

A. Problem Statement

This request seeks to begin addressing insufficient Return-to-Work Coordinator (RTWC) capacity to manage sustained growth in institutional industrial workers' compensation claims. In 2024-25, CDCR incurred approximately \$700 million in industrial workers' compensation costs, while RTWCs managed average caseloads of roughly 397 claims—well above expert-recommended levels—and spent significant time on claim intake and non-core duties (e.g., ad hoc institution administrative requests, such as ergonomic evaluations, Family and Medical Leave Act [FMLA] activities, safety committee meetings). These demands limit the time available for active case management, which delays claim investigation, employee engagement, and return-to-work (RTW) planning. As a result, employees remain out of work longer, disability claims stay open longer, and the state incurs higher State Compensation Insurance Fund (State Fund) administrative fees, as well as increased overtime and blanket position costs.

Additional and redesigned RTW staffing is necessary to restore case management capacity, reduce caseloads toward expert-recommended levels, and mitigate further expansion of the Department's workers' compensation cost exposure. Specifically, this proposal outlines a phased approach to restructure how RTW work is performed by regionalizing RTWC staffing under the Office of Employee Health Management (OEHM), shifting intake and administrative tasks to entry-level intake support staff, reducing CDCR's overall claim volume, and hiring additional RTWCs to align caseloads with best practices.

OEHM oversees CDCR's workers' compensation program and coordinates return-to-work (RTW) services for Headquarters and institutional industrial and non-industrial claims. For industrial claims, RTWCs are responsible for injury reporting, claim intake and submission to State Fund, investigation and documentation, coordination with stakeholders, and facilitation of RTW placements. RTWC engagement during the first 90 days of a claim is a critical control point, influencing claim acceptance, defense, settlement, litigation risk, and overall cost.

Resource History

Program Budget	PY - 4	PY - 3	PY - 2	PY-1	PY	CY
Authorized Expenditures	\$8,709,226	\$8,460,334	\$8,460,334	\$8,211,442	\$7,713,658	\$7,713,658
Actual Expenditures	\$8,584,281	\$8,460,334	\$8,460,334	\$8,211,442	\$7,589,712	\$7,091,927
Authorized Positions	70	68	68	66	62	62
Filled Positions	69	68	68	66	61	60
Vacancies	1	0	0	0	1	2

Industrial workers' compensation claim volume—driven largely by the adult institutions—has increased steadily in recent years. Since 2020, total open industrial claim inventory has grown by approximately four percent annually, increasing by roughly 4,600 claims since 2020 (see Appendix Figure 1). This growth translates to an average of approximately 660 new institutional, industrial claims per month statewide (see Appendix Figure 2), each requiring timely intake, investigation, and coordination with State Fund.

Workload History

Workload Measure	PY - 4	PY - 3	PY - 2	PY-1	PY	CY
Total Claim Inventory	23.1K	23.7K	25.3K	26.6K	27.4K	27.7K
Institution Claim Inventory	19.5K	20.8K	21.3K	22.6K	23.9K	24.6K
Average Caseload per RTWC <i>(institution-focused only)</i>	279	306	313	342	385	397
Average New Claims	8.1K	10.8K	14.7K	9.2K	8.7K	7.7K

As claim volume has increased, workers' compensation costs have also risen. In 2024-25, CDCR incurred approximately \$615 million in industrial workers' compensation direct claim costs, including disability payments and State Fund service charges, with institutional claims comprising roughly 92 percent (i.e., \$565 million) of total spending (see Appendix Figure 3). In addition, institution employees on workers' compensation leave generated approximately \$86 million in overtime costs to maintain staffing coverage. Continued growth in industrial claims, combined with high average caseloads under the current staffing structure, has driven sustained cost pressures and prompted reassessment of how RTW services are staffed and managed.

Under standardized staffing guidelines, institutions were allocated 2.0 RTWC positions regardless of institution size, workforce composition, or claim volume, resulting in uneven and frequently excessive caseloads. Historically, institution-based RTWCs managed both industrial and non-industrial claims. To reduce competing demands, OEHM began centralizing non-industrial RTW workload at Headquarters in July 2021, completing centralization for all institutions by November 2022. While this shift allowed institution-based RTWCs to focus more directly on industrial claims, it did not resolve underlying capacity constraints.

In 2022, OEHM conducted onsite audits of institutional RTW operations and found that rising industrial caseloads, combined with the decentralized, institution-based staffing model, continued to limit timely industrial claim investigation, RTW coordination, and workload balancing. To begin addressing workload and oversight challenges, OEHM recently centralized 12.0 RTWC positions from six institutions located near Headquarters, enabling more consistent processes and limited caseload rebalancing. While this approach improved process and service consistency, the majority of RTWC positions remain institution-based and inundated with caseload, constraining OEHM's ability to address statewide capacity gaps, reporting inconsistencies, and persistent caseload variability.

Within a broader departmental effort to strategically manage workers' compensation costs, including claim closure initiatives and longer-term process and technology improvements, this

proposal focuses primarily on redesigning the RTW staffing model to strengthen early industrial claim management. Estimated savings tied to this request are driven by two primary mechanisms. First, increased RTWC focus on case management is expected to accelerate and increase disability claim closures, reducing State Fund administrative fees associated with open claims. Second, more RTWC capacity will allow for faster, more robust employee follow up and State Fund coordination to limit time off work and increase full-duty returns, reducing overtime and blanket position costs used to cover employees out on industrial leave.

