

#### CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES

The Advisory Committee meets on each Thursday in March to review applications and its recommendations will go before the Humboldt County Board of Supervisors in April.

#### **APPLICATION FOR FUNDING**

Agency Name:	K'ima:w Medical Center			
Mailing Address:	PO Box 1288 Hoopa, California	95546		
Contact Person:	Dr. Stephen Stake	Title:	Chief Exe	ecutive Officer
Telephone:	530-625-4261	E-mail address:	grants@k	imaw.org
The estimated amo	unt of Measure Z funding available fo	or FY 2024-2025	is \$4.1 millio	on.
1. AMOUNT OF M	MEASURE Z FUNDING REQUESTED	O FOR FY 2024-	2025: \$	447,620.00
Summary of	f Expenses:			
<u>Item</u>		_	<u>Amount</u>	<u>% of total</u>
Salaries (wa	ages)		,275.20	100%
Benefits		\$21, 	059.71 	100% - —————
Overhead a	nd Occupancy			
(Administrat	tive, Rent, Utilities, Phones, etc.)	\$104	,030.00	100%
Equipment/S	Supplies/Services Transportation/	\$44,	687.00	100%
Travel		\$4,28	37.00	100%
Fixed Asset	s (LESS PROJECTED REVENUE)	(\$256	6,774.91)	0%
		\$447	,620.00	100%
2. ENTITY TYPE	Please check appropriate box.			
☐ Humb	ooldt County Department			
☐ Contr	act Service Provider to Humboldt Co	unty		
☐ Local	Government Entity			
☐ Privat	te Service Provider			
☐ Non-F	Profit Service Provider			
☑ Other	r. Describe: Hoopa Valley Tribe-Tr	ibally Federally (	Qualified He	ealthCare Center

	3. Is this application a renewal or related to a project that has been funded by <i>Measure Z</i> in the past? (check one) ✓ Yes ☐ No
	If you checked "yes" please include the following:  1: a report detailing results from the most recent year the project was funded, and:  2: a completed Staffing Report detailing when the funded positions were filled during the most recent year you received funding for this project.  *See the Required Attachments section on Page 3 of this application for more details
	4. Describe how the scope of your proposal fits the intent of <i>Measure Z.</i> Specifically, how will it maintain and improve public safety and essential services, as described on the previous page?
	Measure Z is funded with the specific intent of funding 911 Emergency Response Services, including rural ambulance and fire protection. Our application is to assist with the rural ambulance service for the Willow Creek community and surrounding area.
	The residents of eastern Humboldt County rely upon the ambulatory services provided by K'ima:w Medical Center (an entity of the Hoopa Valley Tribe). The community consists of approximately 2,000 residents and 8,425 vehicles that pass through this segment of highway 299.
	5. Please provide a brief description of the proposal for which you are seeking funding.
	K'ima:w Medical Center is proposing that Measure Z fund a portion of the amount that it costs the Hoopa Valley Tribe to house and maintain the Willow Creek Ambulance Base for ambulatory services year-around. Without the funding the Tribe no longer has financial resources to support this lifesaving service. Significantly reduced response time directly impacts the potential for lifesaving efforts to residents and visitors to that area.
٧	6. How have you developed a plan for sustainability, including diversification of funding sources, for your proposal to carry on without reliance on future <i>Measure Z</i> funds? Please provide detail of your plan for sustainability here.  The Hoopa Tribe and K'ima:w Medical Center have become creative in seeking funding sources for the Willow Creek Ambulance base. First, the Tribe has committed its own 3 <sup>rd</sup> party revenue towards
s ir re	chieving financial viability for the project. Next, K'ima:w Medical Center (KMC) has a robust billing ystem that includes an on-site dedicated biller who is becoming familiar with filing claims against asurance. The leadership of the Tribe and the KMC CEO attend consultations and advocate for higher eimbursement rates for rural ambulances, including DHCS consultations occurring this coming March 1, 2024.

7. If this request is for the continuation or expansion of an existing program/service, what is the current source of funding for that program/service?

This request is for the continuation of the existing Willow Creek ambulatory services that Measure Z provides funding to support. A portion of the total expenses are paid by the K'ima:w Medical Center from reimbursement of insurance claims for services.

8. If you are awarded *Measure Z* funds, how do you plan to leverage these funds to secure additional grants, contributions or community support?

We are negotiating with Trinity County to provide funding for a portion of the expenses incurred in that County. This agreement will offset a small portion of the overall budgeted amount. In addition, the Tribe successfully negotiated support from Indian Health Services for purchasing three new ambulances, which will decrease the expenses incurred from GSA fleet rentals. Moreover, the Tribe plans to apply for the DOT Safe Streets for All (SS4A) Grant Program.

9. Will this proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, name that entity and describe what that participation would look like.

No.

