

COAST LIFE SUPPORT DISTRICT

P.O. Box 1056, Guadalupe, CA 95445

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AGENDA REGULAR MEETING OF THE BOARD OF DIRECTORS >>> 4:00 PM Monday Sep 26, 2016 <<< CLSD Headquarters – Bill Platt Training Room

- | | |
|--|--------------------|
| 1. Call to Order | Hughes |
| 2. Adoption of the agenda | Hughes |
| 3. Minutes Approval | Hughes |
| 4. Privilege of the floor | Hughes |
| 5. New Business - None | |
| 6. Old Business | |
| a. Memorandum of Understanding: Mendonoma Health Alliance (Action) | Hughes/Tittle |
| b. Board and District Administrator goals (Info) | Hughes |
| c. Resolution 246 – Adoption of Final Budget for FY17 (Action) | Hughes |
| 7. Reports: | |
| a. Finance | Beaty |
| i. Ambulance revenue – FY 17 Aug | |
| ii. Expenses – FY17 Aug | |
| b. Mendonoma Health Alliance – Retreat #2 | Hughes/Beaty/Caley |
| c. Communication Committee | Bower/André |
| 8. DA report | Caley |
| 9. Adjourn | Hughes |

NEXT MEETINGS: Scheduled Board of Director meetings are held at the Bill Platt Training Center unless otherwise noted.

*The upcoming meeting dates are:) Oct 24th and Nov 28th. The start time of the meetings is 4:00 PM.
(The Dec 26th meeting may be moved or cancelled due to the holidays – TBD).*



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS Aug 22, 2016

(Note: the regularly scheduled monthly meeting began one hour early to accommodate the BOD Goal Setting session)

Call to Order. Director Hughes called the meeting to order at 3:00 p.m. at the Bill Platt Training Center. The change of meeting time was properly noticed at the last BOD meeting and more than 72 hours prior to the start of today's meeting. Present: Directors Hughes, André, Schwartz, Bower, Beaty, Perry, Tittle. Also present is Annan Peterson for the Goal Setting session, District Administrator David Caley and one member of the public.

Goal Setting Session: Director Hughes and facilitator Annan Peterson asked each member of the Board to share their suggestions on short-term and long-term goals prior to the meeting. During today's session, the Board discussed and prioritized their goals. Director Perry then moved to adopt the goals, Director Beaty seconded, all ayes. The goals will be summarized into a document for review at the Sep BOD meeting.

4:30 – 4:40: 10-minute break.

Reconvening: Director Hughes called the session back to order at 4:40 p.m. Staff now joining the session include Ops Manager Evan Dilks, and Executive Assistant Robin Bean.

Adoption of the Agenda. Director Beaty moved to adopt the agenda, Director Perry seconded, all ayes.

Approval of July 25, 2016 Board Minutes: Director Perry moved to approve the Minutes as amended below, Director André seconded, all ayes.

- **Closed Session:** At 4:55 p.m. Director Perry made a motion to closed session, Director André seconded followed by all ayes, to discuss the issue of a potential legal issue.
- **Open Session:** Director Schwartz moved to open session and Director Bower seconded, all ayes. The Board of Directors considered a legal situation, but after discussion, it was determined to take no action.

Privilege of the Floor- Public Comment: The public had no comments.

Reports:

a. Finance

- I. A non-audited FY16 Actual vs. Budget report and the July FY17 monthly reports (condensed and expanded version included) were reviewed and discussed. The report has been streamlined (regrouped accounts) to simplify understanding. Footnotes were added to the FY15/16 report, to explain why income is inflated and expenses where under budget.
- II. After further review with the finance committee, Jane Kelley (CLSD's accountant), and Director Hughes it was determined that changing to a hybrid (cash and accrual) accounting system would only create confusion with financial reporting. The original purpose for the change was to simplify and clarify the accounting system. CLSD will be continuing with an accrual based accounting system.
- III. Ambulance revenue – FY 17 reviewed: July net receipts totaled \$38,546.83.
 - CLSD continues to work with the "over 180 + day aging claims". After a detailed review by the Finance Billing sub-committee of about a \$120,000 dollars in uncollectable debt, a last ditch effort to offer the "Resident Discount" was offered to these claims with no response. A decision was made to move forward with the collections process. This action

will affect the "Accounts Receivable Balance" by a reduction of about \$110,000 dollars by the Sep BOD meeting. CLSD also continues to address the CMS (Medicare) to RCMS claims, which consists of about \$30,000 dollars (in holding status).

IV. July FY17 expenses: Currently, expenses are under budget.

b. Joint Working Group (JWG) update

- I. Mendonoma Health Alliance (MHA) – Retreat #1– Director Perry reported during the MHA retreat the working group identified and prioritized the top issues they felt appropriate to address with the strategic planning efforts of the Rural Health Planning grant. Over all, the MHA is comprised of individuals with an array of experience and education. This has created a strong core group of individuals that work well together. In a short amount of time (1 ½ days), the MHA group was able to process a huge amount of information and identify several key areas of focus to improve our local/rural health care delivery system infrastructure. Group members have been assigned to specific teams to develop content over the next several months. Two more retreats are planned (Sep and Nov) to take place before the Rural Health Development grant deadline in November 2016.
- II. Invitation to attend BOD meeting: Director Perry suggested that an invite should be extended to the Redwood Coast Medical Services (RCMS) and Santa Rosa Memorial Hospital (SRMH) to attend the Board of Directors meeting in the near future.

c. Communication Committee

- I. Director Bower indicated there are no updates.