B. Justification

Analysis of Problem

Across the institution-specific claim inventory, each RTWC manages an average caseload of approximately 397 claims, with substantial variation by location. Approximately 60 percent of the average caseload consists of active disability claims, which demand robust investigation and ongoing employee, State Fund, and institutional leader engagement. At current caseload levels, though, RTWCs are forced to triage only the most urgent or "of-the-moment" cases, leaving portions of their assigned inventories untouched. As a result, some claims experience limited-to-no investigation, particularly during the early stages of a claim when documentation and fact development are most critical to moving claims towards settlement and/or closure and to getting employees back to full-time or light duty work (see Appendix Figure 4).

High caseloads are compounded by the realities of RTWC available working time. Based on time-use analysis and RTWC interviews, coordinators spend approximately 40 percent of their available working time on new claim intake/claim setup and reporting, processing ~700 new industrial claims per month across institutions. An additional estimated 20 percent of available working time is consumed by non-RTW duties (e.g., supporting ergonomic evaluations, FMLA, safety committee meetings). This leaves RTWCs with less than half of their available working time to conduct core case management activities like investigation, employee follow-up, return-to-work planning, and claim progression (see Appendix Figure 5).

The current staffing model also creates systemwide operational challenges. While institution-based RTWCs provide valuable local insight and familiarity with institutional operations, OEHM is limited in its formal oversight, making it challenging to implement protocols consistently across institutions, share best practices, and offer claim management expertise and support. Also, despite initiatives to standardize RTWC claim logs, RTWCs still operate with varying tools and institution-specific tracking methods, complicating reporting and performance management. As caseload pressure increases, these inconsistencies further reduce OEHM's ability to lower the inventory of accepted claims, identify emerging case issues, intervene early, and ensure appropriate service quality across institutions.

These capacity constraints have measurable cost implications. Institutions with higher-than-average RTWC caseloads tend to close claims more slowly, indicating that claims remain open longer where capacity is most constrained. Longer claim durations result in additional years of State Fund administrative fees. Also as of November 2025, more than 2,000 employees remained out on industrial workers' compensation leave across institutions, requiring coverage through overtime and unfunded blanket positions to maintain staffing levels. However, largely driven by these capacity constraints, each RTWC only returns an average of approximately three employees to full duty per month (~205 employees across institutions per month), underscoring the opportunity to increase RTW outcomes.

Proposed Solution

This proposal requests to implement the first phase of a redesigned RTW staffing model within Division of Adult Institutions' Regions I (Sacramento) and IV (Rancho Cucamonga), which would add 47.0 positions (includes 13.0 limited-term) and transition current RTW services from an institution-based structure to a regional model under direct OEHM oversight. Based on demonstrated performance, CDCR would submit a future request (Phase 2) to expand the model to Regions II and III.

The 47.0 positions requested include: 2.0 Manager IIs, 4.0 Supervisor IIs, 7.0 Supervisor Is, 12.0 RTWC positions (Analyst I/II/III), 11.0 entry-level intake support positions (Office Technicians, Office Assistants, etc., as limited-term), 4.0 FMLA positions (Analyst I/II), 5.0 settlement team (Analyst III) positions (3.0 permanent, 2.0 limited-term), and 2.0 Attorney positions (Attorney III). All entry-level intake support positions are limited-term to account for future efforts to assess tech-driven intake solutions. Added FMLA positions (4.0) will sit at Headquarters as part of the centralized FMLA team under OEHM and take on the FMLA-related work currently handled by institution-based RTWC positions that will be regionalized. Expected caseloads for each FMLA position will be 1,200 requests annually. Added settlements team positions (3.0 permanent, 2.0 limited-term) will sit at Headquarters under OEHM. Added attorney positions (2.0) will also sit at Headquarters within the Office of Legal Affairs.

Beginning with Regions I and IV allows OEHM to sequence implementation and establish the redesigned RTW staffing model with fidelity before statewide expansion. Region I's proximity to OEHM Headquarters supports closer oversight and faster refinement of regional workflows, intake and review processes, and performance tracking, while Region IV's larger size and geographic dispersion provide an opportunity to assess the model under more complex operating conditions. Preliminary space assessments in both regions indicate near-term feasibility to accommodate regional staff. Implementing the model across these two regions enables OEHM to address operational risks early, refine governance and workload-balancing, and develop best practices prior to expansion to additional regions.

This proposed solution pulls three levers to address workload constraints by reallocating RTWC available working time toward higher-value case management activities, rather than relying on staffing increases alone. Lever 1 is regionalization: under the redesigned model, current RTWCs are organized into regional teams, not embedded at individual institutions, thus reducing non-RTW assignments (currently ~20 percent of current available working time) and enabling direct OEHM oversight. Lever 2 is entry-level intake support: these positions will assume responsibility for the majority of claim intake and administrative setup, leading to an additional increase in RTWC time spent on case management. Together, these two levers are estimated to free up approximately 45 percent of RTWC available working time, more than doubling RTWC time spent on core case management (see Appendix Figure 6). Savings analysis, to remain conservative, assumes that approximately half of this freed time will translate into measurable outcomes, yielding an estimated 60 percent increase in effective case-management productivity.

Even with these productivity gains, existing caseloads remain above sustainable levels. Lever 3 is therefore targeted RTWC hiring to begin reducing average caseloads toward a 250-claim per RTWC average, down from the current average of approximately 397. This target reflects expert-recommended workload levels for proactive case management. At a 250 total average caseload, approximately 150 claims per RTWC (~60 percent) are active disability claims requiring more intensive engagement. Importantly, newly hired RTWCs benefit from the same productivity gains enabled by the redesigned model. Together, these levers increase capacity

for RTWCs to actively work through existing claim backlogs in the short-term, re-engaging on cases that previously received limited attention, while also establishing a sustainable model for managing ongoing workload.

