

**EAU CLAIRE COUNTY DEPARTMENT OF HUMAN SERVICES**

**Director – Angela Weideman**

**Department Report – Division & Unit Updates**

**June 5, 2023**

**Agency Update (Angela Weideman)**

**Mission:** To work together with families and individuals to promote economic self-sufficiency, personal independence, and to strengthen and preserve families

**Vision:** Family\* Connections are Always Preserved and Strengthened!

\*Family is defined in the broadest sense. As meant in context (work or household) and individually defined.

**Department of Human Services Update:**

Hello!

As you know, I recently began my role as the Director of Human Services for Eau Claire County, which has involved not only getting an education how the various divisions and units of DHS operate, but also learning about the employees of DHS, and *why* they have dedicated their lives to the service of others. It is my conclusion that their reasons combined are what give our department the strength it has to grab the hand of our community members reaching out for help. It is truly an honor to lead this Department of dedicated employees!

DHS strives to continue building community connections with area providers, school districts, law enforcement agencies, and outreach programs. DHS is also connecting with media outlets to communicate the programs our department has available. In fact, the May issue of Volume One magazine ran a story on our foster care program. One of our contract employees was featured in the article and shared their personal experience with foster care that stemmed from our department. I encourage you to read the article by clicking [HERE](#).

This past month our Child Protective Services Initial Assessment team, within Family Services, completed 30 assessments with all 30 children remaining in the home, some with in-home safety plans in place. Economic Support Services saw a low number of renewals, which is because Healthcare renewals haven't started yet - those will start in June. ESS is aware of this, and is anticipating call volumes to increase, renewals to increase, and then new applications for Healthcare to increase as well. Members of our Behavioral Health Adult Protective Services team (APS) participated in the ADRC Dementia Family Caregivers Skills Fair. Fiscal has been engaged in meetings discussing the many programmatic needs of DHS in preparation for the many upcoming budget discussions. Operations has been working on streamlining the way information is shared among DHS staff. Our new Operations Administrator, Terri Bohl, is using her experience and skills to increase efficiency across our department.

DHS has also unveiled a new internally facing web site that we refer to as the "DHS Dashboard." This will be used as a centralized location for communication, reporting DHS metrics, and sharing the story of our Department of Human Services with each division and unit represented. Each day, I am thrilled to be a part of this team of DHS employees who work to provide appropriate services to our community members in need in the most efficient and caring ways possible. I am very grateful to lead this department of dedicated employees and look forward to our combined dedication to service!

Respectfully,  
Angie Weideman,  
Director, Department of Human Services

### Family Services Update (Terri Bohl)

The Family Services Division is excited to host Judge Derek Mosley from the Marquette Law School at a training event on June 14, 2023, on topic of Unconscious Bias. The event will take place at CVTC from 1-2:30 pm and is open to all DHS staff and members of the RED Grant Stakeholder Committee. The Department is using RED grant funding for the event. Human Services Board Members are welcome to attend the event. Contact Terri Bohl for more detailed information.

The Resource Unit is doing a tremendous amount of outreach in the community over the next few months to recruit potential providers. Staff will be available at the following events to provide information on alternate care: Nashville North, EC Pride Event, Cavaliers Baseball, Ski Sprites Show, National Night Out, and a formal meeting at DHS. The annual appreciation picnic for alternate care families will take place on August 6, 2023. Educational sessions for alternate care providers are regularly offered by DHS staff. An introduction to Emotion Coaching and Mindfulness to build co-regulation was recently offered and confidentiality training is being planned for this fall.

