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE II	31.0	14.0	17.0	54.8%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN I	16.0	12.0	4.0	25.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DIETITIAN III	1.0	0.6	0.4	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES II	13.0	5.6	7.4	56.9%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES III	7.0	5.0	2.0	28.6%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR I	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH III	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH PROFESSIONAL IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC TRAINEE I	1.0	0.1	0.9	90.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MKTG & COMM SPEC III	2.0	2.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT FLORENCE	NURSE I	7.0	1.5	5.5	78.6%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE II	20.0	15.0	5.0	25.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE III	5.0	3.4	1.6	32.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PHARMACIST II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PIPE/MECH TRADES II	1.0	0.4	0.6	60.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PURCHASING AGENT III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	SOCIAL WORK/COUNSELOR	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STATE SERVICE TRAINEE I	5.0	2.0	3.0	60.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	TEMPORARY AIDE	32.0	1.6	30.4	95.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT I	5.0	3.0	2.0	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT II	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTING TECHNICIAN I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ADMIN ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE I	9.0	2.0	7.0	77.8%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE II	20.0	16.0	4.0	20.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN I	6.0	6.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES I	2.0	0.6	1.4	70.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES II	8.0	6.0	2.0	25.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	EQUIPMENT OPERATOR I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH II	3.0	1.0	2.0	66.7%

IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE II	11.0	10.0	1.0	9.1%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PHARMACY TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	TEMPORARY AIDE	14.0	4.6	9.4	67.1%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE I	19.0	4.5	14.5	76.3%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE II	28.0	13.6	14.4	51.4%
IHKA VET COMM LVNG CTR AT RIFLE	CLINICAL THERAPIST III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN I	11.0	9.0	2.0	18.2%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	DIETITIAN III	1.0	0.5	0.5	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES II	10.0	2.8	7.2	72.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES III	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT RIFLE	FOOD SERV MGR II	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH III	4.0	2.8	1.2	30.0%
IHKA VET COMM LVNG CTR AT RIFLE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MEDICAL RECORDS TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE I	7.0	4.2	2.8	40.0%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE II	14.0	9.3	4.7	33.7%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE III	4.0	3.0	1.0	25.0%
IHKA VET COMM LVNG CTR AT RIFLE	PHYSICIAN I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	STRUCTURAL TRADES II	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT RIFLE	TEMPORARY AIDE	8.0	0.0	8.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	THERAPY ASSISTANT I	3.0	2.0	1.0	33.3%
	Subtotal	1,951.0	1,221.5	729.5	37.4%
IHJA FORENSIC SERVICES	ADMIN ASSISTANT III	12.0	9.5	2.5	20.8%
IHJA FORENSIC SERVICES	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL I	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL III	21.0	19.0	2.0	9.5%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL V	3.0	2.0	1.0	33.3%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	LEGAL ASSISTANT I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	MEDIA SPECIALIST III	1.0	0.0	1.0	100.0%
IHJA FORENSIC SERVICES	OFFICE MANAGER I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	POLICE OFFICER I	2.0	0.0	2.0	100.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT II	6.0	6.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM COORDINATOR	2.0	2.0	0.0	0.0%

IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT I	4.0	3.0	1.0	25.0%
IHJA FORENSIC SERVICES	PSYCHOLOGIST CANDIDATE	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	PSYCHOLOGIST I	39.0	25.0	14.0	35.9%
IHJA FORENSIC SERVICES	PSYCHOLOGIST II	7.0	6.0	1.0	14.3%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELOR	6.0	6.0	0.0	0.0%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ FT LGN	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ FT LGN	SAFETY SECURITY OFF I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ACCOUNTING TECHNICIAN I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMIN ASSISTANT III	27.0	19.3	7.7	28.4%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR III	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR IV	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR V	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	AUDITOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BARBER/COSMETOLOGIST	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET ANALYST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET ANALYST II	3.0	1.0	2.0	66.7%
IHJA MENTAL HEALTH INST @ PUEBLO	CHAPLAIN I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE I	60.0	24.3	35.7	59.5%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE II	133.0	49.0	84.0	63.2%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL BEHAV SPEC II	3.0	1.0	2.0	66.7%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL BEHAV SPEC III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL TEAM LEADER	2.0	1.7	0.3	16.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST I	8.0	7.0	1.0	12.5%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST II	5.0	3.0	2.0	40.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST III	12.0	8.0	4.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST IV	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	COMMUNITY PROG SPEC III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH SEC OFF IV	2.0	2.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF I	80.0	66.4	13.6	17.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF II	11.0	10.0	1.0	9.1%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLN SEC SUPV II	9.0	8.0	1.0	11.1%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT III	7.0	7.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT V	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT VI	2.0	1.4	0.6	30.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL II	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN II	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES III	56.0	35.4	20.6	36.8%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES IV	7.0	7.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES V	8.0	7.0	1.0	12.5%
IHJA MENTAL HEALTH INST @ PUEBLO	EQUIPMENT OPERATOR I	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	EQUIPMENT OPERATOR II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR II	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE I	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE II	3.0	0.4	2.6	86.7%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE III	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH I	39.0	19.4	19.6	50.3%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH II	29.0	18.0	11.0	37.9%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH III	24.0	13.0	11.0	45.8%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH IV	7.0	5.0	2.0	28.6%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL II	8.0	8.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL III	24.0	17.0	7.0	29.1%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL IV	11.0	8.0	3.0	27.3%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL V	10.0	7.0	3.0	30.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VI	8.0	7.0	1.0	12.5%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VII	9.0	6.4	2.6	28.9%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY SUPPORT III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOGY	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LIBRARIAN II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MANAGEMENT	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER I	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER II	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH II	12.0	11.0	1.0	8.3%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN I	83.0	59.6	23.4	28.2%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN II	46.0	32.0	14.0	30.4%
IHJA MENTAL HEALTH INST @ PUEBLO	MID-LEVEL PROVIDER	21.0	19.0	2.0	9.5%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE I	198.0	85.6	112.4	56.8%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE II	57.0	34.0	23.0	40.4%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE III	19.0	18.0	1.0	5.3%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE V	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE VI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PARAMEDIC	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST II	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACY TECHNICIAN II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PIPE/MECH TRADES II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION S	1.0	1.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION T	6.0	5.8	0.2	3.3%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER I	7.0	7.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT I	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT II	18.0	15.9	2.1	11.6%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	PROJECT COORDINATOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST CANDIDATE	6.0	1.0	5.0	83.3%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST I	13.0	12.0	1.0	7.7%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST II	7.0	6.0	1.0	14.3%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION COUNS II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION SUPV I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SAFETY SPECIALIST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SECURITY I	2.0	1.5	0.5	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR	12.0	6.5	5.5	45.9%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR	10.0	5.0	5.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR	18.0	11.0	7.0	38.9%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELOR	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER I	10.0	8.1	1.9	19.4%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN II	4.0	4.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN IV	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TEMPORARY AIDE	12.0	2.5	9.5	79.2%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST II	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST IV	1.0	0.0	1.0	100.0%

IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT II	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT III	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TRAINING SPECIALIST III	4.0	2.5	1.5	37.5%
IHJA MENTAL HEALTH INST @ PUEBLO	UNIT DIRECTOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ACCOUNTANT II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ACCOUNTING TECHNICIAN I	2.0	1.3	0.7	35.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT II	4.0	1.3	2.7	67.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT III	8.0	5.0	3.0	37.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR I	4.0	0.0	4.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR III	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	AGENCY DIRECTOR	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ANALYST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ANALYST V	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	BUDGET & POLICY ANLST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	BUDGET ANALYST II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CHAPLAIN I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLIENT CARE AIDE II	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST II	8.0	3.0	5.0	62.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	COMPLIANCE SPECIALIST V	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CONTRACT ADMINISTRATOI	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLIN SEC OFF I	14.0	0.0	14.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT IV	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTAL CARE V	1.0	0.3	0.7	69.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTIST I	1.0	0.3	0.7	70.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIAG PROCED TECHNOL II	2.0	0.5	1.5	74.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN II	1.0	0.6	0.4	40.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES III	6.0	1.0	5.0	83.3%

IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES IV	5.0	3.0	2.0	40.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES V	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL III	6.0	2.8	3.2	53.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VI	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VII	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HUMAN RESOURCES SPEC II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOGY	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LIBRARIAN II	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS HANDLER I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS HANDLER III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MEDICAL RECORDS TECH II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN I	57.0	21.1	35.9	63.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN II	25.0	17.1	7.9	31.8%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN III	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	MID-LEVEL PROVIDER	8.0	5.0	3.0	37.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE I	73.0	20.8	52.2	71.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE II	14.0	8.0	6.0	42.9%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE III	19.0	10.5	8.5	44.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE V	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE VI	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST II	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACY TECHNICIAN II	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT II	7.0	6.0	1.0	14.3%

IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT I	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT I	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROJECT COORDINATOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST CANDIDATE	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST I	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST II	3.0	1.0	2.0	66.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	SAFETY SECURITY OFF I	11.0	6.4	4.6	41.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	SAFETY SECURITY OFF III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR	11.0	3.0	8.0	72.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELOR	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	STATISTICAL ANALYST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TEMPORARY AIDE	37.0	2.0	35.0	94.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPIST III	2.0	0.3	1.7	85.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPIST IV	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ACCOUNTANT I	4.0	2.5	1.5	37.5%
OBHC CENTRAL ADMINISTRATION OFC	ACCOUNTANT III	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ACCOUNTING TECHNICIAN I	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	5.0	4.0	1.0	20.0%
OBHC CENTRAL ADMINISTRATION OFC	ANALYST III	5.0	0.0	5.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST III	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST IV	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET ANALYST I	2.0	1.0	1.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	COMPLIANCE SPECIALIST IV	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	COMPLIANCE SPECIALIST VI	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOI	3.0	2.0	1.0	33.3%

OBHC CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOI	6.0	2.0	4.0	66.7%
OBHC CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOI	4.0	2.0	2.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT III	7.0	4.0	3.0	42.9%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT IV	9.0	5.0	4.0	44.4%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT V	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	DATA MANAGEMENT VI	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	LIAISON IV	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	LIAISON V	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	MANAGEMENT	6.0	0.0	6.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	MKTG & COMM SPEC IV	4.0	2.0	2.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	MKTG & COMM SPEC VI	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PLANNING SPECIALIST IV	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	POLICY ADVISOR V	2.0	0.0	2.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT I	5.0	3.0	2.0	40.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	8.0	4.0	4.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM COORDINATOR	2.0	1.0	1.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	41.0	34.0	7.0	17.1%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	11.0	7.0	4.0	36.4%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	5.0	2.0	3.0	60.0%
OBHC CENTRAL ADMINISTRATION OFC	PROJECT COORDINATOR	1.0	0.0	1.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROJECT MANAGER II	2.0	0.0	2.0	100.0%
OBHC CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVICE	5.0	4.0	1.0	20.0%
OBHC CENTRAL ADMINISTRATION OFC	STATE SERV PROF TRAIN II	2.0	1.0	1.0	50.0%
OBHC CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
	Subtotal	2,054.0	1,242.0	812.0	39.5%
DYSR-ASPIRE YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CONTRACT ADMINISTRATOI	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	37.0	16.4	20.6	55.7%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	8.0	5.0	3.0	37.5%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV II	5.0	3.0	2.0	40.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	HCS TRAINEE III	1.0	1.0	0.0	0.0%

DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR	3.0	0.0	3.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	4.0	3.0	1.0	25.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST III	3.0	2.0	1.0	33.3%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST IV	7.0	4.0	3.0	42.9%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST V	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST VI	1.0	0.0	1.0	100.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	3.0	2.0	1.0	33.3%
DYSR-CENTRAL ADMINISTRATION OFC	CLINICAL TEAM LEADER	2.0	1.0	1.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF I	3.0	2.0	1.0	33.3%
DYSR-CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DENTIST II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DIETITIAN II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH CARE TECH II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL V	3.0	1.0	2.0	66.7%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL VI	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL VII	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	MANAGEMENT	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE III	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE V	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	POLICY ADVISOR III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	7.0	6.0	1.0	14.3%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT I	4.0	4.0	0.0	0.0%

