



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-12-16: Authorizing two position reclassifications within the Health Department

Requested Meeting Date: _____

Time Needed: N/A - Consent

Department: 40 - Health Department

Division: Public Health, Corrections Health

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 adjustments resulting from the reclassification of two positions. This change will not impact the Health Department's total FTE for FY 2016.

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 Clinic Medical Assistant to a 1.00 FTE Office Assistant Senior, position 703230, in the Corrections Health Division of the Health Department. Class Comp approved the reclassification effective 3/22/2015 (reclassification #3165). This position is responsible for personnel payroll and timekeeping duties, including entering employee payroll information into SAP; reviewing time and attendance, correcting payroll errors, and coding hours correctly; ensuring compliance with wage and hour laws, collective bargaining agreements and County Personnel Rules. This position is also responsible for transcribing provider orders, communicating with US Marshal Services to prepare clients for weekly transport, scheduling clients and treatments in Sapphire, and providing lab support.

This change impacts program offer 40050A – Corrections Health Multnomah County Detention Center (MCDC)

Reclassify a 1.00 FTE Program Specialist 2 to a 1.00 FTE Program Specialist, position 712330, in

the Community Health Services Division of the Health Department. Class Comp approved the reclassification effective 9/25/2015 (reclassification #3170). This position is responsible for developing, implementing, and monitoring projects for the STD Prevention Program and providing technical expertise and quality assurance to the Disease Intervention Surveillance Team. This position is also responsible for investigating and developing new technologies to increase communication with clients and case investigation contacts, marketing of services, and informing the public; developing and delegating tasks regarding communicating initiatives and services to the public; evaluating program, structural / staffing assignments, and operations in terms of program needs, and developing recommendations; and representing program area on external advisory councils and boards..

This change impacts program offer 40011 – STD/HIV/Hep C Community Prevention Program

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 703230 to an Office Assistant Senior increased budgeted personnel cost by \$1,887, because the step at which the Office Assistant Senior is budgeted is higher than the step at which the Clinic Medical Assistant is budgeted. The increase in cost is offset by a decrease in Temporary, Non Base Fringe, and Non Base Insurance for no net fiscal impact this fiscal year.

The reclassification of position 712330 to a Program Specialist decreased budgeted personnel cost by \$19,503, because the step at which the Program Specialist is budgeted is lower than the step at which the Program Specialist Senior is budgeted. The decrease in cost is offset by an increase in Temporary, Non Base Fringe, and Non Base Insurance for no net fiscal impact this fiscal year.

In subsequent fiscal years, the reclassified positions 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 change in revenues.

7. What budgets are increased/decreased?

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

- Permanent personnel budget will decrease by \$10,783

- Salary related expense budget will decrease by \$6,050
- Insurance benefits budget will decrease by \$783
- Temporary personnel budget will increase by \$10,783
- Non Base Fringe budget will increase by \$6,050
- Non Base Insurance budget will increase by \$783

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?

Changes of classification for positions 703230, and 712330 better fit the duties of these positions 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 Clinic Medical Assistant to a 1.00 FTE Office Assistant Senior, position 703230, in the Corrections Health Division of the Health Department. Class Comp approved #3165.
- Reclassify a 1.00 FTE Program Specialist 2 to a 1.00 FTE Program Specialist, position 712330, in the Community Health Services Division of the Health Department. Class Comp approved #3170.

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: _____