



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-31-15: Authorizing one position re-classification within the Health Department

Requested Meeting Date: _____ **Time Needed:** N/A - Consent

Department: 40 - Health Department **Division:** Health Officer

Contact(s): Robert Stoll – Budget & Finance Manager

Phone: (503) 988-8445 **Ext.** 88445 **I/O Address** 167/2/210

Presenter Name(s) & Title(s): N/A (Consent Agenda)

General Information

1. What action are you requesting from the Board?

Approval of staffing adjustment resulting from the reclassification of one position. This change will not impact the Health Department's total FTE for FY 2015.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Reclassify a 1.00 FTE Program Supervisor to a 1.00 FTE Program Manager 1, position 701936, in the Health Officer division of the Health Department. Class comp approved the reclassification effective 8/25/14 (reclassification #2806). This position is responsible for administering the County's Emergency Ambulance Services contract, reviewing contractor's performance and compliance with contractual requirements, assigning, supervising, and overseeing staff for the EMS program and the Tri-County 911 Service Coordination programs, developing and implementing a funding strategy for the Tri-County 911 Service Coordination program, working with regional EMS coalition and Coordinated Care Organizations, and performing county-wide disaster planning for the EMS system.

This change impacts program offer 40004 - Ambulance Services (EMS)

3. Explain the fiscal impact (current year and ongoing).

This budget modification has no fiscal impact in the current year. Budgeted personnel costs are within the pay scales of the new classifications or other budgeted line items have been adjusted so that the changes are budget neutral.

The reclassification of position 701936 to a Program Manager 1 increased personnel costs by \$669. The increase in cost is offset by a decrease in supplies for no net fiscal impact this fiscal year.

In subsequent fiscal years, the reclassified position will be subject to approved cost of living adjustments (COLA) and step and merit pay increases in accordance with collective bargaining agreements and county personnel rules. Increased costs will be funded within the department's budget.

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen or other government participation.

N/A

Budget Modification

6. What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).

No changes in revenues.

7. What budgets are increased/decreased?

The Health Department's budget will have the following changes:

- Permanent personnel budget will increase by \$480
- Salary related expense budget will increase by \$154
- Insurance benefits budget will increase by \$35
- Supplies budget will decrease by \$669

These changes will have no financial impact on the budget and do not change the Health Department's total FTE.

8. What do the changes accomplish?

Change of classification for position 701936 better fits the duties of this position as determined by the Class/Comp Unit of Central Human Resources.

9. Do any personnel actions result from this budget modification?

- Reclassify a 1.00 FTE Program Supervisor to a 1.00 FTE Program Manager 1, position 701936, in the Health Officer Division of the Health Department. Class Comp approved #2806.

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

N/A

11. Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?

N/A

12. If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (e.g. cash match, in kind match, reporting requirements, etc)?

N/A

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____