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

The Advisory Committee meets on each Wednesday in March to review applications and will make recommendations to the Humboldt County Board of Supervisors in April.

## **APPLICATION FOR FUNDING**

| Agency Name: K'ima:w Medical Center                         |                                  |  |  |
|---|----------------------------------|--|--|
| Mailing Address: <u>PO Box 1288</u> Hoopa, California 95546 |                                  |  |  |
| Contact Person: Stephen Stake                               | Title: Chief Executive Officer   |  |  |
| Telephone: (530) 625-4261                                   | E-mail address: grants@kimaw.org |  |  |

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2023-2024: \$468,684.66

2. ENTITY TYPE -- Please check appropriate box.

| a. Humboldt County   | / Department                |  |
|----------------------|-----------------------------|--|
| b. Contract Service  | Provider to Humboldt County |  |
| c. Local Governmer   | nt Entity                   |  |
| d. Private Service P | Provider                    |  |
| e. Non-Profit Servic | e Provider                  |  |
| f. Other, Describe:  | Hoopa Valley Tribe          |  |

3. Is this application a renewal or related to a project that has been funded by *Measure Z* in the past? (check one) ✓ Yes □ No

4. Describe how the scope of your proposal fits the intent of *Measure Z*. Specifically, how will it maintain and improve public safety and essential services, as described on the previous page?

K'ima:w Medical Center (KMC), an entity of the Hoopa Valley Tribe, intends to utilize Measure Z funds to maintain rural emergency medical services (EMS) services in Eastern Humboldt County (5<sup>th</sup> District). Measure Z funds will be used to support the Willow Creek ambulance base which serves roughly 1,500 residents and an average daily traffic volume of 5,900 vehicles on the Berry Summit to Humboldt/Trinity County line segment of Highway 299 (per CalTrans Route 299 Average Daily Traffic Volumes 2020). This same roadway averages 129 annual collisions; 95 involving pedestrians and 34 fatal and injury collisions. The fatality rate for 2-3 lane conversion and expressways is double that of all other highway types (2020 Collision Data on California State Highways).

The intent of Measure Z is to support essential services and the scope of our proposal to support rural ambulance services is consistent with public safety concerns and needs. The ambulance service plays a critical role in protecting life here in the 5<sup>th</sup> district. Without Measure Z funding, KMC does not have Humboldt County Measure Z Advisory Committee • Fiscal Year 2023-24 Application for Funding



the resources to support the Willow Creek ambulance base which would leave a population of people without coverage and those traveling the 299 corridor without adequate emergency coverage and increasing response times for residents of eastern Humboldt county.

5. Please provide a brief description of the proposal for which you are seeking funding.

We are seeking funding to staff and maintain the Willow Creek, CA Ambulance Base. The ambulance base includes an on-site ambulance, 24/7 staffing for 365 days per year. Other budget allotments include supplies required to replace medical supplies used during the transport of patients, lifesaving specialized equipment required to sustain life, ongoing training of staff, and other necessary expenditures specific to emergency medical services.

6. How have you developed a plan for sustainability, including diversification of funding sources, for your proposal to carry on without reliance on future *Measure Z* funds?

KMC has been innovative in finding and maximization of alternate funding opportunities and sources. In past years we have supplemented the ambulance budget with funding from the Federal government including grants for EMS provider training, COVID-19 specific funding, CDC, SAMHSA, and Humboldt Area Foundation. In addition, we advocate to Indian Health Service (IHS) to provide funding for the ambulance base in Hoopa and Willow Creek but have not received funding from IHS KMC has a parttime ambulance biller in order to recoup the costs associated with the care and transportation of patients. Unfortunately, the reimbursement rate is low and will not support all costs associated with this vital program.

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?

KMC funds the Willow Creek Ambulance base from Medi-Cal, Medicare, and private insurance reimbursement (known as "third party revenue") from other health services offered at our facility. We receive additional reimbursement from the State of California Ground Emergency Medical Transport (GEMT) program for Medi-Cal reimbursable services. Most of the GEMT funds are not generated in the Willow Creek area, but the reimbursement improves sustainability of both of KMC's ambulance bases.

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

Until recently with the adoption of Measure Z, the Hoopa Valley Tribe and more specifically K'ima:w Medical Center has provided the Willow Creek area with an on-site ambulance service/base for many years without outside contributions. Now that Measure Z is willing to support these lifesaving activities for residents in the 5<sup>th</sup> district, the Tribe/KMC is willing to supplement the budget until the community of Willow Creek creates or adopts a Community Safety District or other funding is identified by the County of Humboldt.

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. This proposal does not require new or expanded activities on the part of any other entity.

10. Are there recurring expenses associated with this application, such as personnel cost? Yes  $\square$  No ase check yes or no:

If you checked yes, detail those expenses here:

(See attachment)

### **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.

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

DATE: 02/17/2023

SIGNATURE:

## 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

# **Attachment 1: Proposal Narrative**

K'ima:w Medical Center, an entity of the Hoopa Valley Tribe, respectfully requests financial assistance through Measure Z for continued operations of its Willow Creek Ambulance base. Our request is for \$468,684.66 for 2023-2024. Annual recurring funding will be needed to maintain the Willow Creek Ambulance Base.

