POSITION ADJUSTMENT REQUEST

NO. <u>22127</u> DATE <u>7/24/2017</u>

Department No./

Department <u>HEALTH SERVICES</u> But	udget Unit No. <u>0466</u> (Org No. <u>5920</u> Agend	y No. <u>A18</u>
Action Requested: Add one full time Mental Health Clinical	Specialist (VQSB) po	sition in the Health S	Services Department.
	Propos	ed Effective Date: 8	<u>/9/2017</u>
Classification Questionnaire attached: Yes \square No \boxtimes / C	•	ent's budget:Yes 🗌	No 🛛
Total One-Time Costs (non-salary) associated with request			
Estimated total cost adjustment (salary / benefits / one time	e):		
Total annual cost <u>\$95,569.26</u>	Net County Co	st <u>\$0.00</u>	
Total this FY <u>\$87,605.16</u>	N.C.C. this FY	<u>\$0.00</u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100°	% Drug Medi-Cal Org	anized Delivery Syst	em Waiver
Department must initiate necessary adjustment and submit to CAC Use additional sheet for further explanations or comments.	O.		
·		Melissa Carofanello	
		(for) Depa	rtment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESO	URCES DEPARTME	NT	
	Enid Me	ndoza	8/1/2017
	Deputy County A	Administrator	Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATION Exempt from Human Resources review under delegated au		DATE	
Amend Resolution 71/17 establishing positions and resolutions allocating classes to Effective: Day following Board Action. [(Date)	the Basic / Exempt salary sche	edule.	
	(for) Director of H	uman Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resou	Irces	DATE	8/1/2017
☐ Disapprove Recommendation of Director of Human Res ☐ Other: Approve as recommended by the Department.		Enid Mendoza (for) County Administrator	
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED	Da	vid J. Twa, Clerk of the Board of Supervisors and County Administrator	
DATE	ВҮ		
APPROVAL OF THIS ADJUSTMENT CONSTITUTE	ES A PERSONNEL / S	SALARY RESOLUTION	ON AMENDMENT
POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HU Adjust class(es) / position(s) as follows:	MAN RESOURCES DE	PARTMENT FOLLOW	ING BOARD ACTION

P300 (M347) Rev 3/15/01

REQUEST FOR PROJECT POSITIONS

De	partment
1.	Project Positions Requested:
2.	Explain Specific Duties of Position(s)
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)
4.	Duration of the Project: Start Date End Date Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.
5.	Project Annual Cost
	a. Salary & Benefits Costs: b. Support Costs: (services, supplies, equipment, etc.)
	c. Less revenue or expenditure: d. Net cost to General or other fund:
6.	Briefly explain the consequences of not filling the project position(s) in terms of: a. potential future costs b. legal implications c. financial implications
7.	Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.
8.	Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted
9.	How will the project position(s) be filled? a. Competitive examination(s) b. Existing employment list(s) Which one(s)? c. Direct appointment of: 1. Merit System employee who will be placed on leave from current job 2. Non-County employee
	Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY