



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 Executive Officer

Telephone: 530-625-4261 E-mail address: grants@kimaw.org

The estimated amount of Measure Z funding available for FY 2024-2025 is \$4.1 million.

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2024-2025: \$ 447,620.00

Summary of Expenses:

<u>Item</u>	<u>Amount</u>	<u>% of total</u>
Salaries (wages)	\$530,275.20	100%
Benefits	\$21,059.71	100%
Overhead and Occupancy (Administrative, Rent, Utilities, Phones, etc.)	\$104,030.00	100%
Equipment/Supplies/Services Transportation/ Travel	\$44,687.00	100%
	\$4,287.00	100%
Fixed Assets (LESS PROJECTED REVENUE)	(\$256,774.91)	0%
	\$447,620.00	100%

2. ENTITY TYPE -- Please check appropriate box.

- Humboldt County Department
- Contract Service Provider to Humboldt County
- Local Government Entity
- Private Service Provider
- Non-Profit Service Provider
- Other, Describe: Hoopa Valley Tribe-Tribally Federally Qualified HealthCare Center

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

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 *Measure Z*. 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.

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? 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 3rd party revenue towards achieving financial viability for the project. Next, K'ima:w Medical Center (KMC) has a robust billing system that includes an on-site dedicated biller who is becoming familiar with filing claims against insurance. The leadership of the Tribe and the KMC CEO attend consultations and advocate for higher reimbursement rates for rural ambulances, including DHCS consultations occurring this coming March 11, 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) Yes 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 limit your responses to one page, 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

DATE 02/22/2024

SIGNATURE *Stephen Stake*
Stephen Stake (Feb 23, 2024 14:21 PST)

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:	CBJCHBCAABA AWjVr_Kq95IoXy6tEduH4W_pprQc-UEYq

"KMC_MZ Funding Application Template FY 24-25" History

-  Document created by Julia Hostler (juliahostler@live.com)
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Signature Date: 2024-02-23 - 10:21:12 PM GMT - Time Source: server- IP address: 107.77.211.72
-  Agreement completed.
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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, Utilities, 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 connection to your project)	\$0.00	
Supplies (describe supplies purchased and the connection to your project)	\$7,830.00	
Services/Other (describe, and explain connection to your project)	\$36,600.00	
Transportation/Travel (Local and out of county should be separate)		\$0.00
Local Travel (describe local travel and the connection to your project)	\$600.00	
Out of County Travel (describe out of county travel and the connection 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 is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature: Julia Hostler Date: 02/22/2024

Print Name: Julia Hostler Title: Grants and Contracts Compliance Officer

Approved by County Administrative Office: _____ Date: _____

Humboldt County Administrative Office
825 Fifth Street, Room 112
Eureka Ca 95501



cao@co.humboldt.ca.us
(707) 445-7266

Exhibit E - Proposed Budget

Agency Name: K'ima:w Medical Center	Address: PO Box 1288 Hoopa, CA 95546
Coordinator/Contact: 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 Benefits 25.06% includes TERO tax, health, retirement, SUI, FICA, Fed Duties Description: .5 FTE	58,115.20			58,115.20
	2,319.04			2,319.04
Title: Admin/Biller Salary 22.00 Benefits 28.16 includes TERO tax, health, retirement, SUI, FICA, Fed Duties Description: Billing and administrative duties	22,880.00			22,880.00
	812.50			812.50
Title: Paramedic and EMT1 Salary 24.00 Benefits 25.06% includes TERO tax, health, retirement, SUI, FICA, Fed Duties Description: 24 hour coverage	449,280.00			449,280.00
	17,928.17			17,928.17
<i>Salaries Subtotal</i>	530,275.20	0.00	0.00	530,275.20
<i>Benefits Subtotal</i>	21,059.71	0.00	0.00	21,059.71
Total Personnel:	551,334.91	0.00	0.00	551,334.91
B. Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative etc.)				
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 Description:				
Total Overhead and Occupancy Costs:	104,030.00	0	0	104030
C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)				
Title: Equipment Description: No equipment requested.				
Title: Description:				
<i>Equipment Subtotal:</i>	0.00	0	0	0
Title: Supplies Medical (pharmaceuticals) \$5,000; Non-medical (employee Description: apparel, office and admin supplies) \$2,830	7,830.00			
Title: Description:				
<i>Supplies Subtotal:</i>	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:				
<i>Services/Other Subtotal:</i>	36,600.00	0	0	36600
Total Equipment/Supplies/Services:	44,430.00	0	0	44430
D. Transportation/Travel (Local and Out-of-County should be separate)				
Title: Local Travel Description: minimal local travel expenses	600.00			
Title: Training Description: Over the bank rescue, CPR/First Aid, etc.	4,000.00			
Total Transportation/Travel Costs:	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/Contact: 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 projected revenue	(256,774.91)			
	447,620.00			
	Requested Budget	Current 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.

