



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY GRAND JURY
P.O. BOX 5397
NAPA, CALIFORNIA 94581

April 29, 2010

The Honorable Stephen T. Kroyer
Presiding Judge
Superior Court of the State Of California
County of Napa
825 Brown Street
Napa, CA 94559

Dear Judge Kroyer:

Pursuant to Section 933(a) of the California Penal Code, the 2009-2010 Napa County Grand Jury submits to you its Final Report on the Napa County Department of Health and Human Services regarding Involuntary Mental Health Evaluations. Our investigation was conducted in a manner consistent with the California Penal Code, this Court's Charge, and the historic role of the Grand Jury - to protect the interests of the citizens of Napa County.

This is the second in a series of final reports we will be issuing before our term ends. I would like to acknowledge the hard work and dedication of the Grand Jury which our reports reflect. It is a privilege and a pleasure to work with them.

Respectfully submitted,

A handwritten signature in blue ink that reads "John K. Morris".

John K. Morris
Foreperson
2009-2010 Napa County Grand Jury



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To the Citizens of Napa County:

In order to fulfill the Grand Jury's mandate to investigate all local governmental agencies, to assure they are being administered efficiently, honestly, and in the best interest of Napa County citizens, the 2009-2010 Grand Jury investigated the Napa County Department of Health and Human Services operation of the Adult Mental Health Emergency Response Center, also referred to as the Crisis Center. The Crisis Center has never been the subject of a Grand Jury investigation. Our second report, issued with this letter, is the result of this investigation.

The Crisis Center serves a triage function to determine how a client's mental health emergency is best managed. The Grand Jury's investigation focused upon the administration by County staff of the Lanterman-Petris-Short (LPS) Act, Section 5150 of the California Welfare and Institutions Code. This code establishes clear standards and limitations regarding the involuntarily psychiatric evaluation of individuals who as a result of mental disorder are a danger to others or self. It was found that the County failed to comply with several requirements of the LPS Act pertaining to both designating facilities and individuals involved with the administration of involuntary mental health detention. In addition, there is a lack of understanding by involved parties of the procedures for engaging persons experiencing a mental health crisis and implement involuntary mental health holds as described in the Emergency Response Protocol established in 2006 by members of the Emergency Services Oversight Review Committee (ESORC) and other involved personnel.

The Napa County Office of County Counsel has reviewed this final report and the Napa County Superior Court Presiding Judge has certified the report complies with Title 4 of the California Penal Code. This report has been accepted and filed as a public document by the County Clerk.

Copies of this report are available for review in the Napa City-County Library and online at www.napa.courts.ca.gov (follow link to Grand Jury).

It is an honor and privilege to serve you during the 2009-2010 Grand Jury tenure. We hope you find this report informative.

Respectfully submitted,

The 2009-2010 Napa County Grand Jury

NAPA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Involuntary Mental Health Evaluations

California Welfare and Institutions Code Section
5150:

When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

SUMMARY

In order to fulfill the Grand Jury's mandate to investigate all branches of government assuring they are being administered efficiently, honestly, and in the best interest of Napa County's citizens, the 2009-2010 Grand Jury investigated the activities of the Napa County Department of Health and Human Services (HHS) operation of the Adult Mental Health Emergency Response Center, also referred to as the Crisis Center (Center), which has never been the subject of a Grand Jury investigation. The Center serves a triage function to determine how a client's mental health emergency is best managed. The Grand Jury focused on the administration by County staff of the Lanterman-Petris-Short (LPS) Act, Section 5150 of the California Welfare and Institutions Code (WIC). This Code establishes clear standards and limitations regarding the involuntary psychiatric evaluation of individuals who are a danger to others or self. It was found that the County failed to comply with requirements of the LPS Act

pertaining to both designating facilities and individuals involved with the administration of involuntary detention.

In addition, there is an inconsistent understanding of the procedures for engaging persons experiencing a mental health crisis and implementing involuntary mental health holds as described in the Emergency Response Protocol established in 2006 by members of the Emergency Services Oversight Review Committee (ESORC).