New Business – Information:

- a. Memorandum of Understanding - The final draft is close to completion. The MOU should be finalized by September 2016. This MOU includes CLSD, RCMS, and SRMH. The partnership of these three entities is the Mendonoma Health Alliance (MHA). Several topics were discussed, which included the importance for transparency with the public, the need for an agreement on funding and reimbursement, and the responsibility of informing the public (Brown Act). No concerns between all three parties are anticipated. CLSD, RCMS, and SRMH all share the common goal to enhance the healthcare system for our community. MHA's website is currently underway and intends to include information to inform the public (BOD agrees that it should be available on all three parties websites as well). It is the intention of the BOD to monitor this information and ensure that the public is informed. Director Perry suggested that the MOU be added back on the September Agenda.
- b. Consider a "Donations" link on CLSD website – After a detailed discussion, it is clear that The Board of Directors does not object to unsolicited donations, so long as the purpose of a donation does not directly benefit an individual and is unsolicited. It was agreed that a "Donations" link would be added to CLSD's website, giving the option to donate to CLSD. Director Schwartz suggested adding an option to include colloquial stories, without including names. Director Beaty suggested adding a "give tab" for specific scholarships to fund education. Director Beaty also liked the idea of offering individuals the option of a tax break or gift option. Currently, the CLSD website is in beta testing of a new web platform and these ideas will be incorporated. Director Hughes made the motion and it was seconded by Director Tittle with all ayes as an action item in the near future.

Old Business - Action:

- a. Status of BOD elections Nov 8, 2016 – Only the CLSD incumbents are currently running for re-election on

the Board of Directors. As there are no challengers to the incumbents, they will be appointed to new four year terms running until December 1st, 2020. There will be no election.

DA Report:

- A Line of Credit is now established with Exchange Bank (replacing the former LOC CLSD had with the Sonoma County Treasury)
- Community Fall Prevention Program launched. Program info on CLSD, RCMS, CS and AIPM websites. Story in ICO. MOB class starts Sept 8th. Sept is Fall Prevention month and more media will roll out next month
- Update working for a refund in REDCOM dispatch fees FY16
 - Background – year-long Fire Services assessment – recommended a refund of Dispatch fees for fire services. CLSD was dropped from the initial list b/c we are not a fire service and there was concern there could be conflict with CMS billing. Outside legal counsel determined no conflict. CLSD was voted to be included on the list for refund, but proportionally based on % of services provided in county. (currently ~35% So Co and ~65% Mendo Co). Data needs verification (mailing address vs. incident address, etc.).
 - Fire Services Advisory Council will recommend the County Supervisors use TOT (transient occupancy tax) to pay for Dispatch services as the majority of calls to 911 are generated by non-residents. An allocation of funds has been set aside for FY17 (will not cover the entire amount ~80%). Expecting a ballot measure to approve TOT funds permanently fund REDCOM fees.
- All four Directors have filed and running for reelection on Nov 8th
- We received the Mendocino County final installment of parcel taxes \$62,300+
- Working with Wittman on our MediCare revalidation due by the end of Sept.
- PE Workgroup has had initial meeting and given assignments. Timeline projected to revamp the PE process by Nov 1
- Attended the CAA conference in Lake Tahoe last week. Good networking and information gleaned to impact future planning.

Operations:

ALS 100%, BLS 100% minus one 12 hour shift

Facilities in good working order

Major overhaul of building exterior completed. Want to consider inside this coming year.

Vehicles all in good working order.

CPR taught to PA Lighthouse, RCMS and Action Network. CLSD monthly class cancelled due to low turnout

Crew training completing trauma care and transitioning into OB in Sept.

Adjournment:

At 5:48 p.m., Director Perry moved for adjournment, Director Beaty seconded, all ayes.

Next Board of Directors Meetings: Next board meeting to start at 4:00 p.m.

- a. Monday September 26, 2016 at CLSD Headquarters
- b. Monday October, 24, 2016
- c. Monday November, 21, 2016

Minutes approved.

(Date) _____

MEMORANDUM OF UNDERSTANDING

Among Redwood Coast Medical Services, Coast Life Support District and
Santa Rosa Memorial Hospital

For the Establishment of the Mendonoma Health Alliance as a vertical medical network, to Consult, Collaborate and Coordinate on Primary Care, Urgent Care and Emergency Medical Care Services in Sonoma and Mendocino Counties, including Delivery Systems and Funding Sources in order to improve local access to wellness education, prevention services and quality healthcare through creative solutions with our community

FINAL DRAFT 9-16-2016

WHEREAS:

- REDWOOD COAST MEDICAL SERVICES, INC. (hereinafter "RCMS") located in Gualala, CA is a California Non-Profit Public Benefit Corporation. Its mission is to provide high quality, family oriented, community based primary care and urgent care from 8 am to 6 pm weekdays, including interim stabilization and triage in emergency cases, to residents and visitors within the coastal areas of southern Mendocino and northern Sonoma Counties (hereinafter "the Service Area"). On call urgent care is also provided from 8 a.m. to 6 p.m. on Saturdays, Sundays and major holidays. RCMS is also an approved Federally Qualified Health Center (FQHC). Federal law requires that an FQHC "make efforts to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the [FQHC]"¹ The RCMS Board of Directors has determined that entering into this MOU will further the collaboration efforts of RCMS to the benefit of its patients.
- COAST LIFE SUPPORT DISTRICT (hereinafter "CLSD") located in Gualala, CA, is a Special District created by the California Legislature in 1986.² The primary purpose of CLSD is to ensure the availability of emergency ambulance services in the Service Area. The primary ingress and egress to the area is California Highway 1, a two lane winding and hilly road. The nearest 24-hour emergency medical care is 1.5 to 2 hours by road. Because of the unusually long transport times, CLSD paramedics routinely provide stabilization and in-transport care that is more comprehensive than their urban counterparts. Helicopter ambulance service is not provided by CLSD, but by a private company when weather permits. Frequently, helicopter access is not possible, which increases the

¹ Section 330(k)(3)(B) of the Public Health Services Act.

² Chapter 375 of the uncodified CA statutes of 1986, as amended by Chapter 7 of the uncodified statutes of 1988 and Chapter 103 of the uncodified CA statutes of 2011.

burden on CLSD's ambulance crews and the community's medical isolation.