### Family Services Staffing Update (Terri Bohl)

Unit	Filled FTE's	Vacant FTE's	Reason for Vacancy
Alternate Care	4.5	0	
Birth to Three	2.66	0	
Centralized Access	6	0	
Coordinated Services Team	1.25	0	
CPS Ongoing	12	0	
Initial Assessment	6.5	1	Resigned
IPS	2	0	
Juvenile Detention	16.5	0	
Juvenile Intake	1.25	1	New/Moved from Behavioral Health
System of Care	2.25	0	
Youth Ongoing Services	8.25	0	
<b>Totals</b>	<b>63.16</b>	<b>2</b>	
Administrative Positions	2.5	0	
Management Positions	8	0	
Professional Positions	52.66	2	
<b>Totals</b>	<b>63.16</b>	<b>2</b>	

### Centralized Access (Julie Brown)

	Dec.	Jan.	Feb.	Mar.	Apr.
Child Protective Services reports received	110	179	143	157	136
Child Protective Services reports screened in for Initial Assessment	16	39	32	32	31
Child Welfare Service reports received	14	14	11	6	10
Child Welfare Service reports screened in	10	9	7	5	8

### Update

Access also completed the following additional documentation related to the Behavioral Health Division and referrals for services completed within access are as follows for April 2023:

Adult At Risk/APS Reports - 32  
 AODA Referrals- 7  
 Birth To Three Referrals- 16  
 CCS Referrals-46  
 CSP Referrals- 2  
 Requests for Guardianship/Protective Placement- 6  
 Crisis /3 Party Petition Referrals- 14  
 Outpatient Clinic Referrals-1  
 Children’s Integrated Services Referrals- 10  
 Call Intakes: 40  
 Nursing Home (Short Term Exemption) Requests-31  
 Total: 205

For the Month of April 2023, Centralized Access also had 41 Customers “walk in” or present at DHS to meet in person with an Access Worker.

<b>CPS Initial Assessment (Tasha Alexander)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Initial assessments completed	<b>34</b>	<b>37</b>	<b>15</b>	<b>37</b>	<b>30</b>
Assessments resulting in substantiation	<b>0</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>5</b>
Assessments completed involving child remaining in home	<b>34</b>	<b>32</b>	<b>11</b>	<b>32</b>	<b>30</b>
Assessments resulting in services opening with Department	<b>2</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>4</b>

**Update**

With 30 CPS Initial Assessments being completed and all 30 assessments closing with children in the home, it further outlines the tremendous work and focus being placed on creating in-home safety plans, even with the 4 families that required ongoing child protective services intervention. It should be noted that in-home safety plans are more easily created when non-maltreating parents are involved, or other family members are connected to the family and live nearby.

<b>CPS Ongoing (Courtney Wick)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Children served in Ongoing Child Protective Services	<b>135</b>	<b>138</b>	<b>146</b>	<b>158</b>	<b>157</b>
Families served in Ongoing Child Protective Services	<b>75</b>	<b>74</b>	<b>78</b>	<b>85</b>	<b>85</b>
Children served in home	<b>55</b>	<b>53</b>	<b>59</b>	<b>69</b>	<b>69</b>

**Update**

In April, the Ongoing CPS team had 32 children enrolled in Targeted Safety Support Funds (TSSF), which allows for children to safely be maintained in their home or reunified with the use of safety services and supports. Incredible work is being done on a day-to-day basis to ensure children are safe and family connections are preserved.

<b>Youth Services (Hannah Keller)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Youth served in Youth Services Program	<b>109</b>	<b>113</b>	<b>116</b>	<b>116</b>	<b>119</b>
Youth being served in their home	<b>81</b>	<b>86</b>	<b>90</b>	<b>88</b>	<b>92</b>
Families served in Youth Services Program	<b>99</b>	<b>102</b>	<b>101</b>	<b>101</b>	<b>104</b>

**Update**

The Youth Services Team has continued to experience an increase in the number of youth justice referrals over the last few months. In response to this increase, the Department shifted one position from the Behavioral Health unit to Juvenile Intake. Recruitment efforts are underway to fill the new position.

<b>Intensive Permanency Services (Melissa Christopherson)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Youth receiving Intensive Permanency Services	<b>16</b>	<b>15</b>	<b>16</b>	<b>15</b>	<b>17</b>

**Update**

The Intensive Permanency Services Team continues to find success in identifying family members and creating connections for assigned youth.