DYSR-CENTRAL ADMINISTRATION OFC	PSYCHOLOGIST II	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER II	6.0	6.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER III	2.0	1.0	1.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	TECHNICIAN IV	3.0	3.0	0.0	0.3%
DYSR-CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	7.0	0.0	7.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	ADMIN ASSISTANT III	3.0	3.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST III	2.0	1.0	1.0	50.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	NURSE III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT I	3.0	3.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	SOCIAL WORK/COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	STATE TEACHER II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR II	21.0	20.0	1.0	4.8%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR II	6.0	6.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	15.0	4.0	11.0	73.3%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	4.0	3.0	1.0	25.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV II	4.0	4.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	1.0	1.0	50.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	59.0	47.0	12.0	20.3%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	13.0	12.0	1.0	7.7%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV II	9.0	9.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES III	4.0	3.0	1.0	25.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%

DYSR-GILLIAM YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	2.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	NURSE I	5.0	1.0	4.0	80.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV I	5.0	5.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	27.0	13.4	13.6	50.4%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	7.0	7.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLN SEC SUPV III	5.0	4.0	1.0	20.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	DINING SERVICES III	3.0	2.0	1.0	33.3%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR	3.0	3.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV I	3.0	3.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	53.0	40.4	12.6	23.8%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	13.0	12.0	1.0	7.7%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLN SEC SPEC III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	7.0	6.0	1.0	14.3%
DYSR-GRAND MESA YOUTH SVC FCLTY	DINING SERVICES III	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	HEALTH CARE TECH IV	1.0	0.0	1.0	100.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	NURSE I	5.0	3.0	2.0	40.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%

DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	4.0	3.0	1.0	25.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER AIDE	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER I	7.0	6.0	1.0	14.3%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER II	3.0	1.0	2.0	66.7%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	TEMPORARY AIDE	6.0	2.0	4.0	66.7%
DYSR-GRAND MESA YOUTH SVC FCLTY	YOUTH SERV COUNSELOR II	2.0	2.0	0.0	0.0%
DYSR-LOOKOUT MTN YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	7.0	6.4	0.6	8.6%
DYSR-LOOKOUT MTN YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	2.0	2.0	0.0	0.0%
DYSR-LOOKOUT MTN YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	1.0	1.0	0.0	0.0%
DYSR-LOOKOUT MTN YOUTH SVC FCLTY	MID-LEVEL PROVIDER	3.0	2.0	1.0	33.3%
DYSR-LOOKOUT MTN YOUTH SVC FCLTY	NURSE I	2.0	1.5	0.5	25.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV I	3.0	3.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	56.0	29.7	26.3	47.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	12.0	8.0	4.0	33.3%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	9.0	9.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	DINING SERVICES III	3.0	2.0	1.0	33.3%
DYSR-MARVIN FOOTE YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	NURSE I	4.0	3.0	1.0	25.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	ACCOUNTING TECHNICIAN I	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	AUDITOR V	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CLINICAL TEAM LEADER	4.0	4.0	0.0	0.0%

DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR SUPP TRADES SUPV I	6.0	3.0	3.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	104.0	49.0	55.0	52.9%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	26.0	19.0	7.0	26.9%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV II	18.0	13.0	5.0	27.8%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CUSTODIAN II	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	DINING SERVICES III	3.0	0.0	3.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	HCS TRAINEE III	3.0	3.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	NURSE I	5.0	2.0	3.0	60.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM ASSISTANT I	6.0	3.0	3.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PSYCHOLOGIST I	2.0	1.0	1.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	0.0	2.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	9.0	5.0	4.0	44.4%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER AIDE	3.0	2.0	1.0	33.3%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER I	17.0	8.0	9.0	52.9%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER II	5.0	2.0	3.0	60.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER III	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	TEMPORARY AIDE	25.0	3.0	22.0	88.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	YOUTH SERV COUNSELOR II	2.0	1.0	1.0	50.0%
DYSR-NORTH EAST REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR II	12.0	10.0	2.0	16.7%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR II	4.0	4.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT III	2.0	1.0	1.0	50.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMINISTRATOR I	1.0	0.0	1.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	AUDITOR V	1.0	0.0	1.0	100.0%

DYSR-PLATTE VALLEY YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV I	5.0	5.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	86.0	56.8	29.2	34.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	20.0	17.0	3.0	15.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV III	10.0	10.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	DINING SERVICES III	1.0	0.0	1.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	HCS TRAINEE III	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	HEALTH CARE TECH I	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	HEALTH CARE TECH IV	1.0	0.0	1.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	NURSE I	5.0	0.0	5.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	1.5	0.5	25.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	6.0	4.0	2.0	33.3%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	3.0	3.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER AIDE	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER I	7.0	5.0	2.0	28.6%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER II	3.0	1.0	2.0	66.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	TEMPORARY AIDE	7.0	0.0	7.0	100.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	ADMIN ASSISTANT III	1.0	0.4	0.6	60.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	49.0	38.0	11.0	22.4%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	11.0	10.0	1.0	9.1%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLN SEC SUPV III	8.0	8.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES III	3.0	0.0	3.0	100.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES IV	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	HCS TRAINEE III	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%

DYSR-PRAIRIE VISTA YOUTH SERVICES	NURSE I	3.0	2.0	1.0	33.3%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	SOCIAL WORK/COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	AUDITOR V	1.0	0.0	1.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	35.0	31.0	4.0	11.4%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	8.0	8.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV II	6.0	5.0	1.0	16.7%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES III	4.0	3.0	1.0	25.0%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-PUEBLO YOUTH SVC FACILITY	NURSE I	4.0	3.0	1.0	25.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	TEMPORARY AIDE	3.0	1.0	2.0	67.3%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	12.0	10.0	2.0	16.7%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	4.0	4.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	1.0	1.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	56.0	41.4	14.6	26.1%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	14.0	13.0	1.0	7.1%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV II	9.0	9.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	DINING SERVICES III	6.0	4.0	2.0	33.3%
DYSR-SPRING CREEK YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%

DYSR-SPRING CREEK YTH SVC FCLTY	NURSE I	4.0	3.5	0.5	12.5%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	3.0	3.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	5.0	3.0	2.0	40.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER AIDE	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER I	9.0	5.0	4.0	44.4%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER II	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	TEMPORARY AIDE	12.0	0.0	12.0	100.0%
DYSR-SPRING CREEK YTH SVC FCLTY	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	CORR/YTH/CLN SEC SPEC III	2.0	2.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST III	4.0	3.0	1.0	25.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST IV	3.0	2.0	1.0	33.3%
DYSR-SUMMIT YOUTH SERVICES CENTER	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	39.0	11.0	28.0	71.8%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	6.0	5.0	1.0	16.7%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV III	8.0	6.0	2.0	25.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	DINING SERVICES III	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	HCS TRAINEE III	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR II	1.0	1.0	0.0	0.0%

DYSR-WESTERN REGIONAL OFFICE	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	5.0	4.0	1.0	20.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR II	3.0	3.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	ADMIN ASSISTANT III	1.0	0.5	0.5	50.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV I	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV II	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	41.0	40.0	1.0	2.4%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	9.0	7.0	2.0	22.2%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLN SEC SPEC III	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV III	5.0	5.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	DINING SERVICES III	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	NURSE I	4.0	4.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELOR	2.0	1.0	1.0	50.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	STATE TEACHER II	1.0	0.0	1.0	100.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	TEMPORARY AIDE	15.0	1.0	14.0	93.3%
IHFA CHILD WELFARE SERVICES	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR IV	5.0	4.0	1.0	20.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR V	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST IV	4.0	4.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST V	5.0	4.0	1.0	20.0%
IHFA CHILD WELFARE SERVICES	AUDITOR III	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST III	2.0	1.0	1.0	50.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST IV	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET ANALYST II	3.0	2.0	1.0	33.3%

IHFA CHILD WELFARE SERVICES	COMMUNITY WORKER I	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	COMPL INVESTIGATOR II	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	COMPLIANCE SPECIALIST V	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	CONTRACT ADMINISTRATOI	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	LIAISON V	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MANAGEMENT	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM ASSISTANT II	9.0	6.0	3.0	33.3%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT I	5.0	5.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT I	8.0	6.0	2.0	25.0%
IHFA CHILD WELFARE SERVICES	PROJECT COORDINATOR	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROJECT MANAGER III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC III	7.0	4.0	3.0	42.9%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC IV	35.0	25.0	10.0	28.6%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC V	16.0	13.0	3.0	18.8%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC VI	5.0	5.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	STATE SERVICE TRAINEE I	2.0	0.0	2.0	100.0%
IHFA CHILD WELFARE SERVICES	TEMPORARY AIDE	8.0	0.0	8.0	100.0%
IHFA CHILD WELFARE SERVICES	TRAINING SPECIALIST IV	5.0	4.0	1.0	20.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	BUDGET ANALYST II	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	GENERAL PROFESSIONAL IV	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%

IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR III	3.0	2.0	1.0	33.3%
IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	AUDITOR III	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	YOUTH SERV COUNSELOR II	3.0	3.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	ANALYST V	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
QAQI ADMINISTRATIVE REVIEW	COMPL INVESTIGATOR II	2.0	0.0	2.0	100.0%
QAQI ADMINISTRATIVE REVIEW	PROGRAM ASSISTANT II	1.0	0.5	0.5	50.0%
	Subtotal	1,742.0	1,205.9	536.1	30.8%
IHGA Staff Development Division	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	ADMINISTRATOR III	6.0	3.0	3.0	50.0%
IHIA COMM & FAMILY SUPPORT SVCS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	ANALYST V	1.0	0.0	1.0	100.0%
IHIA COMM & FAMILY SUPPORT SVCS	COMPLIANCE SPECIALIST III	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	COMPLIANCE SPECIALIST IV	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	MANAGEMENT	2.0	1.0	1.0	50.0%
IHIA COMM & FAMILY SUPPORT SVCS	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHIA COMM & FAMILY SUPPORT SVCS	PROGRAM MANAGEMENT I	14.0	14.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	PROGRAM MANAGEMENT I	5.0	4.0	1.0	20.0%
IHIA COMM & FAMILY SUPPORT SVCS	PROJECT MANAGER I	2.0	2.0	0.0	0.0%
IHIA COMM & FAMILY SUPPORT SVCS	PROJECT MANAGER II	3.0	1.0	2.0	66.7%
IHIA COMM & FAMILY SUPPORT SVCS	TEMPORARY AIDE	4.0	1.0	3.0	75.0%
IHIA COMM & FAMILY SUPPORT SVCS	TRAINING SPECIALIST IV	3.0	3.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	ADMINISTRATOR III	2.0	2.0	0.0	0.0%