- SANTA ROSA MEMORIAL HOSPITAL (hereinafter "SRMH") located in Santa Rosa, CA, is part of the St. Joseph's Health Care System and is licensed by the State of California as a 278 bed general acute care hospital. SRMH provides a comprehensive network of specialty care and the provision of comprehensive services through a wide variety of affiliated healthcare providers. The hospital is home to the region's Level II Trauma Center. SRMH provides emergency and inpatient care to residents of the Service Area who are transported to it by ground or air ambulance. SRMH treats an average of 1,450 patients annually who have experienced a serious or life-threatening injury.
- RCMS, CLSD and SRMH foresee that joint consultation, collaboration and coordination regarding the services they provide to residents of the Service Area could benefit each of them and the populations they serve by increasing the likelihood there are no "gaps in care" for each patient from initiation of care until care is no longer needed.
- RCMS, CLSD and SRMH also understand that there may be many state and federal funding sources available for advancing the purposes of this MOU and agree to further investigate the feasibility and benefits of applying for all such funds.

THEREFORE:

1. RCMS, CLSD and SRMH (the parties) do hereby establish the Menodonoma Health Alliance (MHA) that shall become operational upon the approval of the RCMS and CLSD Boards of Directors (Boards) and the President of SRMH (President SRMH). The MHA shall be governed by of two members from each of the Boards or their respective designees, two members of the executive staff of SRMH appointed by the President, or their designees and three community representatives selected by the above members/designees, for Nine (9) voting members. The selection of the community members shall occur at a public meeting. Additional non-voting members from Community Service Organizations ("CSO") may be appointed if deemed appropriate by the Boards and the President. In any case, no CSO shall have more than one non-voting member on the MHA.
2. RCMS and CLSD further each do hereby agree that upon approval of this MOU, the MOU between RCMS and CLSD, approved as Resolution number 223-B by the CLSD Board on the 19th of June, 2014, is superseded and shall be no longer of any force or effect.

FURTHER:

RCMS, CLSD and SRMH each do hereby agree:

3. This MOU does not modify the provision of any service(s) being provided by RCMS, CLSD and/or SRMH, whether such service(s) are provided separately or jointly by any one or more of them, including any inpatient services by SRMH. If as a result of the consultation, collaboration and/or coordination carried out under this MOU, the parties agree that a new service is to be provided by SRMH, CLSD and/or RCMS a new and separate written agreement containing mutually acceptable terms and conditions shall be entered into,
4. The MHA shall advise the CEO of RCMS, the District Administrator for CLSD and the President SRMH on the coordination and integration of the delivery of primary care, specialty care, urgent care, preventive health care, emergency medical services and wellness education to residents of the Service Area between and among their various facilities and systems, including recommendations for new delivery systems, funding sources and population based strategies
5. The MHA is being established as part of the planning activities under the federal grant entitled "Rural Health Network Development Planning Grant Program" issued on 5/20/16 to RCMS,¹ and as a vertical health care network focused on establishing an infrastructure to expand access, coordinate, and improve the quality of health care services for the residents of the Service Area.
6. The MHA may consult with the RCMS Medical Director, and other appropriate staff of RCMS, CLSD or SRMH on the medical personnel necessary to provide urgent care services, and whether it is more advisable to engage that personnel directly as employees, or by contract. The MHA may also consult with the President of SRMH and other appropriate staff of RCMS, CLSD or SRMH on the medical personnel necessary to provide emergency medical services, and whether it is more advisable to engage that personnel directly as employees, or by contract.
7. Each party shall bear its own costs of participation in the MHA. No part of this MOU requires, or shall be construed as requiring, one party to contribute any funds to any expenses of, or pay any compensation to or on behalf of any other party. The parties further acknowledge and agree that the MHA shall not have the authority to incur debt, or any other legal obligations, on behalf of RCMS, CLSD or SRMH.

¹ NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330A(f) of the Public Health Service Act, 42 U.S.C. 254c(f), as amended.

8. When requested as deemed necessary by the MHA, but no more frequently than bi-annually on a calendar basis, RCMS, CLSD and SRMH shall provide the MHA with reports regarding the numbers and types of patient visits, and other information relating directly to the delivery of services to residents of the Service Area. The MHA also shall be provided on a quarterly calendar basis, any surveys of patient satisfaction carried out by RCMS, CLSD or SRMH regarding services provided to residents of the Service Area.
9. The Boards and the President SRMH shall each appoint an alternate MHA member who may vote on any matter when a regular member representing them is absent from a meeting.
10. The CEO of RCMS, the District Administrator for CLSD and the President of SRMH shall serve as ex-officio members of the MHA. Ex-officio members shall be responsible for supporting the MHA by producing the reports required by this MOU, and needed staff work, upon reasonable request.
11. In addition to the ex-officio members, the MHA may request that other CLSD, RCMS and/or SRMH staff attend the MHA meetings as needed.
12. A majority of the voting members of the MHA shall constitute a quorum for meetings, provided that at least one representative of CLSD, RCMS and SRMH attends.
13. The MHA may establish committees consisting of a smaller number of members or other knowledgeable professionals to investigate or analyze issues as appropriate.
14. The MHA shall select a Chair from among its voting members, who shall be the presiding officer of all meetings, and a Vice Chair, who shall serve in the absence of the Chair. The Chair and Vice Chair shall not represent the same voting member. The term of office of the Chair and Vice Chair shall continue for one year, but there shall be no limit on the number of terms held by either the Chair or Vice Chair. The office of either the Chair or Vice Chair shall be declared vacant and a new selection shall be made if: (a) the person serving dies or resigns, or (b) the party that the person represents removes the person as its representative on the MHA.
15. The MHA shall appoint a Secretary, who need not be a member of the MHA, but in that event shall be a CLSD, RCMS or SRMH staff person, and shall be responsible for keeping the minutes of all meetings of the MHA and all other official records of the MHA.
16. The members of the MHA shall use ordinary care and reasonable diligence in the exercise of their powers and in the performance of their duties pursuant to this MOU. No current or former member of

the MHA will be responsible for any act or omission by another member.

