

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year 2022-23	Business Unit 5225	Department California Department of Corrections and Rehabilitation	Priority No. Click or tap here to enter text.
Budget Request Name 5225-119-BCP-2022-GB		Program 4660 – Mental Health Services - Adult	Subprogram 4660014 – Mental Health Other - Adult

Budget Request Description
 Mental Health Data Analysis and Informatics

Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests 22.0 positions and \$3.1 million from the General Fund in fiscal year 2022-23 and ongoing to support additional Mental Health (MH) reporting tasks, a new data validation project related to the Coleman court, and to address increased reporting requests from both internal and external stakeholders.

Requires Legislation <input type="checkbox"/> Yes <input type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed Click or tap here to enter text.	
Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Cheryl Larson	Date 1/10/2022

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Click or tap here to enter text. **Project Approval Document:** Click or tap here to enter text.

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other Department concur with proposal? Yes No
Attach comments of affected Department, signed and dated by the department director or designee.

Prepared By Laura Ceballos, Ph.D.	Date 1/10/2022	Reviewed By Daniel Budding	Date 1/10/2022
Department Director Diana Toche	Date 1/10/2022	Agency Secretary Kathleen Allison	Date 1/10/2022

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

PPBA Allison Hewitt	Date submitted to the Legislature 1/10/2022
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A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) requests 22.0 positions and \$3.1 million from the General Fund in fiscal year 2022-23 and ongoing to support additional Mental Health (MH) reporting tasks, a new data validation project related to the *Coleman* court, and to address increased reporting requests from both internal and external stakeholders.

B. Background/History

Coleman v. Newsom is a class-action lawsuit filed in 1990, in which the plaintiffs alleged that CDCR provided an unconstitutional level of MH care. In 1995, following a trial before the magistrate judge, the District Court issued a permanent injunction and appointed a Special Master to monitor CDCR's compliance with court-ordered relief.

The *Coleman* court ordered CDCR to comply with the 2009 Mental Health Program Guide (MHPG), which requires the department to provide each patient with treatment commensurate with court-ordered minimum requirements and to demonstrate that CDCR can self-monitor to ensure the sustainability of meeting these court-ordered standards. In 2012, CDCR's Statewide Mental Health Program (SMHP), Quality Management (QM) team developed a QM system that included policies, committee structure, audit tools, and reports using data systems, such as the Strategic Offender Management System (SOMS) and the Electronic Health Records System (EHRS). One of the systems developed by SMHP QM is the Continuous Quality Improvement Tool (CQIT), which has been, and continues to be, regarded as a key element in the resolution of the *Coleman* case.

Recent Program Impacts

In October 2020, a data verification and validation project was initiated to fulfill the *Coleman* court requirement for CDCR to work with the *Coleman* Special Master's team to validate the quality improvement data. In addition to the new data verification and validation project, on December 17, 2020, the *Coleman* court issued an [order](#) requiring CDCR to identify key indicators for the *Coleman* case within three months, to capture any changes required by the 2018 MHPG (ECFR No. 6996). This order noted that CQIT would be the tool CDCR's SMHP would use to measure performance. The judge subsequently issued an order, adopting CQIT Key Indicator list proposed by the Special Master, minus one duplicative indicator that was listed, and adopted the Plaintiffs' proposals for consideration during the 29th monitoring round. These indicators are now the key indicators used to measure performance in the *Coleman* case.

These events have resulted in permanent changes to the way that CDCR must collect, process, and measure data moving forward. The new processes created by the court requires the department to refine some indicators, develop new indicators, and validate and maintain all indicators and mental health reports on an ongoing basis to ensure all data are as accurate as possible. Upon completion of the first round of reviews, the next round of improvements and changes will immediately begin, and the work needed to meet these requirements will be ongoing.