BACKGROUND

The Adult Mental Health Emergency Response Center is not a medical facility since it does not treat its clients with medications or counseling by psychiatrists or psychologists. Other departments within the County Mental Health organization and other non-County agencies and facilities perform these functions. The Center serves a triage function to determine how the client's mental health emergency should be managed. If the Center determines the least aggressive level of intervention is appropriate, the Center staff performs this initial intervention to calm the emergency and arrange for subsequent case management. If Center staff determines that more aggressive measures are required, whether voluntary or involuntary, they then initiate arrangements for a more intensive intervention with the appropriate facilities for the client.

Clients may call or come to the Center on their own, with family members, friends, a case manager, or law enforcement. Clients are also referred to the Center by various means including schools, clinics, hospitals and other sources. As noted above, the Center then determines the most appropriate approach to address the client's emergency. In most cases, prior to proceeding with an intervention, the client is medically evaluated. This medical evaluation is necessary since some of the people presenting at the Center may also have an underlying pathological condition leading to inappropriate behavior and a mental health emergency. In order to develop the most appropriate plan for the client, these conditions must be evaluated and addressed. Underlying conditions can be as varied as adverse reactions to medications, over/under dose of medications, or being under the influence of alcohol or illegal drugs that can cause a person to behave inappropriately and lead to a mental health emergency. A further determination is made to learn whether or not the person's behavior is suicidal.

If the person is believed to be suicidal, he or she is placed in the appropriate level of custody. This may involve placing the person in a psychiatric evaluation facility using an involuntary mental health hold, also known as a "5150 hold." If apprehended for criminal activity, the person is incarcerated at the County facility designated for those with mental health issues. In addition to the Center facility, at

the HHS campus on Old Sonoma Road in Napa, the Center has formed a Mobile Outreach, Response, and Engagement (MORE) team. The members of MORE, all of whom are unlicensed, work with the other case managers in the client's own environment.

METHODOLOGY

The 2009-2010 Grand Jury met with representatives from several departments of local government agencies responsible for HHS, staff members and the ESORC. Second interviews were conducted as needed. In addition, formal requests for information from the above agencies and departments were made via e-mail. The Grand Jury reviewed the professional backgrounds and job descriptions of those interviewed, as well as department policies and procedures, State and County codes, ordinances, and policies and procedures of other governmental agencies relative to WIC 5150.

Interviews Conducted

A total of nine separate individuals were interviewed and information was requested from employees of the following HHS divisions:

- Adult Psychiatric Medical
- Adult Mental Health
- HHS Administration
- Emergency Services Oversight Review Committee
- Mental Health Emergency Response
- Mental Health
- Fiscal Operations

Documents Reviewed for Factual Information

- B Aved Associates, Napa Community Health Needs, November 2007 (Table 55)
- California Association of Local Mental Health Boards and Commissions, "Navigating the Currents: A Guide to California's Mental Health System," Section VI: Appendix, "Frequently Asked Questions: California Involuntary Mental Health Holds," California State Department of Mental Health, External Affairs, April 30, 2007
- California HSC Code §1799.111
- City and County of San Francisco, Policies and Procedures Manual, Number 30.07.02 reference California Welfare and Institutions Code, Sections 5150, May 6, 2003

