

COAST LIFE SUPPORT DISTRICT

P.O. Box 1056, Gualala, CA 95445
Tel: (707) 884-1829 Fax: 884-9119

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
38901 Ocean Drive, Gualala, CA 95445 – Bill Platt Training Room
>>> **4 PM, June 25th, 2018** <<<

1. Call to Order Hughes
2. Adoption of the agenda Hughes
3. Minutes Approval Hughes
4. Privilege of the floor Hughes
5. New Business Caley
 - a. EMS Appreciation Week – July 20, 2018
6. Old Business Caley/Beaty
 - a. Resolution 253 – Adoption of the FY19 Preliminary Budget – ACTION
 - b. Resolution 254 – Adoption of the FY19 Ambulance Rates – ACTION
 - c. Resolution 255 – Adoption of the FY19 Tax Rates – ACTION
 - d. Measure E update Caley
 - e. Board goals Hughes
7. Reports:
 - a. Finance: YTD Beaty
 - i. Wittman ambulance revenue – YTD
 - ii. Expenses
 - b. Communication Committee Bower/André Caley
 - i. New CLSD website – live
 - c. MHA update Tittle
8. Customer Survey Report: Determined to be a Management tool and will quarterly/semi-annually update the BOD with trend data Caley
9. DA / Ops report Caley
 - a. Ambulance run data
 - b. DA Summary Report – read in advance and will have Q & A
10. Closed Session Hughes
 - a. Public Employee Performance Evaluation – District Administrator (§ 54957)
11. **NEXT MEETINGS:** Scheduled Board of Director meetings are held routinely scheduled on the 4th Monday of the month at 4:00 PM at the CLSD Bill Platt Training Center unless otherwise noted. Upcoming meetings are:

July 23, 2018
Aug 27, 2018
Sep 24, 2018
12. Adjourn



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
May 21st, 2018

Call to Order: Director Hughes called the meeting to order at 4 p.m. at the Bill Platt Training Room. Present: Directors: André, Bower, Beaty, Schwartz, and Villagomez. Also, present: District Administrator Caley, Ops Manager Evan Dilks, and Executive Assistant Robin Bean. Excused absence: Director Tittle.

Adoption of the Agenda: Director Beaty moved to adopt the agenda and seconded by Director Schwartz. All ayes.

Approval of Apr 30th, 2018 Board Minutes: Director Beaty moved to approve the Apr 30th meeting minutes and was seconded by Director Schwartz. All ayes.

Privilege of the Floor – Public Comment: "EMS Appreciation Week".

CLSD EMT'S Hans Peterson & Joe Peters were introduced to the BOD's for a meet and greet (goal over the next several months is all crew members to meet the Directors).

- Hans Peterson-EMT: a local of 20+ years, has been with CLSD for 6 years. Hans is also a carpenter and farmer. Currently completing the Paramedic program and doing his internship in Ft. Bragg.
- Joe Peters-EMT: a local of 12yrs, has been with CLSD for 7 years. Peters is also into construction.
- EMS Appreciation Week: A Big "Thank You" to all EMS staff, for all that they do, from the BOD's, D.A. Caley and Ops Mgr. Dilks. The EMS Appreciation BBQ to be schedule some time in July.

New Business:

- a. **FY19 Preliminary Budget - \$2,349,041.** Reviewed in detail. Highlights:
- Loss of FY18/19 IGT funding (possible to return in FY20).
 - New second out Dual Medic Program (enhancement of ALS services provided to community. expect additional revenue to offset program expenses).
 - Salary Survey of ambulance agencies reviewed (similar rural setting & call volume) findings show CLSD is 12% below marketplace levels. Recommending a tiered approach (6% raise for all CLSD Staff for FY19/20) in efforts to close the wage gap.
 - Urgent Care contract: initiated in FY15, after passage of Measure J at \$624,739, and funded through U.C. parcel tax. It remained unchanged in FY16 and FY17. In FY18, RCMS requested a \$130,000 increase (T: \$754,739). This increase was funded by CLSD Urgent Care reserves and did not result in a tax increase. For FY19, no increase was requested by RCMS. CLSD will again fund the extra \$130,000 from CLSD reserves and will not result in a tax increase.
 - EMS reserves to decrease \$103,686 (creating a breakeven budget).
- a. Resolution 253 – Adoption of the FY19 Preliminary Budget – info only Draft Reviewed
- b. Resolution 254 – Adoption of the FY19 Ambulance Rates – info only Draft Reviewed
(unchanged from the FY18 rates)
- c. Resolution 255 – Adoption of the FY19 Tax Rates – info only. Draft Reviewed
- d. (unchanged from the FY18 rates)

Old Business:

- a. **Measure E update:** Review and discussed in detail.
- b. **Board goals** – Director Hughes to email BOD's information to establish board goals for FY19. To be review at next meeting.

Reports:

a. Finance: YTD

Wittman ambulance revenue – FY18: The “Wittman CLSD (YTD) Report” was reviewed. Apr gross charges \$206,528. Net receipts received for Apr \$80,068. Net receipts were higher than the average monthly net of \$54,391 (Due to prior high billable incident months just now being realized).

i. **Expenses – FY17 YTD:** Expenses continue to be within budget.

b. P&L Actuals vs Budget: FY17 Report:

i. Board of Directors reviewed the “P&L Actuals vs Budget” Report.

ii. Ambulance dispatch and transport data YTD: There were (51) transports in Apr with a cumulative volume of (473). There were (56) billable incidents with cumulative volume of (549).

c. **180+ Day Aging:** in April are \$487,155, when adjusted down for the CSM transports in limbo (~\$45K) are \$442,155. E. A. Bean continues to monitor and take correct course of action regarding the aging claims. April's prior approved batch will reflect in May (~36K) A new batch (~20K) is in the process of review.

d. **Communications Committee:** Measure E efforts are finalized (informational ads placed in the ICO). CLSD's website in beta testing. At the right hand corner is the option one sign up to get packet online. Director Hughes suggested that the entire BOD take time to review the new website.

e. **MHA -** Video conferencing is schedule for installation on Wed. June 13th. (deferred – Director Tittle absent).

Customer Survey feedback: - BOD's agreed that this is a good management tool. Can be presented to the board on a quarterly or yearly bases (not necessary every month).

DA report:

a. **Ambulance run data** - Reviewed

b. **DA Summary Report** – read in advance and Q & A during meeting.

Next Board of Directors Meeting: 4pm

Monday, June 25th, 2018

Monday, July 23rd, 2018

Monday, Aug 27th, 2018

Adjournment: at 5:17 pm. Director André moved for adjournment, Director Schwartz seconded, all ayes.

Minutes Approved:

(Date)



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EMT graduation

Editor:

For the EMT Graduat-
ing Class 2018, thank you,
proctors & volunteers.

On June 9 all of our
Emergency Medical Tech-
nician candidates suc-
cessfully completed their
psychomotor skills exami-
nation. This exam could not
have been possible without
the time, commitment and
generous contributions of
the many agencies and
community volunteers from
up and down our coast.
It was truly a team effort
that will affect the lives of
many, locally and beyond,
for years to come.

These 15 graduates are
a diverse group sharing a
common desire to help oth-
ers in their greatest time of
need. After many months
of sacrifice and dedication,
they are now able to serve
in this endeavor.

Thank you everyone
at Coast Life Support
and its Board members,
SCVFD, RCVFD, NSCF-
PD, TSRVFD, TCFPD, Cal
Fire, RCMS, MCDH, Starr
(makeup artist) and Ken,
the wonderful “patients”
who endured hours of be-
ing assessed, palpated and
packaged. Finally, thanks
to Heidi Horvitz for the
countless hours spent help-
ing to coordinate the “Big
Day!” It was a privilege
working with each of you
and I look forward to doing
it all again next year.

Anthony Macedo,
Instructor

J

COAST LIFE SUPPORT DISTRICT

RESOLUTION No: 253

ADOPTION OF PRELIMINARY BUDGET FOR FISCAL YEAR 2019

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	\$677,778
Mendocino County	\$916,024
Ambulance Billings	\$700,000
Miscellaneous	<u>\$ 63,000</u>
Total Budgeted Revenue	\$2,356,802

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

Ambulance Operations	\$1,396,353
Administration & Overhead	\$ 201,413
Urgent Care Program	\$ 778,596
Interest & Depreciation	\$ 87,848
Reserve Fund Decrease	<u>\$ (107,408)</u>
Total Budgeted Expenditures	\$2,356,802

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 2019.

June 19, 2018

The above resolution was introduced by Director Schwartz, who moved its adoption, seconded by Director Beaty, and passed and adopted on this 25th day of June 2017 by the following roll call vote:

Directors:	Hughes	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	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

June 19, 2018

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 254**

ADOPTION OF AMBULANCE RATES FOR FISCAL YEAR 2019

WHEREAS, the Coast Life Support District last adjusted the rates at which Ambulance Services are billed in June of 2016, and

WHEREAS, with the passage of AB 2091 Berg, as of January 1, 2007, the District may charge Residents and Taxpayers of the District a Fee for Service Rate less than that of Non-Residents and Non-Taxpayers, and

WHEREAS, the District recognizes the disparity between what a Resident/Taxpayer actually pays for services versus what a Non-Resident/Non-Taxpayer pays, by their parcel tax contribution, and

WHEREAS, as Resident/Taxpayer is defined as either having a mailing address within the District or owning property within the District or both,

BE IT THEREFORE RESOLVED that the rate schedule adopted, effective July 1, 2017 and in effect until changed by resolution, be as follows:

<i>Service</i>	<i>BLS</i>	<i>ALS I</i>	<i>ALS II</i>
Non-Emergency	\$1,381	\$2,726	
Emergency	\$1,887	\$3,258	\$3,814
Night	\$130	\$415	\$415
Mileage	\$36	\$36	\$36
Oxygen	\$162	\$162	\$162
EKG		\$227	\$227
Treat & Release	\$250	\$500	
Late Payment Fee	\$25	\$25	\$25

AND BE IT FURTHER RESOLVED, that Resident/Taxpayers will receive a fifty percent reduction of the balance owed after third-party payments, if any, and if that reduced balance is paid in full within sixty days.

AND BE IT FURTHER RESOLVED, that for transport of a Resident/Taxpayer which does not leave the District, the balance owed after third party payments will not exceed fifty percent of the sum of the applicable Treat & Release fee plus mileage charge.

AND BE IT FURTHER RESOLVED, that these charges be reviewed annually and changes included in the Budget for the following year.

The above RESOLUTION was introduced by Director Hughes, who moved for its adoption, seconded by Director Schwartz, and passed on this 25th day of June, 2018,

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

Naomi Schwartz, Secretary

See attached Level of Service definitions applicable to said rates.

Level of Service

It is the responsibility of the Biller to review the documentation on the Patient Care Report and determine the appropriate level of service that was provided to the patient. This is a very important step in the billing process. The level of service is determined in the following ways:

- Emergent Response VS Non Emergent Response
- The type of assessment that was provided (i.e. ALS or BLS)
- The type of interventions that were performed (i.e. ALS or BLS)
- The patient's chief complaint
- You must look at the whole picture to determine the level of service

Emergency VS Non-Emergency

An Emergency level of ambulance service depends upon how the ambulance was dispatched and how it responded. An Emergency is determined based on the information available to the dispatcher at the time of the call, using standard dispatch protocols.

Definition of Emergency

The patient's condition is an emergency that renders the patient unable to go to the hospital by other means. Emergency ambulance services are services provided after the sudden onset of a medical condition. Acute signs and/or symptoms of sufficient severity must manifest the emergency medical condition such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Place the patient's health in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

The above definition has been extended to include responding immediately.

Emergency response means responding immediately at the BLS or ALS1 level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

Non-Emergency

Medical Necessity

Ambulance services are covered in the absence of an emergency condition in either of the two general categories of circumstances that follow:

The patient being transported has, **at the time of ground transport**, a condition such that all other methods of ground transportation (e.g., taxi, private automobile, wheelchair van or other vehicle) are contraindicated. In this circumstance, "contraindicated" means that the patient cannot be transported by any other means from the origin to the destination without endangering the individual's health. Having or having had a serious illness, injury or surgery does not necessarily justify Medicare payment for ambulance transportation; thus a thorough assessment and documented description of the patient's current state is essential for coverage. All statements about the patient's medical condition must be validated in the documentation using contemporaneous objective observations and findings.

The patient is bed-confined before, during and after transportation. The definition of “bed-confined” means the patient must meet all of the following three criteria:

- Unable to get up from bed without assistance.
- Unable to ambulate.
- Unable to sit in a chair (including a wheelchair).

As stated in the bullet above, statements about the patient’s bed-bound status must be validated in the record with contemporaneous objective observations and findings as to the patient’s functional physical and/or mental limitations that have rendered him bed-bound.

Levels of Service

There are 6 levels of service that can be provided to the patient. ALS1 Emergency, ALS2 Emergency, BLSE Emergency, SCT (Specialty Care Transport), ALS Non-Emergency, BLS Non Emergency.

Advanced Life Support (ALS1) Level 1

An **ALS** ambulance has complex, specialized, life-sustaining equipment and, ordinarily, equipment for radiotelephone contact with a physician or hospital. Typically, this type of ambulance would require mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to administer IVs, provide anti-shock trousers, establish and maintain a patient’s airway, defibrillate the heart, relieve pneumothorax conditions, and perform other advanced life support procedures or services such as cardiac (EKG) monitoring. The ambulance must be staffed by at least two people, one of whom must be certified by the state of local authority as an EMT-Intermediate or an EMT-Paramedic.

ALS assessment is an assessment performed by an ALS crew as part of an **emergency response** that was necessary because the patient’s reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

ALS Intervention – ALS Intervention: A procedure that is, in accordance with state and local laws, required to be furnished by ALS personnel. The service must be medically necessary to qualify as an intervention for payment of an ALS level of services.

ALS1 – ALS, Level 1 A0427: Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT-Intermediate scope includes but is not limited to:

- Administration of IV fluids (except blood or blood products).
 - **Note:** An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.
- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.

- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Advanced Life Support (ALS2) Level 2

ALS2 – ALS, Level 2 A0433: Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); by intravenous push/bolus or by continuous infusion excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following procedures:

- Manual defibrillation/cardio version
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Note: An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.

Note: Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means, for example: intramuscular/subcutaneous injection, oral, sublingually or nebulized, do not qualify to determine whether the ALS2 level rate is payable. However, this is not an all-inclusive list. Likewise, a single dose of medication administered fractionally (i.e., one-third of a single dose quantity) on three separate occasions does not qualify for the ALS2 payment rate. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify for ALS2 payment.

Manual External Defibrillator units are used in conjunction with (or more often have inbuilt) electrocardiogram readers, which the healthcare provider uses to diagnose a cardiac condition (most often fibrillation or tachycardia although there are some other rhythms which can be treated by different shocks). The healthcare provider will then decide what charge (in joules) to use, based on proven guidelines and experience, and will deliver the shock through paddles or pads on the patient's chest. As they require detailed medical knowledge, these units are generally only found in hospitals and on some ambulances. In the United States, many advanced EMTs and all paramedics are trained to recognize lethal arrhythmias and deliver appropriate electrical therapy with a manual defibrillator when appropriate.

Cardioversion is a medical procedure by which an abnormally fast heart rate or cardiac arrhythmia is converted to a normal rhythm using electricity or drugs

Endotracheal Intubation is a procedure by which a tube is inserted through the mouth down into the trachea (the large airway from the mouth to the lungs). Before surgery, this is often done under deep sedation. In emergency situations, the patient is often unconscious at the time of this procedure.

Central Venous Line is a long fine catheter with an opening (sometimes multiple openings) at each end used to deliver fluids and drugs. The central line is inserted through the skin into a large vein that feeds into a larger vein sitting above the heart, so that the tip of the catheter sits close to the heart. There are several veins that are suitable for access, and the line may be inserted above or below the collarbone, on the side of your neck, in your groin or at the front of the elbow. The actual skin entry site depends on which vein is used. The line that is inserted at the elbow is called a PICC (Peripherally Inserted Central Catheter), and the lines that enter the shoulder or neck are called Central Venous Lines.

Cardiac Pacing is a temporary means of pacing a patient's heart during a medical emergency. It is accomplished by delivering pulses of electric current through the patient's chest, which stimulates the heart to contract. The most common indication for cardiac pacing is an abnormally slow heart rate.

Chest Decompression involves decompression of the affected chest cavity to release the pressure that has developed. Decompression can be achieved, with minimal risk, by the insertion of a 14 or 16 gauge needles into the second inter-costal space at the midclavicular line. The needle must be inserted superior to the rib because the intercostal artery, vein and nerve follow along the inferior portion of the rib.

Surgical Airway is also known as Cryothyroidotomy. The simplest technique is needle cricothyroidotomy. This involves placing a 12 gauge cannula into the trachea via the cricothyroid membrane. This will allow adequate ventilation for up to 45 minutes.

Intraosseous Line is the process of injecting directly into the marrow of the bone. The needle is injected through the bone's hard cortex and into the soft marrow interior. Often the antero-medial aspect of the tibia is used as it lies just under the skin and can easily be palpated and located. Anterior aspect of the femur and the superior iliac crest are other sites that can be used.

Basic Life Support Emergency (BLSE)

BLSE A0429 - is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an EMT-Basic. These laws may vary from state to state or within a state. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish an IV line.

Emergency – When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Specialty Care Transport (SCT)

SCT A0434- is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory

Advance Life Support Non-Emergency

ALS Non-Emergency (ALS1 H-H) A0426-Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT Intermediate scope includes but not limited to:

- Administration of IV fluids (except blood or blood products).
- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.
- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Basic Life Support Non-Emergency

BLS1 Non-Emergency A0428- Basic Life Support (BLS): Medically necessary transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an Emergency Medical Technician-Basic (EMT-Basic). These laws may vary from state to state. For example, only in some states is an EMT-Basic permitted to operate limited equipment on board the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a Peripheral Intravenous (IV) line.

BLS1 level of service would be used if the response was not immediate. You may see the patient transported to one of the following.

- Skilled Nursing Facility
- Residence
- Dialysis Center
- Clinic
- Scheduled appointment
- Hospital

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 255**

ADOPTION OF TAX RATES FOR FISCAL YEAR 2019

WHEREAS, in March 2012 the voters of the Coast Life Support District authorized the District Board of Directors to levy a Special Tax of up to \$44 per benefit unit to support Emergency Medical Services, and

WHEREAS, in April 2014, the voters of the District approved a Special Tax assessment of up to \$74 for a developable parcel, and \$148 for a developed parcel, to support Urgent Care, and

WHEREAS, the District's budget for Fiscal Year 2019 requires a Special Tax rate of \$44 per unit of benefit for Emergency Medical Services and \$57.50/\$115.00 Special Tax for developable/developed parcels to support Urgent Care,

BE IT RESOLVED, THEREFORE that the Special Tax rate of \$44 per unit of benefit for Emergency Medical Services, plus \$57.50/\$115.00 per developable/developed parcel for Urgent Care, be assessed accordingly to parcels in the District,

BE IT FURTHER RESOLVED that the Coast Life Support District renews its agreements with the appropriate offices of Mendocino and Sonoma Counties for collections of the assessments through the property tax rolls.