The proposed staffing structure is right-sized and aligned with organizational best practices. Requested manager and supervisor positions were determined using spans of control (i.e., number of supervisees) that expand OEHM's current spans of control and still fit within CalHR's guidelines. Also, new Analyst III RTWC "strike teams" will function as specialist resources to manage higher-complexity cases (e.g., disputed, death, or psychiatric claims). This approach minimizes management layering, concentrates expertise where it delivers the greatest value, and makes sure staffing investments are directed toward outcome-driving work rather than administrative overhead (see Appendix Figure 7).

Within the workers' compensation caseload process, the OEHM settlements team and Office of Legal Affairs (OLA) attorneys validate the research, documentation, and determination from State Fund. The added OEHM settlements team positions will provide dedicated capacity to evaluate open claims against standardized closure criteria, coordinate with State Fund and legal partners, and execute claim resolutions as appropriate. OLA has two attorney positions that support the current processing workload and timelines. With the increased processing of cases as result of this proposal, OLA requests an additional 2.0 Attorney III positions. Together, these additional staff will make sure workers' compensation cases are validated, processed efficiently, and closed timely.

Analysis of All Feasible Alternatives

Prior to recommending a regional RTW staffing model, the Department evaluated a range of feasible alternatives to address growing workers' compensation claim volume, including the option to take no action, multiple statewide staffing models, and alternative position count levels within the recommended staffing model.

The Department explicitly considered maintaining the current RTW staffing structure and staffing levels without intervention. This "no action" alternative is not recommended, as analysis indicates it would result in continued and escalating costs to the Department and the state. Under current conditions, rising claim inventory and extended claim durations would persist, driving higher State Fund administrative fees for open disability claims. In parallel, delayed return-to-work outcomes would continue to increase reliance on overtime and blanket position coverage to backfill injured employees, further increasing institutional operating costs.

The Department also considered four staffing model options: (1) fully centralizing all RTW staff at CDCR Headquarters to manage claims statewide; (2) maintaining RTW staff at institutions managing institution-specific claims only (current model); (3) maintaining RTW staff at institutions while assigning region-wide claims; and (4) regionalizing all RTW staff within regional offices to manage region-wide claims. In all model options, RTW staff would report directly to management at OEHM Headquarters, except under the regional model, where RTW staff would report to newly established, onsite regional management with OEHM oversight.

Each option was evaluated across three key criteria: governance and oversight, service quality, and attraction and retention of RTW staff.

- **Governance and oversight:** Effective governance and oversight are critical to enable timely decision making, consistent standards and ways of working, and uniform performance tracking. The centralized and regional models enable direct oversight by Headquarters or regional management, streamlining decision making and promoting

consistent use of systems and tools (e.g., case management tools). The institution-based models maintain the status quo, limiting OEHM's ability to provide day-to-day oversight, despite direct reporting, perpetuating inconsistent practices across institutions.

- **Service quality:** A high level of service quality is required to effectively support employees submitting claims and to partner with institutions to return employees to work as quickly and safely as possible. Under the current institution-based model, RTWCs are frequently diverted to non-core, institution-driven activities (e.g., ergonomic evaluations, FMLA), reducing the time available for proactive case management. The centralized and regional models eliminate this diversion, allowing RTWCs to focus on core case management activities. The regional model further balances this benefit by preserving institution-specific knowledge and relationships, as RTW staff remain geographically proximate to the institutions they support, enabling routine site visits and sustained collaboration with institutional leadership and employees.
- **Attraction and retention:** The ability to attract and retain qualified RTW staff is essential to sustaining service quality and operational effectiveness over time. The centralized model poses the highest attrition risk, as it would require all RTW staff to relocate to the Sacramento area. The regional model presents some attrition risk due to increased travel distances for certain staff; however, this risk is more limited given closer proximity within regions. The institution-based models pose minimal attrition risk, as staff would remain at their current institutions.

Based on this assessment, the regional model was selected because it offers the strongest balance across governance and oversight, service quality, and workforce attraction and retention. The model enables consistent oversight through regional management aligned with OEHM Headquarters, maintains service quality for employees and institutions, and manages attrition risk through targeted recruitment and the creation of clear career advancement pathways within the regional structure (e.g., progression from Analyst to Supervisor I/II to Manager).

In addition to model options, the position count required was closely considered to ensure it would allow for effectively increasing the number of employees returned to work and disability claim closure, while preserving flexibility to avoid overcommitting to permanent staffing levels.

- **Intake support:** The Department considered whether to reduce or eliminate the request for entry-level intake support and rely, instead, solely on hiring additional RTWCs to manage caseloads and related work. While adding RTWCs would reduce average caseloads, it would not sufficiently address a key constraint in the current model: RTWCs spend nearly half of their working time on intake activities alone. This significantly limits the time available for active case management, which is essential to driving claim resolution and employee return to work. For this reason, intake support was retained as a core component of the proposed model. However, all intake support positions are proposed as limited-term, allowing the Department to reassess intake staffing needs after two years based on changes in claim volume, caseloads, and potential technology-enabled efficiencies that reduce intake processing time.
- **Target average caseload per RTWC:** The Department also evaluated whether to target a higher average total caseload than 250 per RTWC, which would reduce the total number of RTWC positions requested. Based on interviews with workers' compensation experts across both public- and private-sector contexts, best-practice caseloads typically range from 150–200 active claims per coordinator to ensure effective case

management. Recognizing that not all claims require the same level of active management, the recommended model targets an average caseload of approximately 250 per RTWC. This reflects the reality that roughly 60 percent of claims involve active disability cases requiring sustained attention and aligns overall workloads with expert-recommended thresholds for effective performance.