IHIA DIR OFC OF EARLY CHILDHOOD	ADMINISTRATOR IV	3.0	1.0	2.0	66.7%
IHIA DIR OFC OF EARLY CHILDHOOD	ANALYST V	2.0	2.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	AUDITOR V	1.0	0.0	1.0	100.0%
IHIA DIR OFC OF EARLY CHILDHOOD	CONTRACT ADMINISTRATOI	3.0	1.0	2.0	66.7%
IHIA DIR OFC OF EARLY CHILDHOOD	MANAGEMENT	1.0	0.0	1.0	100.0%
IHIA DIR OFC OF EARLY CHILDHOOD	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHIA DIR OFC OF EARLY CHILDHOOD	PROGRAM MANAGEMENT I	2.0	1.0	1.0	50.0%
IHIA DIR OFC OF EARLY CHILDHOOD	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	PROJECT COORDINATOR	2.0	2.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	PROJECT MANAGER I	2.0	1.0	1.0	50.0%
IHIA DIR OFC OF EARLY CHILDHOOD	PROJECT MANAGER II	3.0	2.0	1.0	33.3%
IHIA DIR OFC OF EARLY CHILDHOOD	PROJECT MANAGER III	3.0	3.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	SENIOR EXECUTIVE SERVICE	4.0	4.0	0.0	0.0%
IHIA DIR OFC OF EARLY CHILDHOOD	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHIA EARLY CARE & LEARNING SVCS	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	ADMIN ASSISTANT III	3.0	1.0	2.0	66.7%
IHIA EARLY CARE & LEARNING SVCS	ADMINISTRATOR I	1.0	0.0	1.0	100.0%
IHIA EARLY CARE & LEARNING SVCS	ADMINISTRATOR III	4.0	4.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	ADMINISTRATOR IV	3.0	3.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	ANALYST III	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	ANALYST IV	6.0	6.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	BUDGET ANALYST II	2.0	0.0	2.0	100.0%
IHIA EARLY CARE & LEARNING SVCS	BUSINESS APP SUP SPL I	2.0	2.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	COMPLIANCE SPECIALIST III	16.0	16.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	COMPLIANCE SPECIALIST IV	5.0	5.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	COMPLIANCE SPECIALIST V	6.0	6.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	CONTRACT ADMINISTRATOI	2.0	2.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	CONTRACT ADMINISTRATOI	2.0	2.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	DATA MANAGEMENT IV	3.0	2.0	1.0	33.3%
IHIA EARLY CARE & LEARNING SVCS	LEGAL ASSISTANT II	2.0	2.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	MANAGEMENT	4.0	3.0	1.0	25.0%
IHIA EARLY CARE & LEARNING SVCS	MKTG & COMM SPEC III	2.0	2.0	0.0	0.0%

IHIA EARLY CARE & LEARNING SVCS	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	MKTG & COMM SPEC V	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	PROGRAM ASSISTANT II	6.0	6.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	PROGRAM MANAGEMENT I	12.0	10.0	2.0	16.7%
IHIA EARLY CARE & LEARNING SVCS	PROGRAM MANAGEMENT I	4.0	4.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	PROJECT COORDINATOR	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	PROJECT MANAGER I	10.0	6.0	4.0	40.0%
IHIA EARLY CARE & LEARNING SVCS	SOC SERVICES SPEC III	5.0	5.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	SOC SERVICES SPEC IV	3.0	2.0	1.0	33.3%
IHIA EARLY CARE & LEARNING SVCS	TECHNICIAN III	8.0	8.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHIA EARLY CARE & LEARNING SVCS	TEMPORARY AIDE	9.0	3.3	5.7	63.3%
IHIA EARLY CARE & LEARNING SVCS	TRAINING SPECIALIST III	8.0	6.0	2.0	25.0%
IHIA EARLY CARE & LEARNING SVCS	TRAINING SPECIALIST IV	6.0	5.0	1.0	16.7%
IHIA EARLY CARE & LEARNING SVCS	TRAINING SPECIALIST V	1.0	1.0	0.0	0.0%
	Subtotal	229.0	183.3	45.7	20.0%
IHGA CHILD SUPPORT SERVICES	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR III	12.0	9.0	3.0	25.0%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR IV	4.0	3.0	1.0	25.0%
IHGA CHILD SUPPORT SERVICES	ANALYST III	8.0	6.8	1.2	15.0%
IHGA CHILD SUPPORT SERVICES	ANALYST IV	2.0	1.0	1.0	50.0%
IHGA CHILD SUPPORT SERVICES	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT V	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT VI	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST III	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	MKTG & COMM SPEC IV	2.0	1.0	1.0	50.0%
IHGA CHILD SUPPORT SERVICES	PLANNING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	POLICY ADVISOR IV	5.0	4.0	1.0	20.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%

IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT I	8.0	5.0	3.0	37.5%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT I	2.0	2.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROJECT MANAGER I	1.0	0.5	0.5	50.0%
IHGA CHILD SUPPORT SERVICES	SOC SERVICES SPEC III	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	TECHNICIAN II	8.0	7.0	1.0	12.5%
IHGA CHILD SUPPORT SERVICES	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA CHILD SUPPORT SERVICES	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	BUDGET & POLICY ANLST IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRATOI	3.0	2.0	1.0	33.3%
IHGA DIR OFC ECONOMIC SECURITY	MANAGEMENT	2.0	1.0	1.0	50.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	SENIOR EXECUTIVE SERVICE	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	ANALYST V	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	HUMAN RESOURCES SPEC I'	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	LIAISON IV	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC III	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST III	4.0	4.0	0.0	0.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHGA EMPLOYMENT & BENEFITS SVCS	ANALYST III	2.0	1.0	1.0	50.0%
IHGA EMPLOYMENT & BENEFITS SVCS	ANALYST IV	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	ANALYST V	2.0	1.0	1.0	50.0%
IHGA EMPLOYMENT & BENEFITS SVCS	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	MANAGEMENT	2.0	2.0	0.0	0.0%

IHGA EMPLOYMENT & BENEFITS SVCS	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT I	3.0	2.0	1.0	33.3%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT I	5.0	4.0	1.0	20.0%
IHGA EMPLOYMENT & BENEFITS SVCS	PROGRAM MANAGEMENT I	1.0	0.0	1.0	100.0%
IHGA EMPLOYMENT & BENEFITS SVCS	SOC SERVICES SPEC III	9.0	8.0	1.0	11.1%
IHGA EMPLOYMENT & BENEFITS SVCS	SOC SERVICES SPEC IV	3.0	3.0	0.0	0.0%
IHGA EMPLOYMENT & BENEFITS SVCS	TRAINING SPECIALIST IV	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR IV	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST III	7.0	6.0	1.0	14.3%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST IV	6.0	6.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST V	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	CONTRACT ADMINISTRATOI	3.0	2.0	1.0	33.3%
IHGA FOOD & ENERGY ASSIST SVCS	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT III	1.0	0.0	1.0	100.0%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT V	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	MANAGEMENT	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM ASSISTANT II	6.0	6.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT I	5.0	4.0	1.0	20.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC III	12.0	9.0	3.0	25.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC IV	7.0	5.6	1.4	20.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC V	7.0	5.0	2.0	28.6%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN II	7.0	3.6	3.4	48.6%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA FOOD & ENERGY ASSIST SVCS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	LIAISON IV	1.0	1.0	0.0	0.0%

IHGA REFUGEE SERVICES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	SOC SERVICES SPEC III	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ANALYST III	2.0	2.0	0.0	0.0%
IHGA Staff Development Division	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	SOC SERVICES SPEC III	3.0	1.0	2.0	66.7%
IHGA Staff Development Division	SOC SERVICES SPEC IV	3.0	3.0	0.0	0.0%
IHGA Staff Development Division	SOC SERVICES SPEC V	2.0	1.0	1.0	50.0%
IHGA Staff Development Division	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
	Subtotal	228.0	169.5	58.5	25.7%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT I	5.0	4.0	1.0	20.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT II	35.0	29.0	6.0	17.1%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT III	22.0	18.0	4.0	18.2%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT IV	8.0	6.0	2.0	25.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN I	33.0	28.0	5.0	15.2%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN I	1.0	1.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ADMINISTRATOR V	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTRACT ADMINISTRATOI	4.0	3.0	1.0	25.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER I	3.0	2.0	1.0	33.3%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER II	3.0	3.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER III	3.0	1.0	2.0	66.7%
IHDA ACCOUNTING & FINANCIAL SVCS	CORR/YTH/CLIN SEC OFF II	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT II	6.0	5.0	1.0	16.7%
IHDA ACCOUNTING & FINANCIAL SVCS	PURCHASING AGENT IV	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	TEMPORARY AIDE	11.0	2.6	8.4	76.4%
IHDA ACCOUNTING & FINANCIAL SVCS	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHDA BUDGET & POLICY SERVICES	BUDGET & POLICY ANLST IV	3.0	1.0	2.0	66.7%
IHDA BUDGET & POLICY SERVICES	BUDGET ANALYST II	3.0	2.0	1.0	33.3%
IHDA BUDGET & POLICY SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	CONTRACT ADMINISTRATOI	1.0	1.0	0.0	0.0%

IHDA PROCUREMENT SERVICES	EQUIPMENT OPERATOR III	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	GENERAL PROFESSIONAL IV	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER I	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER II	2.0	0.0	2.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER III	7.0	5.0	2.0	28.6%
IHDA PROCUREMENT SERVICES	MATERIALS SUPERVISOR	2.0	1.0	1.0	50.0%
IHDA PROCUREMENT SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT IV	4.0	3.0	1.0	25.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT V	2.0	2.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	TEMPORARY AIDE	4.0	1.0	3.0	75.0%
	Subtotal	174.0	122.6	51.4	29.5%
IHHA PERFORMANCE MANAGEMENT	ANALYST V	1.0	1.0	0.0	0.0%
IHHA PROJECT MANAGEMENT	PROJECT MANAGER I	2.0	2.0	0.0	0.0%
IHHA TWO GENERATION STRATEGIES	PROGRAM MANAGEMENT I	1.0	1.0	0.0	0.0%
	Subtotal	4.0	4.0	0.0	0.0%

Subdivision	Job Classification	Allocated FTE	Active FTE	Vacancies	Vacancy Rate
IHHA BUSINESS TECHNOLOGY SVCS	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST III	3.0	2.0	1.0	33.3%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST IV	7.0	3.0	4.0	57.1%
IHHA BUSINESS TECHNOLOGY SVCS	ANALYST V	1.0	0.0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	COMPLIANCE SPECIALIST \	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT III	4.0	0.0	4.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	IT PROFESSIONAL	2.0	2.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT	2.0	1.0	1.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROGRAM MANAGEMENT	4.0	3.0	1.0	25.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT COORDINATOR	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER I	9.0	7.0	2.0	22.2%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER II	2.0	1.0	1.0	50.0%
IHHA BUSINESS TECHNOLOGY SVCS	PROJECT MANAGER III	3.0	1.0	2.0	66.7%
IHHA BUSINESS TECHNOLOGY SVCS	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHHA BUSINESS TECHNOLOGY SVCS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA BUSINESS TECHNOLOGY SVCS	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHHA DATA OPERATIONS	ANALYST IV	1.0	1.0	0.0	0.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT III	2.0	0.0	2.0	100.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT IV	4.0	4.0	0.0	0.0%
IHHA DATA OPERATIONS	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHHA DATA OPERATIONS	HUMAN RESOURCES SPEC	1.0	1.0	0.0	0.0%
IHHA DATA OPERATIONS	HUMAN RESOURCES SPEC	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ADMINISTRATOR III	3.0	1.0	2.0	66.7%
IHHA DIR OFC OF ADMIN SOLUTIONS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	ANALYST IV	1.0	0.0	1.0	100.0%

IHHA DIR OFC OF ADMIN SOLUTIONS	MANAGEMENT	2.0	0.0	2.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	PURCHASING AGENT III	1.0	0.0	1.0	100.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	SENIOR EXECUTIVE SERVIC	2.0	1.0	1.0	50.0%
IHHA DIR OFC OF ADMIN SOLUTIONS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR I	3.0	2.0	1.0	33.3%
IHHA DIVISION OF FIELD AUDITS	AUDITOR II	4.0	2.0	2.0	50.0%
IHHA DIVISION OF FIELD AUDITS	AUDITOR III	4.0	3.6	0.4	9.4%
IHHA DIVISION OF FIELD AUDITS	AUDITOR IV	3.0	2.0	1.0	33.3%
IHHA DIVISION OF FIELD AUDITS	AUDITOR V	1.0	1.0	0.0	0.0%
IHHA DIVISION OF FIELD AUDITS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	COMP INSURANCE SPEC II	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	EMER PREP & COMM SPEC	1.0	1.0	0.0	0.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	SAFETY SPECIALIST IV	1.0	0.0	1.0	100.0%
IHHA EMERGENCY-SAFETY MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	COMP INSURANCE SPEC II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	GENERAL PROFESSIONAL I	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	HR SPECIALIST III	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES DIRE	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	6.0	4.0	2.0	33.3%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	30.0	24.0	6.0	20.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	17.0	13.0	4.0	23.5%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	13.0	13.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	7.0	7.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	HUMAN RESOURCES SPEC	1.0	0.0	1.0	100.0%
IHHA EMPLOYMENT AFFAIRS	MANAGEMENT	3.0	3.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%

