



# New Position Request & Justification Form

Instructions: This form is to be completed by the department when requesting a new position or a change to an existing position, and submitted simultaneously to the department’s assigned budget analyst and Human Resources analyst. If approved, this form will be attached to the Human Resources’ staff report to the Board of Supervisors as justification for the recommended action. Please allow ten (10) business days for review and approval by DFS, CAO and Human Resources staff.

## BASIC INFORMATION

Date request submitted: 03/11/2024

Department making the request: Community Services, Animal Control Services Division

Contact Person: Stephanie Amato/Shelby Milliren

Telephone Extension: 5286/8022

Class of position requested: Veterinarian

# FTE requested: 1.0

Type of position:  Permanent  Extra Help  
 Limited Term (funding expires: )

If extra help list dates: to

Accounting Unit: 2195-2801-120056

Direct supervisor/manager Stephanie Amato

Location (address): 2640 E. Gibson, Woodland, CA 95776

## JUSTIFICATION FOR REQUESTED POSITION

**Why is the position needed?** (Explain the job duties of this position and if this position will supervise. What alternatives were considered before requesting this position?)

Provides high-quality medical care to all impounded animals; responsible for all medical treatments and surgical services performed at Yolo County Animal Services Shelter; supervises, trains, and oversees staff who engage in or assist with animal health, euthanasia, and other medical procedures; assists in developing, advancing, and implementing shelter medicine protocols; and advises others on animal care best practices.

**How does this position assist in accomplishing the goals of the Board of Supervisors strategic plan?** (Explain how this position contribute to the strategic plan and department goals.)

By adding an additional licensed Veterinarian, Yolo County Animal Services can achieve higher numbers of high quality spay/neuter services and medical care for the animals impounded in the shelter and offer additional services to the communities in Yolo County.

**Budget impact of this position.** (Explain how this position will be funded.)

The full costs for the Registered Vet Technician (RVT) position are approximately \$105K, however we adjusted the FY24-25 budget with 6 pay periods of salary savings for a reduction of \$25K in costs since we will not start recruiting for the position until July 1<sup>st</sup>, 2024 and getting the incumbent through the interview process and background will take some time.

Ongoing costs will be the full cost of the position, however if there is a vacancy, we could offset the position costs with salary savings.

**Approved By:**

Shelby Milliren

**Date:**

03/27/2024



# New Position Request & Justification Form

Instructions: This form is to be completed by the department when requesting a new position or a change to an existing position, and submitted simultaneously to the department’s assigned budget analyst and Human Resources analyst. If approved, this form will be attached to the Human Resources’ staff report to the Board of Supervisors as justification for the recommended action. Please allow ten (10) business days for review and approval by DFS, CAO and Human Resources staff.

## BASIC INFORMATION

Date request submitted: 03/11/2024

Department making the request: Community Services, Animal Control Services Division

Contact Person: Stephanie Amato/Shelby Milliren

Telephone Extension: 5286/8022

Class of position requested: Registered Vet Technician (RVT)

# FTE requested: 1.0

Type of position:  Permanent  Extra Help  
 Limited Term (funding expires: )

If extra help list dates: to

Accounting Unit: 2195-2801-120056

Direct supervisor/manager: Jennifer Kwan DVM

Location (address): 2640 E. Gibson, Woodland, CA 95776

## JUSTIFICATION FOR REQUESTED POSITION

**Why is the position needed?** (Explain the job duties of this position and if this position will supervise. What alternatives were considered before requesting this position?)

The Registered Veterinary Technician assists the licensed Veterinarian in providing medical and surgical pre-operative and post-operative procedures to animals and performs other animal health care tasks such as animal husbandry and supporting foster care and internship programs. Incumbents in this class report to the Veterinarian or other management level personnel.

The Registered Veterinary Technician classification is distinguished from the Animal Care Attendant in that the latter is a trainee classification responsible for basic duties such as feeding and caring for all impounded animals and maintaining safe and sanitary kennel facilities.

**How does this position assist in accomplishing the goals of the Board of Supervisors strategic plan?** (Explain how this position contribute to the strategic plan and department goals.)

By adding additional licensed Veterinary support staff, Yolo County Animal Services can achieve higher numbers of high quality spay/neuter services and medical care for the animals impounded in the shelter and offer additional services to the communities in Yolo County.