<b>Alternate Care (Melissa Christopherson)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Children in out-of-home care at end of month	<b>97</b>	<b>106</b>	<b>115</b>	<b>111</b>	<b>115</b>
Median length of stay in months for children discharged in month	<b>12.3</b>	<b>10.8</b>	<b>11.0</b>	<b>8.3</b>	<b>8.7</b>

**Update**

There has been a slight increase in the number of children placed in out of home care from the month of March to April, but many of the children placed in care are placed with a relative or kin-like individual.

<b>Birth-to-Three (Melissa Christopherson)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Children being served	<b>105</b>	<b>122</b>	<b>102</b>	<b>99</b>	<b>101</b>

**Update**

In May, the Birth to Three team is being trained to be more effective in identifying early visual impairments in children. It is hoped that earlier identification will lead to timely diagnosis and improved treatment.

<b>Juvenile Detention Center (Rob Fadness, Michael Ludgatis, and Martin Adams)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Total admissions - number youth	<b>25</b>	<b>26</b>	<b>32</b>	<b>27</b>	<b>29</b>
Total admissions - number days	<b>341</b>	<b>429</b>	<b>373</b>	<b>440</b>	<b>412</b>
Eau Claire County admissions - number days	<b>52</b>	<b>54</b>	<b>68</b>	<b>77</b>	<b>125</b>
Short-term admissions - number youth	<b>18</b>	<b>19</b>	<b>25</b>	<b>20</b>	<b>24</b>
Short-term admissions - number days	<b>124</b>	<b>212</b>	<b>177</b>	<b>254</b>	<b>275</b>
Eau Claire County short-term admissions - number youth	<b>6</b>	<b>7</b>	<b>10</b>	<b>8</b>	<b>12</b>
Eau Claire County short-term admissions - number days	<b>21</b>	<b>23</b>	<b>40</b>	<b>46</b>	<b>95</b>
180 program admissions - number youth	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>5</b>
180 program admissions - number days	<b>217</b>	<b>217</b>	<b>196</b>	<b>186</b>	<b>137</b>
Average daily population youth per day	<b>11.0</b>	<b>13.8</b>	<b>13.3</b>	<b>14.2</b>	<b>13.7</b>
Occupancy rate	<b>48.0</b>	<b>60.2</b>	<b>57.9</b>	<b>61.8</b>	<b>59.7</b>
Climate survey – staff	<b>50%</b>	<b>92%</b>	<b>81%</b>	<b>84%</b>	<b>93%</b>
Climate survey – safety	<b>64%</b>	<b>80%</b>	<b>73%</b>	<b>64%</b>	<b>52%</b>
Climate survey – cleanliness	<b>63%</b>	<b>100%</b>	<b>100%</b>	<b>80%</b>	<b>89%</b>
Climate survey – overall	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>80%</b>	<b>83%</b>

**Update**

**180 Program:** JDC celebrated another successful discharge in April. This young man worked at Fresh Start during his placement and continued his employment following completion of the 180 Program. He graduated from high school, applied to CVTC and on his 18<sup>th</sup> birthday moved to his own apartment.

**Birthday Cakes in JDC:** A private bakery owner provided a birthday cake to celebrate all kids spending their birthdays in custody. Last month, a birthday cake was provided for 15 kids. The kids enjoyed learning about being a baker and eating birthday cake. The baker has already committed to baking another cake in June.

### **Behavioral Health Update (Luke Fedie)**

With June here, we begin to look at where we are at with our initiatives in behavioral health over the six months of 2023. With the unprecedented growth of our CLTS program referrals, we will be requesting four more staff to effectively mitigate the waitlist in the program and maintain a feasible capacity. We have been able to effectively mitigate any waitlists in our other MA entitlement programs in behavioral health. This has been a long-standing goal for all of us here at DHS. Responding quickly to meet the needs of our community members is best practice when providing services.

Earlier in the month of May several of us were able to participate in a training offered through UW-Green Bay that focuses on Critical Incident Stress Management. The focus of the training was on Crisis Debriefing. With all that is going on around us in our surrounding counties, we want to be a resource to our neighbors to help them navigate crisis and potentially provide a debriefing service. There will be a follow up advanced practice training in July and we will plan on attending that as well.