Discussions regarding how key indicators should be measured, defined, and what the cutoffs will be are still ongoing. However, regardless of the continued discussions, the result of CQIT being utilized as the critical tool to measure performance in the *Coleman* case, has increased workload due to an increased and expanded use of and reliance upon CQIT data. Additionally, there is an increased workload as a result of the data verification and validation project, which has resulted in the MH program's inability to keep up with demands and will result in an ongoing requirement to continually review every business rule and indicator at least annually. The

refinements of CQIT, including the data verification and validation project, are a primary interest of the *Coleman* court, and as such, CDCR and the *Coleman* Special Master's team are required to provide a status update on CQIT progress to the court regularly.

Currently, MH QM staff are being redirected from other tasks to fulfill the requirements of these data verification and validation projects. MH reporting and EHRS builds have been deprioritized, and subsequently, extensive backlogs of work requests from the field and stakeholders are not being triaged. The MH QM department is tasked with maintaining the EHRS, MH reporting, and Quality Improvement (QI). Due to the increased demands of the *Coleman* court order to validate data processes, the MH QM staff are unable to meet these requirements. The validation project is an extensive and time-consuming process that involves review of over 100 business rules and key indicators, breaking each one down, defining the rule and methodology, reviewing and updating the policy, defining data pathways, presenting to various stakeholders, programming, data verification, process verification, movement through change processes, and reevaluation.

CDCR started the process of validating the first business rule in October 2020, and as of today, has yet to complete this validation, despite having the MH QM team work full-time on this endeavor. To summarize the impact of workload needs in MH QM, the standard duties of maintaining the EHRS, MH reporting, and QI are not being completed timely. The enormity of the data validation project, which will continue after the review with *Coleman* stakeholders has been completed and CDCR is responsible to conduct reviews independently, has required redirection of existing MH QM resources and continues to grow in scope; however, current resources are not sufficient to address the continued needs.

In addition to CDCR reviewing each current indicator through the data verification and validation process annually in its December 2020 order, the court stated that CQIT "should be subject to annual updates when the MHPG and Compendium are updated." (Id. at 9.) The court links CQIT to the MHPG, with the reasoning that should Defendants update the MHPG or Compendium with new policies, CQIT should be adjusted accordingly on the same schedule. Updates such as this, require establishment of methodology, new specifications, programming, and data verification and validation. Currently, SMHP Associate Governmental Program Analyst (AGPA) and Health Program Specialist (HPS I) resources are being diverted from their regular duties to assist with these new urgent Data Certification Plan (DCP) efforts. This does not allow staff time to complete duties that are also necessary to successfully operate the Mental Health Services Delivery System (MHSDS), such as policy development and tracking; preparing and validating various reports for legal, other program areas, and executive leadership; making updates to the reporting system; updating the chart audit tool; recoding and updating indicators with the new CQIT tool based upon audit updates; EHRS requests; and other system performance improvement measures.

Staffing levels within MH continues to be an area of focus; the MH program has already redirected an AGPA who reports to the Assistant Deputy Director and an HPS I whose typical work duties are focused on staffing allocations. The QM staff who are redirected are unable to work on focused improvement plans and/or use the data to make systemic improvements in statewide performance. Therefore, while staff may be able to create data, the data is not being used to its potential. The key role of a QM unit should be to improve performance, which the unit is unable to focus on in light of redirection. Continuing with the current model will result in lengthier backlogs where programs and processes will begin to breakdown due to redirection of the QM team.

Finally, the current data footprint for the Mental Health Data Test Environment is 25 terabytes. With an increased need for data reporting to meet court requirements, failure to have an appropriate sized test environment could put CDCR and the California Correctional Health Care Services (CCHCS) at risk of not fulfilling quality assurance testing on large, ever-expanding mental health data sets to ensure data integrity. Such integrity allows CDCR/CCHCS the ability to accurately and efficiently report the required data. The projected cost to increase the data footprint within the Information Technology Services Division (ITSD), is \$25,000 for fiscal year 22-23, with an anticipated ten percent increase annually thereafter. Through the expertise of an ITS II, the current environment will then be moved to the Azure Synapse, which will address current performance bottlenecks, modernize the warehouse with advanced analytics to enhance performance, and will be scalable.

