

Agency: Commerce, Community and Economic Development**Grants to Named Recipients (AS 37.05.316)****Grant Recipient: The Native Village of Eyak****Federal Tax ID: 92-0061041****Project Title:****Project Type: Remodel, Reconstruction and Upgrades****Native Village of Eyak - Community Health Center Repair****State Funding Requested: \$509,370****House District: 35 / R**

One-Time Need

Brief Project Description:

Improvements to the Ilanka Community Health Center to include critical health service upgrades including, ADA accessibility, electrical safety, mechanical deficiency corrections, hand-wash stations, and energy efficiency upgrades.

Funding Plan:

Total Project Cost:	\$834,370
Funding Already Secured:	(\$325,000)
FY2015 State Funding Request:	<u>(\$509,370)</u>
Project Deficit:	\$0

Funding Details:

325,000 provided by NVE to do hazardous materials abatement and emergency upgrades to allow the Community Health Center to remain open. Alaska Native Tribes Health Consortium provided in-kind contributions in the form of engineering and project management services.

Detailed Project Description and Justification:

The Native Village of Eyak (NVE) is currently in the process of a phased renovation of space within the former hospital in Cordova, Alaska. The space that the Ilanka Community Health Center used to provide clinical service became unavailable beginning on February 16, 2013. NVE leadership took steps to meet the basic requirements of suitable space for provision of Community health services after February 15. The Eyak leadership carefully studied the available options which included, adding on to existing buildings, construction of an entirely new facility, or leasing space within the community of Cordova. Space within the former Cordova hospital and current Cordova Electric Cooperative building (CEC), a community owned cooperative, was the most reasonable, community friendly, and financially responsible decision for the immediate future.

The Ilanka Community Health Center (ICHC) is the primary care option for most of Cordova's residents and experienced over 4,600 encounters in 2013. ICHC is the only affordable health care option to low-income residents and as a Community Health Center uses a sliding fee scale that reduces charges to an affordable level based on a patients income, sometimes as low as \$20 per visit. Because of its service quality and affordability ICHC is the provider of choice for both underinsured/uninsured residents and more affluent holders of private insurance. ICHC also maintains an MOU with the US Dept. of Veterans Affairs to provide local healthcare services to VA beneficiaries and actively partners with the VA in outreach and benefit enrollment for our nations servicemen and women. ICHC's importance in the community is evidenced by our commitment to vaccinations and immunizations (at no charge), our diabetes outreach programs, countless free flu shots, and by the continued increase in our yearly number of encounters. A recent survey of patients had 96% of responses rating ICHC as "good" or "great" across a number of areas. Despite the success and community support

received by ICHC there remains critical upgrades to the facility that challenge effective service and insert risk for major disruptions in healthcare in Cordova.

Physical deficiencies in the facility were identified during our initial onsite survey and which require correction.

Phase Ia and Phase Ib construction was completed on February 8th, 2013 and consisted of essential repairs to facilitate a move-in date that would provide for continuity of care from the Community Health Center. These repairs involved the abatement of Asbestos Containing Materials and Lead Based Paint, installation of new flooring in exam room spaces, minor demolition and construction, and painting of all surfaces. NVE funded phase I by expending its emergency wellness reserves.

Phase 2 (requested) will include a conventional construction plan set and Required Work tasks will include: (tasks are listed in order of priority)

1. MECHANICAL - Installation of hand washing sinks in all exam rooms
2. HVAC - Installation of HVAC system and dedicated exhausts
3. ARCHECTURAL- ADA accessibility improvements including exterior sidewalk and parking improvements and improved handicapped bathroom access.
4. ELECTRICAL - Replacement of Electrical sub-panel, correction to the electrical grounding system
5. ELECTRICAL - Installation of emergency egress lighting
6. ELECTRICAL - Installation of GFCI receptacles
7. ARCHECTURAL- Replacement of deteriorated siding and non-functioning windows.
8. ELECTRICAL - Revisions to existing fire sprinkler system
9. ELECTRICAL - New Ceiling grid lighting

The requested funds for improvements represent only the most essential of needed repairs to continue to safely and effectively provide primary care to residents of Cordova. ICHC staff have worked hard to provide the residents with high quality healthcare despite the intense challenges of not having sinks in exam rooms, a non-functioning HVAC system that can cause severe temperature differentials among various exam rooms and offices, electrical panels barely capable of running essential equipment, non-operable windows, a lack of ADA accessibility, and ineffective egress lighting. The ICHC is a part of Cordova's emergency disaster recovery planning team and would be a vital facility in any major event. The upgrades being requested would ensure that ICHC remains a quality healthcare provider and is well equipped in the event of an emergency to provide facilities and staff to aid first responders. ICHC has been incredibly cost conscience during this project and the small investment made by the legislature would provide continuing benefits that few projects can match.