The above RESOLUTION was introduced by Director Schwartz, who moved for its adoption, seconded by Director Beaty and passed on this 25th day of June 2018 by the following roll call vote:

Directors:	Hughes	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	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 Special Tax Structure

By CLSD Board of Directors Resolution 255

June 2018

Ambulance Service Annual Tax Rate - \$44/Unit

<u>Units</u>	<u>Tax</u>	<u>Land Use</u>
0	\$0	Ag/Timber/Resource/Vacant—Not Buildable
1	\$44	Vacant Buildable
3	\$132	Single Family Dwelling
4	\$176	Ag with Development—House or Outbuildings
6	\$264	Duplex
8	\$352	Trailer Park/Apartments/Institution
10	\$440	Store/Commercial Enterprise
20	\$880	Hotel/Motel/Restaurant/Golf Course/Gas Station/Theater

Urgent Care Annual Tax Rate--\$57.50/Unit

<u>Units</u>	<u>Tax</u>	<u>Land Use</u>
0	\$0	Ag/Timber/Resource/Vacant—Not Buildable
1	\$57.50	Vacant Buildable
2	\$115	Developed

CLSD AMBULANCE REVENUE

	A	B	C	D	E	F	G	H	I	J	K	L	M
	BILLABLE INCIDENTS	CHARGES	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET CHARGES	PAYMENTS	REFUNDS	NET PAYMENTS	BAD DEBT WRITE OFFS	OTHER WRITE OFFS	ADJ	NEW A/R BALANCE
FY 17	61	256,097	112,884	42,394	5,226	95,593	32,542	220	32,322				509,635
FY18													
JULY '17	60	239,510	135,540	45,593	13,973	44,404	62,114	-	62,114	34,781	1,988	11	455,167
AUGUST '17	78	292,985	132,529	65,944	3,088	91,424	56,944	3,413	53,531	-	-	2,226	495,286
SEPTEMBER '17	43	158,264	61,382	35,655	1,954	59,273	72,870	104	72,767	-	(9)	1,127	482,959
OCTOBER '17	31	\$ 126,356	\$ 43,683	\$ 44,504	\$ 6,796	\$ 31,373	\$ 56,086	\$ 177	\$ 55,909	\$ 17,724	\$ 4,346	\$ 200	\$ 454,247
NOVEMBER '17	55	\$ 300,041	\$ 107,310	\$ 78,225	\$ (2,518)	\$ 117,024	\$ 49,971	\$ 580	\$ 49,391	\$ -	\$ -	\$ -	\$ 504,156
DECEMBER '17	47	\$ 172,167	\$ 69,416	\$ 63,344	\$ 3,929	\$ 35,478	\$ 50,462	\$ -	\$ 50,462	\$ -	\$ -	\$ 4	\$ 489,176
JANUARY '18	43	\$ 163,388	\$ 65,539	\$ 46,515	\$ 2,622	\$ 48,711	\$ 35,372	\$ -	\$ 35,372	\$ 20,280	\$ -	\$ -	\$ 482,236
FEBRUARY '18	53	\$ 272,815	\$ 109,275	\$ 65,276	\$ 2,803	\$ 95,461	\$ 54,511	\$ 23	\$ 54,487	\$ -	\$ -	\$ -	\$ 523,210
MARCH '18	72	\$ 272,061	\$ 148,108	\$ 5,215	\$ 3,021	\$ 68,784	\$ 40,754	\$ -	\$ 40,754	\$ 32,164	\$ 653	\$ -	\$ 518,423
APR '18	56	\$ 206,528	\$ 105,159	\$ 46,448	\$ 3,024	\$ 51,897	\$ 80,068	\$ -	\$ 80,068	\$ -	\$ 3,835	\$ 737	\$ 487,155
MAY '18	58	\$ 204,220	\$ 80,596	\$ 51,439	\$ (1,495)	\$ 73,681	\$ 55,203	\$ -	\$ 55,203	\$ 56,045	\$ 1,250	\$ -	\$ 448,338

FY To Date	596	2,408,335	1,058,536	548,158	37,197	717,511	614,355	4,297	610,058	160,994	12,063	4,306	
Last 12 Months	657	2,664,432	1,171,420	590,552	42,424	813,103	646,897	4,518	642,379	160,994	12,063	4,306	

Monthly Average FY To Date	54	218,939.56	96,230.57	49,832.53	3,381.58	65,228.25	55,850.44	390.65	55,459.79	14,635.82	1,096.62	391.44	
Monthly Average Last 12 Months	55	222,036	97,618	49,213	3,535.30	67,759	53,908	376	53,532	13,416	1,005	359	

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06/12/18
Accrual Basis

Coast Life Support District Profit & Loss Budget Overview July 2017 through May 2018

