

2013-2014 Adopted Budget

Alsea Human Services County Service District

for the Fiscal Period
Beginning July 1, 2013
Ending June 30, 2014

Governing Body

Annabelle Jaramillo, 2013 BOC Chair

Jay Dixon, Commissioner

Linda Modrell, Commissioner



Citizen Budget Committee Members

Patsy Jones

Ann Olsen

Joni Olsen

ALSEA HUMAN SERVICES COUNTY SERVICE DISTRICT

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District Overview:

This county service district was created by a vote of the people on May 15, 2012. At the same time voters approved a maximum district property tax rate of \$0.84 / 1000 of assessed value.

The district is a separate municipal entity from the County but by law the Governing Body is the Board of Commissioners. Daily operations are delegated to County Finance and Budget to manage accounting and budget processes. The County is reimbursed from district funds for administrative expenses.

The district encompasses the same boundary as the Alsea School District within Benton County. The clinic, formed in 1981, serves a population of about 1,300 in southwestern Benton County. The intent of the district's creation is to supplement the operations of the non-profit Alsea Rural Health Clinic to ensure adequate financial resources are available to continue. The budget shown here is only for the resources available to the district to expend.

This is the district's second annual budget covering the fiscal year 2013-14 beginning July 1, 2013 and ending June 30, 2014.

District Accomplishments:

- Create first operating budget.
- Develop Memorandum of Understanding (MOU) between district and Alsea Rural Health Care Inc. establishing basis of operations for the district and to distinguish functions of the district from those of the health clinic.

District Objectives for 2013-14:

- Close out first year of operating budget and file required financial statements for 2012-13.
- Manage operating budget to maximize turnover to the health clinic within the appropriations of the adopted budget.

ALSEA HUMAN SERVICES COUNTY SERVICE DISTRICT

BUDGET SUMMARY

Category Title	2010-11 Actual	2011-12 Actual	2012-13 Adopted	2012-13 Adj. Adopted	2013-14 Adopted	% Change Proposed Adj Adopted
General Revenues	-	-	53,775	53,775	56,090	4.3%
Charges for Service	-	-	-	-	-	0.0%
Operating Grants/Contributions	-	-	-	-	-	0.0%
Capital Grants/Contributions	-	-	-	-	-	0.0%
Fund Transfers In	-	-	-	-	-	0.0%
Loans	-	-	-	-	-	0.0%
Current Program Income	-	-	53,775	53,775	56,090	4.3%
Unrestricted Beginning Balance	-	-	-	-	-	0.0%
Dedicated Beginning Balance	-	-	-	-	1,000	0.0%
Beginning Balances	-	-	-	-	1,000	0.0%
Total Resources	-	-	53,775	53,775	57,090	6.2%
Personnel Services	-	-	-	-	-	0.0%
Materials & Services	-	-	53,775	53,775	56,090	4.3%
Capital Outlay	-	-	-	-	-	0.0%
Other: Fund Transfers Out	-	-	-	-	-	0.0%
Other: Loans	-	-	-	-	-	0.0%
Other: Bond Debt Principle	-	-	-	-	-	0.0%
Other: Bond Debt Interest	-	-	-	-	-	0.0%
Expenditures	-	-	53,775	53,775	56,090	4.3%
Other: Contingency	-	-	-	-	1,000	0.0%
Other: Debt Reserve	-	-	-	-	-	0.0%
Other: Unappropriated Balance	-	-	-	-	-	0.0%
Reserves	-	-	-	-	1,000	0.0%
Total Budget	-	-	53,775	53,775	57,090	6.2%
Surplus / (Deficit) of Fund Resources to Expenditures	-	-	-	-	-	0.0%
Full-Time-Equivalent (FTE)						
Regular	-	-	-	-	-	0.0%
Temporary	-	-	-	-	-	0.0%

Budget Summary:

The proposed budget assumes the maximum tax rate is levied against an assessed value increase of 2% and that 95.5% of the imposed levy is collected for net income of \$53,700. With the second year of tax authority the district will also receive some income from delinquent tax collections from the 2012 year. This is estimated at 1.5% of the prior year levy, or \$850. Other income comes from interest earnings.

The Memorandum of Understanding (MOU) between the district and Alsea Rural Health Care (ARHC) calls for maintenance of \$1,000 in working capital to remain with the district. This is represented in the beginning balance estimate and the contingency. Total 2013-14 payments to ARHC are estimated to be \$54,480 with the balance of materials & services expenditures for county overhead, legal notices and state mandated filing fees.

The following comments were provided by Alsea Rural Health Care, Inc.

Continued work in Alsea School including:

- Weekly fluoride mouth rinse program
- Vaccine clinics for TdaP and HPV vaccines
- Vaccine review of all students to assure compliance
- Dental Screenings all students; Varnish/sealant to Pre-3rd grade; Follow up students in need of care
- Vision Screening all elementary students, selective MS and HS students

Activities during 2012-13

- Successful annual Fundraising Raffle
- 1245 Office Visits in first 9 months—estimate 1575 for year July-June
- Sponsored 2 Red Cross Blood Drives
- Distributed over 50 Thanksgiving and 50 Christmas food/gift boxes for Corvallis Holiday programs.
- Coordinated appointments and space for Energy Assistance Program to serve Alsea
- Sponsored Dental Van twice through SHS grant providing 26 adults with urgent dental care
- Began long term Strategic Planning and Provider recruitment preparations with help of State Office of Rural Health

The staff and board felt a strong sense of urgency a few years ago when the board treasurer, a fiscal expert in small non-profits, estimated that at the current rate of rising costs and decreasing revenues, the clinic would deplete its savings in about three years. The passage of the tax district by Alsea citizens has ensured not only that operating costs can stabilize, but that the projected costs associated with the replacement of its primary staff, who are at or approaching retirement age, can also be met. The funds will also facilitate compliance with federally mandated electronic health records. Lastly, they will allow the clinic to invest in trying to increase the number of patient visits, which, if successful, would increase revenues in the long term.

The first use of district monies provided for an ideal training period/paid overlap for the new office manager and the retiring receptionist/secretary. A restructuring of job duties is in progress; the manager is assuming increased administrative functions previously performed by the nurse practitioner. There are also some new functions due to increased use of technology in health care that will require paid training for the manager.

To proceed with implementation of electronic health records, the clinic was able to close for a day while staff visited a small clinic to observe and discuss implementation there. Alsea's process will continue into 2013.

Alsea citizens were informed of an important goal during the tax district campaign: to raise the salary of the nurse practitioner to a more competitive level—important not only in fairness to her during her final years of service, but also in establishing a more competitive salary range in order to attract a highly-qualified replacement when she retires in two years. Recruitment costs will also be significant, especially for promotion of the clinic and for wide advertising. Another related expenditure will be much-needed development of the clinic Website, both for recruitment and for other useful purposes. Finally, it will be expensive but critical to provide a solid training period when the clinic is paying both the current and the new providers.

Lastly, district monies will be used in an attempt to increase the number of patient visits, hopefully yielding a long-term increase in revenues. Efforts will include a community survey, the development of a Facebook page, and the ability for patients to make appointments online.

Few of these necessary expenditures to shore up the clinic's future would have been possible without passage of the tax district. With its passage, the clinic can continue to serve with its ongoing commitment to quality health care for the Alsea community.