IHHA EMPLOYMENT AFFAIRS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN III	11.0	9.0	2.0	18.2%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN IV	6.0	5.0	1.0	16.7%
IHHA EMPLOYMENT AFFAIRS	TECHNICIAN V	3.0	1.0	2.0	66.7%
IHHA EMPLOYMENT AFFAIRS	TEMPORARY AIDE	23.0	0.0	23.0	100.0%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST III	6.0	5.5	0.5	8.3%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHHA EMPLOYMENT AFFAIRS	TRAINING SPECIALIST V	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN I	35.0	14.0	21.0	60.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN II	13.0	9.0	4.0	30.8%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN III	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRICAL TRADES II	4.0	4.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC II	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	ELECTRONICS SPEC IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC I	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY I	5.0	4.0	1.0	20.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY II	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - ND	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS I	6.0	4.0	2.0	33.3%
IHHA FACILITIES MANAGEMENT - ND	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	LTC TRAINEE VII	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - ND	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PIPE/MECH TRADES II	18.0	16.0	2.0	11.1%
IHHA FACILITIES MANAGEMENT - ND	PLANNING SPECIALIST III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%

IHHA FACILITIES MANAGEMENT - ND	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	PROJECT PLANNER I	3.0	2.0	1.0	33.3%
IHHA FACILITIES MANAGEMENT - ND	PROJECT PLANNER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - ND	STRUCTURAL TRADES II	20.0	11.0	9.0	45.0%
IHHA FACILITIES MANAGEMENT - ND	UTILITY PLANT OPER I	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - SD	ANALYST VI	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN I	66.0	59.0	7.0	10.6%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN II	9.0	8.0	1.0	11.1%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN III	6.0	6.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	CUSTODIAN IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRICAL TRADES II	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC I	3.0	1.5	1.6	51.7%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC II	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	ELECTRONICS SPEC IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	EQUIPMENT MECHANIC II	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY I	5.0	4.0	1.0	20.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY II	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	GROUNDS & NURSERY III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS I	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC OPERATIONS II	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	LTC TRAINEE VII	2.0	0.0	2.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	MATERIALS HANDLER II	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PIPE/MECH TRADES II	24.0	21.0	3.0	12.5%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	PROJECT PLANNER I	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - SD	PROJECT PLANNER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	STRUCTURAL TRADES II	24.0	23.0	1.0	4.2%
IHHA FACILITIES MANAGEMENT - SD	STRUCTURAL TRADES III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	TECHNICIAN III	1.0	0.0	1.0	100.0%

IHHA FACILITIES MANAGEMENT - SD	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER I	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - SD	UTILITY PLANT OPERATOR	2.0	1.0	1.0	50.0%
IHHA FACILITIES MANAGEMENT - WD	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN I	12.0	8.0	4.0	33.3%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN III	2.0	2.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	CUSTODIAN IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	ELECTRICAL TRADES II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	EQUIPMENT MECHANIC III	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY II	3.0	1.0	2.0	66.7%
IHHA FACILITIES MANAGEMENT - WD	GROUNDS & NURSERY III	1.0	0.0	1.0	100.0%
IHHA FACILITIES MANAGEMENT - WD	LTC OPERATIONS I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PIPE/MECH TRADES II	4.0	3.0	1.0	25.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	PROJECT PLANNER I	1.0	1.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	STRUCTURAL TRADES II	5.0	5.0	0.0	0.0%
IHHA FACILITIES MANAGEMENT - WD	TECHNICIAN II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
IHHA FACILITIES MGMT ADMIN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACILITIES MGMT ADMIN	TECHNICIAN III	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ANALYST IV	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	ARCHITECT II	2.0	0.0	2.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	GENERAL PROFESSIONAL \	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER I	1.0	0.0	1.0	100.0%
IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER II	1.0	1.0	0.0	0.0%

IHHA FACLTS MGMT PLAN TECH SVCS	PROJECT MANAGER III	2.0	2.0	0.0	0.0%
IHHA FACLTS MGMT PLAN TECH SVCS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA LEGAL	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHHA LEGAL	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHHA LEGAL	HEARINGS OFFICER II	2.0	2.0	0.0	0.0%
IHHA LEGAL	HUMAN RESOURCES SPEC	1.0	1.0	0.0	0.0%
IHHA LEGAL	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHHA LEGAL	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHHA LEGAL	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHHA LEGAL	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA LEGAL	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	ANALYST IV	11.0	7.0	4.0	36.4%
IHHA PERFORMANCE MANAGEMENT	ANALYST V	2.0	1.0	1.0	50.0%
IHHA PERFORMANCE MANAGEMENT	MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA PERFORMANCE MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA PROJECT MANAGEMENT	PROJECT MANAGER I	3.0	3.0	0.0	0.0%
IHHA PROJECT MANAGEMENT	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST IV	3.0	3.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	ANALYST V	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR II	35.0	29.0	6.0	17.1%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPL INVESTIGATOR III	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST I	11.0	9.0	2.0	18.2%
IHHA QUAL ASSUR & QUAL IMPRVMNT	COMPLIANCE SPECIALIST I	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	DATA MANAGEMENT IV	2.0	2.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	LEGAL ASSISTANT II	4.0	2.0	2.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	MANAGEMENT	2.0	1.0	1.0	50.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	3.0	3.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT	3.0	3.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT	4.0	4.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHHA QUAL ASSUR & QUAL IMPRVMNT	SOC SERVICES SPEC III	3.0	2.0	1.0	33.3%
IHHA QUAL ASSUR & QUAL IMPRVMNT	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
	Subtotal	709.0	522.6	186.4	26.3%

IHAA CENTRAL ADMINISTRATION OFC	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHAA CENTRAL ADMINISTRATION OFC	MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	ANALYST IV	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	CHIEF FINANCIAL OFFICER	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE ASSISTAN	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	DEPT EXECUTIVE DIRECTO	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHAA EXECUTIVE DIRECTORS OFFICE	SENIOR EXECUTIVE SERVIC	2.0	0.0	2.0	100.0%
IHAA EXECUTIVE DIRECTORS OFFICE	TEMPORARY AIDE	13.0	0.0	13.0	100.0%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL \	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	GENERAL PROFESSIONAL \	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA BOARDS & COMMISSIONS	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
IHBA BOARDS & COMMISSIONS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHBA CLIENT SVC CNTRLD CORSPNDCE	LIAISON III	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC III	2.0	1.0	1.0	50.0%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC IV	3.0	2.0	1.0	33.3%
IHBA COMMUNICATIONS DIRECTOR	MKTG & COMM SPEC VI	1.0	1.0	0.0	0.0%
IHBA COMMUNICATIONS DIRECTOR	PUBLIC INFO OFFICER	1.0	1.0	0.0	0.0%
IHBA COUNTY SERVICES	LIAISON III	1.0	1.0	0.0	0.0%
IHBA COUNTY SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHBA DED OF ENTERPRISE PTNRSHPS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA DED OF ENTERPRISE PTNRSHPS	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	GENERAL PROFESSIONAL I	1.0	0.0	1.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	HEALTH PROFESSIONAL II	1.0	0.0	1.0	100.0%

IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON III	2.0	0.0	2.0	100.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	LIAISON V	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	MANAGEMENT	1.0	1.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	SENIOR EXECUTIVE SERVIC	3.0	3.0	0.0	0.0%
IHBA EXEC DIR COMMUNITY PRTNRSHP	TRAINING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHBA LEGISLATIVE LIASION	DEPT LEGISLATIVE LIAISON	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	LIAISON III	1.0	1.0	0.0	0.0%
IHBA LEGISLATIVE LIASION	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHCA EXEC DIR OF OPERATIONS	ADMINISTRATOR III	3.0	2.0	1.0	33.3%
IHCA EXEC DIR OF OPERATIONS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHCA EXEC DIR OF OPERATIONS	SENIOR EXECUTIVE SERVIC	3.0	3.0	0.0	0.0%
IHCA EXEC DIR OF OPERATIONS	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHHA PROCUREMENT SERVICES	CONTRACT ADMINISTRATC	1.0	1.0	0.0	0.0%
	Subtotal	72.0	38.0	34.0	47.2%
IHEA AGING AND ADULT SERVICES	ANALYST IV	3.0	2.8	0.2	6.7%
IHEA AGING AND ADULT SERVICES	ANALYST V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	CONTRACT ADMINISTRATC	2.0	1.0	1.0	50.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	DATA MANAGEMENT IV	5.0	4.0	1.0	20.0%
IHEA AGING AND ADULT SERVICES	GRANTS SPECIALIST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PLANNING SPECIALIST IV	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHEA AGING AND ADULT SERVICES	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	PROGRAM MANAGEMENT	3.0	2.0	1.0	33.3%
IHEA AGING AND ADULT SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC III	3.0	3.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC IV	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	SOC SERVICES SPEC V	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TECHNICIAN II	4.0	4.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHEA AGING AND ADULT SERVICES	TEMPORARY AIDE	2.0	0.0	2.0	100.0%

IHEA CENTRAL ADMINISTRATION OFFICES	ACCOUNTANT II	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	MANAGEMENT	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	MKTG & COMM SPEC III	2.0	2.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	SENIOR EXECUTIVE SERVIC	1.0	0.0	1.0	100.0%
IHEA CENTRAL ADMINISTRATION OFFICES	SOC SERVICES SPEC VI	1.0	1.0	0.0	0.0%
IHEA CENTRAL ADMINISTRATION OFFICES	TEMPORARY AIDE	2.0	1.0	1.0	50.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMIN ASSISTANT III	1.0	0.6	0.4	40.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT	1.0	0.8	0.2	20.0%
IHEA DIR OFC CMUNTY ACC & INDPN	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHEA DIR OFC CMUNTY ACC & INDPN	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHEA DISABILITY DETERM SVCS	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR I	74.0	60.5	13.5	18.2%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR II	47.0	41.6	5.4	11.5%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR III	33.0	28.0	5.0	15.2%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR IV	14.0	12.0	2.0	14.3%
IHEA DISABILITY DETERM SVCS	ADMINISTRATOR V	20.0	19.8	0.3	1.3%
IHEA DISABILITY DETERM SVCS	ANALYST IV	11.0	8.5	2.5	22.7%
IHEA DISABILITY DETERM SVCS	ANALYST V	2.0	2.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	CLIENT CARE AIDE II	2.0	0.0	2.0	100.0%
IHEA DISABILITY DETERM SVCS	CONTRACT ADMINISTRAT(	1.0	0.0	1.0	100.0%

IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	GRANTS SPECIALIST VI	1.0	0.5	0.6	55.0%
IHEA DISABILITY DETERM SVCS	HEARINGS OFFICER II	4.0	3.0	1.0	25.0%
IHEA DISABILITY DETERM SVCS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	MATERIALS HANDLER II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	POLICY ADVISOR V	1.0	0.0	1.0	100.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
IHEA DISABILITY DETERM SVCS	PROGRAM MANAGEMENT	3.0	2.0	1.0	33.3%
IHEA DISABILITY DETERM SVCS	SAFETY SPECIALIST I	1.0	0.0	1.0	100.0%
IHEA DISABILITY DETERM SVCS	TECHNICIAN III	1.0	1.0	0.0	0.0%
IHEA DISABILITY DETERM SVCS	TEMPORARY AIDE	13.0	0.0	13.0	100.0%
IHEA DISABILITY DETERM SVCS	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CT AT WBG ADMIN	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHEA VET COMM LVNG CTRS ADMIN	HEALTH PROFESSIONAL II	1.0	0.8	0.2	20.0%
IHEA VET COMM LVNG CTRS ADMIN	HEALTH PROFESSIONAL VI	3.0	1.0	2.0	66.7%
IHEA VET COMM LVNG CTRS ADMIN	MANAGEMENT	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHEA VET COMM LVNG CTRS ADMIN	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	ADMIN ASSISTANT III	2.0	0.0	2.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	CLINICAL BEHAV SPEC II	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT GRND JCT	CORR/YTH/CLIN SEC OFF I	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	CORR/YTH/CLN SEC SUPV	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTAL CARE IV	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DENTIST I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	DIETITIAN III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	DINING SERVICES III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE I	37.0	6.0	31.0	83.8%
IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE II	27.0	23.0	4.0	14.8%

