



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/9/2014)

APPROVED: MULTNOMAH COUNTY

BOARD OF COMMISSIONERS

AGENDA # R-5 DATE 8/6/15

MARINA BAKER, ASST BOARD CLERK

## Board Clerk Use Only

Meeting Date: 8/6/15

Agenda Item #: R.5

Est. Start Time: Approx 10:15 am

Date Submitted: 7/28/15

**Agenda Title:** **Approval of Multnomah County and Oregon Nurses Association (ONA) 2015-2018 Agreement**

*Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.*

## Requested

Meeting Date: August 6, 2015 Time Needed: 10 Minutes

Department: Dept. of County Management Division: Central HR/Labor Relations

Contact(s): Steve Herron, Labor Relations Director

Phone: (503) 988-4333 Ext. 84333 I/O Address: 503/3/300

## Presenter

Name(s) &

Title(s): Steve Herron, Labor Relations Director and Invited Others

## General Information

### 1. What action are you requesting from the Board?

Ratification of 2015-2018 collective bargaining agreement between Multnomah County and Oregon Nurses Association.

### 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.

The parties' previous labor agreement expired June 30, 2015. The parties have been negotiating a successor agreement since March, and reached tentative agreement on all issues on June 23, 2015, which would be effective July 1, 2015 to June 30, 2018. ONA membership ratified the parties' tentative agreement on July 17, 2015. Based on the FY 2016 Adopted FTE, this ratification would impact 203.90 FTE.

The highlights of this agreement are as follows:

#### COLA:

July 1, 2015: 2.1% COLA

July 1, 2016: 1% to 4% COLA adjustment.

July 1, 2017: 1% to 4% COLA Adjustment, plus possible market adjustment based on 1/1/17 comparables.

**Health and Welfare:**

Maintaining current plans with current premium sharing contribution rates. Beginning January 30, 2016 Health and Welfare article open for bargaining.

**Holiday:**

Increased annual flex holiday from 4 hours to 8 hours.

**Vacation:**

Adjusted vacation accrual schedule to match Local 88 contract. Revised Less Than 5 Years accrual rate to Less Than 2 Years; created 2 To 5 Year accrual rate of 120 hours, and; increased 5 To 10 Year rate accrual 144 hours.

**Sick Leave (changes effective 7/1/16):**

Established Annual Saved Holiday bonus of 16 hrs for employees that use no more than 16 hrs Non-FMLA/OFLA sick leave in a year. 8 hours for employees who used more than 16 but no more than 24 hrs Non-FMLA/OFLA sick leave in a year. Eliminated right to convert 2 sick leave days to personal holidays each year.

**Premiums:**

Increased corrections premium LPN rate from \$1.25 to \$1.50/hr, CHN rate from \$1.45 to \$1.75/hr and NP and PA rate from \$1.75 to \$3.00/hr. Established 1% longevity step at 10 years.

**Licensing Fees:**

Agreed to pay licensing fees for all bargaining unit members.

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

The Wages article constitutes the vast majority of the fiscal impact of this agreement. The costing estimates are based on the best available data and show the impact for the duration of the contract (FY 2016-FY 2018).

**Article 15: Wages****FY 2016 – 2.1% Cost of Living Adjustment (COLA) - \$468,000**

The 2.1% COLA increase will cost approximately \$336,000 in wages, and \$132,000 in salary related benefits and insurance costs for a total increase of \$468,000 in all funds. These increases were assumed in the FY 2016 Adopted Budget, so the agreement does not change the County's FY 2016 financial position.

**FY 2017 - 1% to 4% COLA Range \$227,000 to \$909,000**

The COLA ranges from 1% to 4%, so the cost will range from \$163,000 to \$653,000 at the high end. The salary related benefits and insurance costs increases are estimated to be between \$64,000 to \$256,000 depending on the ONA employment levels, demographics, and medical inflation. These costs are on top of the FY 2016 increases.

**FY 2018 - 1% to 4% COLA Range \$230,000 to \$918,000**

The COLA ranges from 1% to 4%, so the cost will range from \$165,000 to \$659,000 at the high end. The salary related benefits and insurance costs increases are estimated to be between \$65,000 to \$259,000 depending on the ONA employment levels, demographics, and medical inflation. These costs are on top of the FY 2016 and FY 2017 increases.

**Article 15: Corrections Nursing Premium**

The total estimated cost for the Corrections Nursing premium is expected to be \$44,000 annually based on current staffing models and hours of operation.

**Article 15: Longevity Pay 1% at 10 Years - \$162,500**

Longevity pay based on years of service. The total estimated cost of the longevity proposal for the duration of the contract is roughly \$162,500 for wages and salary related benefits and insurance cost increases. It is estimated that Longevity Pay will benefit 114.00 FTE, nearly 56% of the union membership during the first year of the contract.

	Longevity
FY 2016	\$53,000
FY 2017	54,000
FY 2018*	55,500
<b>Total Estimated Cost</b>	<b>\$162,500</b>

*Note: due to the COLA range of 1% to 4% for FY 2017 and FY 2018, an average is used for the estimate.*

**Article 17: Licensing Fees**

Oregon Nursing Board Licensure Fees paid annually for ONA members with active licenses. The total estimated cost of the licensing fees is \$16,000 annually.

These costs **were not** anticipated in the FY 2016 Adopted Budget. The Health Department would need to make the necessary adjustments within the current Fiscal Year budget, as well as future budgets, in order to cover the estimated increases. Due to the timing of the settlement, these costs have not been built into the FY 2016 budget.

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

N/A

**5. Explain any citizen and/or other government participation that has or will take place.**

N/A

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**Required Signature**

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**Elected  
Official or  
Department**

**Director:** Karyne Kieta /s/

**Date:** July 28, 2015

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.*