10. Are there recurring expenses associated with this application, such as personnel cost? (check one)  $\square$  Yes  $\square$  No

If you checked yes, detail those expenses here. Please note, the Citizens' Advisory Committee in May, 2023, adopted a stance that it would not recommend funding for new, ongoing county positions:

Our application consists of recurring expenses associated with running a full-time, year around ambulance base which includes; personnel, medications, medical supplies, housing expenses and supplies, out-of-town ambulance coverage (on an as needed basis).

#### **REQUIRED ATTACHMENTS**

Include the following with your application, making sure to <u>limit your responses to one page</u>, per section. Responses longer than the maximum may not be read by committee members or considered as part of your application

**Prior Year Results**: If your request is a continuation of a program funded with Measure Z in prior fiscal years, please provide the results of implementation. (one page maximum)

**Program Budget:** Please utilize the template provided on the following pages. This will need to be updated if your agency is approved for funding.

**Staffing Report:** Please utilize the template provided on the following pages to report on the months that funded positions were filled during the most recent year you received Measure Z funding.

I declare under penalty of perjury under the laws of the State of California that the above statements and all attachments are true and correct

	00/00/0004		<u>Stephen</u>
DATE	02/22/2024	SIGNATURE	Stephen Stake (Fel

#### SUBMIT YOUR COMPLETE APPLICATION TO:

Humboldt County Citizens' Advisory Committee on *Measure Z* Expenditures c/o County Administrative Office
825 Fifth Street, Suite 112
Eureka, CA 95501-1153

# KMC\_MZ Funding Application Template FY 24-25

Final Audit Report

2024-02-23

Created:

2024-02-23

By:

Julia Hostler (juliahostler@live.com)

Status:

Signed

Transaction ID:

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### "KMC\_MZ Funding Application Template FY 24-25" History

- Document created by Julia Hostler (juliahostler@live.com) 2024-02-23 6:26:31 PM GMT- IP address: 185.209.176.194
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- Agreement completed.

## **EXHIBIT F**

### Exhibit F - Measure Z - Proposed Invoice

Agency Name: K'ima:w Medical Center
Coordinator/Contact: Stephen Stake, CEO
Address: PO Box 1288 Hoopa, CA 95546
Phone: (530) 625-4261

Invoice Date:		Invoice # MZ	
		Invoice Period:	
Description		Cost	Total Amount Due
Personnel Costs (Wages and Benefits)			\$0.00
Wages (separate from benefits)		\$530,275.20	
Benefits		\$21,059.71	
Overhead and Occupancy Costs (Rent, Utilites	s, Phones, Administrative, etc.)		\$0.00
Describe the costs involved		\$104,030.00	
Equipment and Supplies (Should be separate)			\$0.00
Equipment (describe equipment purchased and the co	onnection to your project)	\$0.00	
Supplies (describe supplies purchased and the con	nection to your project)	\$7,830.00	
Services/Other (describe, and explain connection to your	\$36,600.00		
Transportation/Travel (Local and out of county s	hould be separate)		\$0.00
Local Travel (describe local travel and the connection to	o your project)	\$600.00	
Out of County Travel (describe out of county travel and the con	nection to your project)	\$4,000.00	
Other (Fixed Assets, Contracts, etc.)			\$0.00
Less Projected Revenue		(\$256,774.91)	
			\$447,620.00
I certify that the information provided above accordance with the approved Agreement cited backup records for the exp	•	provision of that agreeme	ent. Full justification and
Signature: Julia Hostler	Date: 02/22/2024		
Print Name: Julia Hostler	Title: Grants and Contract	ts Compliance Officer	
Approved by County Administrative Office:		Date:	

**Humboldt County Administrative Office** 

825 Fifth Street, Room 112 Eureka Ca 95501



<u>cao@co.humboldt.ca.us</u> (707) 445-7266

## Exhibit E - Proposed Budget

Agency Name: K'ima:w Medical Center Address PO Box 1288 Hoopa, CA 95546
Coordinator/Contac Stephen Stake, CEO Phone: 530-625-4261