**Budget impact of this position.** (Explain how this position will be funded.)

The full costs for the Registered Vet Technician (RVT) position are approximately \$105K, however we adjusted the FY24-25 budget with 6 pay periods of salary savings for a reduction of \$25K in costs since we will not start recruiting for the position until July 1<sup>st</sup>, 2024 and getting the incumbent through the interview process and background will take some time.

Ongoing costs will be the full cost of the position, however if there is a vacancy, we could offset the position costs with salary savings.

**Approved By:**

Shelby Milliren

**Date:**

03/27/2024



## New Position Request & Justification Form

Instructions: This form is to be completed by the department when requesting a new position and submitted simultaneously to the department's assigned budget analyst and Human Resources analyst. If approved, this form will be attached to the Human Resources' staff report to the Board of Supervisors as justification for the recommended action. Please allow ten (10) business days for review and approval by DFS, CAO and Human Resources staff.

Date request submitted: 3/5/2024

Department making the request: Department of Financial Services – Internal Audit

Contact Person: Audit Manager

Telephone Extension: 9204

Class of position requested: Auditor II

# FTE requested: 1

Type of position:  Permanent  Extra Help  
 Limited Term (funding expires: )

If extra help list dates: to

Org Unit #:

Org Unit Name: Division of Internal Audit

Accounting Unit:

Direct supervisor/manager: Audit Manager

Location (address): 625 Court Street, Room B03, Woodland CA 95695

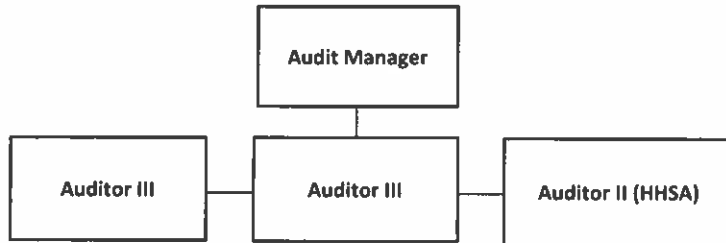
**Why is the position needed?** (Explain the job duties of this position and if this position will supervise. What alternatives were considered before requesting this position?)

The county had a countywide fiscal monitoring program assessment to assess their current practices for conducting fiscal monitoring, specifically to evaluate related policies and procedures (P&Ps) for consistency with best practices where gaps were identified that subrecipient fiscal monitoring needs improvement. The improvements noted in the report are:

- Documented P&Ps do not exist
- Process for how funder specific requirements is identified, documented, and addressed do not exist
- Prior monitoring results when assessing risk is incomplete
- Subrecipient vs. Contractor determination does not clarify the impact of the final determination or why a determination was made
- Lack of understanding of the subrecipient vs. contractor determination process whereas most often individuals defaulted an organization to be a subrecipient
- For desk reviews vs. site visits, staff capacity appears to have an influence on the type of review performed or whether reviews were performed at all
- Justification for the type of monitoring performed was not documented
- Fiscal monitoring steps and procedures document does not adequately define the roles and responsibilities of various staff when a desk review or site visit is performed
- Fiscal monitoring steps and procedures lacks information on the purpose of the review performed on each item/document, what the review should be looking for, and how the reviews/testing should be documented
- Fiscal monitoring procedures do not include specific guidance on what constitutes a finding to be reported
- Current guidance lacks direction on acceptable resolutions for certain types of findings and is unclear on which position is responsible for following up on findings and determining if resolution occurred

To support the Health & Human Services Agency (HHS) with fiscal monitoring services, Internal Audit is proposing a new position of an Auditor II to improve their subrecipient process and procedures as noted above. This position will provide fiscal monitoring services to HHS. Below is a division organization chart where the new position will report directly to the audit manager. The audit manager will provide oversight of the fiscal monitoring program to ensure compliance with state and federal regulations.

Internal Audit Organization Chart:



Footnotes:

1. Revise Auditor III classification to as a flexibly staffed position and remove the requirement of supervisory position to may supervise similar to the Senior Financial Services Analyst. *Tom working with Human Resources.*
2. Auditor II position’s main work assignment will be fiscal subrecipient monitoring for HHS.
3. Auditor II position to be paid 100% HHS. *Tom working on the revision of the MOU with HHS.*

“New” Auditor II position under this model - Duties and Responsibilities may include:

- Subrecipient vs. Contractor determination
- Subrecipient risk assessment
- Inventory of subrecipients
- Desk and site monitoring
- Monitoring corrective action plans (subrecipients)
- Coordination of state/federal audits
- Follow-up of corrective actions
- Document fiscal monitoring policies and procedures
- Provide training for departments and subrecipients

**How does this position assist in accomplishing the goals of the Board of Supervisors strategic plan? (Explain how this position contribute to the strategic plan and department goals.)**

This position supports all goals in the “provision of organizational supports and services” and “county operational excellence plan” by helping to ensure that the county’s oversight responsibilities over the departments and other local affiliates are being fulfilled, and to help ensure that accountability and transparency over public funds and public trust is accomplished and transparent to the Board, State and Federal governments, and the community it serves.