	Jul '17 - May 18	Budget	\$ Over Budg...	% of Budget
Ordinary Revenue/Expense				
Revenue				
4000 · CLSD Special Taxes	1,357,713.86	1,453,623.42	-95,909.56	93.4%
4100 · Interest Revenue	119.74	112.50	7.24	106.4%
4200 · Ambulance Revenue	696,820.86	538,541.66	158,279.20	129.4% ¹
4400 · Miscellaneous Revenue	16,965.89	2,750.00	14,215.89	616.9% ²
4410 · Intergovermntl Transport(IGT)	139,790.00	73,333.33	66,456.67	190.6% ³
4420 · Ground Emerg Med Transport	-5,056.34	22,916.67	-27,973.01	-22.1%
Total Revenue	2,206,354.01	2,091,277.58	115,076.43	
Expense				
5000 · Wages and Benefits	1,040,854.85	1,035,309.42	5,545.43	100.5%
6000 · Ambulance Operations	143,304.05	144,683.34	-1,379.29	99.0%
66000 · Payroll Expenses	334.95			
6700 · Overhead/Administration	151,813.08	224,403.15	-72,590.07	67.7%
6971 · IGT	0.00			
7000 · Urgent Care	712,690.00	712,673.50	16.50	100.0%
8000 · Interest Expense	2,833.46	4,125.00	-1,291.54	68.7%
9000 · Other Expenses	0.00			
9500 · Depreciation Expense	84,439.74	84,442.41	-2.67	100.0%
9999 · Prior Period Adjustment	-6,307.58	0.00	-6,307.58	100.0%
Total Expense	2,129,962.55	2,205,636.82	-75,674.27	
Net Ordinary Operating Surplus	76,391.46	-114,359.24	190,750.70	
Net Revenue	76,391.46	-114,359.24 ¹	190,750.70	-66.8%

1. NET BILLING: *Ref Wittman YTD Report (acc 4200+Column F minus H/K/L).

2. Revenue due to CPR Program, American Capital, Donations

3. IGT acural. Pending "New Net Funds" expected in June

4. \$10,833/mo x11 months = \$119,163.00 for Urgent Care increase and covered by UC reserves.

Coast Life Support District

Profit & Loss Budget Overview

July 2017 through May 2018

	Jul '17 - May ...	Budget	\$ Over Bud...	% of Bu...
Ordinary Revenue/Expense				
Revenue				
4000 · CLSD Special Taxes				
4001 · Mendocino County Taxes				
4004 · Mendocino Ambulance Tax	400,534.75	437,858.67	-37,323.92	91.5%
4009 · Mendocino Urgent Care Tax	284,133.38	309,766.42	-25,633.04	91.7%
4010 · Mendocino Ad Valorem Tax	85,272.72	84,949.33	323.39	100.4%
4001 · Mendocino County Taxes - Other	0.00	0.00	0.00	0.0%
Total 4001 · Mendocino County Taxes	769,940.85	832,574.42	-62,633.57	
4002 · Sonoma County Taxes				
4024 · Sonoma Ambulance Tax	323,520.26	341,537.17	-18,016.91	94.7%
4029 · Sonoma Urgent Care Tax	264,252.75	279,511.83	-15,259.08	94.5%
Total 4002 · Sonoma County Taxes	587,773.01	621,049.00	-33,275.99	
Total 4000 · CLSD Special Taxes	1,357,713.86	1,453,623.42	-95,909.56	
4100 · Interest Revenue	119.74	112.50	7.24	106.4%
4200 · Ambulance Revenue				
4201 · Amb Transport Billings	696,820.86	550,000.00	146,820.86	126.7% ¹
4228 · Writedowns-District Res. Disc.	0.00	-11,458.34	11,458.34	0.0%
Total 4200 · Ambulance Revenue	696,820.86	538,541.66	158,279.20	
4400 · Miscellaneous Revenue	16,965.89	2,750.00	14,215.89	616.9% ²
4410 · Intergovernmentl Transport(IGT)	139,790.00	73,333.33	66,456.67	190.6% ³
4420 · Ground Emerg Med Transport	-5,056.34	22,916.67	-27,973.01	-22.1%
Total Revenue	2,206,354.01	2,091,277.58	115,076.43	
Expense				
5000 · Wages and Benefits				
5200 · Health Insurance	97,755.71	99,000.00	-1,244.29	98.7%
5300 · Payroll Taxes Emplr Costs	27,541.67	29,447.00	-1,905.33	93.5%
5350 · PERS Employer Costs	80,773.10	83,479.92	-2,706.82	96.8%
5405 · Administration Salaries				
5405.1 · Admin Salaries-Alloc/UC	-20,830.37	-20,830.36	-0.01	100.0%
5405 · Administration Salaries - Other	207,201.28	202,510.44	4,690.84	102.3%
Total 5405 · Administration Salaries	186,370.91	181,680.08	4,690.83	
5410 · Ambulance Operations Wages	572,017.00	564,097.42	7,919.58	101.4%
5430 · Extra Duty/Stipend Pay/DA	40,104.05	41,312.33	-1,208.28	97.1%
5500 · Work Comp Insurance	36,292.41	36,292.67	-0.26	100.0%
Total 5000 · Wages and Benefits	1,040,854.85	1,035,309.42	5,545.43	
6000 · Ambulance Operations				
6030 · Med. Director Fee-non AHUC	34,650.00	34,650.00	0.00	100.0%
6040 · Dispatch Services	22,496.87	23,500.00	-1,003.13	95.7%
6050 · Misc Reimbursements	5.00			
6100 · Station/Crew Expenses				
5100 · Uniforms & Med Tests	2,980.29	4,583.33	-1,603.04	65.0%
6101 · Facility Repair & Maintenance	1,961.88	8,616.67	-6,654.79	22.8%
6102 · Facility Furniture	1,855.87	0.00	1,855.87	100.0%
6110 · Supps, Rental, Clean. etc	5,666.95	11,916.67	-6,249.72	47.6%
6210 · Veh. Repair & Maintenance	16,943.44	16,500.00	443.44	102.7%
6240 · Vehicle Fuel	22,316.68	13,750.00	8,566.68	162.3% ⁴
6320 · Licenses and Permits	129.00			
6410 · Radios & Comm Equip	3,728.51	3,666.67	61.84	101.7%
6510 · Medical Supplies & Equip	30,117.06	22,000.00	8,117.06	136.9% ⁵