The need for this funding has been a high level of concern for the citizens of Eastern Humboldt County. An article in the Times-Standard demonstrates the importance of emergency ambulance services in this remote area of Humboldt County: "Kim Willis was alone when she nearly lost her life. While staying at a friend's cabin in the Willow Creek Area in July, Willis had a heart attack. She said the symptoms came on suddenly. "I was sitting on the bed, and it felt like somebody poured a bucket on me, and then I started blacking out," Willis said. Eventually, she could get to the phone and call a neighbor. The neighbor called the Willow Creek Ambulance Service, which arrived in about 15 minutes. Willis, 57, said the call saved her life. "I just wouldn't have made it," she said. "It's really important to have the Willow Creek Ambulance service right there." Even though Willis lives in Eureka, she often visits Willow Creek and is concerned about the service leaving the area."

In a letter dated Feb 16, 2016, Lieutenant B.M. Fabbri, Acting Command for the Department of California Highway Patrol for Humboldt Area, wrote: "The Hoopa Valley Ambulance Service is a critical element in the goals and objectives of the CHP to reduce death and injuries on state routes and county-maintained roadways. Our success is incumbent upon an ambulance service with advanced life-saving equipment and reliable response times as low as possible. The CHP supports your efforts and is hopeful that the Hoopa Valley Ambulance service receives the funding they need to maintain services to the Hoopa Valley and beyond." (Copy of letter available upon request)

In addition to serving Willow Creek, the ambulance service responds to car accidents along State Route 299 (from Redwood Creek to portions of Trinity County) and covers Weitchpec and Orleans. There is an average daily traffic volume of 8,425 vehicles; the State has recognized this particular segment of highway, that Highway 299 is a highly fatal and injury collision area, resulting in approximately 1.7 times higher than the state average for similar areas.

The Willow Creek satellite service, which has been in the area for about two decades, may come to an end if additional funding isn't secured since the Tribe can no longer financially support this area due to low reimbursement rates, increased expenses, low volume of runs, and other economic factors. Losing the service that is based in Willow Creek could be devastating, resulting in a complete lack of coverage for the area or an increased wait time for an ambulance to arrive.

Plans to sustain the project after Measure Z funding include more aggressive collection processes. We are available to work with County representatives to secure long-term funding for this service.

## Exhibit E

#### PROPOSED BUDGET

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

| Descriptions  | Costs                                   | Requested<br>Budget | Remaining<br>Balance |
|---|---|---------------------|----------------------|
| A. Personnel Costs  |   |                     |                      |
| Title: EMS DIRECTOR/PARAMEDIC<br>Salary and Benefits 1.1 FTE (1/2) of the total wage and fringe of 1 Manager<br>Duties Description: Manage day to day operations and paramedic                  | \$88,004.00                             | -                   | (\$88,004.00)        |
| Title: PARAMEDIC -5 F/T Regular and EMT 3 F/T Regular, and<br>Salary and Benefits 8.18 FTE (1/2) the total wage and fringe of staff<br>Duties Description: Emergency medical care, standby time | \$460,369.00                            | -                   | (\$460,369.00        |
| Title: ADMINISTRATIVE ASSISTANT/BILLER<br>Salary and Benefits .5 FTE (1/2) the wage and fringe of Admin Asst/Biller<br>Duties Description: Manages office/3rd party billing                     | \$28,429.00                             | _                   | (\$28,429.00         |
| Total Personnel:  | \$536,425.86                            | \$0.00              | (\$576,802.00        |
| 3. Operational Costs (Rent, Utilities, Phones, etc.)  |   |                     |                      |
| Title: VEHICLE LEASES<br>Description: Monthly GSA Lease   | \$47,000.00                             |                     | (\$47,000.00)        |
| Title: LEASES   |   | _                   |                      |
| Description: Monthly Eureka Oxygen Leases   | \$1,000.00                              |                     | (\$1,000.00          |
| Title: RENT-FACILITY<br>Description: Rent @1050.00/month paid for base in Willow Creek  | \$12,600.00                             |                     | (\$12,600.00         |
| Title: UTILITIES  |   |                     |                      |
| Description: Electricity, propane, water, waste removal   | \$4,900.00                              | _                   | (\$4,900.00          |
| Title: DUES AND SUBSCRIPTIONS Description: DirecTV  |   |                     |                      |
| Title: COMMUNICATIONS AND DISPATCH  | \$1,710.00                              | _                   | (\$1,710.00          |
| Description: Amount paid to Police for dispatch services/telephone  | \$48,100.00                             |                     | (\$48,100.00         |
| Title: LICENSES/PERMITS   | φ-10, 100.00                            | —                   | (\$40,100.00         |
| Description: license and permits  | \$600.00                                |                     | (\$600.00            |
| Total Operating Costs:  | \$107,796.30                            | \$0.00              | (\$115,910.00        |
| C. Consumables/Supplies (Supplies and Consumables should be separate)   |   |                     |                      |
| Title: SUPPLIES/MEDICAL   |   |                     |                      |
| Description: Pharmaceuticals and other medical care materials and supp<br>Title: SUPPLIES/NON-MEDICAL   | \$5,000.00                              | -                   | (\$5,000.00          |
| Description: Employee apparel, office and administrative, cleaning suppli   | \$2,830.00                              | _                   | (\$2,830.00          |
| Title: OTHER CONTRACTED SERVICES  |   |                     |                      |
| Description: Arcata/Mad River Ambulance Coverage  | \$3,600.00                              | _                   | (\$3,600.00          |
| Title: PURCHASED SERVICES   | <b>#4 000 00</b>                        |                     | (\$4,000,00          |
| Description: Mission Linen and Uniform Service Title: INSTRUMENTS AND MEDICAL EQUIPMENT   | \$1,000.00                              | _                   | (\$1,000.00          |
| Description: Medical instruments and other equipment as needed  | \$3,620.00                              |                     | (\$3,620.00          |
| Title: AUTO EXPENSE   | \$3,020.00                              | _                   | (\$0,020.00          |
| Description: Fuel for Ambulance and Repairs/Maintenance   | \$32,000.00                             |                     | (\$32,000.00         |
| Total Consumable/Supplies:  | \$44,686.50                             | \$0.00              | (\$48,050.00         |
| D. Transportation/Travel (Local and Out-of-County should be separate)<br>Title: TRAINING  | ÷++,000.00                              | \$0.00              | (\$+0,000.00         |
| Description:  | \$4,000.00                              |                     | (\$4,000.00          |
| Title: TRAVEL   | \$4,000.00                              | —                   | (\$4,000.00          |
| Description:  | \$1,000.00                              |                     | (\$1,000.00          |
| Total Transportation/Travel Costs:  | \$4,650.00                              | _                   | (\$5,000.00          |
| Budget Total:   | \$693,558.66                            |                     |                      |
| Less 3rd Party Revenue (estimate):  | (\$224,874.00)                          |                     |                      |
| NOTE: Less 7% reduction for Trinity County Portion  |   |                     |                      |
|   | <b>*</b> 4 <b>* * * * * * * * * * *</b> |                     |                      |