Workload History

Workload Measure	PY- 1 (FY 2019-20)	PY (FY 2020-21) (through June 1 2021)	CY (FY 2021-22) Projected
Pending Approved Reporting Change Request/Update	N/A current backlog	135 pending	135 pending
Data Verification/Validation prep, review, documentation, workgroups	2 indicators and 16 business rules prepped and reviewed	12 indicators and 60 business rules prepped	686 measures remaining

C. State Level Consideration

The SMHP has an existing policy that defines the roles and responsibilities of staff associated with EHRs, including delineating change management requirements and procedures for reporting and EHRs change requests (12.01.500 Headquarters Mental Health Electronic Record and Data Change Management Policy and Procedures). The new positions will support the workload associated with this policy. In response to the Office of the Special Master's (OSM) request for a data validation process, the SMHP also has a new documentation requirement for reporting methodology. This new documentation requirement is part of the DCP and has resulted in development of a new SharePoint "Wiki" site that must be maintained by the SMHP QM team.

This work aligns with the Receiver's Strategic Plan Goal 1, to ensure timely access to health care services.

The CDCR MH reports are a critical tool in identifying gaps in care, particularly related to timely access to MH services. The tools are used in the following ways:

- Identify when MHPG timelines are missed.
- Develop and implement quality improvement plans to avoid future misses.

- Identify which MH patient is due to be seen in accordance with MHPG timelines.
- Verify an appointment is scheduled.

Ensuring reports are understood and correctly aligned with policy requirements will help improve CDCR's monitoring and assurance of timely access to care.

D. Justification

In September of 2020, the federal judge filed a roadmap to end federal court oversight of CDCR's SMHP ([Case 2:90-cv-00520-KJM-DB Document 6846 Filed 09/03/20](#)); this roadmap included the implementation of a robust QI process. Approving the requested funding of \$3.1 million on positions, which includes 1.0 RDM I, 1.0 RDA II, 2.0 RDS Is, 3.0 RDS IIs, 1.0 Staff Services Manager (SSM) II, 1.0 SSM I, 3.0 HPS Is, 6.0 AGPAs, and 4.0 ITS IIs, will allow the SMHP to bolster and sustain such a QI system.

MH QM has an increased need for resources in the Research Data Series. This is due, in part, to additional requirements related to data analytics ordered by the *Coleman* court, which have created increased and ongoing workload. There is urgency in hiring these positions to meet the *Coleman* court's expectations, completing a backlog of the current 135 pending approved change requests, and maintaining currency with report request updates. Therefore, the SMHP created various limited-term positions based on salary savings for some of the needed research data series positions, and is actively recruiting for those positions. This short-term solution is not sustainable due to the ongoing increase in workload and projects surrounding operations of the MHSDS. Funding is now necessary to ensure SMHP has sustainable resources for the ongoing maintenance of the CQIT.

The SMHP research and data analytics team will be responsible for researching and developing innovative business intelligence tools and solutions. Most importantly, the RDM, RDS II, RDS I, and RDA II will be responsible for ensuring that up-to-date and accurate reporting systems and tools are readily available for program oversight. Ultimately, this is the desired outcome of the DCP; however, staff will also be tasked to ensure the SMHP works through the backlog of reporting requests and remains current with incoming requests. The backlog is currently at 135 change requests, and continues to grow as requests are received and approved. Requested staff will also bring with them research design and statistics expertise that will be utilized for data queries and analyses to assist with data-informed decision making.