17. The MHA shall meet at least once monthly unless the majority of the MHA members determine that at times it is unnecessary.
18. Regular meetings may be adjourned to another meeting time and special meetings may be called when necessary.
19. MHA members may participate in meetings telephonically with full voting rights.
20. Meetings shall be conducted in accordance with the intent of the Ralph M. Brown Act (Government Code Section 54950) and documents shall be available to the public in accordance with the intent of the California Public Records Act (California government Code Sections 6250 – 6270).
21. No party shall have an obligation to provide information or reports to the MHA that it determines to be unrelated to the purposes of this MOU, that contain its trade secrets or would place it at a competitive disadvantage or that it otherwise determines is unreasonable, which unreasonableness shall be articulated to the MHA.
22. MHA members and CLSD, RCMS and SRMH personnel who provide staffing or other services to the MHA, shall respect each party's and each patient's privacy rights and all Health Insurance Portability And Accountability Act (Public Law 104-191) (HIPAA) requirements. This includes but is not limited to medical, business and personnel information. All MHA members, staff and those who sit on MHA committees, or any person who attends a MHA meeting shall sign initially, and on no less than an annual basis, a confidentiality statement that meets HIPAA requirements.
23. This MOU may be terminated by any party on 60 days written notice to the other parties, or at any time upon the mutual agreement of all of the parties, as expressed in a written agreement.
24. This MOU may be amended only by an affirmative vote of the majority of the Boards and the President SRMH.

SIGNED BY:

DIANE AGEE, CEO of RCMS, who affirms the RCMS Board of Directors,
approved this MOU on _____, 2016

DAVID CALEY, CLSD DISTRICT ADMINISTRATOR, who affirms the CLSD Board of Directors, approved this MOU on _____, 2016

Todd Salnas, President, Santa Rosa Memorial Hospital on _____, 2016 who affirms he is legally authorized to bind St. Joseph Health, Santa Rosa Memorial Hospital to the terms of this MOU.

FINAL DRAFT 9-16-2016

GOALS AND ACTION PLAN FOR CLSD: 2016-2017

Goal	Action Steps	Who	Status
<p>1. Financial Management</p> <p>Insure financial management processes are timely, accurate and cost/effective</p>	<p>Top Priority (6,7 or 8 out of 8)</p>		
	Resolve what voter election is needed in spring 2018 regarding Measure J tax for Urgent Care	Rich and Geoff	
	Continue to resolve legal/financial issues on transports to RCMS to allow Medicare billing	Ongoing	
	Implement Google Earth project to discover new taxable units	David/process TBD/resources	
	<p>High Priority (5 out of 8)</p>		
	Clarify the reserve status through FY 16	FY 16 Audit outcome DA	
	Institute quarterly PL based on accrual		
	Reduce accounts receivables	Target 180+ day A/R	Aug: ~\$110K write-off
	<p>Important (4 out of 8)</p>		
	Develop multi-year revenue/expense/surplus or deficit forecast	DA	
	Identify and review possible alternative funding options for ambulance services	TBD	
	<p>Do as time Permits (2 or 3 out of 8)</p>		
	Evaluate the parcel taxing assessment process and criteria for determining tax rates		
	Review salaries for DA and Operations Manager	Rich	
	Develop options for funding future ambulance purchases	Rich Perry	
<p>Other Possible Activities (No priority yet)</p>			
Review billing charges to insure they are accurate	David	Done monthly Wittman reconciliation	
Complete renovation of Bill Platt meeting room	Naomi		

<p>2. Personnel Development</p> <p>Insure ambulance staff remain motivated, highly skilled and patient service oriented</p>	<p>Top Priority (6,7 or 8 out of 8)</p> <p>Conduct down/up survey involving all staff, including assessment of Board of Directors Initiate Customer Satisfaction survey as well as other community agencies.</p> <p>High Priority (5 out of 8)</p> <p>Revise employee handbook</p> <p>Insure SOP updated and disseminated</p> <p>Assess adequacy of current performance planning and evaluation processes for staff</p> <p>Insure all job descriptions are accurate and updated</p> <p>Important (4 out of 8)</p> <p>None so far</p> <p>Do as time Permits (2 or 3 out of 8)</p> <p>Revise Board orientation manual</p> <p>Assess cost/benefit of pilot Duel Medic</p> <p>Agree upon performance objectives for District Administrator</p> <p>Explore ways to fund EMT educational cost for those seeking paramedic certification</p> <p>Encourage Board and staff knowing each other better</p>	<p>Rich, Julie, Carolyn, David</p> <p>OPS Mgr. w/ DA oversight</p> <p>OPS Mgr. w/ DA</p> <p>PE Team</p> <p>OPS Mgr. w/ DA</p> <p>Naomi & Rich</p> <p>DA + Ops Mgr</p> <p>BOD and DA</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>~ Quarterly</p>
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<p>5. Communications</p> <p>Consider our various audience's needs and insure that we communicate our messages to the relevant stakeholders.</p>	<p>Top Priority (6,7 or 8 out of 8)</p> <p>Investigate rebranding and logo options (combined: Find ways to enhance the branding of CLSD)</p> <p>Implement a new and informative web site</p> <p>Create and begin implementing a comprehensive communication plan for different stakeholders</p> <p>Maximize the use of social media where appropriate</p> <p>High Priority (5 out of 8)</p> <p>Consider the feasibility of an annual meeting or report</p> <p>Important (4 out of 8)</p> <p>Do as time permits (2 or 3 out of 8)</p> <p>None</p> <p>Other Possible Activities</p>	<p>Carolyn</p> <p>David, Julie, Carolyn</p> <p>Julie</p> <p>BOD & DA</p>	<p>In beta now</p>
<p>6. Measures of success</p> <p>Maintain excellent ambulance services</p>	<p>Top Priority (6,7 or 8 out of 8)</p> <p>Have regular reporting to staff, Board and stakeholders on important performance goals.</p> <p>Evaluate relationships with other agencies</p> <p>High Priority (5 out of 8)</p> <p>Develop a report card for CLSD</p> <p>Develop additional service level, work quality and program impact measures</p>	<p>Rich & DA</p>	<p>Moved to #2 with other surveys</p> <p>On-going (e.g., evaluate Fall Prevention Program)</p>

COAST LIFE SUPPORT DISTRICT

RESOLUTION No: 246

ADOPTION OF FINAL BUDGET FOR FISCAL YEAR 2017

WHEREAS, Coast Life Support District Board of Directors, Finance Committee and Staff have reviewed the current financial position for the past year, and