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
A. Personnel Costs				
Title: EMS Director				
Salary 55.88	58,115.20			58,115.20
Benefits 25.06% includes TERO tax, health, retirement, SUI, FICA, Fe	2,319.04			2,319.04
Duties Description: .5 FTE	·			·
Title: Admin/Biller				
Salary 22.00	22,880.00			22,880.00
Benefits 28.16 includes TERO tax, health, retirement, SUI, FICA, Fed	812.50			812.50
Duties Description: Billing and administrative duties				
Title: Paramedic and EMT1				
Salary 24.00	449,280.00			449,280.00
Benefits 25.06% includes TERO tax, health, retirement, SUI, FICA, Fe Duties Description: 24 hour coverage	17,928.17			17,928.17
Salaries Subtotal	,	0.00	0.00	530,275.20
Benefits Subtotal	21,059.71	0.00	0.00	21,059.71
Total Personnel: B. Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative etc.)	551,334.91	0.00	0.00	551,334.91
Title: Rent, Utilities, Dues Fees and Subscriptions				
Rent-\$12,600; Utilities \$4900; Leases \$950.00,				
Communications and Dispatch \$48,100; License/Permit				
Description: \$600.00	104,030.00			
Title: 0	10 1,000100			
Description:				
Total Overhead and Occupancy Costs:	104,030.00	0	0	104030
C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)				
Title: <b>Equipment</b>				
Description: No equipment requested.				
Title:				
Description:				
Equipment Subtotal:	0.00	0	0	
Title: <b>Supplies</b>				
Medical (pharmaceuticals) \$5,000; Non-medical (employee				
Description: apparel, office and admin supplies) \$2,830	7,830.00			
Title:	7,000.00			
Description:				
Supplies Subtotal:	7,830.00	0	0	7830
Title: Services/Other Operational Costs				
Arcata/Mad River Ambulance Coverage \$3600; Mission Linen and Uniform				
Description: Service \$1000; Auto Expense \$32,000	36,600.00			
Title:				
Description:  Services/Other Subtotal:	36,600.00	0	0	36600
Γotal Equipment/Supplies/Services:	44,430.00	•		44430
D. Transportation/Travel (Local and Out-of-County should be separate)	77,750.00	•	•	77750
Title: Local Travel				
Description: minimal local travel expenses	600.00			
Title: Training	4 000 00			
Description: Over the bank rescue, CPR/First Aid, etc.  Total Transportation/Travel Costs:	4,000.00 4,600.00	0	0	4600
E. Fixed Assets (According to your agency's definition of a fixed asset)  Title:				
Description:				
Title:				
Description:				
Total Fixed Asset Costs:	0	0	0	0

# Exhibit E - Proposed Budget

Agency Name:	K'ima:w Medical Center	Address	PO Box 1288 Hoopa, CA 95546
Coordinator/Contac	Stephen Stake, CEO	Phone:	530-625-4261

Descriptions		Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
	Totals	704,394.91	0.00	0.00	704,394.91
Less pr	ojected revenue	(256,774.91)			
		447,620.00	Current		
		Requested Budget	Quarter Costs	Prior Quarter Costs	Remaining Balance

# Attachment: Prior Year (2022-2023) Results

The ambulance (based in Willow Creek) is fully staffed with ALS coverage 24 hours per day, 365 days per year.

The ambulances are equipped with the highly advanced ALS equipment, which includes 12-lead heart monitors, external pacing, auto blood pressure cuffs, and pulse oximeters, advanced intubation equipment, C-pap (advanced breathing equipment), and interosseous (advanced IV equipment.

Crews are trained in low angle rope rescue and the ambulance carries 800 foot of rope, hardware to descend/ascend with the patient, and equipment to extricate the patient when needed. We are also equipped with water rescue equipment. Paramedics maintain high skill levels and ongoing continuous education training consisting of 48 hours every 2 years. This past year saw an increase in ALS training hours through a rural health grant. Field care audits are conducted every 2 months, and ongoing patient care auditing is performed internally.

Hoopa/Willow Creek Ambulances responded to 298 calls generated from the Willow Creek, Burnt Ranch, and Salyer area. Of the 320 calls, 22 calls were MotorVehicle Accidents (MVA) and of the 33 MVA's, 2 were over the bank rescues; 8 Critical Medical Response calls. KMC ambulance also saw an increased OPIOID-related response component. 11 patients were transported due to Opioid related issues.

The average transport time is 4 hours round trip. When both the Willow Creek and Hoopa Ambulances are out of the response area due to transports to the hospital, K'ima:w Medical Center calls Arcata-Mad River Ambulance to provide ALS standby coverage. Additionally, during the past year weather and wildfire smoke conditions frequently challenged helicopter/life flights response, making ground transports essential for community needs in our rural response area.

Thank you very much for consideration of continued funding. We are very appreciative of the support and aim to serve the Humboldt Community to the best of our ability.

Measure Z Staffing Report	rt													
Agency:	K'ima:w Me	dical Center	al Center											
Reporting Period:	Annual	_												
		Was the position vacant	*For e	ach month	n below,	, note th	e percent	t of time t	hat the p	osition v	vas filled.			
	Full Time/	at any point during	Q1				Q2		Q3			Q4		
Staff Position	Part Time	reporting period?	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
(Position Title)	(FT/PT)	(Yes/No)												
Manager/Paramedic	FT	No	100	100	100	100	100	100	100	100	100	100	100	100
Paramedic (5)	FT	No	100	100	100	100	100	100	100	100	100	100	100	100
EMT1 (3)	FT	No	100	100	100	100	100	100	100	100	100	100	100	100
Billing/Coder	PT	No	100	100	100	100	100	100	100	100	100	100	100	100
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