IHKA REGIONAL CENTER AT GRND JCT	HCS TRAINEE III	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH I	92.0	70.0	22.0	23.9%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH II	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH III	24.0	15.0	9.0	37.5%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH CARE TECH IV	14.0	11.0	3.0	21.4%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL II	3.0	3.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL III	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL V	8.0	8.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VI	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	HEALTH PROFESSIONAL VI	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	MATERIALS HANDLER II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	MEDICAL RECORDS TECH I	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE II	12.0	9.8	2.2	18.3%
IHKA REGIONAL CENTER AT GRND JCT	NURSE III	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	NURSE V	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	PHARMACY TECHNICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	PHYSICIAN II	1.0	0.2	0.8	80.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT I	5.0	3.6	1.4	28.0%
IHKA REGIONAL CENTER AT GRND JCT	PROGRAM ASSISTANT II	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT GRND JCT	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST III	3.0	0.2	2.8	93.3%
IHKA REGIONAL CENTER AT GRND JCT	THERAPIST IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT II	5.0	4.0	1.0	20.0%
IHKA REGIONAL CENTER AT GRND JCT	THERAPY ASSISTANT III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT GRND JCT	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	ADMIN ASSISTANT III	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT PUEBLO	CLINICAL BEHAV SPEC II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	CLINICAL BEHAVIORAL SPE	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE I	35.0	19.0	16.0	45.7%
IHKA REGIONAL CENTER AT PUEBLO	HCS TRAINEE II	15.0	12.0	3.0	20.0%

IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH I	57.0	53.0	4.0	7.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH III	24.0	17.0	7.0	29.2%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH CARE TECH IV	11.0	7.0	4.0	36.4%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL III	4.0	4.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL IV	3.0	1.0	2.0	66.7%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL V	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VI	7.0	6.0	1.0	14.3%
IHKA REGIONAL CENTER AT PUEBLO	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	LIAISON III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MEDICAL RECORDS TECH I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	MENTAL HLTH CLINICIAN I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE I	10.0	8.0	2.0	20.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	NURSE V	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT PUEBLO	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT PUEBLO	TRAINING SPECIALIST II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT PUEBLO	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ACCOUNTING TECHNICIAN	2.0	1.0	1.0	50.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMIN ASSISTANT III	6.0	6.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	ANALYST VI	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLIENT CARE AIDE II	4.0	0.0	4.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	CLINICAL BEHAV SPEC II	7.0	7.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC INTER	24.0	0.0	24.0	100.0%

IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF I	11.0	9.0	2.0	18.2%
IHKA REGIONAL CENTER AT WHEATRDG	CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	DIETITIAN III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE I	88.0	18.0	70.0	79.5%
IHKA REGIONAL CENTER AT WHEATRDG	HCS TRAINEE II	22.0	20.0	2.0	9.1%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH I	76.0	52.8	23.2	30.5%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH II	8.0	5.9	2.1	26.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH III	62.0	42.0	20.0	32.3%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH CARE TECH IV	21.0	17.0	4.0	19.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL I	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL II	4.0	2.0	2.0	50.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL III	8.0	7.0	1.0	12.5%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL V	13.0	12.0	1.0	7.7%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VI	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MANAGEMENT	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	MEDICAL RECORDS TECH I	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	MID-LEVEL PROVIDER	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE II	14.0	10.2	3.8	27.1%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE III	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	NURSE V	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACIST I	1.0	0.1	0.9	90.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHARMACY TECHNICIAN II	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	PHYSICIAN II	1.0	0.0	1.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT I	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	PROGRAM ASSISTANT II	3.0	2.0	1.0	33.3%
IHKA REGIONAL CENTER AT WHEATRDG	SAFETY SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	TEMPORARY AIDE	6.0	0.0	6.0	100.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST III	6.0	5.6	0.4	6.7%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT II	4.0	3.0	1.0	25.0%
IHKA REGIONAL CENTER AT WHEATRDG	THERAPY ASSISTANT III	1.0	0.0	1.0	100.0%

IHKA REGIONAL CENTER AT WHEATRDG	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT I	4.0	0.0	4.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTANT III	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ACCOUNTING TECHNICIAN	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	ADMIN ASSISTANT III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	BARBER/COSMETOLOGIST	2.0	0.6	1.4	70.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE I	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLIENT CARE AIDE II	93.0	42.2	50.8	54.6%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST II	8.0	4.2	3.8	47.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CLINICAL THERAPIST IV	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN I	16.0	10.0	6.0	37.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN II	4.0	4.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN III	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	CUSTODIAN IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DIETITIAN II	2.0	1.8	0.2	10.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES II	15.0	7.4	7.6	50.7%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES III	10.0	8.6	1.4	14.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES IV	2.0	1.4	0.6	30.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	DINING SERVICES V	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	FOOD SERV MGR III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH I	8.0	7.0	1.0	12.5%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH CARE TECH III	26.0	16.4	9.6	37.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESIONAL VII	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL V	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	LTC OPERATIONS II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MEDICAL RECORDS TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MID-LEVEL PROVIDER	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE I	12.0	5.4	6.6	55.2%

IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE II	8.0	5.7	2.3	28.8%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE III	17.0	13.5	3.5	20.6%
IHKA VET COMM LVNG CTR AT FITZSIMNS	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST II	6.0	4.2	1.8	30.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACIST III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PHARMACY TECHNICIAN II	5.0	3.4	1.6	32.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PIPE/MECH TRADES II	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	SOCIAL WORK/COUNSELO	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	STRUCTURAL TRADES II	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	TEMPORARY AIDE	26.0	0.0	26.0	100.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT I	2.0	0.6	1.4	70.0%
IHKA VET COMM LVNG CTR AT FITZSIMNS	THERAPY ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ACCOUNTING TECHNICIAN	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE I	11.0	2.8	8.2	74.5%
IHKA VET COMM LVNG CTR AT FLORENCE	CLIENT CARE AIDE II	30.0	15.4	14.6	48.7%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN I	15.0	11.4	3.6	24.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DIETITIAN III	1.0	0.6	0.4	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES II	13.0	8.0	5.0	38.5%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES III	7.0	6.0	1.0	14.3%
IHKA VET COMM LVNG CTR AT FLORENCE	DINING SERVICES IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH CARE TECH III	3.0	0.0	3.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	LTC TRAINEE I	1.0	0.1	0.9	90.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT FLORENCE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	MKTG & COMM SPEC III	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE I	7.0	2.5	4.5	64.3%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE II	20.0	15.0	5.0	25.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE III	5.0	2.4	2.6	52.0%
IHKA VET COMM LVNG CTR AT FLORENCE	NURSE VI	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PHARMACIST II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PIPE/MECH TRADES II	1.0	0.4	0.6	60.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM COORDINATOR	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STATE SERVICE TRAINEE I	7.0	4.0	3.0	42.9%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	STRUCTURAL TRADES II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	TEMPORARY AIDE	32.0	2.4	29.6	92.5%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT I	5.0	3.0	2.0	40.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT FLORENCE	THERAPY ASSISTANT III	4.0	3.0	1.0	25.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTANT III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ACCOUNTING TECHNICIAN	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	ADMIN ASSISTANT II	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE I	9.0	5.0	4.0	44.4%
IHKA VET COMM LVNG CTR AT HOMELAKE	CLIENT CARE AIDE II	20.0	15.0	5.0	25.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN I	6.0	6.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES I	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES II	8.0	6.0	2.0	25.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	DINING SERVICES IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	EQUIPMENT OPERATOR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH I	1.0	0.0	1.0	100.0%

IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH CARE TECH II	3.0	1.0	2.0	66.7%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE II	11.0	11.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE III	3.0	3.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	NURSE VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	STRUCTURAL TRADES II	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	TEMPORARY AIDE	14.0	2.0	12.0	85.7%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT I	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT HOMELAKE	THERAPY ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTANT III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	ACCOUNTING TECHNICIAN	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT II	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	ADMIN ASSISTANT III	2.0	0.0	2.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE I	23.0	10.4	12.6	54.7%
IHKA VET COMM LVNG CTR AT RIFLE	CLIENT CARE AIDE II	24.0	13.1	10.9	45.4%
IHKA VET COMM LVNG CTR AT RIFLE	CLINICAL THERAPIST III	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN I	11.0	10.0	1.0	9.1%
IHKA VET COMM LVNG CTR AT RIFLE	CUSTODIAN III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	DIETITIAN III	1.0	0.5	0.5	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES II	10.0	4.8	5.2	52.0%
IHKA VET COMM LVNG CTR AT RIFLE	DINING SERVICES III	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT RIFLE	FOOD SERV MGR I	1.0	1.0	0.0	0.0%

IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH I	2.0	1.0	1.0	50.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH CARE TECH III	4.0	2.8	1.2	30.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	LTC OPERATIONS II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MID-LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE I	6.0	3.3	2.7	45.0%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE II	13.0	9.2	3.8	29.2%
IHKA VET COMM LVNG CTR AT RIFLE	NURSE III	6.0	4.9	1.1	18.3%
IHKA VET COMM LVNG CTR AT RIFLE	PHYSICIAN I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHKA VET COMM LVNG CTR AT RIFLE	STRUCTURAL TRADES II	3.0	2.0	1.0	33.3%
IHKA VET COMM LVNG CTR AT RIFLE	TEMPORARY AIDE	8.0	0.5	7.5	93.8%
IHKA VET COMM LVNG CTR AT RIFLE	THERAPY ASSISTANT I	2.0	2.0	0.0	0.0%
	Subtotal	1,967.0	1,247.1	719.9	36.6%
DYSR-ASPIRE YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	36.0	10.4	25.6	71.1%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	4.0	0.0	4.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV	4.0	1.0	3.0	75.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	3.0	1.0	2.0	66.7%
DYSR-ASPIRE YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-ASPIRE YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR	1.0	0.0	1.0	100.0%
DYSR-Betty. K. Marler Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	4.0	3.0	1.0	25.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%

DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR IV	3.0	3.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST III	1.0	0.0	1.0	100.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST IV	8.0	7.0	1.0	12.5%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST V	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	ANALYST VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	BUDGET ANALYST II	2.0	1.0	1.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	CLINICAL TEAM LEADER	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF I	4.0	2.0	2.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	CRIMINAL INVESTIGATOR I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DENTIST II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	DIETITIAN II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH CARE TECH II	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL V	3.0	2.0	1.0	33.3%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL VI	1.0	0.0	1.0	100.0%
DYSR-CENTRAL ADMINISTRATION OFC	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	MANAGEMENT	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE III	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	NURSE V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	POLICY ADVISOR III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT I	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	4.0	2.0	2.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	7.0	6.0	1.0	14.3%
DYSR-CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	4.0	4.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	PSYCHOLOGIST II	2.0	2.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER II	6.0	6.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER III	2.0	1.0	1.0	50.0%
DYSR-CENTRAL ADMINISTRATION OFC	STATE TEACHER IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL ADMINISTRATION OFC	TECHNICIAN IV	3.0	3.0	0.0	0.3%

DYSR-CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	7.0	0.9	6.1	86.6%
DYSR-CENTRAL REGIONAL OFFICE	ADMIN ASSISTANT III	3.0	2.0	1.0	33.3%
DYSR-CENTRAL REGIONAL OFFICE	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST III	2.0	1.0	1.0	50.0%
DYSR-CENTRAL REGIONAL OFFICE	ANALYST VI	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	NURSE III	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT	3.0	3.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CENTRAL REGIONAL OFFICE	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR	21.0	18.0	3.0	14.3%
DYSR-CENTRAL REGIONAL OFFICE	YOUTH SERV COUNSELOR	6.0	6.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	18.0	11.0	7.0	38.9%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	7.0	6.0	1.0	14.3%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	7.0	4.0	3.0	42.9%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	NURSE I	2.0	1.5	0.5	25.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
DYSR-CLEAR CREEK YOUTH SVC FCLTY	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-GILLIAM YOUTH SVC FACILITY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	59.0	41.0	18.0	30.5%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	13.0	10.0	3.0	23.1%
DYSR-GILLIAM YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV	10.0	10.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES III	4.0	3.0	1.0	25.0%
DYSR-GILLIAM YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	MID-LEVEL PROVIDER	3.0	2.0	1.0	33.3%
DYSR-GILLIAM YOUTH SVC FACILITY	NURSE I	3.0	1.0	2.0	66.7%