Further the position contributes to the Department of Financial Services goals by supporting the guiding principles for operational excellence within the department and the county as a whole. The position would positively impact and help support success by helping to ensure that HHS is strategically aligned in various programs that are funded and supported by public funds. The efforts provided by the requested resources would help ensure that the county is being responsive to the needs of the public through effective and efficient programs, and that the county is being transparent in their reviews and diligent in timely reporting of required audits, assessments, and reviews.

Auditors support and vouch the validity of data, the effectiveness and efficiencies, proper allocations of resources, and properly trained staff that encourage and support strong processes, planning and system of controls. The auditors would continue to work and, by having the much needed additional resources, be able to collaborate and maximize the success of the county’s affiliated entities that require oversight, and for the county as a whole.

**Budget impact of this position.** (Explain how this position will be funded.)

Recommending 100% paid by HHSA. *Tom working on the revision of the MOU with HHSA.*

**Approved By:**

**Date:**



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input checked="" type="checkbox"/> Adult and Aging <input type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Crisis Now and Adult Inpatient Mental Health	Benefiting Subprogram(s): Mobile Crisis, CIT, Crisis Residential
Hiring Manager: Samantha Fusselman	Telephone Extension: 8983
Supervisor for Position: Samantha Fusselman	
Position #:	Vacancy Date:
Current Position Classification: N/A	Class of Position Requested: HHS Clinical Manager
# of FTE Requested: <u>1</u>	List Type: <input type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address): 137 North Cottonwood St., Woodland, CA 95695	Cubicle/Office #: TBD
Date Request Submitted: <u>1/3/24</u>	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

Increased mandates and Yolo County's commitment to the delivery of behavioral health crisis services necessitate a dedicated Clinical Manager charged with the development and oversight of a comprehensive Crisis Continuum of Care; the management of inpatient psychiatric utilization; and the reduction in high cost service utilization by beneficiaries. For Yolo County Medi-Cal beneficiaries, psychiatric inpatient utilization increased by 19% between 2020-2022; costs increased by 12.7% during that time, to \$5,079,374 in approved Medi-Cal claims. Costs will likely continue to increase, contributing to the structural deficit for mental health, if this position is not approved.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

This position will be responsible for the development, implementation, and oversight of the Yolo County Crisis Continuum of Care, including: the federally mandated 24/7/365 Medi-Cal Mobile Crisis Benefit for all Medi-Cal beneficiaries; the co-responder program (HHSA crisis clinicians embedded with each law enforcement agency); Crisis Intervention Training for Yolo County's law enforcement and other first responders; and Crisis Now, including the...

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

Yes - this position will oversee a minimum of three direct reports, including a clinical supervisor and analyst, as well as a team of clinical and paraprofessional staff charged with providing...

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

Yes. For greater than 10 years, HHSA has had one manager responsible for the oversight of all Mental Health access and crisis services. Despite efforts to maximize existing resources, HHSA has been unsuccessful in efforts to expand its crisis continuum of care without a dedicated Crisis Manager; the two most prominent examples are the failed Mental Health Urgent Care and continued delays of Crisis Now implementation.

**POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:**

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Samantha Fusselman, LCSW - Branch Director  
Digitally signed by Samantha Fusselman, LCSW - Branch Director  
Date: 2024.01.04 01:41:39 -08'00'

**Date:** \_\_\_\_\_

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/26/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Continuous Quality Improvement
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Joni Lara-Jimenez	
Position #: 2366	Vacancy Date: Unknown
Current Position Classification: Administrative Services Analyst	Class of Position Requested: Administrative Services Analyst
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: _____	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

These positions are needed to help maintain the continued quality improvement of the CYF branch. If these positions are not approved the impact would be inability to effectively focus duties to improve quality.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

No

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.





# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): CWS ER, Court, Intake
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: TBD	
Position #: 2366	Vacancy Date: N/A
Current Position Classification: Administrative Services Analyst	Class of Position Requested: Administrative Services Analyst
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

- 1. Why is this position needed? What would be the impact if this position is not approved?**
  
  
  
  
  
  
  
  
  
  
- 2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**
  
  
  
  
  
  
  
  
  
  
- 3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**  
No
  
  
  
  
  
  
  
  
  
  
- 4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**  
N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:18:14 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Placement, Visitation, CFT
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Bianca Geschwender	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

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**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

No

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:17:09 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): ER, Court, Intake
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Eddie Miller	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

This position is needed because it can handle multiple duties performed by other workers and individuals who volunteer for overtime. Having a full time SSA would minimize the amount of time SWPs spending performing duties which belong to an SSA. Additionally, this position would also potentially minimize the amount spent on overtime. The impact if not approved would be the opposite, the SWPs would be loaded with extra duties which could be performed by SSAs and the amount of OT paid out at the SWP rate would impact the OT budget.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

Critical duties would be responsible for covering the pre-detention supervised visits for the parent (s) and minor(s); creation of hard files necessary when transferring to the Court Unit; assist with transporting minor(s) to placement; deliver detention reports to parent(s); assist with the CANS assessment documentation; occasionally scribe the SWPs; and occasionally monitor minor(s) in placement.

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

No

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

N/A

**POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:**

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): ER, Court, Intake
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Stephanie Funston	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

This position is needed because it can handle multiple duties performed by other workers and individuals who volunteer for overtime. Having a full time SSA would minimize the amount of time SWPs spending performing duties which belong to an SSA. Additionally, this position would also potentially minimize the amount spent on overtime. The impact if not approved would be the opposite, the SWPs would be loaded with extra duties which could be performed by SSAs and the amount of OT paid out at the SWP rate would impact the OT budget.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

Critical duties would be responsible for covering the pre-detention supervised visits for the parent (s) and minor(s); creation of hard files necessary when transferring to the Court Unit; assist with transporting minor(s) to placement; deliver detention reports to parent(s); assist with the CANS assessment documentation; occasionally scribe the SWPs; and occasionally monitor minor(s) in

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

No

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

N/A

**POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:**

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:10:16 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Ongoing
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: TBD	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:11:31 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): ER, Court, Intake,
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Breanna Kraft	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

1. Why is this position needed? What would be the impact if this position is not approved?

T

2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?

3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.

No

4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?

N/A

#### POSITION REQUEST TYPE -- PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:10:54 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Ongoing
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: TBD	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: <u>1</u>	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: <u>12/28/23</u>	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

1. Why is this position needed? What would be the impact if this position is not approved?

T

2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?

3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.

No

4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?

N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HHSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:16:12 -08'00'

**Date:** 12/31/23

##### HHSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

Branch Director Recommendation:  Approved  Disapproved

Comments:

Branch Director Signature: Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:12:03 -08'00'

Date: 12/31/23

##### HSA HUMAN RESOURCES REVIEW

HR Recommendation:  Approved  Disapproved

Comments:

HR Signature: Jenny Brown

Date: 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Placement, Visitation, CFT
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Bianca Geschwender	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Social Services Assistant	Class of Position Requested: Social Services Assistant
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHSA Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

1. Why is this position needed? What would be the impact if this position is not approved?

T

2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?

3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.

No

4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?

N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HHSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:17:09 -08'00'

**Date:** 12/31/23

##### HHSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input checked="" type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input type="checkbox"/> Service Centers	
Benefiting Program(s): Child Welfare Services	Benefiting Subprogram(s): Child Welfare Training
Hiring Manager: Jacob Haueter	Telephone Extension:
Supervisor for Position: Delores Hickenbottom	
Position #: 2989	Vacancy Date: N/A
Current Position Classification: Office Support Specialist	Class of Position Requested: Office Support Specialist
# of FTE Requested: 1	List Type: <input checked="" type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address):	Cubicle/Office #:
Date Request Submitted: 12/28/23	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHSA Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

Support the Staff Development supervisor by performing the duties which can be completed by an OSS and allow the supervisor to focus on assignments which need more focus.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

This non-supervisory role will perform a combination of clerical tasks from support with administrative functions of her supervisor, review, research, compile information for trainings and positions. Prepare material for new staff members. Design, proof, correct documentation and training material. May be in charge of confidential information and will maintain confidentiality.

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

No

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

N/A

#### POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHS Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources (HR) Manager for approval and then HR will give the form to the HHS Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Tony Kildare, LCSW Digitally signed by Tony Kildare,  
LCSW  
Date: 2023.12.31 15:27:20 -08'00'

**Date:** 12/31/23

##### HSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/27/24



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 3, CHAPTER 1.101, FORM A

#### POSITION REQUEST FORM

This form is for requests to fill full-time, part-time, permanent, and/or limited-term positions. For Extra Help positions, please fill out 3.1.101 Form B: Extra Help Request Form.