WHEREAS, the District has a need to maximize its revenues, including maintaining the benefit assessment special tax rates as approved by the voters for Emergency Medical Services, and

WHEREAS, the District has reviewed the Ambulance billing charges, in order to maximize revenue while maintaining rates consistent with medical cost inflation,

WHEREAS, the District will not require the full assessment as authorized for Urgent Care services in order to fully fund the current program and provide adequate funds for development of the presently envisioned Urgent Care program and any other authorized use, and

WHEREAS, Reserve funding should remain at present levels to support contingencies and capital replacement requirements, and

WHEREAS, Coast Life Support District anticipates Revenues of the following:

Sonoma County	\$671,427
Mendocino County	\$901,852
Ambulance Billings	\$622,584
Miscellaneous	<u>\$2,150</u>
Total Budgeted Revenue	\$2,198,013

WHEREAS, the following Expenditures will provide the resources necessary to meet the established objectives for the next Fiscal Year:

Ambulance Operations	\$1,286,048
Administration & Overhead	\$142,211
Urgent Care Program	\$647,419
Interest & Depreciation	\$84,880
Reserve Fund Increase	<u>\$37,455</u>
Total Budgeted Expenditures	\$2,198,013

BE IT RESOLVED that the Board of Directors authorize its Officers, Administrator and Staff to make expenditures necessary to operate the Ambulance service and all Authorized programs,

BE IT FURTHER RESOLVED that the Board of Directors authorized the above amounts for the Coast Life Support District's Budget for Fiscal Year 2017.

The above resolution was introduced by Director Schwartz, who moved its adoption, seconded by Director Beaty, and passed and adopted on this 27th day of June 2016 by the following roll call vote:

Directors:	Hughes	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Dodds	Aye	No	Abstain
	Perry	Aye	No	Abstain
	André	Aye	No	Abstain

Ayes: Noes: Abstain: Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

Naomi Schwartz, Secretary

**Coast Life Support District
Year to Date Report**

	CHARGES	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET REVENUE	PAYMENTS	REFUNDS	NET RECEIPTS	BAD DEBT WRITE OFFS	OTHER WRITE OFFS	ADJUSTMENTS	NEW A/R BALANCE
SEPTEMBER '15	\$ 250,301.80	\$ 51,311.08	\$ 23,513.03	\$ 8,058.55	\$ 167,419.14	\$ 167,485.74	\$ -	\$ 167,485.74	\$ 40,956.00	\$ -	\$ 152.92	\$ 614,690.54
OCTOBER '15	\$ 146,082.90	\$ 54,650.53	\$ 73,494.63	\$ (2,705.13)	\$ 20,642.87	\$ 63,526.44	\$ -	\$ 63,526.44	\$ -	\$ -	\$ -	\$ 571,806.97
NOVEMBER '15	\$ 124,913.00	\$ 49,950.15	\$ 61,562.00	\$ 680.95	\$ 12,719.90	\$ 83,346.78	\$ -	\$ 83,346.78	\$ -	\$ 0.50	\$ 15.00	\$ 501,194.59
DECEMBER '15	\$ 179,477.60	\$ 55,633.94	\$ 44,209.91	\$ 5,100.64	\$ 74,533.11	\$ 55,218.36	\$ -	\$ 55,218.36	\$ -	\$ 538.40	\$ -	\$ 519,970.94
JANUARY '16	\$ 238,072.40	\$ 97,509.44	\$ 60,109.94	\$ 4,155.57	\$ 76,297.45	\$ 53,232.82	\$ -	\$ 53,232.82	\$ -	\$ 730.00	\$ 7.14	\$ 542,312.71
FEBRUARY '16	\$ 145,692.60	\$ 66,384.49	\$ 35,490.56	\$ 48.87	\$ 43,768.68	\$ 46,827.68	\$ -	\$ 46,827.68	\$ -	\$ -	\$ 7.78	\$ 539,261.49
MARCH '16	\$ 236,652.90	\$ 131,049.86	\$ 42,004.94	\$ 927.62	\$ 62,670.48	\$ 52,777.57	\$ 297.79	\$ 52,479.78	\$ -	\$ -	\$ -	\$ 549,452.19
APRIL '16	\$ 184,394.20	\$ 76,165.20	\$ 29,277.89	\$ 5,881.90	\$ 73,069.21	\$ 38,715.61	\$ -	\$ 38,715.61	\$ -	\$ -	\$ -	\$ 583,805.79
MAY '16	\$ 294,423.40	\$ 110,351.07	\$ 55,530.92	\$ 50.00	\$ 128,491.41	\$ 49,411.32	\$ 1,180.52	\$ 48,230.80	\$ 30,997.90	\$ -	\$ -	\$ 633,068.50
JUNE '16	\$ 196,073.40	\$ 121,644.68	\$ 45,210.77	\$ 5,589.80	\$ 23,628.15	\$ 74,812.87	\$ -	\$ 74,812.87	\$ -	\$ -	\$ 32.78	\$ 581,916.56
JULY '16	\$ 214,203.40	\$ 100,241.73	\$ 40,757.42	\$ 13,306.83	\$ 59,897.42	\$ 38,546.83	\$ -	\$ 38,546.83	\$ -	\$ 1,340.00	\$ -	\$ 601,927.15
AUGUST '16	\$ 210,141.00	\$ 100,470.04	\$ 42,856.02	\$ 2,020.79	\$ 64,794.15	\$ 62,639.13	\$ -	\$ 62,639.13	\$ 109,593.70	\$ 118.87	\$ -	\$ 494,369.60
YEAR TO DATE TOTALS	\$ 2,420,428.60	\$ 1,015,362.21	\$ 554,018.03	\$ 43,116.39	\$ 807,931.97	\$ 786,541.15	\$ 1,478.31	\$ 785,062.84	\$ 181,547.60	\$ 2,727.77	\$ 215.62	
YTD PERCENTAGE OF REVENUE		41.95%	22.89%	1.78%	33.38%	32.50%	0.19%	32.43%	7.50%	0.11%	0.02%	
YTD PERCENTAGE OF NET REVENUE								97.17%				