The SMHP is responsible for developing audit tools and automated systems and for producing and publishing timely and accurate data analytics and performance reports. This proposal requests resources to demonstrate to the court that CDCR has the capability to sustainably carry out these responsibilities moving forward, which includes funding of \$53,000 for increased IT costs: \$25,000 for the Mental Health Data Test Environment, and \$28,000 for high-performance laptops, necessary for the RDM, RDS I and II, RDA II and ITS II positions to conduct their job duties.

To support the SMHP, ITSD requires four ITS II positions as follows:

- Three Data Warehouse Developers to lead efforts to develop complex solutions to move MH data from source databases into the Enterprise Data Warehouse for complex MH Business Intelligence reporting. Engage and lead coordination efforts for troubleshooting, system optimizations, advanced analytics support, and develop system analysis reports.

- One Lead Test/Release Engineer to support the deployment of data warehouse components, implement automated deployments, conduct automated functional and performance testing of critical reports, and develop tools to verify the accuracy of data in the reports.

In an effort to accommodate the requirements of an evolving DCP, implement established *Coleman* indicators, and improve CDCR's ability to capture, track, monitor, and measure compliance, the requested positions will integrate with the current QM Team. This will lead to a QM Team separate from the clinical positions, whose full-time responsibilities include: electronic health record maintenance, operations and training, QI initiatives, and clinical oversight of audits. The additional analytical staff will be responsible for tracking projects, including work related to the DCP, participating in workgroups, preparing and updating documentation for indicators and automated reports developed by the research data team, providing expertise for reporting analysis and change management requests, and support other existing projects for the SMHP QM program. This team will serve as a key adjunct to the research data team responsible for the additional workload of ongoing data verification and validation and will provide additional resources to respond to ongoing reporting requests.

Once all current indicators are reviewed, documented, updated, verified, and validated in the DCP, each indicator will be reviewed annually, and every changed or new indicator will go through the DCP. Currently, the QM team with additional resources from other sections of the MH program, are following this workflow to meet the current need; however, as new indicators are reviewed, the workload increases, and as it is the same small group of staff fulfilling each step of the process, it results in an amplified workload with each new business rule and indicator reviewed, and the team falls further behind. To keep up with this project, the backlog workload for other data and EHRS-related requests is increasing. Data verification and validation will be an ongoing long term effort, due to the time it takes for each business rule to go through the approval, implementation, and review process. By the time all key indicators are reviewed, it will be time to start over and review each indicator for the annual review; the cycle will not end. In addition, with each change in policy, new technology, data system, business request, and ongoing review needs to be made to ensure every indicator and the business rule is reviewed for consistency. SMHP needs the ability to utilize all of its allocated positions for the increasing demands and improvements being made to allow for the delivery of MH services that will meet or exceed *Coleman's* requirements.

In addition, in order to ensure the Research Data Manager (RDM), Research Data Specialist I and II (RDS I and RDS II), Research Data Analyst II (RDA II), and Information Technology Specialist (ITS) II positions are able to conduct their job duties, high performance laptops are also being requested.

E. Outcomes and Accountability

The addition of the requested positions will allow CDCR the sustainable ability to self-monitor. As stated above, the current judge of the *Coleman* court has indicated the exit strategy for the *Coleman* lawsuit is through a robust and sustainable QI process. The additional resources being requested are essential to developing the tools need to achieve this process.

The requested additional staffing is expected to accomplish the following:

- Completion of the initial DCP by December 2023, and ongoing review for verification and validation, to include draft "prep" detailed documentation of each indicator and business

rule, review by stakeholders, resolution of disagreements via workgroups, and finalized documentation of methodology for all required indicators and business rules.