DYSR-GILLIAM YOUTH SVC FACILITY	NURSE II	1.0	0.0	1.0	100.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-GILLIAM YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-GILLIAM YOUTH SVC FACILITY	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV	5.0	5.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	31.0	23.4	7.6	24.5%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	8.0	6.0	2.0	25.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	CORR/YTH/CLN SEC SUPV	5.0	5.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	DINING SERVICES III	3.0	0.0	3.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
DYSR-GOLDEN PEAK YOUTH SERVICES	YOUTH SERV COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV	3.0	3.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	53.0	47.0	6.0	11.3%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	13.0	12.0	1.0	7.7%
DYSR-GRAND MESA YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	9.0	9.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	DINING SERVICES III	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	0.5	1.5	75.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	NURSE I	4.0	4.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM ASSISTANT I	3.0	3.0	0.0	0.0%

DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	4.0	4.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	2.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER AIDE	2.0	1.0	1.0	50.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER I	7.0	6.0	1.0	14.3%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER II	4.0	3.0	1.0	25.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-GRAND MESA YOUTH SVC FCLTY	TEMPORARY AIDE	6.0	1.9	4.1	67.7%
DYSR-GRAND MESA YOUTH SVC FCLTY	YOUTH SERV COUNSELOR	2.0	2.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV	3.0	3.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	56.0	41.4	14.6	26.1%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	12.0	10.0	2.0	16.7%
DYSR-MARVIN FOOTE YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	9.0	8.0	1.0	11.1%
DYSR-MARVIN FOOTE YTH SVC FCLTY	DINING SERVICES III	3.0	3.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	NURSE I	3.0	3.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	NURSE II	1.0	0.0	1.0	100.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-MARVIN FOOTE YTH SVC FCLTY	TEMPORARY AIDE	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CLINICAL TEAM LEADER	4.0	3.0	1.0	25.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR SUPP TRADES SUPV	6.0	5.0	1.0	16.7%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	92.0	65.0	27.0	29.3%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	25.0	18.0	7.0	28.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	16.0	15.0	1.0	6.3%

DYSR-MOUNT VIEW YOUTH SVC FCLTY	DINING SERVICES III	3.0	1.0	2.0	66.7%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	HCS TRAINEE III	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	MID-LEVEL PROVIDER	3.0	3.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	NURSE I	4.0	2.5	1.5	37.5%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	NURSE II	1.0	0.0	1.0	100.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM ASSISTANT I	4.0	4.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PSYCHOLOGIST I	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	PSYCHOLOGIST II	1.0	1.0	0.0	0.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	7.0	5.0	2.0	28.6%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	3.0	2.0	1.0	33.3%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	11.0	8.0	3.0	27.3%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	SOCIAL WORK/COUNSELO	4.0	2.0	2.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER AIDE	2.0	1.0	1.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER I	17.0	6.0	11.0	64.7%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER II	5.0	2.0	3.0	60.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	STATE TEACHER III	2.0	1.0	1.0	50.0%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	TEMPORARY AIDE	26.0	5.9	20.1	77.2%
DYSR-MOUNT VIEW YOUTH SVC FCLTY	YOUTH SERV COUNSELOR	2.0	1.0	1.0	50.0%
DYSR-NORTH EAST REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	CORR/YTH/CLIN SEC OFF I	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR	11.0	8.0	3.0	27.3%
DYSR-NORTH EAST REGIONAL OFFICE	YOUTH SERV COUNSELOR	4.0	4.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	ADMIN ASSISTANT III	2.0	1.5	0.5	25.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	1.0	1.0	50.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV	5.0	3.0	2.0	40.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	86.0	53.2	32.8	38.1%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	20.0	14.0	6.0	30.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	11.0	11.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	DINING SERVICES III	1.0	1.0	0.0	0.0%

DYSR-PLATTE VALLEY YTH SVC FCLTY	HEALTH CARE TECH I	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	NURSE I	4.0	3.5	0.5	12.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	NURSE V	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT	3.0	3.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELO	4.0	1.0	3.0	75.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELO	5.0	3.0	2.0	40.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	SOCIAL WORK/COUNSELO	3.0	3.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER AIDE	2.0	2.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER I	7.0	5.0	2.0	28.6%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER II	4.0	2.5	1.5	37.5%
DYSR-PLATTE VALLEY YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	TEMPORARY AIDE	7.0	0.9	6.1	86.6%
DYSR-PLATTE VALLEY YTH SVC FCLTY	TRAINING SPECIALIST IV	2.0	1.0	1.0	50.0%
DYSR-PLATTE VALLEY YTH SVC FCLTY	YOUTH SERV COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	ADMIN ASSISTANT III	1.0	0.6	0.4	40.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF I	48.0	43.0	5.0	10.4%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLIN SEC OFF II	12.0	11.0	1.0	8.3%
DYSR-PRAIRIE VISTA YOUTH SERVICES	CORR/YTH/CLN SEC SUPV	8.0	7.0	1.0	12.5%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES III	3.0	2.0	1.0	33.3%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES IV	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	NURSE I	2.0	2.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	NURSE II	1.0	0.0	1.0	100.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-PRAIRIE VISTA YOUTH SERVICES	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%

DYSR-PRAIRIE VISTA YOUTH SERVICES	TEMPORARY AIDE	5.0	0.0	5.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	41.0	22.0	19.0	46.3%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	10.0	8.0	2.0	20.0%
DYSR-PUEBLO YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV	8.0	5.5	2.5	31.3%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES III	4.0	4.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	DINING SERVICES V	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.0	1.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	NURSE I	4.0	2.0	2.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM ASSISTANT I	2.0	1.0	1.0	50.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
DYSR-PUEBLO YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-Rocky Mountain Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	5.0	4.0	1.0	20.0%
DYSR-SOUTHERN REGIONAL OFFICE	ADMIN ASSISTANT III	2.0	2.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-SOUTHERN REGIONAL OFFICE	TEMPORARY AIDE	3.0	0.9	2.1	70.0%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR	12.0	9.0	3.0	25.0%
DYSR-SOUTHERN REGIONAL OFFICE	YOUTH SERV COUNSELOR	4.0	3.0	1.0	25.0%
DYSR-SPRING CREEK YTH SVC FCLTY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CLINICAL TEAM LEADER	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR SUPP TRADES SUPV	1.0	0.0	1.0	100.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF I	55.0	41.4	13.6	24.7%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLIN SEC OFF II	15.0	12.0	3.0	20.0%
DYSR-SPRING CREEK YTH SVC FCLTY	CORR/YTH/CLN SEC SUPV	9.0	8.0	1.0	11.1%
DYSR-SPRING CREEK YTH SVC FCLTY	DINING SERVICES III	6.0	5.0	1.0	16.7%
DYSR-SPRING CREEK YTH SVC FCLTY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-SPRING CREEK YTH SVC FCLTY	NURSE I	4.0	3.5	0.5	12.5%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%

DYSR-SPRING CREEK YTH SVC FCLTY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELO	4.0	2.0	2.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	SOCIAL WORK/COUNSELO	2.0	2.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER AIDE	2.0	1.0	1.0	50.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER I	9.0	2.0	7.0	77.8%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER II	4.0	4.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	STATE TEACHER III	1.0	1.0	0.0	0.0%
DYSR-SPRING CREEK YTH SVC FCLTY	TEMPORARY AIDE	13.0	0.0	13.0	100.0%
DYSR-SPRING CREEK YTH SVC FCLTY	YOUTH SERV COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST III	6.0	4.0	2.0	33.3%
DYSR-STAFF DVLPMNT CNTR AT MVYSC	TRAINING SPECIALIST IV	3.0	3.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CLINICAL TEAM LEADER	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF I	41.0	20.8	20.2	49.3%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLIN SEC OFF II	7.0	4.0	3.0	42.9%
DYSR-SUMMIT YOUTH SERVICES CENTER	CORR/YTH/CLN SEC SUPV	6.0	4.0	2.0	33.3%
DYSR-SUMMIT YOUTH SERVICES CENTER	DINING SERVICES III	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	HCS TRAINEE III	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	TEMPORARY AIDE	3.0	1.0	2.0	66.7%
DYSR-SUMMIT YOUTH SERVICES CENTER	TRAINING SPECIALIST IV	1.0	0.9	0.1	7.0%
DYSR-SUMMIT YOUTH SERVICES CENTER	YOUTH SERV COUNSELOR	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%

DYSR-WESTERN REGIONAL OFFICE	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR	5.0	4.0	1.0	20.0%
DYSR-WESTERN REGIONAL OFFICE	YOUTH SERV COUNSELOR	3.0	3.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF I	3.0	1.0	2.0	66.7%
DYSR-Willow Point Youth SVC FCLTY	CORR/YTH/CLIN SEC OFF II	1.0	1.0	0.0	0.0%
DYSR-Willow Point Youth SVC FCLTY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR SUPP TRADES SUPV	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF I	41.0	39.0	2.0	4.9%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLIN SEC OFF II	9.0	7.0	2.0	22.2%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLN SEC SPEC I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	CORR/YTH/CLN SEC SUPV	5.0	5.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	DINING SERVICES III	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	MID-LEVEL PROVIDER	2.0	1.5	0.5	25.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	NURSE I	4.0	3.0	1.0	25.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	2.0	2.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	SOCIAL WORK/COUNSELO	1.0	1.0	0.0	0.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	STATE TEACHER II	1.0	0.0	1.0	100.0%
DYSR-ZEB PIKE YOUTH SVC FACILITY	TEMPORARY AIDE	15.0	1.0	14.0	93.3%
IHFA CHILD WELFARE SERVICES	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR IV	5.0	3.0	2.0	40.0%
IHFA CHILD WELFARE SERVICES	ADMINISTRATOR V	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST IV	5.0	5.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	ANALYST V	5.0	4.0	1.0	20.0%
IHFA CHILD WELFARE SERVICES	AUDITOR III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST I	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET & POLICY ANLST I	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	BUDGET ANALYST II	4.0	3.0	1.0	25.0%
IHFA CHILD WELFARE SERVICES	COMMUNITY WORKER I	1.0	0.3	0.7	70.0%

IHFA CHILD WELFARE SERVICES	COMPL INVESTIGATOR II	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	COMPLIANCE SPECIALIST \	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	CONTRACT ADMINISTRAT(	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	LIAISON V	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MANAGEMENT	2.0	2.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC III	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM ASSISTANT II	8.0	5.0	3.0	37.5%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT	6.0	5.0	1.0	16.7%
IHFA CHILD WELFARE SERVICES	PROGRAM MANAGEMENT	7.0	4.0	3.0	42.9%
IHFA CHILD WELFARE SERVICES	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
IHFA CHILD WELFARE SERVICES	PROJECT MANAGER III	1.0	0.0	1.0	100.0%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC III	7.0	6.0	1.0	14.3%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC IV	41.0	32.0	9.0	22.0%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC V	17.0	12.0	5.0	29.4%
IHFA CHILD WELFARE SERVICES	SOC SERVICES SPEC VI	6.0	5.0	1.0	16.7%
IHFA CHILD WELFARE SERVICES	STATE SERVICE TRAINEE I	2.0	0.0	2.0	100.0%
IHFA CHILD WELFARE SERVICES	TEMPORARY AIDE	9.0	0.0	9.0	100.0%
IHFA CHILD WELFARE SERVICES	TRAINING SPECIALIST IV	4.0	3.0	1.0	25.0%
IHFA CHILD WELFARE SERVICES	TRAINING SPECIALIST V	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	GENERAL PROFESSIONAL I	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	HUMAN RESOURCES SPEC	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	MKTG & COMM SPEC IV	1.0	0.0	1.0	100.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA DIR OFC CHLDRN YOUTH & FAMS	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM ASSISTANT II	1.0	0.0	1.0	100.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	PROJECT MANAGER I	1.0	1.0	0.0	0.0%
IHFA DOMESTIC VIOLENCE PROGRAM	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%

IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHFA JUVENILE PAROLE BOARD	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHFA Juvenile Parole Board	ADMINISTRATOR III	1.0	0.0	1.0	100.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	AUDITOR III	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHKA QUAL ASSUR & QUAL IMPRVMNT	YOUTH SERV COUNSELOR	3.0	3.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	ANALYST V	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	COMMUNITY WORKER I	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	LIF SOC SCI RSRCH SCI III	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	LIF/SOC SCI RSRCH/SCI III	2.0	1.0	1.0	50.0%
OCYF CENTRAL ADMINISTRATION OFC	MANAGEMENT	1.0	0.0	1.0	100.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	2.0	1.0	1.0	50.0%
OCYF CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	SOCIAL SERVICES SPECIALI	1.0	1.0	0.0	0.0%
OCYF CENTRAL ADMINISTRATION OFC	TEMPORARY AIDE	1.0	0.2	0.8	80.0%
OCYF CENTRAL ADMINISTRATION OFC	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
QAQI ADMINISTRATIVE REVIEW	COMPL INVESTIGATOR II	2.0	0.0	2.0	100.0%
QAQI ADMINISTRATIVE REVIEW	PROGRAM ASSISTANT II	1.0	0.5	0.5	50.0%
	Subtotal	1,786.0	1,265.3	520.7	29.2%
IBEH Administration	MKTG & COMM SPEC V	1.0	1.0	0.0	0.0%
IBEH Administration	MKTG & COMM SPEC VI	1.0	1.0	0.0	0.0%
IBEH Administration	PROGRAM ASSISTANT I	1.0	1.0	0.0	0.0%
IBEH Administration	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	ADMIN ASSISTANT III	12.0	11.0	1.0	8.3%
IHJA FORENSIC SERVICES	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	ADMINISTRATOR V	1.0	0.0	1.0	100.0%
IHJA FORENSIC SERVICES	CLINICAL THERAPIST II	1.0	0.0	1.0	100.0%
IHJA FORENSIC SERVICES	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%

IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL I	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL III	23.0	22.0	1.0	4.3%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL IV	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL V	3.0	3.0	0.0	0.0%
IHJA FORENSIC SERVICES	HEALTH PROFESSIONAL VI	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	LEGAL ASSISTANT I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	MEDIA SPECIALIST III	1.0	0.0	1.0	100.0%
IHJA FORENSIC SERVICES	OFFICE MANAGER I	1.0	1.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT I	2.0	0.0	2.0	100.0%
IHJA FORENSIC SERVICES	PROGRAM ASSISTANT II	6.0	5.0	1.0	16.7%
IHJA FORENSIC SERVICES	PROGRAM COORDINATOR	2.0	2.0	0.0	0.0%
IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	PROGRAM MANAGEMENT	5.0	4.0	1.0	20.0%
IHJA FORENSIC SERVICES	PSYCHOLOGIST CANDIDAT	4.0	0.0	4.0	100.0%
IHJA FORENSIC SERVICES	PSYCHOLOGIST I	34.0	24.5	9.5	27.9%
IHJA FORENSIC SERVICES	PSYCHOLOGIST II	7.0	6.5	0.5	7.1%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELO	4.0	4.0	0.0	0.0%
IHJA FORENSIC SERVICES	SOCIAL WORK/COUNSELO	2.0	1.0	1.0	50.0%
IHJA FORENSIC SERVICES	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ACCOUNTING TECHNICIAN	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMIN ASSISTANT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMIN ASSISTANT III	28.0	19.8	8.2	29.2%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR IV	8.0	8.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	ADMINISTRATOR V	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	AUDITOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BARBER/COSMETOLOGIST	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET ANALYST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	BUDGET ANALYST II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CHAPLAIN I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE I	60.0	25.9	34.1	56.8%
IHJA MENTAL HEALTH INST @ PUEBLO	CLIENT CARE AIDE II	133.0	59.7	73.3	55.1%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL BEHAV SPEC II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL TEAM LEADER	2.0	1.7	0.3	16.0%

IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST I	8.0	8.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST II	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST III	12.0	7.0	5.0	41.7%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST IV	3.0	2.0	1.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	CLINICAL THERAPIST V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	COMMUNITY PROG SPEC I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRAT(	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CONTRACT ADMINISTRAT(	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH SEC OFF IV	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF I	79.0	70.7	8.3	10.5%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLIN SEC OFF II	11.0	10.0	1.0	9.1%
IHJA MENTAL HEALTH INST @ PUEBLO	CORR/YTH/CLN SEC SUPV	8.0	7.0	1.0	12.5%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT III	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT V	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DATA MANAGEMENT VI	2.0	1.4	0.6	30.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTAL CARE IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DENTIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL II	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIAG PROCED TECHNOL IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DIETITIAN III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES III	53.0	43.2	9.8	18.5%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES IV	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	DINING SERVICES V	8.0	6.0	2.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	EMER PREP & COMM SPE(	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	EQUIPMENT OPERATOR III	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR I	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	FOOD SERVICE MANAGER	1.0	1.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE I	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE II	3.0	0.0	3.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HCS TRAINEE III	5.0	2.0	3.0	60.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH I	39.0	13.6	25.4	65.1%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH II	29.0	16.0	13.0	44.8%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH III	24.0	11.0	13.0	54.2%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH CARE TECH IV	7.0	5.6	1.4	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL II	9.0	9.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL III	26.0	13.0	13.0	49.9%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL IV	10.0	7.0	3.0	30.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL V	10.0	7.0	3.0	30.0%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VI	6.0	4.0	2.0	33.3%
IHJA MENTAL HEALTH INST @ PUEBLO	HEALTH PROFESSIONAL VI	10.0	9.4	0.6	6.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY SUPPORT III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOG	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOG	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LABORATORY TECHNOLOG	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	LIBRARIAN II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MANAGEMENT	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER II	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS HANDLER III	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH I	12.0	11.0	1.0	8.3%
IHJA MENTAL HEALTH INST @ PUEBLO	MEDICAL RECORDS TECH I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN I	81.0	43.4	37.6	46.4%
IHJA MENTAL HEALTH INST @ PUEBLO	MENTAL HLTH CLINICIAN I	39.0	18.0	21.0	53.8%
IHJA MENTAL HEALTH INST @ PUEBLO	MID LEVEL PROVIDER	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	MID-LEVEL PROVIDER	23.0	19.0	4.0	17.4%
IHJA MENTAL HEALTH INST @ PUEBLO	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE I	196.0	67.6	128.4	65.5%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE II	56.0	32.0	24.0	42.9%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE III	17.0	8.0	9.0	52.9%
IHJA MENTAL HEALTH INST @ PUEBLO	NURSE V	5.0	5.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	NURSE VI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PARAMEDIC	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACIST II	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PHARMACY TECHNICIAN II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE ADMINISTRATOR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE COMMUNICATION	6.0	5.8	0.2	3.3%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER I	8.0	4.0	4.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICE OFFICER III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	POLICY ADVISOR III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT I	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM ASSISTANT II	23.0	18.9	4.1	17.8%
IHJA MENTAL HEALTH INST @ PUEBLO	PROGRAM MANAGEMENT	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROJECT COORDINATOR	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PROJECT MANAGER III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST CANDIDAT	5.0	2.0	3.0	60.0%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST I	13.0	9.0	4.0	30.8%
IHJA MENTAL HEALTH INST @ PUEBLO	PSYCHOLOGIST II	7.0	3.0	4.0	57.1%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	RECORDS ADMINISTRATOI	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION COUNS II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	REHABILITATION SUPV I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SAFETY SPECIALIST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SECURITY I	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELO	11.0	4.5	6.5	59.2%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELO	10.0	4.0	6.0	60.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELO	18.0	9.0	9.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	SOCIAL WORK/COUNSELO	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER I	10.0	8.4	1.6	16.4%
IHJA MENTAL HEALTH INST @ PUEBLO	STATE TEACHER IV	1.0	1.0	0.0	0.0%

IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN III	5.0	3.0	2.0	40.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN IV	5.0	4.0	1.0	20.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TECHNICIAN V	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST II	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPIST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT III	6.0	6.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	THERAPY ASSISTANT IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST @ PUEBLO	TRAINING SPECIALIST III	4.0	2.9	1.1	27.5%
IHJA MENTAL HEALTH INST @ PUEBLO	UNIT DIRECTOR	2.0	1.0	1.0	49.5%
IHJA MENTAL HEALTH INST @ PUEBLO	UNLIC MENTAL HEALTH CL	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ACCOUNTING TECHNICIAN	1.0	0.3	0.7	70.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT II	4.0	2.3	1.7	42.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMIN ASSISTANT III	7.0	5.0	2.0	28.6%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ADMINISTRATOR IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	AGENCY DIRECTOR	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	ANALYST III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CHAPLAIN I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLIENT CARE AIDE II	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST II	7.0	1.0	6.0	85.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CLINICAL THERAPIST IV	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	COMPLIANCE SPECIALIST \	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CONTRACT ADMINISTRAT(	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLIN SEC OFF I	23.0	14.4	8.6	37.4%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLIN SEC OFF II	2.0	0.0	2.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	CORR/YTH/CLN SEC SUPV	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT III	1.0	1.0	0.0	0.0%

IHJA MENTAL HEALTH INST@ FT LOGAN	DATA MANAGEMENT IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTAL CARE V	1.0	0.4	0.6	60.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DENTIST I	1.0	0.4	0.6	60.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIAG PROCED TECHNOL II	1.0	0.5	0.5	48.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN II	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DIETITIAN III	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES III	5.0	3.0	2.0	40.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES IV	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	DINING SERVICES V	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR I	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	FOOD SERV MGR II	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	GRANTS SPECIALIST IV	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL III	7.0	3.8	3.2	45.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VI	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	HEALTH PROFESSIONAL VI	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOG	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOG	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LABORATORY TECHNOLOG	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LIBRARIAN II	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	LIBRARY TECHNICIAN III	1.0	0.5	0.5	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MANAGEMENT	3.0	1.0	2.0	66.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS HANDLER III	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MATERIALS SUPERVISOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MEDICAL RECORDS TECH I	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HEALTH CLINICIA	2.0	1.0	1.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN I	57.0	27.7	29.3	51.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN I	23.0	20.1	2.9	12.8%
IHJA MENTAL HEALTH INST@ FT LOGAN	MENTAL HLTH CLINICIAN I	6.0	5.0	1.0	16.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	MID-LEVEL PROVIDER	8.0	7.0	1.0	12.5%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE I	67.0	19.4	47.6	71.1%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE II	14.0	7.0	7.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE III	18.0	13.2	4.9	26.9%
IHJA MENTAL HEALTH INST@ FT LOGAN	NURSE V	2.0	2.0	0.0	0.0%

IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST II	4.0	3.0	1.0	25.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACIST III	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PHARMACY TECHNICIAN II	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM ASSISTANT II	6.0	5.0	1.0	16.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM COORDINATOR	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT	6.0	5.0	1.0	16.7%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROGRAM MANAGEMENT	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PROJECT COORDINATOR	1.0	0.0	1.0	100.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST I	7.0	4.0	3.0	42.9%
IHJA MENTAL HEALTH INST@ FT LOGAN	PSYCHOLOGIST II	3.0	3.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SAFETY SECURITY OFF I	1.0	0.3	0.7	68.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SENIOR EXECUTIVE SERVIC	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELO	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELO	10.0	5.0	5.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELO	6.0	3.0	3.0	50.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	SOCIAL WORK/COUNSELO	5.0	5.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	STATISTICAL ANALYST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TECHNICIAN III	2.0	2.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	TEMPORARY AIDE	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPIST III	2.0	1.3	0.7	35.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPIST IV	1.0	1.0	0.0	0.0%
IHJA MENTAL HEALTH INST@ FT LOGAN	THERAPY ASSISTANT III	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	ADMINISTRATOR V	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	CORR/YTH/CLIN SEC OFF I	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	LIAISON IV	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	MANAGEMENT	2.0	0.8	1.2	60.0%
OBHC CENTRAL ADMINISTRATION OFC	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
OBHC CENTRAL ADMINISTRATION OFC	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%

