POSITION ADJUSTMENT REQUEST

NO. <u>22533</u> DATE <u>9/23/2019</u>

Department No./

Department Health Services

Budget Unit No. 0454 Org No. 0454 Agency No. 18

Action Requested: Add one Public Health Program Specialist I-Project (VBS2) position and one Account Clerk-Advanced Level (JDTD) position; and cancel Clerk Senior Level (JWXC) position #17282 in the Health Services Department.

Classification Questionnaire attached: Yes ☐ No ☒ / Cost is Total One-Time Costs (non-salary) associated with request: \$0. Estimated total cost adjustment (salary / benefits / one time): Total annual cost \$168,013.00 Total this FY \$112,008.00 SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% Sta	Net County Cost N.C.C. this FY	No 🗆
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.	Jo-Anne	e Linares
	(for) Depar	rtment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE	ES DEPARTMENT	
	Sarah Kennard	10/1/2019
	Deputy County Administrator	 Date
HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS	DATE	
Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Bas Effective: Day following Board Action. (Date)	ic / Exempt salary schedule.	
	or) Director of Human Resources	Date
COUNTY ADMINISTRATOR RECOMMENDATION: Approve Recommendation of Director of Human Resources Disapprove Recommendation of Director of Human Resource Other:	DATE es	
Guiei.	(for) Coul	nty Administrator
BOARD OF SUPERVISORS ACTION: Adjustment is APPROVED DISAPPROVED		he Board of Supervisors y Administrator
DATE	BY	
APPROVAL OF THIS ADJUSTMENT CONSTITUTES A	PERSONNEL / SALARY RESOLUTIO	ON AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

P300 (M347) Rev 3/15/01

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Dep	Department <u>Health Services</u>	Date <u>10/2/2019</u>	No. <u>xxxxxx</u>		
1.	Project Positions Requested: Public Health Program Specialist I				
2.	Explain Specific Duties of Position(s) Oversight of several programs within the Health, Housing, and Homeless Services Program Division - Homeless Mentally III Outreach and Treatment Program; Housing Security Fund; CalWORKS Rapid Rehousing Program; Youth Rapid Rehousing and Mobile Outreach Program; and Housing for a Healthy CA Rental Subsidy Program.				
3.	Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds) Same as Above Programs with funding sources from Department of Health Care Services (34%); Housing and Community Development (18%), Department of Social Services (14%); and Homeless Coordinating and Finance Council (34%)				
4.	. Duration of the Project: Start Date 10/1/2019 End Date Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain. on-going basis				
5.	5. Project Annual Cost				
	a. Salary & Benefits Costs: \$168,013.00	b. Support Costs: (services, supplies, e	equipment, etc.)		
	c. Less revenue or expenditure:	d. Net cost to Gener	ral or other fund:		
6.		cal implications izational implications e the appropriate staffing	level to implement and manage several		
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 October 2025				
9.	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 2. Non-County employee		rent job		
	Provide a justification if filling position(s) by C1 or C2				

USE ADDITIONAL PAPER IF NECESSARY