C. Departmentwide and Statewide Considerations

CDCR is the state's largest department by headcount, employing more than 55,000 full- and part-time staff as of November 2025, the majority of whom navigate institutional environments with potential exposure to occupational injury. As a result, CDCR accounts for a significant share of the state's industrial workers' compensation claims and related costs. In 2024–25, CDCR incurred nearly \$700 million in industrial workers' compensation expenditures – roughly five percent of the Department's overall annual budget – creating ongoing fiscal exposure for the state through State Fund administrative fees, disability payments, and overtime and blanket position costs required to maintain required institutional staffing levels.

Effective RTW programs are a critical state-level cost-containment tool. Research shows that the longer an employee remains out of work, the lower the likelihood of successful return, increasing the probability of prolonged disability, litigation, and higher lifetime claim costs.¹ Supporting earlier RTW whether to full- or light-duty, reduces wage replacement costs, limits overtime and blanket-position usage, and improves budget predictability. Timely RTW outcomes promote faster recovery and reintegration into the workforce.

RTWCs also serve as a key line of accountability and coordination between institutions, employees, and State Fund responsible for claim administration. Consistent, timely RTWC engagement supports clearer documentation, earlier clarification of work restrictions, and temporary or modified-duty placements. When RTW capacity is constrained, these coordination functions degrade, increasing claim duration and employee time off work.

A strengthened, regionalized RTW staffing model for institutional claims provides the state with a mechanism to curb costs at the front end of the claim lifecycle, complementing other initiatives aimed at reducing backlog and long-tail financial exposure.

D. Outcomes and Accountability

Requested funding supports a rollout of the redesigned RTW staffing model beginning in Regions I and IV (16 institutions) and aims to produce measurable improvements in return-to-work outcomes and disability claim resolution. OEHM will track priority metrics to assess how successfully the redesigned model delivers anticipated benefits.

Accountability will be established through standardized performance reporting, using core metrics aligned to the primary savings drivers under the redesigned model (see Appendix Figure 8). OEHM will collect these metrics monthly to monitor implementation progress, identify early trends, and assess whether improvements in productivity and outcomes are emerging as expected during Phase 1.

These metrics will provide OEHM, the Department of Finance, and the Legislature with a transparent basis to evaluate the redesigned RTW staffing model. Rather than serving as fixed

¹ U.S. Department of Labor, Chief Evaluation Office, *Returning Employees to Work After Workplace Injuries and Illnesses: The Federal Employees' Compensation Act Program* (Issue Brief, April 1 2013), https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/ISSUE_BRIEF_addressing_return_to_work_issues.pdf

thresholds, the metrics are intended to support informed judgment about the pace and direction of improvement and to identify areas where implementation adjustments may be warranted.

E. Implementation Plan

The regional RTW staffing model would be initially rolled out in a manner that balances speed of impact with operational readiness and fiscal oversight. Implementation in Regions I and IV (Sacramento and Rancho Cucamonga) beginning in 2026-27, would be followed by a future request to expand to full statewide implementation based on demonstrated outcomes.

Key implementation activities

Second Half of 2025-26 (Pre-implementation planning)

- Draft duty statements for all new positions, coordinating closely with Human Resources on pre-recruitment activities (e.g., classification review, screening criteria, hiring timelines).
- Socialize the regional model with institution leadership in Regions I and IV to support change management and clarify roles, expectations, and transition impacts.
- Outline standardized operating procedures and “ways of working” for regional RTW operations, including intake workflows, case assignment, escalation paths, and reporting cadence for key metric tracking.
- Develop onboarding packet and training schedule for RTWCs.
- Prepare a regional model communications plan to formally announce the transition.
- Identify and secure office space within existing CDCR regional offices (e.g., DAI regional offices) for Regions I and IV.

2026-27 (Initial rollout: Regions I and IV)

- Initiate recruitment and hiring; consider batch start-dates to streamline onboarding.
- Conduct structured onboarding and training in cohorts as new hires start, including training on standardized processes, tools, and performance expectations.
- Transition existing RTWCs in Regions I and IV to the regional reporting structure and regional office locations, as applicable.
- Monitor model performance on an ongoing basis against key metrics, with ongoing OEHM evaluation of outcomes and implementation lessons learned.

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E. Appendix

Figure 1 – Open claim inventory has increased by 4% YoY and ~4.6k claims since 2020

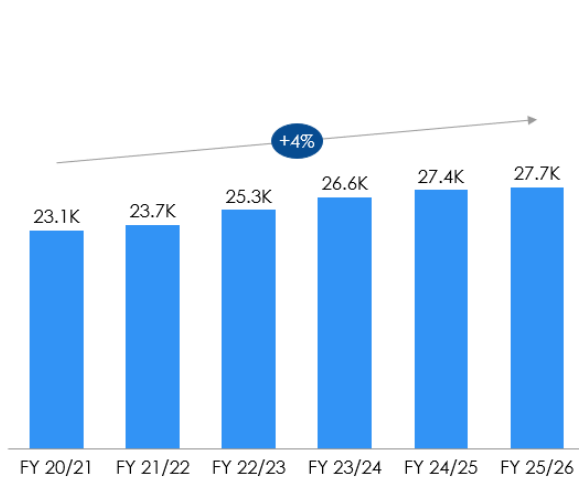


Figure 2 - CDCR receives ~660 new claims per month on avg that require prompt submission to State Fund