TOTAL REQUEST:

\$468,684.66

### . . .

|   | Exhibit F - Measure Z  | - Proposed Invoice  |                                  |  |  |
|---|--|---|----------------------------------|--|--|
| Agency Name: K'ima:w Medical Center                   |  |   |                                  |  |  |
|   | Willow Creek Ambulance Base  |   |                                  |  |  |
|   | Coordinator/Contact: Stephen S   | -   |                                  |  |  |
| Rod Johnson, Paramedic                                |  |   |                                  |  |  |
|   | Address: PO Box 1288, Hoopa CA 95546   |   |                                  |  |  |
|   | Phone: (530) 625-4261  |   |                                  |  |  |
| Invoice Date:   |  | Invoice # MZ-   |                                  |  |  |
|   |  | Invoice Period:   |                                  |  |  |
| Description   |  | Cost  | Total Amount Due                 |  |  |
| Personnel Costs (                                     | Wades and Benefits)  |   | Total Amount Duc                 |  |  |
|   |  | \$536,425.86  |                                  |  |  |
|   |  | \$000,120.00  |                                  |  |  |
|   |  |   |                                  |  |  |
| Operational Costs                                     | 6 (Rent, Utilites, Phones, etc.)   | \$107,796.30  |                                  |  |  |
|   |  |   |                                  |  |  |
|   |  |   |                                  |  |  |
|   |  |   |                                  |  |  |
| Consumables/Sup                                       | oplies (Supplies and Consumables should be separate)   | \$44,686.50   |                                  |  |  |
|   |  |   |                                  |  |  |
|   |  |   |                                  |  |  |
| Transportation/Tra                                    | avel (Local and out of county should be separate)  | \$4,650.00  |                                  |  |  |
|   | aver (Local and out of county should be separate)  | φ4,030.00   |                                  |  |  |
|   |  |   |                                  |  |  |
| Less estimated 3r                                     | d Party Revenue  | (\$224,874.00)  |                                  |  |  |
|   |  |   |                                  |  |  |
|   |  |   |                                  |  |  |
|   |  |   | \$468,684.66                     |  |  |
| accordance with t                                     | e information provided above is, to the best of my<br>the approved Agreement cited for services provid<br>backup records for the expenditures are mainta<br>Date: 02/17/2<br>hen Stake | ed under the provision of that agreem<br>ained in our office at the address indic<br>2023 | ent. Full justification and      |  |  |
| Approved by County Administrative Office: Date: Date: |  |   |                                  |  |  |
| 825 F   | ounty Administrative Office<br>ifth Street, Room 112<br>Eureka Ca 95501  |   | <u>umboldt.ca.us</u><br>445-7266 |  |  |