Project Timeline:

NVE expenditures of approximately \$325,000 are contributed and work is complete for Phase I. Phase II work of approximately \$509,370 planned to begin upon funding.

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

Native Village of Eyak

Grant Recipient Contact Information:

Name:	Joel A. Azure
Title:	Executive Director
Address:	110 Nicholoff Way Cordova, Alaska 99574
Phone Number:	(907)424-7738
Email:	joel@eyak-nsn.gov

Has this project been through a public review process at the local level and is it a community priority? Yes No

<i>For use by Co-chair Staff Only:</i>
11:56 AM 5/13/2014



RECEIVED
DEC 13 2013

December 2, 2013

Mr. Joel Azure
Executive Director
Native Village of Eyak

RE: Ilanka Community Health Center essential improvements capital request.

Joel,

Chugachmiut wholeheartedly supports the Phase II renovation of the Ilanka Community Health Center. Chugachmiut knows full well that NVE has successfully operated the HRSA 330 grant program at the Ilanka CHC since 2006 and provides vital care to all members of the community regardless of income level, ethnicity or employment through use of its sliding fee scale program.

We understand the Ilanka CHC has seen a steady increase in encounter rates since 2009 and it is to be expected this trend to continue to place pressure on the infrastructure and resources available to the community. The planned Phase II renovations represent critical health/safety improvements and warrant serious considerations for capital funds in 2014.

Of particular importance is Cordova's location off of the road system with limited alternative healthcare options. This isolation increases the importance of the affordable services provided by the Ilanka CHC. Chugachmiut specifically understand that for most, travel outside the community for medical care is unaffordable, unpredictable and difficult, whereas the availability of a well-equipped CHC facility is of primary importance.

If there is some other way in which Chugachmiut can show support of this project, do not hesitate to contact me at your earliest convenience. Please keep me informed of your progress with this request. Improved health care for the people of our communities is a common goal we both share equally.

Sincerely,

Angela Vanderpool
Executive Director

ANTHC Identified Phase II Priority Improvements Order of Magnitude Estimates for Code Required Improvements at the EYAK Clinic

DESIGN		Estimated	
ARCHITECTURAL		\$24,342.00	
MECHANICAL		\$7,425.00	
ELECTRICAL		\$7,865.63	
ESTIMATING		\$750.00	
Sub-Total		\$40,382.63	
PROJECT MANAGEMENT		\$4,480.00	
PERMIT FEES		\$1,500.00	
Total		\$46,362.63	
HVAC		Estimated	
Dryer Exhaust		\$2,000.00	
Air Handler #1 re-size motor and fan		\$5,000.00	2010 FGI 3.1
Return fan #1 re-size motor & fan		\$5,000.00	
Re-commission Exhaust System for Toilets, Pharmacy, & Lab		\$15,000.00	2010 FGI 3.1
Duct cleaning		\$7,500.00	
Air Balance		\$15,000.00	
Total		\$49,500.00	
MECHANICAL		Estimated	
Exam Room Hand Washing Stations, 6 each includes gray water lift pump, controls, and electrical		\$24,000.00	International Mechanical Code 402 and 403
Install split-unit cooling in server room		\$5,000.00	
Total		\$29,000.00	
ARCHITECTURAL		Estimated	
ADA compliant drinking fountain (must install 2)		\$6,000.00	ADA Guidelines 4.1.6 (e)
Reconfigure Toilet rooms 149 & 150 to be ADA compliant		\$9,000.00	
Reconfigure Toilet room 143A to be ADA compliant		\$8,000.00	
Install accessible door hardware on all doors		\$23,562.50	
Lab counter revisions including abatement		\$12,250.00	
Remove existing siding/trim (Replace with Vinyl siding/trim for Entire Bldg) (780 LF x 12 ft/floor)		\$93,600.00	
Remove and replace existing windows with vinyl operable windows (Assumes 16 qty. x 49" x 49" vinyl dbl hung windows)		\$7,680.00	
Signage and Wayfinding		\$2,187.50	
Total		\$162,280.00	
ELECTRICAL		Estimated	
Replace Panel B, correct grounding & bonding		\$10,700.00	NEC
Add Emergency Egress Lighting to Stairs		\$7,200.00	NFPA 101 requirements as outlined in section 39.2.8
Fire Alarm System Reconnection of Existing Devices		\$4,600.00	NFPA 101, a Business Occupancy is not required to have a Fire Alarm system, per section 29.3.4.2
Add GFCI Receptacles and Test Grounding & Bonding		\$5,200.00	NEC
Install lit exit signs		\$4,125.00	
New lighting based on ceiling grid		\$20,612.50	
Total		\$52,437.50	
Contingencies, PM&O		Estimated	
Contingency		\$67,916.03	
PM&O		\$101,874.04	

