



## 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: Humboldt County Sheriff's Office

Mailing Address: 826 4<sup>th</sup> St., Eureka, Ca. 95501

Contact Person: Bryan Quenell Title: Captain

Telephone: 707-445-7251 E-mail bquenell@co.humboldt.ca.us

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2022-2023: \$132,337.00

2. ENTITY TYPE -- Please check appropriate box.

- a. **Humboldt County Department** ☒
- b. Contract Service Provider to Humboldt County ☐
- c. Local Government Entity ☐
- d. Private Service Provider ☐
- e. Non-Profit Service Provider ☐
- f. Other, Describe: \_\_\_\_\_ ☐

3. Is this application a renewal or related to a project that has been funded by *Measure Z* in the past?  
(check one) ☒ 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?

***This proposal will improve rural fire protection and medical aid by providing the necessary funding to train and equip the current Emergency Communications Dispatchers to handle rural fire and medical calls.***



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

***This request is to fund the training and software needed to certify current Emergency Communications Dispatchers through the International Academics of Emergency Dispatch as Emergency Medical Dispatchers. This additional training and software will enhance the county's ability to dispatch medical aid and fire assets.***

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?

***After the initial cost of training and software, there is an annual recertification cost of \$730.00 per Emergency Communications Dispatcher per year. We are allocated 14 FTEs for the Communications Center, totaling \$10,220.00 per year for annual recertification. The request includes a request for Measure Z to continue to pay for that annual recertification cost.***

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?

***The Emergency Communication Center is primarily funded through the general fund, however there are five Emergency Communications Dispatcher positions funded through Measure Z.***

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

***Community support through enhanced services, especially to the rural areas.***

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? Please check yes or no: ☒ YES

If you checked yes, detail those expenses here:

***Once certified there will be a yearly cost with recertification and testing. The cost is \$730.00 per Emergency Communications Dispatcher per year. We are allocated 14 FTE for the Communications Center, totaling \$10,220.00 per year for annual recertification. The request is also asking Measure Z to cover the annual recertification costs.***



## 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

**Proposal Narrative:** Brief description of your request for Measure Z funds – Please explain how it is an essential service or improves public safety. (one page maximum)

**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. You may also download this as an excel using this link: <https://humboldt.gov.org/DocumentCenter/View/102873/Measure-Z-Proposed-Budget-Template---FY-2022-23>

DATE: Wednesday, February 16, 2022

SIGNATURE: \_\_\_\_\_

***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***

**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

## **Measure Z Proposal Narrative – Emergency Medical Dispatch Training**

The Humboldt County Sheriff's Office maintains the largest and busiest Public Safety Answering Point (PSAP) within the county. The PSAP is staffed by Emergency Communications Dispatchers that handle over 6,500 emergency 911 calls per year in addition to over 37,700 administrative calls. These dedicated professionals are truly the first person a citizen in crisis will speak to.

Currently, the Emergency Communications Dispatchers are not trained in Emergency Medical Dispatching, meaning any calls involving medical aid will be transferred to another agency, i.e., Cal Fire. Currently Cal Fire and the Eureka Police Department are the only certified Emergency Medical Dispatching Public Safety Answering Points within the county.

Any medical aid call that is outside the jurisdiction of CalFire or Eureka Police Department will not receive any prearrival instructions for someone in a medical crisis. The basic information is obtained and an ambulance as well as the fire department with jurisdiction are notified and requested to respond.

Emergency Medical Dispatching is a systematic program of handling medical calls for assistance. Trained Emergency Communications Dispatchers use locally approved Emergency Medical Dispatching guide cards to quickly and properly determine the nature and priority of the call, dispatch the appropriate response and give the caller prearrival instructions to help treat the patient until the responding EMS unit arrives. Prearrival instructions can include CPR or information on how to stop bleeding, or open an airway.

In an effort to enhance the services provided to the citizens of Humboldt County we are seeking one time funding to train and certify our Emergency Communications Dispatchers as Emergency Medical Dispatchers. This training and certification will allow our PSAP to handle the medical aid calls, instead of forwarding them to another agency. We are also requesting ongoing annual funding for \$10,220 to cover the cost of recertification.

Providing the citizens of this county an enhanced level of dispatching will undoubtedly enhance public safety and provide much needed medical instructions while the ambulance is responding to the most rural parts of our county.

# Exhibit E

## PROPOSED BUDGET

|                                                      |
|------------------------------------------------------|
| <b>Agency Name: Humboldt County Sheriff's Office</b> |
| <b>Coordinator/Contact: Captain Bryan Quenell</b>    |
| <b>Address: 826 4th Street, Eureka CA 95501</b>      |
| <b>Phone: 707-441-5130</b>                           |

| Descriptions                                                                 | Costs | Requested Budget  | Remaining Balance |
|------------------------------------------------------------------------------|-------|-------------------|-------------------|
| <b>A. Personnel Costs</b>                                                    |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Salary and Benefits                                                          |       |                   | 0.00              |
| Duties Description:                                                          |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Salary and Benefits                                                          |       |                   | 0.00              |
| Duties Description:                                                          |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Salary and Benefits                                                          |       |                   | 0.00              |
| Duties Description:                                                          |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Salary and Benefits                                                          |       |                   | 0.00              |
| Duties Description:                                                          |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Salary and Benefits                                                          |       |                   | 0.00              |
| Duties Description:                                                          |       |                   |                   |
| <b>Total Personnel:</b>                                                      |       | <b>0.00</b>       | <b>0.00</b>       |
| <b>B. Operational Costs (Rent, Utilities, Phones, etc.)</b>                  |       |                   |                   |
| Title: Minor Equipment                                                       |       | 3,000.00          | 3,000.00          |
| Description: Hardware for System                                             |       |                   |                   |
| Title: Membership                                                            |       | 4,500.00          | 4,500.00          |
| Description: Accreditation Application Fee                                   |       |                   |                   |
| Title: Professional Services                                                 |       | 42,000.00         | 42,000.00         |
| Description: Implementation and Development                                  |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| <b>Total Operating Costs:</b>                                                |       | <b>49,500.00</b>  | <b>49,500.00</b>  |
| <b>C. Consumables/Supplies (Supplies and Consumables should be separate)</b> |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| <b>Total Consumable/Supplies:</b>                                            |       | <b>0.00</b>       | <b>0.00</b>       |
| <b>D. Transportation/Travel (Local and Out-of-County should be separate)</b> |       |                   |                   |
| Title: Training                                                              |       | 10,937.00         | 10,937.00         |
| Description: Training for Dispatchers                                        |       |                   | 0.00              |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   | 0.00              |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| <b>Total Transportation/Travel Costs:</b>                                    |       | <b>10,937.00</b>  | <b>10,937.00</b>  |
| <b>E. Fixed Assets</b>                                                       |       |                   |                   |
| Title: Software                                                              |       | 71,900.00         | 71,900.00         |
| Description: Medical Calltaking Software                                     |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| Title:                                                                       |       |                   |                   |
| Description:                                                                 |       |                   |                   |
| <b>Total Other Costs:</b>                                                    |       | <b>71,900.00</b>  | <b>71,900.00</b>  |
| <b>Budget Total:</b>                                                         |       | <b>132,337.00</b> | <b>132,337.00</b> |