Unless otherwise stated, all information should be filled out by the hiring manager.

SECTION A: POSITION INFORMATION	
Branch: <input type="checkbox"/> Administration <input type="checkbox"/> Adult and Aging <input type="checkbox"/> Child, Youth, and Family <input type="checkbox"/> Community Health <input checked="" type="checkbox"/> Service Centers	
Benefiting Program(s): CalWORKs & CalFresh	Benefiting Subprogram(s):
Hiring Manager: Soua Moua	Telephone Extension: 2702
Supervisor for Position: TBD (either Deputy/Branch Director)	
Position #: N/A	Vacancy Date: N/A
Current Position Classification: N/A	Class of Position Requested: Chief Welfare Fraud Investigator
# of FTE Requested: 1	List Type: <input type="checkbox"/> Internal Recruitment <input checked="" type="checkbox"/> External Recruitment
Permanent or Limited Term: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Limited Term (funding expires _____)	Full or Part Time: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per week: _____)
Bilingual Required or Preferred: <input type="checkbox"/> Required <input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Not required or preferred	If bilingual required or preferred, which language(s):
Location of Position (Address): 25 N Cottonwood ST Woodland, CA 95695	Cubicle/Office #:
Date Request Submitted: 1/8/24	

POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:	
<input type="checkbox"/> I am requesting to fill a budgeted vacancy at the same classification.  <b>If you selected this option, you may leave the remaining sections of this form blank. Please return form to the HHS Human Resources Manager.</b>	<input checked="" type="checkbox"/> I am requesting an additional FTE. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification from another Branch. <input type="checkbox"/> I am requesting to re-allocate a current budgeted FTE to a different classification within my own Branch.  <b>If you selected any of these three options, please complete Section B and turn in to your Branch Director for approval. Once approved, return form to the HHS Human Resources Manager.</b>



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION B: POSITION JUSTIFICATION

**1. Why is this position needed? What would be the impact if this position is not approved?**

SC Branch is looking to terminate our agreement with DA's office for welfare fraud investigations 6/30/2024 and bringing all positions for this function internally within HHSA. Our current agreement calls for a District Attorney Lieutenant to oversee the Special Investigations Unit (SIU) which are currently staffed by HHSA employees. Once the agreement is terminated, we would need a Chief Welfare Fraud Investigator to fill the role currently fulfilled by the DA's office. If not approved, line level investigations staff will not have anyone in a supervisor/manager level to report to.

**2. What critical duties will the position have? Are these new duties, or is there another position or classification performing these duties?**

Plan and manage activities and personnel on the SIU team as well as support HHSA safety initiatives. These duties are currently being performed by the DA Lieutenant assigned to HHSA.

**3. Is this a Supervisory position? If so, please explain how many staff this position will supervise.**

Yes, supervising 4-5 staff.

**4. Have you explored alternative measures to accomplish the duties of this position, such as extra help or web-based resources? If so, what have you tried or considered?**

The alternative method that we have explored was this interdepartmental agreement with the DA's office. It is actually not cost effective for HHSA to continue with this agreement and now we have a classification that we can actually bring in-house. Other types of positions besides a permanent full-time employee would not be feasible for this role.

**POSITION REQUEST TYPE – PLEASE MARK ONE OPTION BELOW:**

This position is being requested as an exception, outside of the requested, adopted, or mid-year budget process

If you selected this option, you may leave the remaining section of this form blank. Please return form to the HHSA Human Resources Manager.

This position is being requested as part of the requested, adopted, or mid-year budget process

If you selected this option, please continue to Section C and turn in to your Branch Director for approval. Once approved, return form to the HHSA Human Resources (HR) Manager for approval and then HR will give the form to the HHSA Fiscal Manager.



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION C: APPROVALS

##### HHSA BRANCH DIRECTOR REVIEW

**Branch Director Recommendation:**  Approved  Disapproved

**Comments:**

**Branch Director Signature:** Dr. Tico Zendejas

**Date:** 1/8/24

##### HHSA HUMAN RESOURCES REVIEW

**HR Recommendation:**  Approved  Disapproved

**Comments:**

**HR Signature:** Jenny Brown

**Date:** 1/26/24



## New Position Request & Justification Form

Instructions: This form is to be completed by the department when requesting a new position and submitted simultaneously to the department's assigned budget analyst and Human Resources analyst. If approved, this form will be attached to the Human Resources' staff report to the Board of Supervisors as justification for the recommended action. Please allow ten (10) business days for review and approval by DFS, CAO and Human Resources staff.