- County of Napa, State of California, recommended budget, fiscal year 2009/2010
- Napa County Board of Supervisors (BOS), Unknown Title, page 155, April 11 1978
- Napa County BOS Resolution No. 78-77, June 13, 1978
- Napa County BOS Minutes, November 6, 1984, Wherein the Board authorized changes to the Human Services Delivery System (HSDS) list of positions which have standby designation for the operation of the 24 hour programs
- Napa County BOS Minutes, August 6, 1985, Item number 22, Director of HSDS request the Board of Supervisors designate the Veterans Home of California as a facility for the evaluation and treatment of involuntary patients
- Napa County BOS Minutes, April 9, 1991, Item Number 1, Director of Health and Human Services request that the Board designate Solano Park Hospital, Fairfield, CA, as a facility for evaluation and treatment of involuntary patients
- Napa County BOS Minutes, November 7, 1995, Item Number 10, Director of Health and Human Services Agency requests authorization to designate ten (10) Bay Area facilities as appropriate psychiatric resources under the provisions of Welfare and Institutions Code, Section 5150
- Napa County BOS Minutes, September 10, 1996, Item number 7, Director of Health and Human Services Agency requests designation of the Tele-care/Solano Psychiatric Health Facility as facility for the evaluation and treatment of involuntary patients pursuant to Section 5150
- Napa County BOS, Agenda Letter, "Amendment #1 to Agreement #3584 with Mental Health Consumer Concerns, Inc.," May 9, 2006
- Napa County BOS Agenda Letter February 26, 2008, Agreement with Napa Ambulance Services
- Napa County BOS, Agenda Letter, "Amendment #1 to Agreement with Black Talon Enterprises, Inc.," August 18, 2009
- Napa County HHS, Vision statement; Core Values; Ethical Principles, and Statement of Purpose
- Napa County HHS, Mental Health Division Quality Improvement Team Charter: Access & Authorization, undated
- Napa County HHS, Inter-office memorandum, J Featherstone to J Hull, "Designation of Involuntary Psychiatric Hospitals," October 25, 1995
- Napa County HHS Policy and Procedure, 5150 Placements for Uninsured Clients, effective date: September 8, 2000
- Napa County HHS Policy and Procedure, Use of Ambulances, un-numbered, effective date: September 8, 2000

- Napa County HHS Policy and Procedure, Medical Necessity Criteria for Reimbursement Inpatient Hospital Services, Policy 6002, effective date: June 1, 2004
- Napa County HHS Policy and Procedure, Progress Place Medical Necessity Criteria, Policy 5202, effective date: June 1, 2004
- Napa County HHS, Napa County HHSA, Policy & Procedures, Policy 11502, “Psychiatric Services Referral,” effective date: July 1, 2007
- Napa County HHS, 2009-2010 binder, September 2009
- Napa County HHS, Mental Health Organizational Chart, September 17, 2009
- Napa County HHS, Draft Protocol to establish Treatment Team in Adult Services, effective date November 1, 2009
- Napa County HHS, Detentions - by facility- calendar years 2005 through 2009, February 2010
- Napa County HHS, Hospital Admission Form, undated
- Napa County HHS, Medication Referral Form, undated
- Napa County HHS, Psychiatric Diagnosis Form, undated
- Napa County HHS, Level of care utilization system, undated
- Napa County HHS, Follow-up Treatment Agreement, undated
- Napa County Human Resources, job descriptions for Emergency Response Center, October, 2009
- Napa County Interagency Emergency Response Protocol, February 6, 2009
- Napa County Medication Clinic, Priority Code for Referrals, undated
- Napa County Mental Health, Mental Health Crisis Assessment Form, undated
- Napa County, Mental Health Services Act Office: Mission, Vision, Values, Purpose, & Funding, undated
- Napa County Mental Health, Mental Health - Risk Assessment Form, undated
- Napa State Hospital Cases Received Year 2009
- State of California HHS, Department of Mental Health, Application for 72 hour Detention for Evaluation and Treatment, MH302, May, 1999
- State of California HHS, Department of Mental Health, “Involuntary Detention Data – Fiscal Year 2005-06 (July 1, 2005 – June 30, 2006),” revised May 2009
- State of California HHS, Department of Mental Health, “Involuntary Detention Data – Fiscal Year 2006-07 (July 1, 2006 – June 30, 2007),” May 2009
- State of California Standard Agreement (STD 213, rev 9/01) between Department of Mental Health and Napa County Health and Human Services, July 1, 2007 to June 30, 2008, Agreement 08-78158-000, signed

by BOS, May 20, 2008 and the State of California, June 18, 2008, with Exhibits A to D