THIS ESTIMATE DOES NOT INCLUDE COST RELATED TO POSSIBLE REMEDIATION/ABATEMENTS OF LEAD BASED PAINTS OR ASBESTOS CONTAINING MATERIALS

Total Estimated Costs **\$509,370**

Phase II Renovations at Ilanka Community Health Center
Native Village of Eyak
Cordova, Alaska

(A) CODE REQUIRED ITEMS:

1. IMC 402 & 403: Occupied spaces shall be naturally or mechanically ventilated. The original ventilation system appears to be more than adequate to meet the indoor air quality needs of the interior rooms and hallway, but is not operational at this time and would be very energy intensive to operate. Also, it does not provide ventilation air to the perimeter rooms and will require service and repair before it can operate.
 - a. IMC 402.2 For perimeter rooms, natural ventilation applies. Natural ventilation openings shall be 4 percent of the floor area being ventilated. This is approximately 5.32 Square feet in each of the former patient rooms. This may require replacement of the existing windows with windows of sufficient operable area.
 - b. The reception area must have openings common with the waiting area (of at least 25 square feet) with the with the waiting room window operable area at least 4 percent of the combined reception and waiting room area (approximately 13.5 Square feet)
 - c. New window opening Rough order of magnitude cost: \$40K
 - d. For occupied interior rooms, mechanical ventilation will be required. Without an operating building ventilation system it would be simpler to move all occupied spaces into the exterior rooms. Rooms used for storage, toilet rooms, and IT closets would not require outside ventilation air.
 - e. Pharmacy spaces are required to be ventilated at 15 CFM outside air per person or natural ventilation. This does not apply to drug storage rooms (no compounding, pill counting, chemotherapy drugs or radioactive compounds).
2. The existing ventilation system provides exhaust of most of the inner building space but it is not currently operational and will require modification to provide appropriate exhaust rates.
 - a. IMC Table 403.3: Toilet rooms and bathrooms must be exhausted at 75 CFM / toilet fixture
 - b. IMC 502.1.3: If a new sterilizer is installed in the clinic, you will need to provide exhaust from the room it is installed.
 - c. IMC 503.4 If a stationary battery backup is installed, the room must be exhausted at 1 CFM per square foot of room area.
 - d. Exhaust system modifications rough order of magnitude: \$30K
 3. IMC 504.1 Dryer exhaust must be ducted to the outside. Rough cost: \$500 to \$2K
 4. ADA Guidelines 4.1.6 (e): Where technically infeasible for toilets to be ADA 4.22 compliant, Provide at least 1 unisex toilet / bathroom complying with ADA 4.16 & ADA 4.19. This specifies minimum clear floor space, fixture mounting height, grab bars, etc. Rough Cost (including architectural modifications): \$20K
 5. There is an existing soiled linen chute in the proposed medical supply room. Unless this chute is expected to be used, it should be demolished and the floor penetration sealed to meet the existing floor rating. \$3K

(B) Not required by Alaska code, but likely required by an accrediting agency or functional program:

1. 2010 FGI 3.1: Provide a hand washing station in general examination rooms, treatment rooms nurse stations, medication distribution station, and laundry room. Approximately \$3K / hand washing station.
2. 2010 FGI 3.1-6.1.6: Provide provisions for convenient access to drinking water. This could be a drinking water dispenser or drinking fountain. \$4K for drinking fountain.
3. Provide access to public toilets from waiting room area.
4. Provide washing machine utility connections (hot & cold water, drain) \$1k
5. Sterilizer may require water connections and drain. \$500
6. Server room will require supplemental cooling. \$2k to \$10K
7. Any rooms with commercial sized refrigerators may require supplemental cooling. 2K to \$10K
8. The reception area may require supplemental cooling. \$2K to \$10K.
9. Provide condensate drains in server room and areas requiring supplemental cooling: \$150 to \$2500 Ea. Depending on location.

(C) Noted maintenance items:

1. Three faucets are currently dripping. All three faucets lack isolation valves under the sink, and will require shut-off of building water service to fix. Repair cost roughly \$250
2. The existing radiators are residential grade rather than institutional grade. Recommend replacing the radiators with more robust units. Budget cost \$30K.