Date request submitted: 2/15/24

Department making the request: Library

Contact Person: Elizabeth Gray

Telephone Extension: x8084

Class of position requested: Library Associate

# FTE requested: 0.75

Type of position:  Permanent  Extra Help  
 Limited Term (funding expires: 6/30/26)

If extra help list dates: to

Org Unit #: 2260-6051

Org Unit Name: County Library Services

Accounting Unit: 2260-6051-168000

Direct supervisor/manager: Elizabeth Gray

Location (address): 226 Buckeye St., Woodland, CA 95695

**Why is the position needed?** (Explain the job duties of this position and if this position will supervise. What alternatives were considered before requesting this position?)

Yolo County Library received a 4-year grant from the California State Library to provide English-as-a-Second-Language learning opportunities to rural Yolo County, specifically Esparto, Knights Landing, and Winters as the target communities. Initially, the Library recruited and hired a part-time extra-help employee to coordinate the grant. After 5 months, the person found a full-time job and left. A limited-term 0.75 FTE position is needed to provide sustainable, consistent ESL services and fulfill the grant requirements.

This position is responsible for following: grant guidelines, completing grant activities, and assisting with grant reporting. That includes outreach to rural Yolo County Spanish-speaking populations, collaboration with schools and social service agencies, designing and implementing ESL learning opportunities including ESL classes with certified ESL instructors, peer learning, and mentoring. In addition, this position is responsible for building capacity within the Library to sustain ESL learning activities. This might include recruiting and training volunteers, developing curricula for different ESL needs (citizenship, life skills, health, etc.), and forming meaningful partnerships with other community organizations. The primary skill needed is the ability to read/write/speak fluently in English and Spanish. The ideal candidate would have personal experience with ESL, knowledge of rural Yolo County communities, and demonstrated commitment to the Spanish-speaking community in Yolo County.

**How does this position assist in accomplishing the goals of the Board of Supervisors strategic plan?** (Explain how this position contribute to the strategic plan and department goals.)

This position supports the following Yolo County Strategic Plan goal: Thriving Residents - Support social, economic and physical environments which promote good health and protect vulnerable populations so that community members and future generations have the opportunity to learn and grow to their full potential.

This ESL Coordinator position supports two elements of Yolo County Library's strategic plan: Ensure Residents Read and Thrive; Help Lifelong Learners Succeed.

A review of available ESL classes in Yolo County, conducted in Fall 2021, shows that ESL classes are available in West Sacramento, Woodland and Davis. Travel time and mileage from Knights Landing, Esparto and Winters to existing ESL classes is significant. Therefore, this grant reduces a gap in services for rural Yolo County communities.

The need for ESL instruction in rural Yolo County is clear:

- The school districts serving Esparto, Winters, and Knights Landing have student populations with 22 – 28% English Language Learners.
- The high number of agricultural farm workers, who may depend on social benefits to get by, indicates a need for accessible English language learning opportunities to build fundamental communication skills.
- Market segmentation analysis confirms that the rural communities of Yolo County include significant groups of people:
  - with less than a high school diploma,
  - who are Spanish speaking and do not feel confident speaking English,
  - with incomes under \$35,000/year, and
  - who are likely to have children in the home.
- Existing ESL classes are inaccessible to most rural residents since Woodland, Davis, and West Sacramento are ten to twenty miles away.

Yolo County social service organizations, including First 5 Yolo, RISE, Yolo County Children's Alliance, and Empower Yolo, recognize the high need for accessible ESL learning opportunities in rural communities.

ESL in rural Yolo County ensures that residents read and thrive. Children are more likely to succeed in school when their parent(s)/caregiver(s) can communicate with teachers and when learning is modeled by the parent/caregiver. Providing ESL instruction in rural communities will have a ripple effect by supporting family learning. Each ESL class will promote two-generational learning through the following activities:

- Bringing in library staff who can help learners with technology,
- Offering Family Literacy workshops for participants
- Inviting local experts such as local elementary school principals or local community college professors to speak to classes and answer questions.

**Budget impact of this position.** (Explain how this position will be funded.)

No general fund or Library fund impact. The grant does not require matching funds.

**Approved By:**

**Date:**