COAST LIFE SUPPORT DISTRICT

Budget vs. Actuals: FY17 P&L

July - August, 2016

TOTAL				
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
INCOME (Accrual Basis)				
4000 CLSD Special Taxes	262,214.00	262,214.00	0.00	100.00%
4100 Interest Income			0.00	
4200 Ambulance Income (Footnote 1)	123,301.30	88,514.00	34,787.30	139.30%
4400 Miscellaneous Income	675.00	359.00	316.00	188.02%
4410 Intergovernmental Transport (IGT)		13,584.00	(13,584.00)	0.00
4420 Ground Emerg Med Transport Services		1,667.00	(1,667.00)	0.00%
			0.00	
Total Income	\$ 386,190.30	\$ 366,338.00	\$ 19,852.30	105.42%
GROSS INCOME	\$ 386,190.30	\$ 366,338.00	\$ 19,852.30	105.42%
Expenses				
5000 Wages and Benefits	179,379.57	181,579.00	(2,199.43)	98.79%
6000 Ambulance Operations	34,193.71	31,371.00	2,822.71	109.00%
6700 Overhead/Administration	26,281.47	22,892.00	3,389.47	114.81%
7000 Urgent Care	106,614.00	107,903.00	(1,289.00)	98.81%
8000 Interest Expense	369.70	681.00	(311.30)	54.29%
9500 Depreciation Expense	13,841.68	13,464.00	377.68	102.81%
Total Expenses	\$ 360,680.13	\$ 357,890.00	\$ 2,790.13	100.78%
Net Operating Income	\$ 25,510.17	\$ 8,448.00	\$ 17,062.17	
Net Income	\$ 25,510.17	\$ 8,448.00	\$ 17,062.17	

Accrual basis Monday, September 19, 2016 11:43 AM GMT-07:00

Footnote 1: Ambulance income is derived from Wittman Enterprises YTD report

COAST LIFE SUPPORT DISTRICT

P&L Actual vs Budget

July - August, 2016

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
INCOME (Accrual Basis)				
4000 CLSD Special Taxes			0.00	
4001 Mendocino County Taxes			0.00	
4004 Mendocino Ambulance Tax	79,002.00	79,002.00	0.00	100.00%
4009 Mendocino Urgent Care Tax	55,862.00	55,862.00	0.00	100.00%
4010 Mendocino Special Tax	15,446.00	15,446.00	0.00	100.00%
Total 4001 Mendocino County Taxes	\$ 150,310.00	\$ 150,310.00	\$ -	100.00%
4002 Sonoma County Taxes			0.00	
4020 Sonoma Special Tax			0.00	
4024 Sonoma Ambulance Tax	61,439.00	61,439.00	0.00 1	
4029 Sonoma Urgent Care Tax	50,465.00	50,465.00	0.00 1	
Total 4002 Sonoma County Taxes	\$ 111,904.00	\$ 111,904.00	\$ -	100.00%
Total 4000 CLSD Special Taxes	\$ 262,214.00	\$ 262,214.00	\$ -	100.00%
4200 Ambulance Income			0.00	
4201 Ambulance Transport Billings	424,344.40	95,929.00	328,415.40	442.35%
4225 Insurance Writedowns	(284,325.21)		(284,325.21)	
4228 District Resident Discount		(6,667.00)	6,667.00	0.00%
Total 4201 Ambulance Transport Billings	\$ 140,019.19	\$ 89,262.00	\$ 50,757.19	156.86%
4220 Other Writedowns	(16,717.89)	(748.00)	(15,969.89)	2235.01%
Total 4200 Ambulance Income (Footnote 1)	\$ 123,301.30	\$ 88,514.00	\$ 34,787.30	139.30%
4400 Miscellaneous Income	675.00	359.00	316.00	188.02%
4410 Intergovernmental Transport (IGT)		13,584.00	(13,584.00)	0.00%
4420 Ground Emerg Med Transport Services		1,667.00	(1,667.00)	0.00%
			0.00	
Total 4200 Ambulance Income	\$ 386,190.30	\$ 366,338.00	\$ 19,852.30	105.42%
GROSS INCOME	\$ 386,190.30	\$ 366,338.00	\$ 19,852.30	105.42%
BUDGET BY MONTH				
EXPENSES (Accrual Basis)				
5000 Wages and Benefits			0.00	
5200 Health Insurance	13,818.12	16,000.00	(2,181.88)	88.36%
5300 Payroll Taxes Employer Costs	4,819.79	5,177.00	(357.21)	93.10%
5350 PERS Employer Costs	12,161.39	19,599.00	(7,437.61)	62.05%
5405 Administration Salaries	30,392.72	31,464.00	(1,071.28)	96.60%
5405.1 Admin Salaries-Allocate to UC	(2,488.00)	(3,780.00)	1,292.00	0.66
Total 5405 Administration Salaries	\$ 27,904.72	\$ 27,684.00	\$ 220.72	100.80%
5410 Ambulance Operations Wages	84,258.90	99,913.00	(15,654.10)	84.33%
5430 Merit Pay	5,468.00	5,468.00	0.00	100.00%
5500 Work Comp Insurance	30,948.65	7,738.00	23,210.65	4.00
Total 5000 Wages and Benefits	\$ 179,379.57	\$ 181,579.00	\$ (2,199.43)	98.79%
6000 Ambulance Operations			0.00	
6030 Medical Director Fee-non AHUC	6,300.00	6,300.00	0.00	100.00%
6040 Dispatch Services	8,054.00	7,755.00	299.00	103.86%
6100 Station/Crew Expenses			0.00	
5100 Uniforms & Med Tests	2,031.26	833.00	1,198.26	243.85%
6110 Supplies, Rental, Cleaning etc	1,735.21	3,633.00	(1,897.79)	47.76%