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06/12/18

Accrual Basis

Coast Life Support District

Profit & Loss Budget Overview

July 2017 through May 2018

	Jul '17 - May ...	Budget	\$ Over Bud...	% of Bu...
Total 6100 · Station/Crew Expenses	85,699.68	81,033.34	4,666.34	105.8%
6980 · Misc. Employee Train. Exps	452.50	5,500.00	-5,047.50	8.2%
Total 6000 · Ambulance Operations	143,304.05	144,683.34	-1,379.29	
66000 · Payroll Expenses	334.95			
6700 · Overhead/Administration				
6180 · Utilities	12,845.62	11,000.00	1,845.62	116.8%
6188 · Telephone	7,703.12	5,500.00	2,203.12	140.1%
6300 · Insurance	17,129.00	17,000.00	129.00	100.8%
6713 · Ambulance Billing	33,291.23	35,523.58	-2,232.35	93.7%
6718 · Office Supp/Equip/Software				
6718.1 · Office Supplies	2,868.76	4,583.33	-1,714.57	62.6%
6718.2 · Computer Equipment	2,346.96	2,750.00	-403.04	85.3%
6718.3 · Software	2,767.73	1,443.75	1,323.98	191.7%
6718 · Office Supp/Equip/Software - Other	-15.00	0.00	-15.00	100.0%
Total 6718 · Office Supp/Equip/Software	7,968.45	8,777.08	-808.63	
6720 · Board Expenses	126.00	2,291.66	-2,165.66	5.5%
6730 · Consultants				
6734 · IT	4,764.91	6,875.00	-2,110.09	69.3%
6735 · EMS Survey	1,879.15	3,208.33	-1,329.18	58.6%
6737 · Financial/Bookkeeping	525.00	4,583.33	-4,058.33	11.5%
6738 · Legal	4,744.00	9,166.67	-4,422.67	51.8%
6740 · Audit	8,750.00	7,791.67	958.33	112.3%
6741 · Tax Administration - NBS	10,634.18	9,560.83	1,073.35	111.2%
Total 6730 · Consultants	31,297.24	41,185.83	-9,888.59	
6742 · Bank/Merchant Fees	1,285.04	916.67	368.37	140.2%
6755 · Property Tax Admin	16,831.57	26,583.33	-9,751.76	63.3% 6
6760 · Education/Professional Dev	655.75	2,291.67	-1,635.92	28.6%
6765 · Election Costs/Reserve	0.00	43,083.33	-43,083.33	0.0% 7
6770 · Dues, Subscrip, Membership	7,953.59	9,166.67	-1,213.08	86.8%
6788 · Printing & Reproduction	1,513.24	9,166.67	-7,653.43	16.5% 8
6795 · Travel/Transportation	3,100.87	2,750.00	350.87	112.8%
6970 · Community Dev/Training	10,112.36	9,166.66	945.70	110.3%
Total 6700 · Overhead/Administration	151,813.08	224,403.15	-72,590.07	
6971 · IGT	0.00			
7000 · Urgent Care				
7011 · Admin Salaries-Alloc to UC	20,830.37	20,830.33	0.04	100.0%
7050 · UC Contract	691,859.63	691,843.17	16.46	100.0%
Total 7000 · Urgent Care	712,690.00	712,673.50	16.50	
8000 · Interest Expense				
8005 · EMS Interest Expense	0.00	1,375.00	-1,375.00	0.0%
8000 · Interest Expense - Other	2,833.46	2,750.00	83.46	103.0%
Total 8000 · Interest Expense	2,833.46	4,125.00	-1,291.54	
9000 · Other Expenses	0.00			
9500 · Depreciation Expense	84,439.74	84,442.41	-2.67	100.0%
9999 · Prior Period Adjustment	-6,307.58	0.00	-6,307.58	100.0%
Total Expense	2,129,962.55	2,205,636.82	-75,674.27	
Net Ordinary Operating Surplus	76,391.46	-114,359.24	190,750.70	
Net Revenue	76,391.46	-114,359.24 9	190,750.70	-66.8%