- State of California Standard Agreement (STD 213, rev 9/01) between Department of Mental Health and Napa County Health and Human Services, July 1, 2008 to June 30, 2009, Agreement 08-78158-000, signed by BOS, February 23, 2010, with Exhibits A to D
- State of California, Welfare and Institutions Code, section 5150-5157

DISCUSSION

In 1967 the California Legislature enacted the Lanterman-Petris-Short (LPS) Act, Section 5150 of the WIC, which establishes clear standards and limitations on involuntarily holding people with mental illness. This California Code addresses the need for each county to identify both the facilities in which clients can be held involuntarily during a “5150 hold,” and the personnel who can initiate this involuntary detention. The WIC states that Peace Officers, as defined in the California Penal Code, Chapter 4.5-Peace Officers, Section 830-832.17, may initiate the involuntary detention. In addition, the Code states that mental health professionals approved by the county, selected members of attending staff at evaluation facilities and the hospitals designated for involuntary detainment may initiate an involuntary hold.

On June 13, 1978, the BOS passed Resolution 78-77 that designates facilities for involuntary detention as required by Section 5150. This Resolution followed a prior action on April 11, 1978, affirming the County Administrator’s temporary designation, made on April 6, 1978, of several facilities to be used for 5150 holds. The County was unable to provide documentation for the action on April 6, 1978. On August 6, 1985, April 9, 1991, November 7, 1995, and September 10, 1996, the BOS took actions that addressed the facilities to be used for involuntary detention. No subsequent BOS actions have been located concerning facilities used for the 5150 evaluations. The facilities currently used by the County do not correspond to the most current list reviewed by the Grand Jury. In addition, the LPS Act, Section 5150 legislation requires additional County action to designate which mental health professionals, attending hospital staff or additional public safety officers are authorized to administer a 5150 hold. To date the Grand Jury has not been able to identify or locate any County actions identifying personnel authorized to administer a 5150 hold.

Napa County Interagency Emergency Response Team

In 2006 in order to coordinate delivery of services to people in mental health crisis, personnel from HHS, City of Napa Police Department, and the County Sheriff’s Department formed the Emergency Services Oversight Review

Committee (ESORC) to improve interactions and communications between HHS and law enforcement agencies. Queen of the Valley Medical Center (QVMC), an integral part of the process, was added as a member at a later date. QVMC is involved in the medical evaluation and clearance of persons seen by the Center and in law enforcement custody. At present, there is no representation from law enforcement from Calistoga, St. Helena, or from St. Helena Hospital despite the latter facility being extensively used for psychiatric evaluations.

The ESORC established an interface and communication between the agencies and has drawn up operating procedures as a formal written emergency response protocol, the Napa County Interagency Emergency Response Protocol (ERP), for dealing with mental health emergencies. The ESORC has no formal standing in the County and the ERP has not been adopted by the County. This document is reviewed annually and revised as needed.

Although the ERP stipulates quarterly meetings, in practice the ESORC meets on an as-needed basis, usually in response to issues of performance or miscommunication in executing procedures. The ESORC also trains the staffs of agencies responsible for emergency response. Proposed training sessions were to be conducted each year using the ERP as the basis of the training. Training has occurred twice; once initially upon completion of the ERP and then in 2009. HHS and law enforcement personnel participated in training in both 2006 and 2009; QVMC personnel participated only in 2006. The chair of the ESORC rotates among the members. The ESORC does not report to any single entity, but rather each member reports to his/her own chain of command and operates under his/her agency budget. Decision-making within the ESORC is on a collaborative/consensus basis.

HHS-Adult Mental Health Emergency Response Center

The Adult Mental Health Emergency Response Center, also referred to as the Center, is part of HHS. See Appendix I. The head of the Center reports to the Director of Adult Mental Health who in turn reports to the Mental Health Director. The Mental Health Director reports to the head of Napa County HHS. The operations of the Center are guided by HHS policies and procedures that appear to comply with State requirements and good standards of care. HHS states these policies and procedures are reviewed annually. The Grand Jury noted during its investigation that there is no documentation that reviews were conducted. At least one policy dates from 2000 without evidence of review or revision since then; some have policy/procedure numbers while others do not suggesting a lack of updating to comply with the numbering policy; and some were signed substantially after the effective date of the policy/procedure. Although the City of Napa has seventy-five percent of the County's population, it utilizes eighty-seven percent of the County's mental health services. In order to

address mental health needs throughout Napa County, the Center has initiated a MORE team, to better balance mental health services to other areas of the County. The members of MORE, who are unlicensed, work with other case managers in the client's own environment.

