



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-26-16: Authorizing one position reclassification within the Health Department

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

Department: 40 - Health Department **Division:** Public 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 one position. 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 Program Supervisor to a 1.00 FTE Program Manager 1, position 704496, in the Public Health Division of the Health Department. Class Comp approved the reclassification effective 4/22/2015 (reclassification #3197). This position is responsible for directing and overseeing Vaccines for Children immunization program functions and services for children and adults; developing, administering, and evaluating policies, protocols, strategies, goals, and objectives; providing strategic direction to ensure compliance of vaccine administration; assuring all state-supplied vaccines are administered and documented in accordance with the CDC and Oregon Health Authority requirements and guidelines; managing relationships and official agreements with seven delegate agency clinics for service delivery of vaccines for their uninsured adult populations; leading CDS in the implementation of electronic medical records for the TB and Immunization Clinic; managing and directing four off-site immunization clinics in partnership with other organizations; and serving as the subject matter expert for primary care clinic vaccine leads and nurse supervisors to resolve critical and complex issues of vaccine management and billing.

This change impacts program offer 40044 – Immunizations

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 704496 to a Program Manager 1 is budget neutral, because the current budgeted pay for the position falls within the pay-scale of the new classification.

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?

No changes.

8. What do the changes accomplish?

Change of classification for position 704496 better fits the duties of the 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 704496, in the Public Health Division of the Health Department. Class Comp approved #3197.

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

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|--|-------|-------|-------|
| Elected Official or Dept. Director: | _____ | Date: | _____ |
| Budget Analyst: | _____ | Date: | _____ |
| Department HR: | _____ | Date: | _____ |
| Countywide HR: | _____ | Date: | _____ |