6210 Vehicle Repair & Maintenance	8,997.99	2,500.00	6,497.99	359.92%
6240 Vehicle Fuel	1,244.10	2,500.00	(1,255.90)	49.76%
6410 Radios & Comm Equip	1,085.36	1,350.00	(264.64)	80.40%
6510 Medical Supplies & Equipment	4,642.59	4,817.00	(174.41)	96.38%
Total 6100 Station/Crew Expenses	\$ 19,736.51	\$ 15,633.00	\$ 4,103.51	126.25%
6980 Employee Training	103.20	1,683.00	(1,579.80)	6.13%
Total 6000 Ambulance Operations	\$ 34,193.71	\$ 31,371.00	\$ 2,822.71	109.00%
6700 Overhead/Administration			0.00	
6180 Utilities	1,588.33	2,000.00	(411.67)	79.42%
6188 Telephone	1,518.41	917.00	601.41	165.58%
6300 Insurance	4,075.75	4,087.00	(11.25)	99.72%
6713 Ambulance Billing	6,866.10	5,505.00	1,361.10	124.72%
6718 Office Supp/Equip/Software	180.80	883.00	(702.20)	20.48%
6720 Board Expenses	72.00	833.00	(761.00)	8.64%
6730 Consultants			0.00	
6734 IT	405.00	1,125.00	(720.00)	36.00%
6737 Financial/Bookkeeping	1,625.00	2,333.00	(708.00)	69.65%
6738 Legal	5,905.50	1,667.00	4,238.50	354.26%
6740 Audit		0.00	0.00	
6741 Tax Administration	2,526.66	0.00	2,526.66	
6742 Bank/Merchant Fees	364.30	167.00	197.30	218.14%
6755 Property Tax Administration		875.00	(875.00)	0.00%
6760 Education/Professional Dev		417.00	(417.00)	0.00%
6765 Election Costs/Reserve		0.00	0.00	
6770 Dues, Subscriptions, Membership		750.00	(750.00)	0.00%
6788 Printing & Reproduction		333.00	(333.00)	0.00%
6795 Travel/Transportation	526.47	250.00	276.47	210.59%
6970 Community Dev/Training	627.15	750.00	(122.85)	83.62%
Total 6700 Overhead/Administration	\$ 26,281.47	\$ 22,892.00	\$ 3,389.47	114.81%
7000 Urgent Care			0.00	
7011 Admin Salaries-Alloc to UC	2,488.00	3,780.00	(1,292.00)	65.82%
7050 UC Contract	104,126.00	104,123.00	3.00	100.00%
Total 7000 Urgent Care	\$ 106,614.00	\$ 107,903.00	\$ (1,289.00)	98.81%
8000 Interest Expense	369.70		369.70	
8005 EMS Interest Expense		681.00	(681.00)	0.00%
Total 8000 Interest Expense	\$ 369.70	\$ 681.00	\$ (311.30)	54.29%
9500 Depreciation Expense	13,841.68	13,464.00	377.68	102.81%
Total Expenses	\$ 360,680.13	\$ 357,890.00	\$ 2,790.13	100.78%
Net Operating Income	\$ 25,510.17	\$ 8,448.00	\$ 17,062.17	
Net Income	\$ 25,510.17	\$ 8,448.00	\$ 17,062.17	

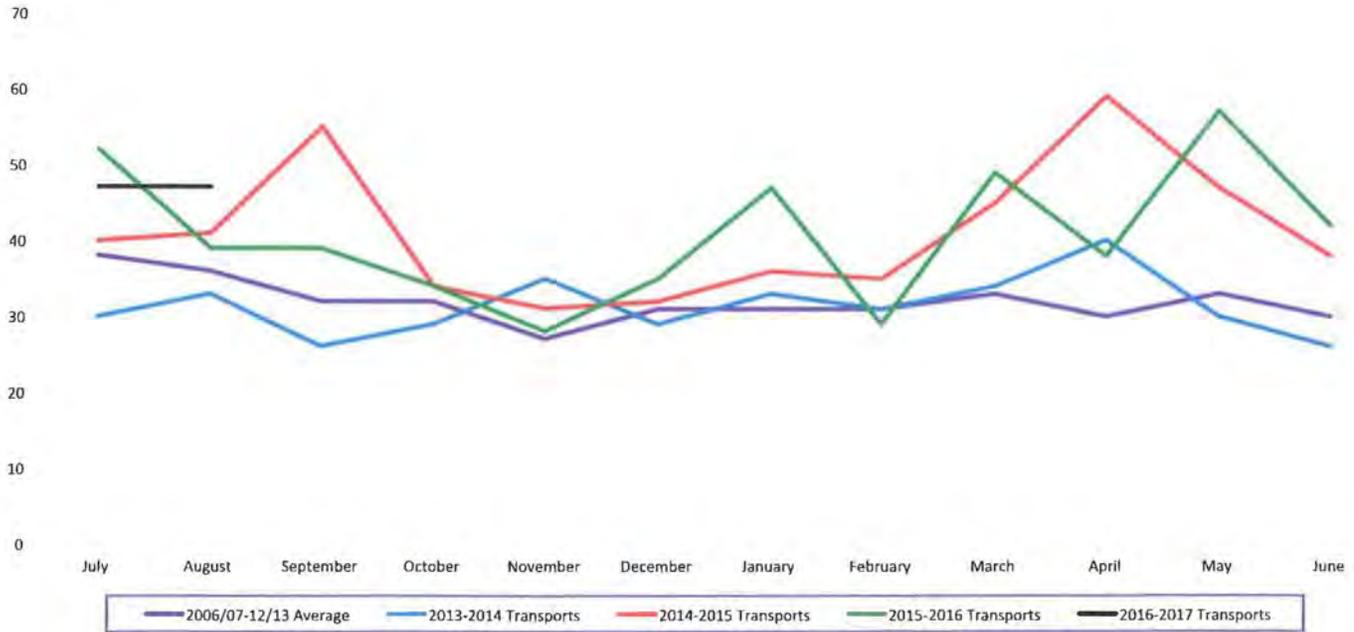
Accrual basis Monday, September 19, 2016 11:43 AM GMT-07:00

Footnote 1: Ambulance income is derived from Wittman Enterprises YTD report

CLSD AMBULANCE RUN DATA (Month/Cumulative)