Last month, we received a question from the Board regarding our efforts to address the methamphetamine problem which is often referenced in our report. Here's a summary of our AODA intervention at DHS:

We have seen different substances ebb and flow in our community. At times, it can seem like one substance has an epidemic effect. The reality is that this epidemic effect is less about the substance itself and more about the availability and access to the drug. We are often asked what we are doing to address the "meth problem" or "fentanyl problem" within our community. The reality is that the way in which we link people to services and provide services are no different from one another based on the substance. The specific interventions of a service, one example would be MAT for an opioid use disorder, may change, but the logistics of helping someone through their recovery journey is not vastly different based on substances. We are fortunate enough here at Eau Claire DHS to have programs that address substance use disorders directly. The programs identified will be based on level of care, with each becoming more intensive as discussed.

We have a certified 35 and 75 clinic in which all our clinical are trained in treating substance use disorders. They are trained in best practice modalities to address addiction and recovery. Many of the individuals that we serve in our clinic struggling with addiction have a co-occurring mental health diagnosis as well. We work to address an individual as a whole and view recovery through a biopsychosocial spiritual lens.

We also operate a Comprehensive Community Services Program where we can assign a substance use professional (SUP) to every case where a substance use disorder is present. That SUP is responsible for identifying what the needs are to assist in recovery from substance use and can help the client move through the stages of change in recovery. Our CCS program has working relationships with inpatient residential programs in the surrounding area, and we can link our participants to appropriate residential services when they are needed. We do this through a thorough assessment as well as the use of ASAM criteria, which is a tool to determine appropriate level of care. Our DHS 34 crisis service works with community members that are struggling with substance use disorders. Many crisis calls are made when a community member is intoxicated. The assessment and linkage and follow up that

takes place after that crisis may include referrals to programs, including, but not limited to, our Clinic or CCS program. The outcome may be needing residential care as well and the process of an assessment and ASAM criteria is utilized to determine appropriate level of care.

Recently, over the last two years, we have responded to requests from our family service partners to help them navigate getting someone into residential treatment. We assigned staff to help assist with providing an assessment and ASAM to help expedite the process. This has gone extremely well and the feedback from family services staff is that they are appreciative of the support and feel there is improved follow-through with the client getting linked up with services.

All these things are tertiary in nature. A person enters a program when they have experienced difficulties related to their mental health or substance use disorder. We are statutorily set up to respond to these issues. We do, however, do what we can with our partners to provide some prevention work. Every year, for the last four years, we have allocated AODA block grant funds to our public health partners. Public Health has used those funds to do community outreach, education, and assessment. Much of the education is around risk reduction as well as ways to recognize what a substance use disorder looks like.

This is not an exhaustive list of everything that DHS does to respond to individuals in our community struggling with substance use. We hope this gives you some idea of how we are working help people through their recovery

<b>Behavioral Health Staffing Update (Luke Fedie)</b>			
<b>Unit</b>	<b>Filled FTE's</b>	<b>Vacant FTE's</b>	<b>Reason for Vacancy</b>
APS	6	0	
CCS	47	0	
CLTS	19	0	
Crisis	11	1	New
CSP	12	1	Resigned
Outpatient Clinic	10	0	
Treatment Court	5	0	
<b>Totals</b>	<b>110</b>	<b>2</b>	
<b>Administrative Positions</b>			
Administrative Positions	7	1	Resigned
Management Positions	14	0	
Professional Positions	88	1	New
<b>Totals</b>	<b>110</b>	<b>2</b>	

<b>Adult Protective Services (Nancy Weltzin)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Investigations requests	46	62	41	42	41
Investigations screened out	1	22	6	3	4
Investigations concluded	12	9	11	16	7
Investigations substantiated	2	5	4	1	3
Allegation of self-neglect	17	14	15	10	12
Allegation of neglect	3	5	5	11	6
Allegation of financial abuse	5	15	7	10	6
Requests for guardianship	7	6	3	3	7

**Update**

Members of the Adult Protective Services (APS) Team participated in the ADRC Dementia Family Caregivers Skills Fair and engaged with 80% of the attendees and were able to provide Powers of Attorney for Health Care and Finance to over 20 individuals as well as providing general education regarding Adult Protective Services. The ADRC has requested that APS participate in the Skills Fair next years as they received a great deal of positive comments regarding the APS outreach. The APS team also participated in train the trainer regarding Emergency Protective Placement for EMS staff. APS will partner with the Crisis Team to provide joint training on Mental Health Detentions and Emergency Protective Placements during the next several months.

<b>Children's Long-Term Support (James LeDuc)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Current enrollment	<b>283</b>	<b>289</b>	<b>294</b>	<b>306</b>	<b>316</b>
Current waitlist	<b>246</b>	<b>250</b>	<b>251</b>	<b>248</b>	<b>252</b>
Foster Care	<b>15</b>	<b>13</b>	<b>18</b>	<b>22</b>	<b>19</b>

**Update**

CLTS continued to experience a great deal of activity in the month of April. Growth occurred in both enrollments (10) and additions to the waiting list (21); we also had 2 discharges. The team is focusing on returning to pre-pandemic operations as directed by the State, which has been a significant undertaking. We are also continuing to streamline our internal processes and gearing up for more functionality from our computer systems.

<b>Clinic (Jen Coyne)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Clients in Med Management	<b>184</b>	<b>186</b>	<b>187</b>	<b>196</b>	<b>187</b>
Clients in Therapy	<b>143</b>	<b>149</b>	<b>158</b>	<b>165</b>	<b>171</b>
Referrals	<b>15</b>	<b>23</b>	<b>27</b>	<b>25</b>	<b>12</b>
Med management waitlist	<b>4</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>5</b>
Therapy waitlist	<b>6</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>6</b>

**Update**

Sirissa Dalibor was hired at the end of last year and specifically served children involved in Family Services. Her position in the clinic is unique in that she offers therapy for children in their homes and schools, as well as in the office. She now has a full caseload. While Family Services continues to use contract services for in-home therapy through LSS and Caillier Clinic, Sirissa's position allows DHS to use internal resources, which increases communication and reduces contract dollars. She is also able to reach children in rural areas and is currently serving three families in Augusta. Melissa Walkowski, LPSW (Licensed Professional Social Worker) and Mackenzie Deffenbaugh, LPC (Licensed Professional Counselor) developed internship programs on two different tracks. Melissa's track focuses on internal employees seeking hours toward continued licensure in Social Work. Mackenzie is partnering with UW Stout's Mental Health Counseling Program. They each have interns starting full-time in August and worked hard in April to assure interns have a varied and robust internship experience.

<b>Community Support Program (Jocelyn Lingel-Kufner):</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Number participants	<b>108</b>	<b>108</b>	<b>110</b>	<b>111</b>	<b>112</b>
New admissions	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Referral list	<b>14</b>	<b>11</b>	<b>13</b>	<b>9</b>	<b>7</b>

**Update**

We are currently recruiting for the mental health technician position. We continue to have a steady flow of individuals who are referred to the program with high needs.

<b>Comprehensive Community Services (Cinthia Wiebusch)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Current case count	212	219	221	227	237
Referrals	28	33	35	23	29
External referrals	23	26	28	19	24
Internal referrals	5	7	7	4	5
Admissions	8	21	9	12	9
Discharges	6	12	8	8	6
Adults waiting for CCS services	7	2	8	11	15
Youth waiting for CCS services	7	7	6	5	4

**Update**

The vacant Mental Health Professional (MHP) position has been accepted and the individual will begin work during the first week of June. The CCS team continues to work diligently to bring participants into the program in a timely manner using the triage process with both adult and youth teams. CCS is planning the annual participant-focused picnic. This event focuses on celebrating participants, helping them manage social situations as well as promote support within the community. This year, CCS will continue to partner with CST as well as CSP who is joining the effort.