OBHC CENTRAL ADMINISTRATION OFC	SENIOR EXECUTIVE SERVIC	3.0	3.0	0.0	0.0%
	Subtotal	1,833.0	1,118.8	714.2	39.0%
IHGA CHILD SUPPORT SERVICES	ADMIN ASSISTANT III	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR III	12.0	10.0	2.0	16.7%
IHGA CHILD SUPPORT SERVICES	ADMINISTRATOR IV	4.0	2.0	2.0	50.0%
IHGA CHILD SUPPORT SERVICES	ANALYST III	9.0	4.0	5.0	55.6%
IHGA CHILD SUPPORT SERVICES	ANALYST IV	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT V	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	DATA MANAGEMENT VI	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST III	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	GRANTS SPECIALIST V	2.0	1.0	1.0	50.0%
IHGA CHILD SUPPORT SERVICES	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	MKTG & COMM SPEC IV	2.0	0.0	2.0	100.0%
IHGA CHILD SUPPORT SERVICES	PLANNING SPECIALIST IV	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	POLICY ADVISOR IV	6.0	3.0	3.0	50.0%
IHGA CHILD SUPPORT SERVICES	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT I	2.0	2.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT	10.0	9.0	1.0	10.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT	2.0	1.0	1.0	50.0%
IHGA CHILD SUPPORT SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA CHILD SUPPORT SERVICES	PROJECT MANAGER I	1.0	0.0	1.0	100.0%
IHGA CHILD SUPPORT SERVICES	TECHNICIAN II	8.0	7.0	1.0	12.5%
IHGA CHILD SUPPORT SERVICES	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA CHILD SUPPORT SERVICES	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	BUDGET & POLICY ANLST I	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRAT(	3.0	3.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	MANAGEMENT	2.0	2.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHGA DIR OFC ECONOMIC SECURITY	MKTG & COMM SPEC IV	1.0	1.0	0.0	0.0%

IHGA DIR OFC ECONOMIC SECURITY	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA DIR OFC ECONOMIC SECURITY	SENIOR EXECUTIVE SERVIC	1.0	0.0	1.0	100.0%
IHGA DIR OFC ECONOMIC SECURITY	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	ANALYST III	3.0	1.0	2.0	66.7%
IHGA DIVISION OF ECONOMIC WORKFORCE	ANALYST IV	2.0	2.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	ANALYST V	2.0	2.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	BUDGET AND POLICY ANA	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	CONTRACT ADMINISTRAT(	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	DATA MANAGEMENT IV	2.0	0.0	2.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	POLICY ADVISOR V	1.0	1.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	PROGRAM ASSISTANT II	2.0	2.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	PROGRAM COORDINATOR	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	PROGRAM MANAGEMENT	3.0	3.0	0.0	0.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	PROGRAM MANAGEMENT	6.0	3.0	3.0	50.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	PROGRAM MANAGEMENT	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	SOC SERVICES SPEC III	8.0	6.0	2.0	25.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	SOC SERVICES SPEC IV	4.0	2.0	2.0	50.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	SOCIAL SERVICES SPECIALI	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	TRAINING SPECIALIST III	1.0	0.0	1.0	100.0%
IHGA DIVISION OF ECONOMIC WORKFORCE	TRAINING SPECIALIST IV	3.0	2.0	1.0	33.3%
IHGA Division of Economic Workforce Support	ANALYST III	2.0	2.0	0.0	0.0%
IHGA Division of Economic Workforce Support	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	PROGRAM MANAGEMENT	3.0	2.0	1.0	33.3%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC III	2.0	2.0	0.0	0.0%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC IV	3.0	2.0	1.0	33.3%
IHGA Division of Economic Workforce Support	SOC SERVICES SPEC V	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	SOCIAL SERVICES SPECIALI	2.0	1.0	1.0	50.0%
IHGA Division of Economic Workforce Support	SOCIAL SERVICES SPECIALI	1.0	1.0	0.0	0.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST III	1.0	0.0	1.0	100.0%
IHGA Division of Economic Workforce Support	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR III	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%

IHGA FOOD & ENERGY ASSIST SVCS	ANALYST III	7.0	7.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST IV	4.0	4.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST V	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	ANALYST VI	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	CONTRACT ADMINISTRAT(	3.0	2.0	1.0	33.3%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	DATA MANAGEMENT V	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	EQUIPMENT OPERATOR II	2.0	0.0	2.0	100.0%
IHGA FOOD & ENERGY ASSIST SVCS	MANAGEMENT	2.0	1.0	1.0	50.0%
IHGA FOOD & ENERGY ASSIST SVCS	MATERIAL HANDLER II	1.0	0.0	1.0	100.0%
IHGA FOOD & ENERGY ASSIST SVCS	MATERIALS HANDLER II	1.0	0.0	1.0	100.0%
IHGA FOOD & ENERGY ASSIST SVCS	MATERIALS SUPERVISOR	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM ASSISTANT II	5.0	5.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT	5.0	5.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	PROJECT MANAGER II	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC III	14.0	12.0	2.0	14.3%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC IV	8.0	5.6	2.4	30.0%
IHGA FOOD & ENERGY ASSIST SVCS	SOC SERVICES SPEC V	6.0	4.0	2.0	33.3%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN II	2.0	1.1	0.9	45.0%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN III	2.0	2.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	TECHNICIAN IV	1.0	1.0	0.0	0.0%
IHGA FOOD & ENERGY ASSIST SVCS	TEMPORARY AIDE	3.0	0.0	3.0	100.0%
IHGA REFUGEE SERVICES	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	DATA MANAGEMENT III	1.0	0.0	1.0	100.0%
IHGA REFUGEE SERVICES	LIAISON IV	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA REFUGEE SERVICES	SOC SERVICES SPEC IV	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ADMIN ASSISTANT III	1.0	0.0	1.0	100.0%
IHGA Staff Development Division	ADMINISTRATOR IV	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	ANALYST V	1.0	0.0	1.0	100.0%
IHGA Staff Development Division	HUMAN RESOURCES SPEC	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	LIAISON IV	1.0	0.0	1.0	100.0%

IHGA Staff Development Division	MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
IHGA Staff Development Division	TEMPORARY AIDE	2.0	0.0	2.0	100.0%
IHGA Staff Development Division	TRAINING SPECIALIST II	2.0	0.0	2.0	100.0%
IHGA Staff Development Division	TRAINING SPECIALIST III	3.0	3.0	0.0	0.0%
IHGA Staff Development Division	TRAINING SPECIALIST IV	1.0	1.0	0.0	0.0%
	Subtotal	247.0	172.7	74.3	30.1%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT I	7.0	5.0	2.0	28.6%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT II	37.0	26.0	11.0	29.7%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT III	25.0	17.5	7.5	30.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTANT IV	9.0	8.0	1.0	11.1%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN	35.0	30.0	5.0	14.3%
IHDA ACCOUNTING & FINANCIAL SVCS	ACCOUNTING TECHNICIAN	1.0	1.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	ADMINISTRATOR V	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTRACT ADMINISTRAT(	4.0	3.0	1.0	25.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER I	3.0	2.0	1.0	33.3%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER II	2.0	1.0	1.0	50.0%
IHDA ACCOUNTING & FINANCIAL SVCS	CONTROLLER III	4.0	4.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	DATA MANAGEMENT III	2.0	1.0	1.0	50.0%
IHDA ACCOUNTING & FINANCIAL SVCS	MANAGEMENT	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	MKTG & COMM SPEC III	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT I	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PROGRAM ASSISTANT II	6.0	5.0	1.0	16.7%
IHDA ACCOUNTING & FINANCIAL SVCS	PURCHASING AGENT III	1.0	1.0	0.0	0.0%
IHDA ACCOUNTING & FINANCIAL SVCS	PURCHASING AGENT IV	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	SOCIAL WORK/COUNSELO	1.0	0.0	1.0	100.0%
IHDA ACCOUNTING & FINANCIAL SVCS	TEMPORARY AIDE	10.0	1.0	9.0	90.0%
IHDA ACCOUNTING & FINANCIAL SVCS	TRAINING SPECIALIST III	1.0	1.0	0.0	0.0%
IHDA BUDGET & POLICY SERVICES	BUDGET & POLICY ANLST I	3.0	3.0	0.0	0.0%
IHDA BUDGET & POLICY SERVICES	BUDGET ANALYST II	2.0	0.0	2.0	100.0%
IHDA BUDGET & POLICY SERVICES	MANAGEMENT	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	CONTRACT ADMINISTRAT(	1.0	1.0	0.0	0.0%

IHDA PROCUREMENT SERVICES	EQUIPMENT OPERATOR III	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	GENERAL PROFESSIONAL I	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER I	1.0	0.0	1.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER II	2.0	0.0	2.0	100.0%
IHDA PROCUREMENT SERVICES	MATERIALS HANDLER III	7.0	5.0	2.0	28.6%
IHDA PROCUREMENT SERVICES	MATERIALS SUPERVISOR	2.0	1.0	1.0	50.0%
IHDA PROCUREMENT SERVICES	PROGRAM ASSISTANT II	1.0	1.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT IV	4.0	4.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	PURCHASING AGENT V	2.0	2.0	0.0	0.0%
IHDA PROCUREMENT SERVICES	TEMPORARY AIDE	4.0	1.0	3.0	75.0%
	Subtotal	185.0	124.5	60.5	32.7%
IHHA PERFORMANCE MANAGEMENT	ANALYST V	1.0	1.0	0.0	0.0%
IHHA PROJECT MANAGEMENT	PROJECT MANAGER I	2.0	2.0	0.0	0.0%
IHHA TWO GENERATION STRATEGIES	PROGRAM MANAGEMENT	1.0	1.0	0.0	0.0%
	Subtotal	4.0	4.0	0.0	0.0%

Attachment 3: FY19-24 Allocated FTE

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY24	25.3	29.3
Admin & Finance	FY24	557.5	606.6
OCYF	FY24	1,310.5	1,261.5
OES	FY24	179.7	186.9
BHA	FY24	156.1	126.7
OCFMH	FY24	1,527.9	1,115.5
OAADS	FY24	1,590.4	1,273.1

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY23	25.5	26.8
Admin & Finance	FY23	543.0	588.7
OCYF	FY23	1,279.0	1,237.3
OES	FY23	168.6	160.3
BHA	FY23	116.3	100.1
OCFMH	FY23	1,488.1	1,082.5
OAADS	FY23	1,588.9	1,229.8

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY22	15.8	20.0
Admin & Finance	FY22	545.5	619.1
OCYF	FY22	1,275.0	1,247.4
OES	FY22	149.6	145.0
BHA	FY22	93.4	84.4
OCFMH	FY22	1,392.8	1,247.1
OAADS	FY22	1,596.3	1,388.2

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY21	15.8	20.3
Admin & Finance	FY21	544.4	590.3
OCYF	FY21	1,306.2	1,370.3
OES	FY21	150.8	151.4
BHA	FY21	81.9	83.6

OCFMH	FY21	1,386.8	1,441.9
OAADS	FY21	1,592.9	1,532.4

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY20	16.8	23.4
Admin & Finance	FY20	533.1	545.2
OCYF	FY20	1,329.1	1,290.3
OES	FY20	150.8	137.6
BHA	FY20	88.0	68.8
OCFMH	FY20	1,338.4	1,378.3
OAADS	FY20	1,595.7	1,569.2

Office	Fiscal Year	Allocated FTE	Actual FTE
EDO	FY19	16.2	17.5
Admin & Finance	FY19	525.6	532.1
OCYF	FY19	1,327.2	1,269.9
OES	FY19	150.9	131.9
BHA	FY19	78.1	70.7
OCFMH	FY19	1,274.9	1,250.9
OAADS	FY19	1,590.1	1,445.4