The Center is a walk-in facility staffed at all times (24/7/365) to address mental health emergencies experienced by Napa County residents. People who come to the Center are interviewed by Center staff to determine the level of assistance required to address their mental health emergency. The Center categorizes assistance at three levels:

- At the least aggressive level the Center staff members, who are licensed and registered Marriage and Family Therapists and social workers, help the client with problem solving and coping skills to address the precipitating events. The client then returns to their residence. A case manager or other mental health personnel provides follow-up to observe the client's status, compliance with the recommended plan, and possible need for subsequent intervention.
- Some clients require a higher level of intervention than can be delivered by Center staff while the client remains in his/her home. At this level, the client, upon recommendation by the Center staff, volunteers to enter a residential psychiatric facility where 24-hour help is available and there is access to a psychiatrist. In this way, the client can receive intensive counseling and support.
- Finally, if the person accessing the Center presents to the staff with such a severe mental health emergency that he/she is or could be a danger to themselves or others, or is in such a debilitated state that he/she appears to be unable to care for themselves, the client will be subjected to an involuntary detention for a 72-hour psychiatric evaluation at a designated psychiatric facility. This detention is referred to as a "5150 hold."

Over the five-year period from 2005 to 2009, a total of 1505 clients were held involuntarily for 72-hour psychiatric evaluation. During this period patients were evaluated at a total of twenty-four facilities. The majority of patients each year were evaluated at St. Helena Hospital and St. Helena Hospital's Center for Behavioral Health. The remaining evaluations were performed at various other facilities, primarily in the San Francisco Bay Area. While a majority of patients appear to have been seen at facilities designated by the County, a substantial number were seen at facilities for which the County was unable to provide any documented County designation.

HHS is supposed to have an annual contract with Napa State Hospital (NSH) for several beds used for 5150 holds. This agreement stipulates the number of beds, the costs, and other matters. The County and NSH have operated without a

signed contract for part or all of the fiscal years since at least fiscal year (FY) 2007-08. The FY 2008-09 contract was signed by the BOS at its February 23, 2010, meeting but at the time of this report has not yet been signed by the State. Also, at the time of this report, HHS has not received the proposed contract for the current 2009-2010 fiscal year. As such HHS and NSH are operating without a current contract and only under the guidance of the fully executed FY 2007-08 contract and an annual “term sheet” delineating payment rates, number of beds, and other such similar matters between the County and State.

The incidence of 5150 holds did not vary dramatically over the 2005-2009 period with an annual average of 301 clients. From 2005 to 2009, an average of twenty-five clients per month was evaluated with a 5150 hold. The data for involuntary mental health holds as reported to the California Department of Mental Health (DMH) for fiscal years 2005-2006 and 2006-2007, the most recently published, are less than those subjected to these holds as summarized by internal data. It is unclear to the Grand Jury why these “official” numbers deviate from the real and much higher incidence of 5150 holds in the County. Such under-reporting could have negative budgetary consequences for HHS.

In an effort to improve the quality of mental health services provided to County residents, HHS prepared a draft protocol that outlines a “Treatment Team” approach to better deliver services. The Grand Jury believes this Protocol is a positive step since it proposes to remove organizational barriers to treatment delivery and places service to mental health clients in the forefront. HHS views this Protocol together with increased inter-departmental meetings and interactions as a significant step toward such improvement. The Grand Jury encourages expeditious completion of this protocol and its implementation.