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, & the Gulf of Alaska

Resolution 2013-11-04

**A RESOLUTION BY THE NATIVE VILLAGE OF EYAK
REQUESTING 2014 FUNDS FOR COMMUNITY HEALTH CENTER IMPROVEMENTS –
INCREASED ACCESS TO AFFRODABLE CARE.**

WHEREAS: The Native Village of Eyak (hereinafter "Tribe") is a federally recognized self-governing tribe; and

WHEREAS: The Native Village of Eyak Traditional Tribal Council is the governing body of the Tribe; and

WHEREAS: The Native Village of Eyak Tribal Council is the Federally recognized governing body of the Tribal members of Cordova Alaska organized under a Traditional Constitution and Bylaws adopted May 25, 1980, and approved by the Acting Deputy Commissioner of Indian Affairs on June 18, 1980; and

WHEREAS: The Native Village of Eyak Tribal Council provides healthcare to all residents of Cordova through its Community Health Center; and

WHEREAS: The Native Village of Eyak Tribal Council has recently been forced to relocate its Community Health Center to a new location; and

WHEREAS: The Native Village of Eyak Tribal Council with the universal support of Community stakeholders has received funding through the Health Resources Services Administration and Indian Health Service for ongoing operating costs of the Community Health Center in Cordova; and

WHEREAS: The Native Village of Eyak Tribal Council wishes to continue to provide healthcare services in accordance with long-standing state and federal priorities; and

WHEREAS: The Alaska Health Care Strategies Planning Council recognized as its first goal to increase community-based health care services; and

WHEREAS: The Native Village of Eyak Tribal Council requires additional upgrades to the facility housing the Community Health Center to effectively provide access to primary care; and

WHEREAS: The Native Village of Eyak Tribal Council has obligated its reserves to the phase I capital improvements of the building.

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NOW THEREFORE BE IT RESOLVED:

That the Native Village of Eyak hereby requests state capital funds for critical improvements to mechanical, electrical, and HVAC systems of the Community Health Center location consistent with state healthcare priorities.

CERTIFICATION:

I, hereby certify that I, Robert Henrichs, am President of the Native Village of Eyak Traditional Council, and the Council consists of 5 duly elected members, and that this **Resolution No. 2013-11-04** was considered and APPROVED by the council on November 27, 2013 and that the vote was 4 For, 0 Against, 0 Abstaining, 0 Absent, and that the foregoing resolution has not been rescinded or amended in any way.

Robert J. Henrichs
Robert Henrichs, President

11/27/13
Date

Jack Hopkins
Jack Hopkins, Secretary-Treasurer

12-13-3
Date

NVE COMMUNITY HEALTH CENTER IMPROVEMENTS – INCREASED ACCESS TO AFFORDABLE PRIMARY CARE

FUNDING REQUEST:

Funding assistance in the amount of \$509,370 the NVE Community Health Center Improvement project.

FUNDING REQUEST	
REQUESTED	\$509,370
MATCHING/LOCAL	\$325,000
TOTAL	\$834,370

PURPOSE/BACKGROUND:

In July of 2012 the Ilanka Community Health Center was forced to relocate from the Cordova Community Medical Center. The difficulty in finding suitable facilities in the time required presented a challenge for maintaining continuity of care for residents of Cordova however, in November of 2012 NVE was able to work with the Prince William Sound Community College and the Community Electric Co-op in helping improve the location of each organization to better meet budgetary needs and space requirements that has resulted in more efficient operations for each entity. To this end NVE took over space previously leased by the Community College and located in the Cordova Electric Cooperative building which, interestingly enough originally served as the Cordova Community Hospital for many decades.

NVE begin remediation and repair of the deteriorated facility in December of 2012 and officially moved into the renovated space in February of 2013. NVE renovated the building using the balance of its emergency operating reserves and completed only the most critical remediation and repair of hazardous materials that funding allowed while creating an aesthetically appropriate atmosphere for healthcare. To accomplish the balance of critical repairs NVE divided up physical deficiencies identified in the building during initial onsite surveys into two phases.

Phase 1a and 1b involved the minimum requirements for environmental safety (asbestos and lead abatement, etc.) possible in the time available to move-in and ensure continuity of care. This work was done with funds from NVE and with donated engineering and project management services by Alaska Native Tribal Health Consortium.

Phase 2 as requested addresses the remaining physical deficiencies including ADA compliance, Mechanical issues such as hand wash stations, electrical deficiencies, air handling, and critical building envelope deterioration.

Since the State of Alaska is a significant partner of NVE in the provision of healthcare, including leasing space for public health from NVE, we are seeking assistance in phase 2 of the Community Health Center project. NVE has accomplished great strides so far with careful stewardship of available funds and, rather than searching for funding for the added expenses of new construction, has successfully taken an existing structure that had fallen into disrepair and is in the process of improving the facility to provide lasting value to the Alaskan residents of Cordova.