- Outcome: Internal and external stakeholder confidence and reliance on SMHP QM reports for self-monitoring.
- Completion of the 135 approved reporting backlog items and avoidance of future delays in completing reporting requests within six months of new staff being hired and trained (target of January 1, 2023).
 - Long-term outcome: Demonstration of sustainable ability to maintain reports, and respond timely to report updates as policy changes or other operations are updated.
- Update and maintain all measures over which the SMHP QM team has responsibility.
 - Currently, there are 736 measures, some of which will be considered as “key indicators” for court monitoring purposes.
 - All indicators will require updating, maintenance, and validation at least annually and as policies are updated, whether it be internally or via the DCP project with the *Coleman* stakeholders.
- SMHP QM team will resume QI functions (focused improvement plans), in which statewide improvement plans using the information gained through reports and audits will be completed.
 - QI priorities are an ongoing task without an identified time limit, the Department is always striving toward more QI.
 - Presently, tasks have to be prioritized, and only the most urgent tasks that focus on change request approval and data validation are completed.
 - Statewide improvement plans to address systemic issues across the facilities have not been initiated due to the lack of resources. The SMHP has been focused on responding to change and data requests and maintaining current reports and audit tools. However, the SMHP has not been able to use the data it produces for system improvement. Performance improvement is a key component of a QM system, but has had to be deprioritized due to the demands of the *Coleman* court and other stakeholders.

Projected Outcomes

Workload Measure	CY	BY	BY+1	BY+2	BY+3	BY+4
Reporting backlog/queue	135	80	No more than 20 in queue	No more than 20 in queue	No more than 20 in queue	No more than 20 in queue
DCP Prep, Review, and Wiki Documentation Completion	686 measures remaining	686	686	686	686	686

F. Analysis of All Feasible Alternatives

Alternative 1

Approve \$3.1 million General Fund and 22.0 positions in 2022-23 and ongoing to address MH research data, and QM needs to improve MHSDS requirement tracking, monitoring, and data compliance reporting.

Pros:

- Provides the resources to adequately capture, monitor, and provide quality MH services data reports.

- Will allow for more complex data analyses, business intelligence reports, data models, and the ability to resolve data integrity concerns to improve the effectiveness and efficiency of data analytics work within the SMHP.
- Addresses the *Coleman* court's mandate regarding MH CQIT indicators.
- Enhances the CDCR's reporting ability, especially to key agencies and stakeholders.

Cons:

- Impact to the General Fund.

Alternative 2

Do not approve additional resources and continue redirection of existing staff.

Pros:

- No Impact to General Fund.

Cons:

- SMHP will not be able to keep up with the increasing workload demands
- CDCR/CCHCS cannot build or sustain a quality program.
- Duties assigned to current staff will not be completed.

G. Implementation Plan

Upon approval of the 2022 Budget Act, recruitment for permanent staff will begin. Establishment of the positions will be effective July 1, 2022.

H. Supplemental Information

Attachment A – Data Certification Plan Flow Chart

Link – Court Document 6846 – Road Map to End of Federal Court Oversight ([Case](#) 2:90-cv-00520-KJM-DB Document 6846 Filed 09/03/20)

Link – Court [Order](#) 6996 – Key Indicators

I. Recommendation

Alternative 1: Approve \$3.1 million General Fund and 22.0 positions in fiscal year 2022-23 and ongoing to address MH research data, and QM needs to improve MHSDS requirement tracking, monitoring, and data compliance reporting.

BCP Fiscal Detail Sheet

BCP Title: Mental Health Data Analysis and Informatics

BR Name: 5225-119-BCP-2022-GB

Budget Request Summary

Personal Services

Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Positions - Permanent	0.0	22.0	22.0	22.0	22.0	22.0
Total Positions	0.0	22.0	22.0	22.0	22.0	22.0
Salaries and Wages Earnings - Permanent	0	1,968	1,968	1,968	1,968	1,968
Total Salaries and Wages	\$0	\$1,968	\$1,968	\$1,968	\$1,968	\$1,968
Total Staff Benefits	0	921	921	921	921	921
Total Personal Services	\$0	\$2,889	\$2,889	\$2,889	\$2,889	\$2,889