FINDINGS

The 2009-2010 Grand Jury finds that:

1. No BOS or HHS documents relating to identification of facilities subsequent to 1996 were located. The list of facilities currently in use does not correspond to BOS actions in documents reviewed.
2. There is no documentation of BOS actions designating Napa County personnel having authority to administer a 5150 hold, although such action was mandated by the LPS Act.
3. ERP is a memorandum of understanding among the involved agencies and is not an adopted official policy of the participating government agencies or health care facilities.

4. Among members of the ESORC, as well as other staff members of HHS Mental Health Department, there is an inconsistent understanding of the of the ERP and the roles of participating staff and organizations.
5. Meetings of all participating County staff involved in the administration of the WIC Section 5150-5157 are held on an ad hoc basis.
6. There is no current signed contract between the County and NSH to receive individuals referred for a 5150 hold. The FY 2008-2009 contract was signed by the County on February 23, 2010, and is awaiting State signature; the FY 2009-2010 contract has not been received from the State, consequently services and payment are taking place under a “term sheet” and without an approved contract.
7. Although the City of Napa has 75 percent of the County’s population, it utilizes 87 percent of the County’s mental health services.
8. The ESORC does not include any Calistoga or St. Helena public safety members or St. Helena Hospital staff members.
9. HHS policies and procedures the Grand Jury reviewed are not consistently numbered nor is there a document history showing that annual reviews have been performed according to HHS policy. One policy dates from 2000 without evidence of review or updating.
10. HHS Involuntary Detention Data for fiscal years 2005-2006 and 2006-2007 reported to DMH does not correspond to internal data for these involuntary detentions.
11. HHS has prepared a “Treatment Team” protocol to enhance coordination and delivery of mental services.

RECOMMENDATIONS

The 2009-2010 Grand Jury recommends that:

1. The BOS update and issue the list of County personnel authorized to sign a 5150 hold.
2. The BOS establish a procedure which requires periodic review and update of the list of County personnel authorized to issue a 5150 hold.
3. The BOS update and issue the list of agencies authorized to perform a 5150 psychiatric evaluation.
4. The BOS establish a procedure which requires periodic review and update of the list of agencies authorized to perform a 5150 psychiatric evaluation.

5. HHS adopt the Mental Health Director’s protocol for a “Treatment Team” approach to coordinate delivery of mental health services to its clients, including those who are evaluated as 5150 candidates for further evaluation and treatment.
6. The BOS execute contracts or other appropriate agreements with agencies designated to perform 5150 psychiatric evaluations.
7. The BOS review the ERP and adopt it as a formal policy for the implementation of WIC Section 5150 in Napa County.
8. HHS establish satellite Centers to provide better access to services in the up valley communities and in American Canyon.
9. HHS implement a procedure whereby all policies and procedures are numbered and their review and revision history becomes an integral part of the policy or procedure.
10. HHS modify the reporting of involuntary detentions statistics to Department of Mental Health to ensure these data accurately reflect the 5150 holds administered by the County.

COMMENDATION

The Grand Jury commends the Mental Health Director for the commitment to pursuing a “Treatment Team” approach to the delivery of mental health services to clients of HHS. This innovative and inclusive approach to the delivery of mental health services will improve the effectiveness of these services for both clients and County staff.

REQUEST FOR RESPONSES

Pursuant to Penal Code section 933.05, the 2009 -2010 Grand Jury requests responses as follows:

From the following individuals:

- Director of Health and Human Services: All Recommendations
- Director of Mental Health: Recommendations 3, 7, 8, 9, 10
- Chairperson, Emergency Response Oversight Review Committee: Recommendation 6

From the following governing bodies:

