POSITION ADJUSTMENT REQUEST

NO. <u>25799</u> DATE <u>8/20/2021</u>

Department No./

Department <u>Health Services</u> Budget Unit No. <u>0860</u> Org No. <u>6109</u> Agency No. <u>A18</u>
Action Requested: Reassign one (1) vacant Mental Health Clinical Specialist #14637 and one (1) vacant Clerk-Senior

position #15958 from department 0467 (Behavioral Health, cost center 5983) to department 0860 (Contra Costa Health Plan, cost center 6109) in the Health Services Department. (Represented)

cost center 6109) in the Health Services Department. (Represente	d)		
	Proposed E	Effective Date: 9/	<u>8/2021</u>
Classification Questionnaire attached: Yes \square No \boxtimes / Cost is	vithin Department's	budget: Yes □	No ⊠
Total One-Time Costs (non-salary) associated with request: \$0.0	<u>0</u>		
Estimated total cost adjustment (salary / benefits / one time):			
Total annual cost <u>\$272,244.84</u>	Net County Cost \$	<u> </u>	
Total this FY <u>\$226,870.70</u>	N.C.C. this FY \$	<u> </u>	
SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% CCH	IP member premiun	m payments	
	•		
Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.			
ose additional sheet of further explanations of comments.		Lauren	Ludwig
		(for) Depar	tment Head
REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCE:	S DEPARTMENT		
	Enid Mendoz	za	8/26/2021
			
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POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION Adjust class(es) / position(s) as follows:

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