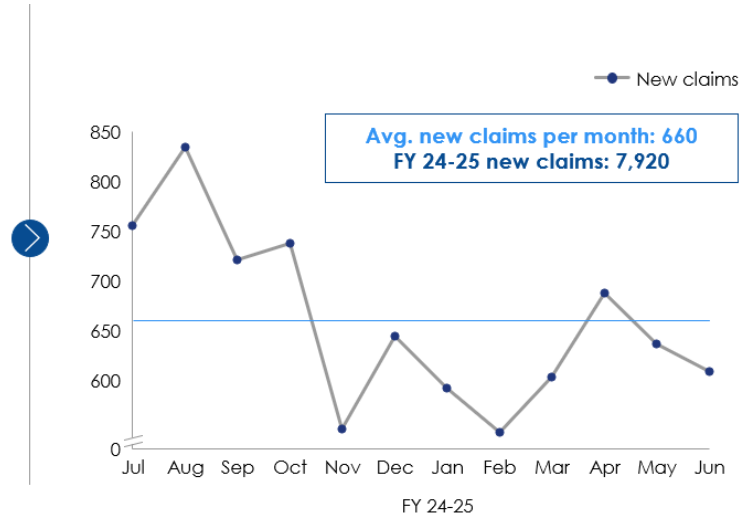


Figure 3 – CDCR & CCHCS Workers' Compensation actual direct claims spend for FY 2024-25

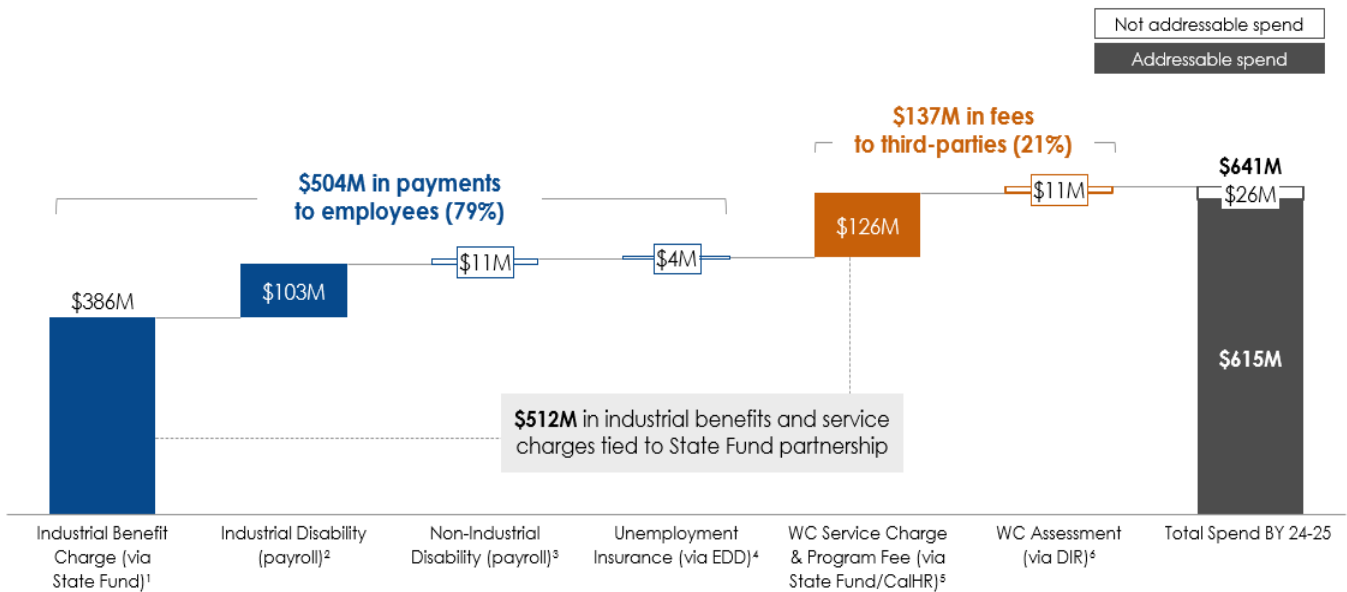


Figure 4 – Average monthly caseload per location and RTWC
 October 2024 – September 2025

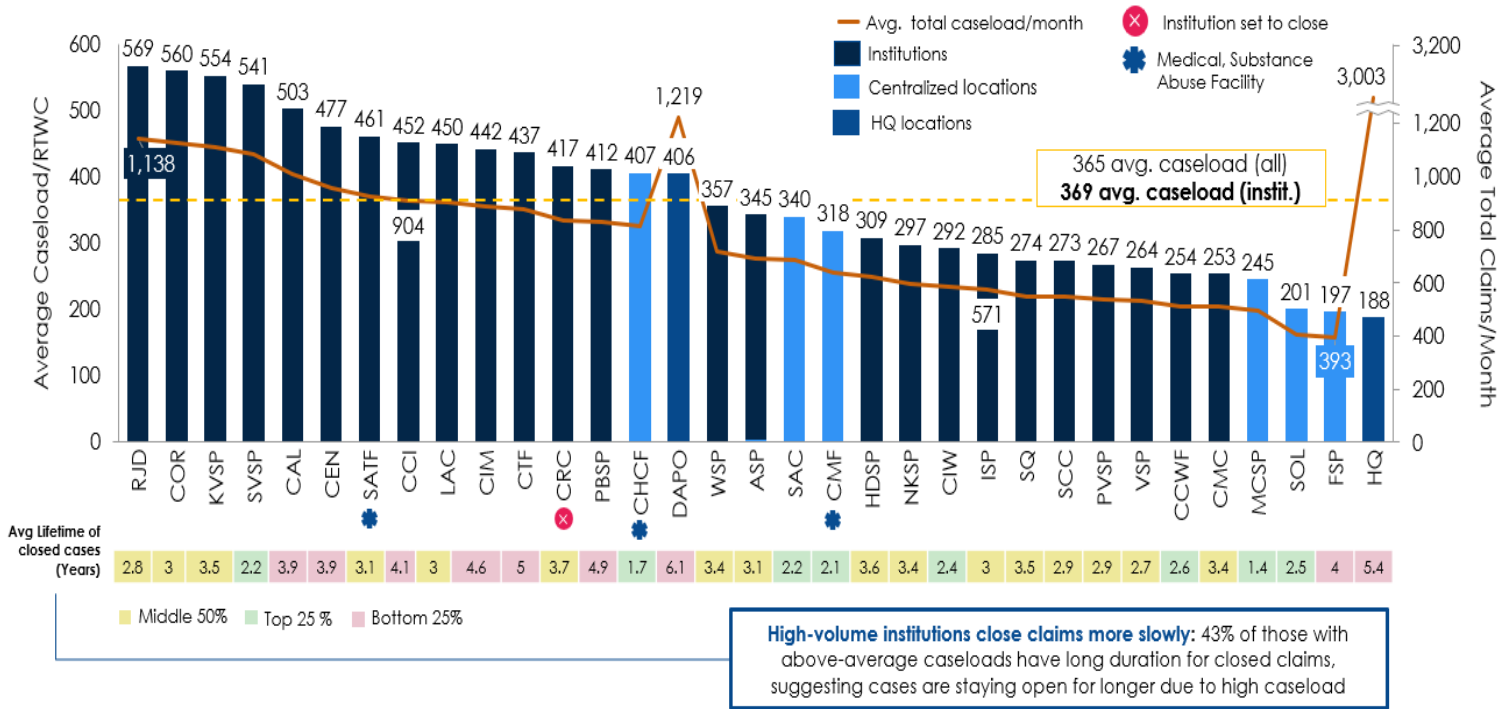


Figure 5 – RTWC spend less than half of their time on case management due to demands of intake and non-RTW duties