In 2012-2013 the Ilanka Community Health Center had 4,640 patient encounters and remains the primary affordable health care option for the vast majority of Cordova.

It is requested that the State of Alaska assist in the final steps for rehabilitation of this structure and help provide lasting health and community value to residents.



Alaska Primary Care
ASSOCIATION

December 2, 2013

Joel A. Azure, Executive Director
Native Village of Eyak
PO Box 1388
Cordova, AK 99574

RE: Letter of Support: Capital Request for Phase II Renovation of NVEs Ilanka Community Health Center in Cordova

Dear Mr. Azure:

I am writing on behalf of the Alaska Primary Care Association (APCA) in support of capital funding for Phase II of the Native Village of Eyak's (NVE) Ilanka Community Health Center renovation in Cordova. NVE accomplished a major move of the Community Health Center (CHC) from the local hospital building to an older vacant building, and they were able to complete their Phase I work in record time and within budget. The CHC is now operating successfully in a portion of the building where asbestos remediation was required, and which needed minor demolition and a lot of painting and cleaning. The new CHC space has resulted in many improvements to health center operations.

However, several repairs and renovation items remain in need of addressing to ensure a safe, clean and energy-efficient health center. Phase II of the Ilanka CHC renovation includes:

1. Installation of hand washing sinks in all exam rooms
2. Installation of dedicated exhausts in toilet, lab, laundry, and pharmacy rooms
3. Replacement of exterior window assemblies
4. Replacement of Electrical sub-panel
5. Installation of emergency egress lighting
6. Installation of GFCI receptacles
7. Correction to the electrical grounding system
8. Installation of suspended ceiling and lighting system and revisions to existing fire sprinkler system
9. ADA accessibility improvements including exterior sidewalk and parking improvements and improved handicapped bathroom access

Alaska's health centers are critical to the health and well-being of all Alaskans, but especially those who are under-insured or uninsured. Even with the implementation of the Affordable Care Act, there are many in Cordova and across the state that do not have health coverage. Additionally, it's important to note that Cordova has a proportionately high number of US Veterans in your community – a vital population of individuals for which we are obliged to provide care.

The work that Ilanka does in Cordova significantly improves the health and well-being of all residents and guests of Cordova, and makes a positive economic impact on the community. It's critical that the CHC be a place where all can seek and obtain excellent health care. APCA supports your endeavors to realize the full renovation of the new Ilanka CHC.

Sincerely,

Nancy Merriman
Executive Director



Alaska Primary Care
ASSOCIATION



**CORDOVA
ELECTRIC
COOPERATIVE, INC**

P.O. Box 20, 705 Second Street, Cordova, Alaska 99574-0020 * (907) 424-5555 * Fax (907) 424-5527

December 23, 2013

Joel Azure
Executive Director
Native Village of Eyak

RE: Cordova Electric Cooperative Headquarters Building Renovation

Joel:

The Cordova Electric Cooperative (CEC) supports the renovation of the Cordova Electric Cooperative headquarters building for use as Ilanka clinic space. As you are aware, the building was solidly built of concrete foundation and brickworks on rock in 1956 as the Cordova Community Hospital. As such, it has proved to be the most cost effective location to renovate into space for Ilanka Health Center. The renovations already completed by CEC and NVE have rendered a portion of the building space as functional. However, the windows, exterior siding, and renovation upgrades necessary to fully function as a clinic with adequate storage and secure records retention space will require additional investment.

While CEC has invested significant resources to the maintenance of the building including new roof membrane, paved lot, replacement deck and staircases, new efficient boilers, new fuel tank and energy efficient lighting upgrades, The exterior of the building has succumbed to harsh weather, and does not meet higher standards of occupancy expected of a medical clinic. The scope of necessary renovations is beyond CEC's financial capabilities at this time.

At present, the cooperation between NVE and CEC by cost sharing and carefully crafting the terms and duration of a lease agreement have minimized the negative financial and operational impacts on both organizations and bode well for the overall success of building renovations. In addition to splitting the cost of the remediation work and applying a majority of the NVE renovation costs as in-kind contributions in lieu of lease payments, CEC has committed to upgrade all lighting in that portion of the clinic to energy efficient, high lumen output T8 fixtures suitable to clinic space and would welcome State or Federal assistance for exterior and other necessary renovations.

CEC has noted high utilization of the clinic to date, and strongly supports your efforts as a partner for improving health care to Cordova.

Sincerely,

Clay Koplin
CEO, Cordova Electric Cooperative