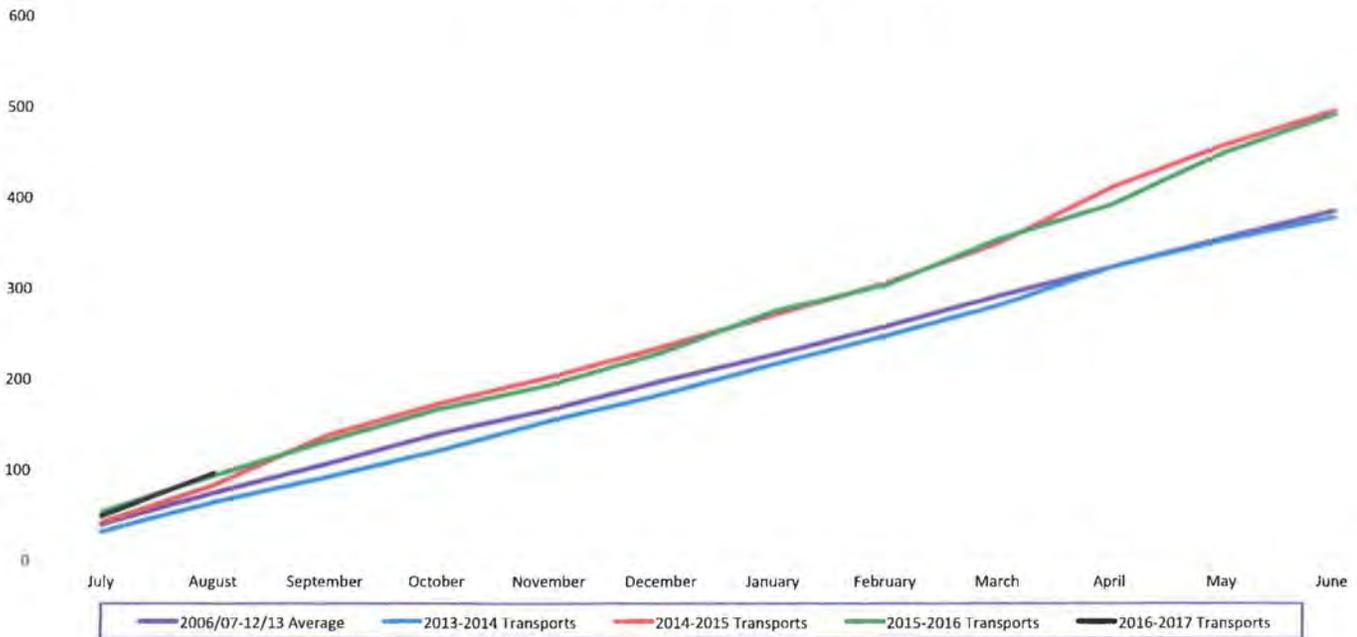
Monthly Transports	July	August	September	October	November	December	January	February	March	April	May	June
2006/07-12/13 Average	38	36	32	32	27	31	31	31	33	30	33	30
2013-2014 Transports	30	33	26	29	35	29	33	31	34	40	30	26
2014-2015 Transports	40	41	55	34	31	32	36	35	45	59	47	38
2015-2016 Transports	52	39	39	34	28	35	47	29	49	38	57	42
2016-2017 Transports	47	47										

Monthly Transport Volume by Fiscal Years



Cumulative Transports	July	August	September	October	November	December	January	February	March	April	May	June
2006/07-12/13 Average	38	73	105	137	164	195	226	257	290	320	353	383
2013-2014 Transports	30	63	89	118	153	182	215	246	280	320	350	376
2014-2015 Transports	40	81	136	170	201	233	269	304	349	408	455	493
2015-2016 Transports	52	91	130	164	192	227	274	303	352	390	447	489
2016-2017 Transports	47	94										

Cumulative Transport Volume by Fiscal Years



CLSD RUN DATA for the PRECEEDING 12 MONTHS

MONTH	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LANDING		DRY RUN		T&R		TO RCMS				FROM RCMS			
	AUTHORIZED		PATIENT		ADVANCED				BASIC								CANCELLED				ALS		BLS		ALS		BLS	
	ORDER		CARE		LIFE				LIFE				TRANSPORTS		ON		ROUTE											
ON TOP	DISPATCHED		RECORD		SUPPORT				SUPPORT																			
	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior
16-Aug	90	78	61	61	35	31	3		12	10	2		47	41	8	10	23	14	10	16	6	5	1	3	6	8	5	2
16-Jul	106	96	71	82	30	36	7	7	17	16	1	1	47	52	9	10	31	14	17	16	5	1	1	2	6	7	6	2
16-Jun	90	80	63	57	26	32	6		16	6	2		42	38	8		18	23	23	12	1	3			3	8	4	
16-May	101	92	77	73	32	39	10		25	8	0		57	47	5		24	28	10	16	3	4	2	1	6	7	10	1
16-Apr	67	93	57	80	23	45	6		15	14	0		38	59	5		13	32	13	18	1	4	1	0	5	7	6	1
16-Mar	91	69	70	62	31	31	6		18	14	0		49	45	5		20	12	13	11	2	5	1	3	7	3	7	3
16-Feb	59	66	47	48	18	22	8		11	13	0		29	35	4		12	21	10	9	1	2	0	1	2	0	0	1
16-Jan	83	79	68	62	34	26	4		12	10	1		46	36	6		15	24	16	19	5	5		1	4	10	5	1
15-Dec	67	58	57	52	29	28	3		6	4	2		35	32	5		10	20	14	16	2	1	1	1	4	3	0	1
15-Nov	66	59	42	45	19	26	2		9	5	0		28	31	4		24	21	12	11	4	3	2		2	4	2	
15-Oct	72	78	50	53	28	25	2		6	9	1		34	34	7		22	29	16	12	4	2		1	5	3	2	1
15-Sep	82	93	50	71	30	44	2		9	11			39	55	5		20	17	8	8	4				7	10	2	
	974	941	713	746	335	385	59	7	156	120	9	1	491	505	71	20	232	255	162	164	38	35	9	13	57	70	49	13
	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LZ		DRY RUN		T&R		TO RCMS				FROM RCMS			

ALL SHADED COLUMNS ARE PREVIOUS YEAR DATA