



Contra Costa County

Position Adjustment Resolution (PAR) Form

This form is to be completed for midyear Position Adjustment Requests, for consideration outside the County's annual budget development process, per Administrative Bulletin No. 400 Section IV.C

I. DEPARTMENT REQUEST

Agency and Dept Name: CCA18 Health Services

Dept No(s). 0467 Org No(s). 5983

Action Type: Other

Net FTE Change:

Proposed Effective Date: 09/10/2025

Action Requested:

Transition one (1) Mental Health Specialist II-Project (VQV1) position #14245 at salary plan and grade TC2 1262 (\$5,919.87-\$8,364.62) and its incumbent into the Merit System's Mental Health Specialist II (VQVA) classification at salary plan and grade TC2 1284 (\$6,050.23-\$8,548.82) in the Health Services Department.

Use an additional sheet for further explanation or comments.

Fiscal Impact:

Cost is within Department's Budget: ☒ Yes ☐ No

Total One-Time Cost:

Total Annual Cost:

Total this FY: \$ 3,549.00

Net County Cost:

NCC this FY:

Source of Funding: Cost Increase- Mental Health
Realignment

Gregory Fiorina

09/04/2025

(for) Department Head

Date

II. COUNTY ADMINISTRATOR REVIEW

PAR No. 26494

Comments:

Released to HR for further study/review

Sarah Kennard

09/09/2025

(for) County Administrator

Date

III. HUMAN RESOURCES (HR) REVIEW/RECOMMENDATION

HR Recommendation(s): See attachment A.

Lauren Ludwig

09/18/2025

(for) Director of Human Resources

Date

IV. COUNTY ADMINISTRATOR APPROVAL

Approve HR Department Recommendation(s): ☐ Yes ☐ No ☐ N/A

If No or N/A, CAO Recommendation(s):

BOS Approval Required: ☐ Yes ☐ No

Effective: ☐ Day following Board Approval

☐ Date: _____

(for) County Administrator

Date

V. BOARD OF SUPERVISORS ACTION

Adjustment Resolution: ☒ ADOPTED ☐ OTHER ACTION: _____

Monica Nino, Clerk of the Board of Supervisors
and County Administrator

By: _____

Date: _____