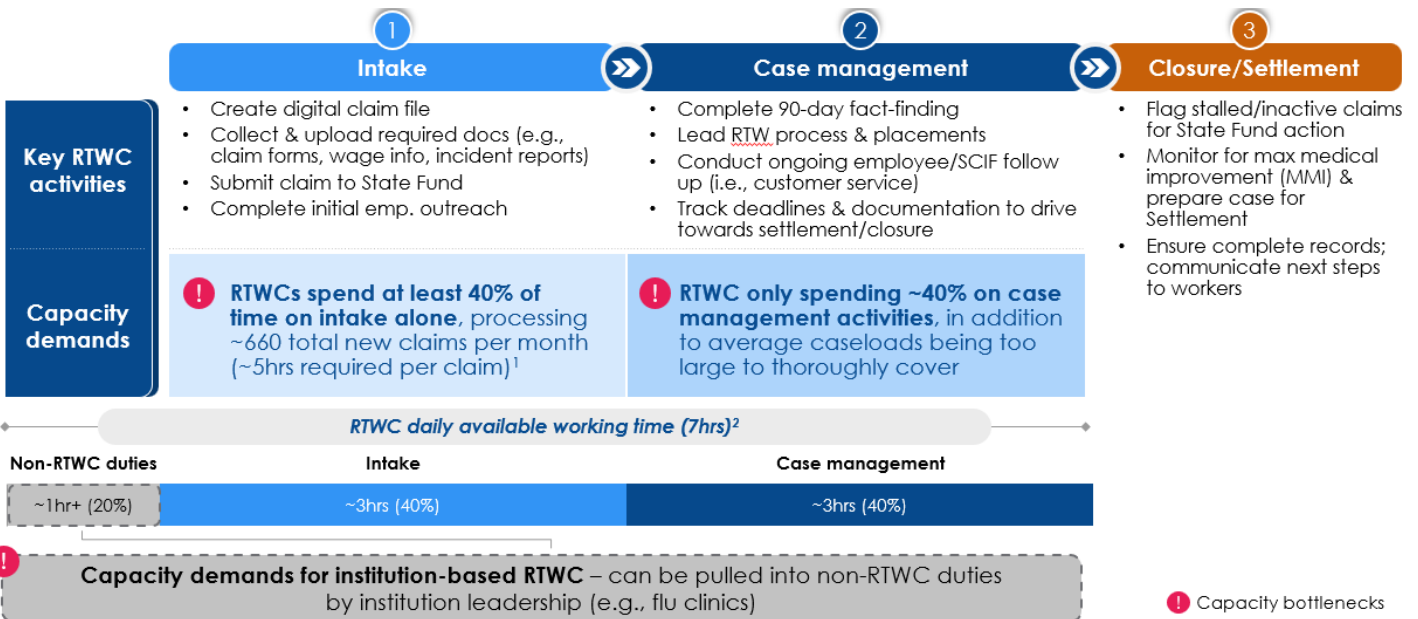


Figure 6 – Three levers to expand RTWC capacity

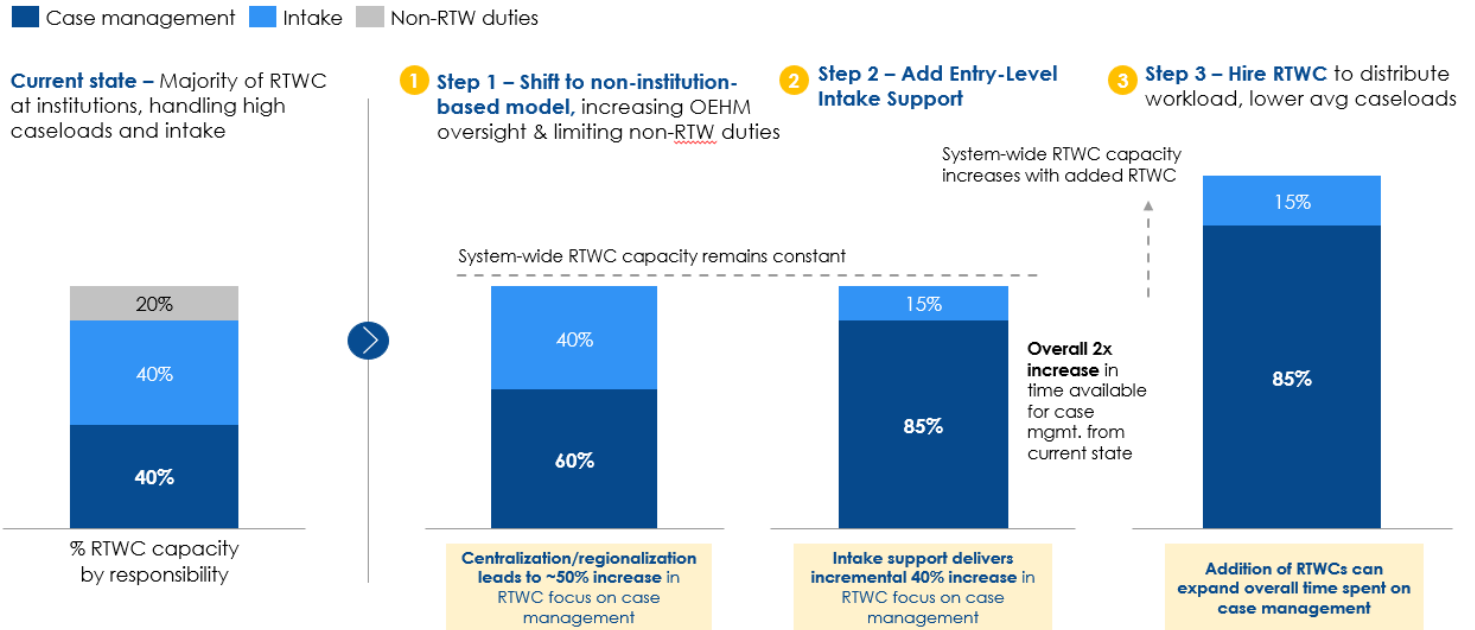
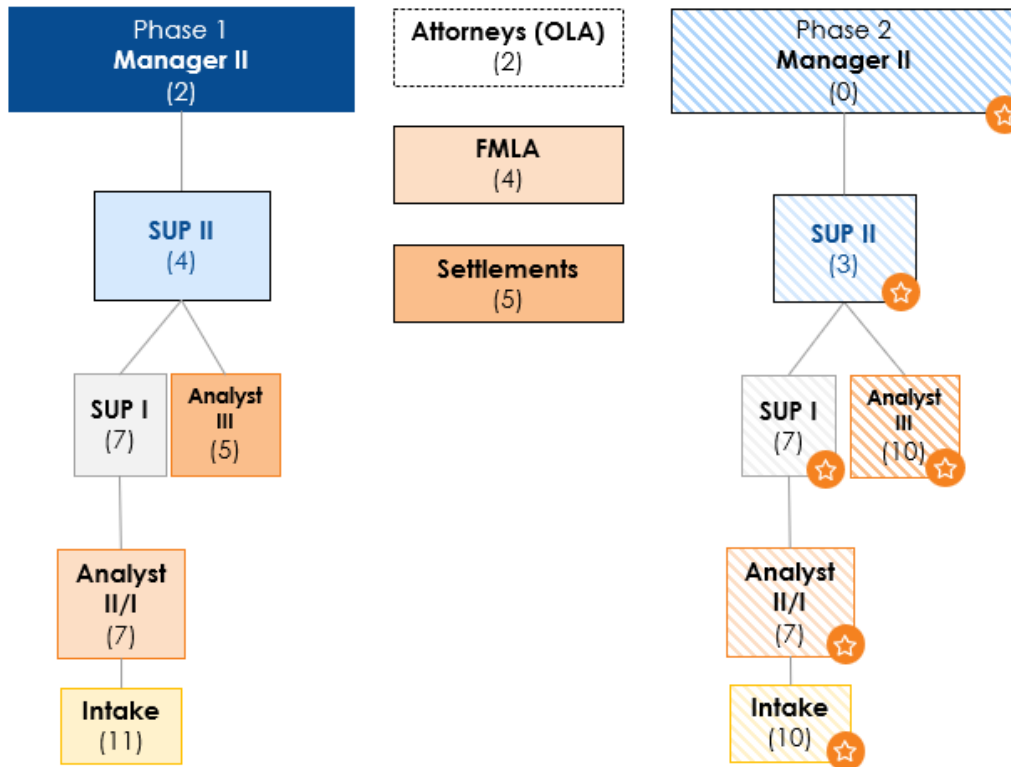


Figure 7 – Regional RTW staffing structure

Note: This org chart displays positions requested in this BCP as well as preliminary assessments for Phase 2. The existing 62 institution-based RTWCs will also be folded into this management structure upon regionalization (reporting to Supervisor 1s), as discussed in the preceding sections.



Regions 2 & 3 are preliminary and will be assessed as part of the Phase 2 proposal.

Figure 8 – Core metrics scorecard to track Phase 1 (Regions I & IV) roll out and inform next phase implementation

Key Metrics	Baseline <i>(32 total RTWC, 0 intake specialists – Region I & IV)</i>	Reporting & results <i>(47 total RTWC, 11 intake specialists – Region I & IV)</i>
Employees in <u>limited-term light duty</u> (LTLDA) positions (across Regions I & IV)	~63	OEHM to begin tracking total and net-new counts monthly – goal: upward trend
Employees in <u>temporary modified work assignments</u> (TMWA) (across Regions I & IV)	~42	OEHM to begin tracking total and net-new counts monthly – goal: upward trend
Total employees out on industrial leave (across Regions I & IV)	~974	OEHM to begin tracking total and net-new counts monthly – goal: downward trend
Annual WC-related overtime spend (i.e., "Various Relief OT") (across Regions I & IV)	~\$86 million	OEHM to work with DAI to track workers' compensation-related overtime monthly – goal: downward trend
Avg disability claims closed per month	~131 <i>(~4.1 per RTWC)</i>	OEHM to begin tracking monthly – goal: upward trend
Average caseload per RTWC (across Regions I & IV)	~365	OEHM to begin tracking monthly – goal: downward trend to 250 per RTWC

