



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 # DCHS-01-15: Reclassify a .50 FTE Data Analyst to a 1.00 FTE Data Analyst Senior in DCHS

Requested Meeting Date: 8/21/14

Time Needed: 5 Minutes

Department: 25 - County Human Services

Division: Mental Health & Addiction Services

Contact(s): Joan Rice

Phone: 503-988-8298 **Ext.** _____ **I/O Address** 167/1/520

Presenter Name(s) & Title(s): Teri Beemer – Division Director 1

General Information

1. What action are you requesting from the Board?

The Department of County Human Services requests approval of Budget Modification DCHS-01-15 which reclassifies position #712028 from a Data Analyst to a Data Analyst Senior per class comp request #2507 and increases the FTE from .50 FTE to 1.0 FTE in Program Offer #25053 - Quality Management & Protective Services.

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.

Program Offer #25053 - Quality Management & Protective Services is currently utilizing a limited duration Data Analyst Senior. Since the advent of the new Coordinated Care Organization, Health Share of Oregon (HSO), the workload of the Medicaid program has dramatically increased the need for skilled data analysis. In order to meet the rising demand Management has chosen to re-class a vacant .50 FTE Data Analyst position to a permanent 1.0 FTE Data Analyst Senior position per class comp request #2507 and eliminate the limited duration position. The program will utilize funding currently budgeted for temporary staffing to fund this new permanent position on an on-going bases.

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

Program Offer #25053 - Quality Management & Protective Services will remain budget neutral as

the increase in permanent staffing will be offset by a decrease in the temporary staffing.

Subsequent fiscal year personnel merit and COLA increases and will be absorbed within the division's budget.

Service reimbursement to the Risk Management fund will increase by \$10,152.

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).

There is no change in revenue.

7. What budgets are increased/decreased?

The Department of County Human Services, Mental Health & Addictions Division budget will remain budget neutral as a result of this budget modification as the increase in FTE and permanent personnel expense of \$57,213 is offset by the reduction in the temporary staffing budget.

Service reimbursement to the Risk Management fund will increase by \$10,152.

8. What do the changes accomplish?

This budget modification implements the decision from HR Class/Comp to reclassify a half-time Data Analyst position to a full time Data Analyst .

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

Yes. The approval of this budget modification will result in reclassifying a 0.5 FTE position in Mental Health & Addiction Services from a Data Analyst to a 1.0 FTE Data Analyst Senior as determined by the Class/Comp unit of Central Human Resources.
There is an overall increase of .50 FTE to the Mental Health & Addiction Services Division budget.

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: _____