<b>Crisis Services (Santana Stauty)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Crisis contacts	224	203	223	280	223
Emergency detentions	19	21	13	27	26
Clients placed in local hospitals	11	13	11	18	15
Clients placed in Winnebago	8	7	2	9	9
Face-to-face assessments completed	12	10	13	28	16

**Update**

Alyssa Monson (Crisis Liaison with ECPD) completed training and has transitioned to her 3-11 pm shift. Crisis staff are scheduled at the Regency twice a week (11 am -3 pm) on Tuesdays and Thursday to assist individuals in getting connected with resources as it works towards closing in July. Crisis staff are going to begin providing office hours (2 hours once a week) at Sojourner House beginning in June.

<b>Treatment Court (Brianna Albers)</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>Mar.</b>	<b>Apr.</b>
Current caseload	21	21	23	26	24
Branch 1 - AIM	5	5	5	4	4
Branch 3 - Mental Health Court	8	7	7	9	8
Branch 5 - Drug Court	8	8	10	12	11
Vet Court	0	1	1	1	1
Referrals	11	20	8	13	10

**Update**

In April, all of our treatment court coordinators, supervisor, treatment provider and resource specialist were able to attend the Wisconsin Association of Treatment Court Professionals statewide training in Wisconsin Dells. We also had many other team members attend such as our Recovery Coach, Medical Doctor, Sober Living Manager, Judge, Department of Corrections Agents, and Public Defenders. This was a good way to continue team building efforts and learn new information regarding treatment courts. We are continuing the process of consolidation to further enhance our efficiency and effectiveness in aligning with best practice standards.

#### Economic Supports Services Staffing Update (Kathy Welke)

Unit	Filled FTE's	Vacant FTE's	Reason for Vacancy
ES Consortium Managers	3	0	
Lead Economic Support Specialist	3	0	
Economic Support Specialists	26	1	Resigned
Fraud Investigators	2	0	
General	1	0	
<b>Totals</b>	<b>35</b>	<b>1</b>	
<b>Administrative Positions</b>			
Administrative Positions	0	0	
<b>Management Positions</b>			
Management Positions	3	0	
<b>Professional Positions</b>			
Professional Positions	32	1	Resigned
<b>Totals</b>	<b>35</b>	<b>1</b>	

Economic Support (Kathy Welke)	Dec.	Jan.	Feb.	Mar.	Apr.
Calls received	11,775	14,121	10,635	10,938	9,983
Applications processed	3,873	3,275	2,878	2,994	2,626
Renewals processed	2,953	2,479	2,487	1,335	1,093
All Cases	71,368	71,537	72,260	71,703	71,860
Cases in Eau Claire County	16,362	16,366	16,388	16,417	16,452
Active Child Care Cases	1068	1041	1,038	1039	1,032
Active Eau Claire Child Care Cases	301	296	295	297	289

#### Update

Economic Support staff continue to refresh on policies that will begin again with the ending of the Public Health Emergency ending on 5/11/23. Currently, Economic Support has one vacancy with recruitment beginning at the end of May.

#### Fiscal Services Staffing Update (Vickie Gardner)

Unit	Filled FTE's	Vacant FTE's	Reason for Vacancy
Fiscal Supervisor	2	0	
Contract Coordinator	1	0	
Accountant I	2	0	
Fiscal Associate III	6	2	New

Systems Analyst/Project Manager	2	0	
Quality Assurance Specialist	5	0	
<b>Totals</b>	<b>18</b>	<b>2</b>	
Administrative Positions	0	0	
Management Positions	2	0	
Professional Positions	16	2	New
<b>Totals</b>	<b>18</b>	<b>2</b>	

Operations Staffing Update (Terri Bohl)			
Unit	Filled FTE's	Vacant FTE's	Reason for Vacancy
Director & Deputy Director	2	0	
Administrators	4	1	Transferred
Data Specialist	1	0	
Reception	1.5	0	
Records	1	1	New
General Operations	1	0	
<b>Totals</b>	<b>10.5</b>	<b>2</b>	
Administrative Positions	3.5	0	
Management Positions	6	1	Transferred
Professional Positions	1	1	New
<b>Totals</b>	<b>10.5</b>	<b>2</b>	