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Industrial Workers' Compensation – Institution Claims and Regional Staffing

BR Name: 5225-180-BCP-2026-MR

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Positions - Permanent	0.0	34.0	34.0	34.0	34.0	34.0
Total Positions	0.0	34.0	34.0	34.0	34.0	34.0
Earnings - Permanent	0	4,058	4,058	3,489	3,489	3,310
Total Salaries and Wages	\$0	\$4,058	\$4,058	\$3,489	\$3,489	\$3,310
Total Staff Benefits	0	2,090	2,090	1,721	1,721	1,630
Total Personal Services	\$0	\$6,148	\$6,148	\$5,210	\$5,210	\$4,940

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	363	363	277	277	262
5302 - Printing	0	57	57	43	43	41
5304 - Communications	0	111	111	85	85	80
5306 - Postage	0	27	27	20	20	19
5320 - Travel: In-State	0	142	142	109	109	103
5322 - Training	0	26	26	20	20	19
5340 - Consulting and Professional Services - External	0	42	42	32	32	30
5340 - Consulting and Professional Services - Interdepartmental	0	15	15	12	12	11
5368 - Non-Capital Asset Purchases - Equipment	0	251	182	130	130	119
Total Operating Expenses and Equipment	\$0	\$1,034	\$965	\$728	\$728	\$684

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	\$0	\$7,182	\$7,113	\$5,938	\$5,938	\$5,624

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 0001 - General Fund	0	7,182	7,113	5,938	5,938	5,624
Total State Operations Expenditures	\$0	\$7,182	\$7,113	\$5,938	\$5,938	\$5,624
Total All Funds	\$0	\$7,182	\$7,113	\$5,938	\$5,938	\$5,624

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
4500035 - Support Services	0	6,691	6,626	5,451	5,451	5,137
4500055 - Office of Legal Affairs	0	491	487	487	487	487
Total All Programs	\$0	\$7,182	\$7,113	\$5,938	\$5,938	\$5,624

Personal Services Details

Positions

Positions	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2026)(LT 06-30-2027)	0.0	0.0	0.0	0.0	0.0	0.0
1139 - Office Techn (Typing) (Eff. 07-01-2027)(LT 06-30-2028)	0.0	0.0	0.0	0.0	0.0	0.0
4800 - Supervisor I (Eff. 07-01-2026)	0.0	7.0	7.0	7.0	7.0	7.0
4801 - Supervisor II (Eff. 07-01-2026)	0.0	4.0	4.0	4.0	4.0	4.0
4802 - Manager II (Eff. 07-01-2026)	0.0	2.0	2.0	2.0	2.0	2.0
5393 - Analyst II (Eff. 07-01-2026)	0.0	11.0	11.0	11.0	11.0	11.0
5402 - Analyst III (Eff. 07-01-2026)	0.0	8.0	8.0	8.0	8.0	8.0
5402 - Analyst III (Eff. 07-01-2026)(LT 06-30-2027)	0.0	0.0	0.0	0.0	0.0	0.0
5402 - Analyst III (Eff. 07-01-2027)(LT 06-30-2028)	0.0	0.0	0.0	0.0	0.0	0.0
5402 - Analyst III (Eff. 07-01-2028)(LT 06-30-2029)	0.0	0.0	0.0	0.0	0.0	0.0
5402 - Analyst III (Eff. 07-01-2029)(LT 06-30-2030)	0.0	0.0	0.0	0.0	0.0	0.0
5795 - Attorney III (Eff. 07-01-2026)	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	0.0	34.0	34.0	34.0	34.0	34.0

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2026)(LT 06-30-2027)	0	569	0	0	0	0
1139 - Office Techn (Typing) (Eff. 07-01-2027)(LT 06-30-2028)	0	0	569	0	0	0
4800 - Supervisor I (Eff. 07-01-2026)	0	697	697	697	697	697
4801 - Supervisor II (Eff. 07-01-2026)	0	436	436	436	436	436
4802 - Manager II (Eff. 07-01-2026)	0	252	252	252	252	252
5393 - Analyst II (Eff. 07-01-2026)	0	896	896	896	896	896
5402 - Analyst III (Eff. 07-01-2026)	0	715	715	715	715	715
5402 - Analyst III (Eff. 07-01-2026)(LT 06-30-2027)	0	179	0	0	0	0
5402 - Analyst III (Eff. 07-01-2027)(LT 06-30-2028)	0	0	179	0	0	0
5402 - Analyst III (Eff. 07-01-2028)(LT 06-30-2029)	0	0	0	179	0	0
5402 - Analyst III (Eff. 07-01-2029)(LT 06-30-2030)	0	0	0	0	179	0
5795 - Attorney III (Eff. 07-01-2026)	0	314	314	314	314	314
Total Salaries and Wages	\$0	\$4,058	\$4,058	\$3,489	\$3,489	\$3,310

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150450 - Medicare Taxation	0	59	59	51	51	48
5150500 - OASDI	0	251	251	216	216	205
5150600 - Retirement - General	0	869	869	747	747	709
5150800 - Workers' Compensation	0	93	93	80	80	76
5150900 - Staff Benefits - Other	0	818	818	627	627	592
Total Staff Benefits	\$0	\$2,090	\$2,090	\$1,721	\$1,721	\$1,630

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	\$0	\$6,148	\$6,148	\$5,210	\$5,210	\$4,940