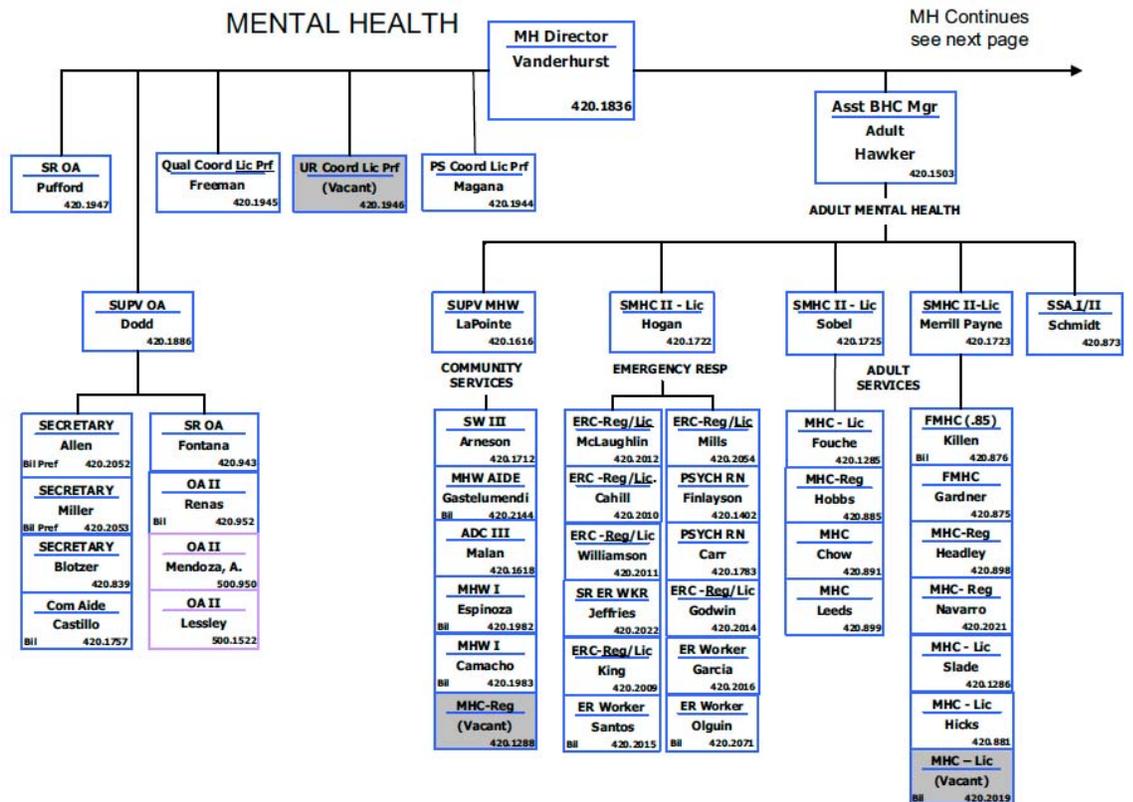
- Napa County Board of Supervisors: Recommendation 1,2, 3, 4, 6, 7

GLOSSARY

- AMH**---Adult Mental Health Section of the Napa County Health and Human Services Agency
- BOS**---Napa County Board of Supervisors
- CENTER**---Crisis Center, or, Emergency Response Dept of the Adult Mental Health section of The Napa County Health and Human Services Agency
- COUNTY**---Napa County
- DMH**---California Department of Mental Health
- ERP**---Emergency Response Protocol
- ERT**---Interagency Emergency Response Team
- ESORC**---Emergency Services Oversight Review Committee
- HSC**---California Health and Safety Code
- HSDS**---Human Services Delivery System, County of Napa
- HHS**---Napa County Health and Human Services Agency
- LPS**---Lanterman-Petris-Short Act, of the California Welfare and Institutions Code Section 5150
- MORE**---Mobile Outreach, Response, and Engagement
- NCMH**---Napa County Mental Health
- NSH**---Napa State Hospital
- QVMC**---Queen of the Valley QVMC Medical Center
- QVMC ED**---Queen of the Valley QVMC Medical Center – Emergency Department
- QVMC ER**---Queen of the Valley QVMC Medical Center – Emergency Response
- WIC**---California Welfare and Institutions Code

APPENDIX I

MENTAL HEALTH ORGANIZATIONAL CHART



All BU 420 MHC – flexibly staffed Unlic/Reg/Lic positions
 All positions reflected as allocated: * FTE underfill **Position underfill