Operating Expenses and Equipment

Operating Expenses and Equipment	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5301 - General Expense	0	13	13	13	13	13
5302 - Printing	0	5	5	5	5	5
5304 - Communications	0	9	9	9	9	9
5306 - Postage	0	2	2	2	2	2
5320 - Travel: In-State	0	17	17	17	17	17
5322 - Training	0	4	4	4	4	4
5324 - Facilities Operation	0	23	23	23	23	23
5326 - Utilities	0	1	1	1	1	1
5340 - Consulting and Professional Services - Interdepartmental	0	1	1	1	1	1
5340 - Consulting and Professional Services - External	0	4	4	4	4	4
5346 - Information Technology	0	25	25	25	25	25
5368 - Non-Capital Asset Purchases - Equipment	0	150	77	77	77	77
539X - Other	0	1	1	1	1	1
Total Operating Expenses and Equipment	\$0	\$255	\$182	\$182	\$182	\$182

Total Budget Request

Total Budget Request	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Budget Request	\$0	\$3,144	\$3,071	\$3,071	\$3,071	\$3,071

Fund Summary

Fund Source

Fund Source	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
State Operations - 0001 - General Fund	0	3,144	3,071	3,071	3,071	3,071
Total State Operations Expenditures	\$0	\$3,144	\$3,071	\$3,071	\$3,071	\$3,071
Total All Funds	\$0	\$3,144	\$3,071	\$3,071	\$3,071	\$3,071

Program Summary

Program Funding

Program Funding	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
4670 - Dental and Mental Health Services Administration-Adult	0	2,369	2,332	2,332	2,332	2,332
4650012 - Medical Administration-Adult	0	775	739	739	739	739
Total All Programs	\$0	\$3,144	\$3,071	\$3,071	\$3,071	\$3,071

Personal Services Details

Positions

Positions	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
1414 - Info Tech Spec II (Eff. 07-01-2022)	0.0	4.0	4.0	4.0	4.0	4.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0.0	6.0	6.0	6.0	6.0	6.0
5731 - Research Data Analyst II (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5740 - Research Data Mgr (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5742 - Research Data Spec I (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0
5758 - Research Data Spec II (Eff. 07-01-2022)	0.0	3.0	3.0	3.0	3.0	3.0
8338 - Hlth Program Spec I (Eff. 07-01-2022)	0.0	3.0	3.0	3.0	3.0	3.0
Total Positions	0.0	22.0	22.0	22.0	22.0	22.0

Salaries and Wages

Salaries and Wages	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
1414 - Info Tech Spec II (Eff. 07-01-2022)	0	445	445	445	445	445
4800 - Staff Svcs Mgr I (Eff. 07-01-2022)	0	89	89	89	89	89
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01-2022)	0	98	98	98	98	98
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0	455	455	455	455	455
5731 - Research Data Analyst II (Eff. 07-01-2022)	0	80	80	80	80	80
5740 - Research Data Mgr (Eff. 07-01-2022)	0	113	113	113	113	113
5742 - Research Data Spec I (Eff. 07-01-2022)	0	166	166	166	166	166
5758 - Research Data Spec II (Eff. 07-01-2022)	0	273	273	273	273	273
8338 - Hlth Program Spec I (Eff. 07-01-2022)	0	249	249	249	249	249
Total Salaries and Wages	\$0	\$1,968	\$1,968	\$1,968	\$1,968	\$1,968

Staff Benefits

Staff Benefits	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5150450 - Medicare Taxation	0	28	28	28	28	28
5150500 - OASDI	0	122	122	122	122	122

Staff Benefits	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5150600 - Retirement - General	0	341	341	341	341	341
5150800 - Workers' Compensation	0	71	71	71	71	71
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	45	45	45	45	45
5150900 - Staff Benefits - Other	0	314	314	314	314	314
Total Staff Benefits	\$0	\$921	\$921	\$921	\$921	\$921

Total Personal Services

Total Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Personal Services	\$0	\$2,889	\$2,889	\$2,889	\$2,889	\$2,889

Attachment A

