



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 5/8/14  
Agenda Item #: C.1  
Est. Start Time: 9:30 am  
Date Submitted: 4/25/14

**Agenda Title:** **BUDGET MODIFICATION # HD-14-13 authorizing one position re-classification within Community Health Services division of the Health Department.**

*Note: if Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.*

**Requested Meeting Date:** May 8, 2014 **Time Needed:** N/A - Consent

**Department:** Health Department **Division:** Community Health Services

**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 FY2014.

### 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 Specialist to a 1.00 FTE Program Specialist Senior, position 708005, in the Community Health Services Division of the Health Department. Class Comp approved the reclassification effective 10/1/2013 (reclassification #2455). This position is responsible for providing high level leadership for a variety of programs within the Healthy Birth Initiatives and Healthy Families programs, and will serve as lead for the Health Department in implementing the new Male and Father Involvement Initiative, including strategic vision and direction, contract management, partnership development to

ensure local and national support, serving as liaison with the National Healthy Start Association and other potential funders, developing proposals and serving as the designated spokesperson. Additionally, this position is responsible for the HBI, Community Action Network, ACTS, and March of Dimes programs.

This change impacts program offer 40013B— Early Childhood Services

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

This budget modification has no fiscal impact in the current year. The reclassification of position 708005 to a Program Specialist Senior is budget neutral as the current budgeted pay for the position falls within the pay scale of the new classification.

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 and/or other government participation that has or will take place.**

N/A

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**Budget Modification**

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If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **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.

- **What budgets are increased/decreased?**

No change in Health Department's budget or total FTE.

- **What do the changes accomplish?**

Changes of classification for position 708005 better fit the duties of this position as determined by the Class/Comp Unit of Central Human Resources.

- **Do any personnel actions result from this budget modification? Explain.**

- Reclassify a 1.00 FTE Program Specialist to a 1.00 FTE Program Specialist Senior, position 708005, in the Community Health Services Division of the Health Department. Class Comp approved #2455.

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

N/A

- **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
- **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 (i.e. cash match, in kind match, reporting requirements etc)?**  
N/A

**NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.**

### **Required Signatures**

<b>Elected Official or Dept Director:</b>	<u>KaRin Johnson for Joanne Fuller</u>	<b>Date:</b> <u>04-25-2014</u>
<b>Budget Analyst:</b>	<u>Althea Gregory /s/</u>	<b>Date:</b> <u>04/25/2014</u>
<b>Department HR:</b>	<u>Kathleen Fuller-Poe /s/</u>	<b>Date:</b> <u>04/17/2014</u>
<b>Countywide HR:</b>	<u>Karie M. Miller /s/</u>	<b>Date:</b> <u>04/25/2014</u>

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."*