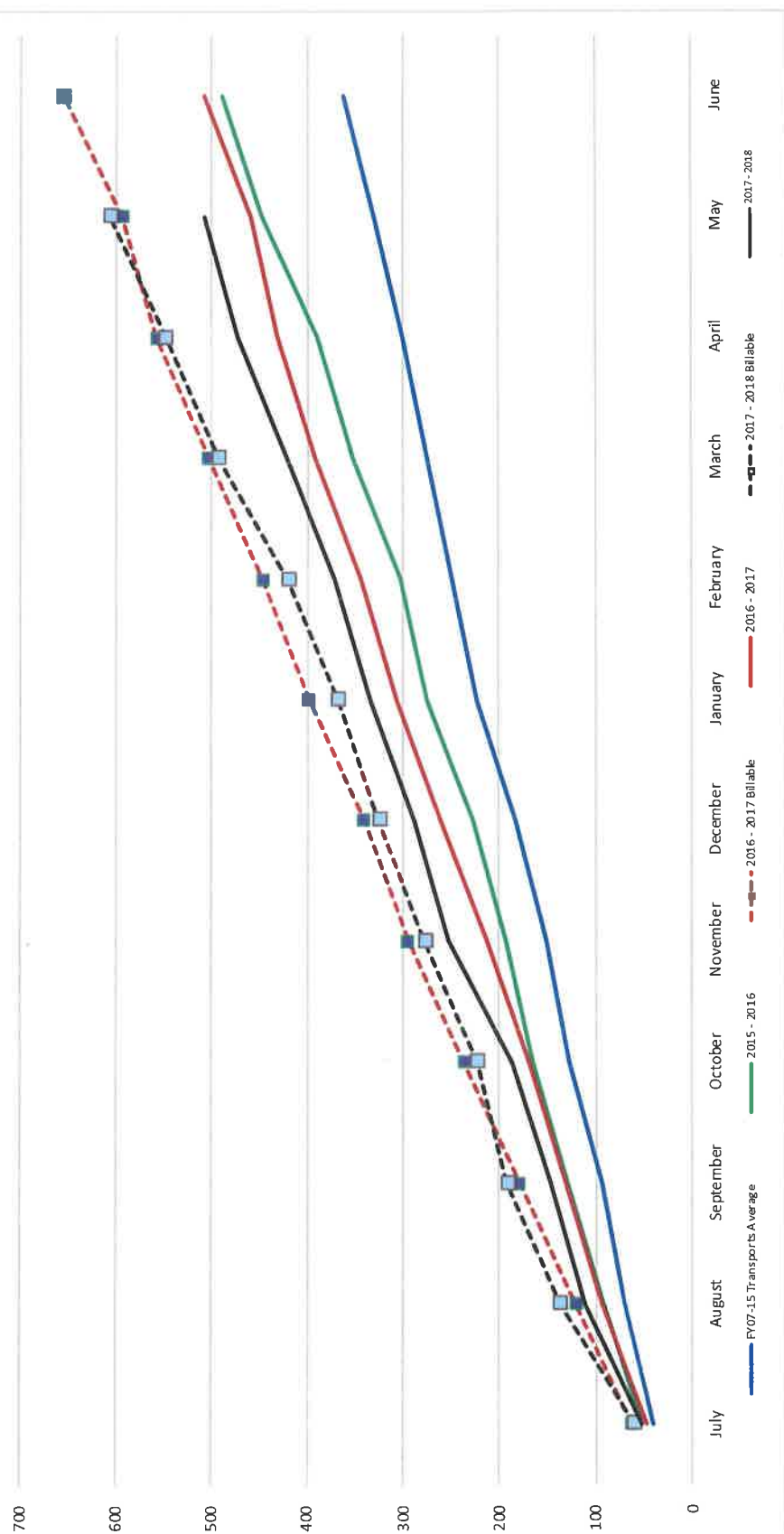
Coast Life Support District
Profit & Loss Budget Overview
July 2017 through May 2018

- 1. NET BILLING: *Ref Wittman YTD Report (acc 4200 + Column F minus H/K/L).
- 2. Revenue due to CPR Program, American Capital, Donations
- 3. IGT accrual. Pending "New Net Funds" expected in June
- 4. ~6K from FY17 CalFire fuel reconcilliation
- 5. Order fof medical supplies. Budgeted over 12 months.
- 6. County tax fee 38% 2017/2018 tax
- 7. Upcoming expense
- 8. Upcoming expense
- 9. \$10,833 x11 months = \$119,163.00 for Urgent Care increase and covered by UC reserves.

CUMULATIVE AMBULANCE DATA

Cumulative Transports	July	August	September	October	November	December	January	February	March	April	May	June
2007 - 2015 Averaged	40	69	93	127	151	182	223	249	275	300	330	362
2015 - 2016	52	91	130	164	192	227	274	303	352	390	447	489
2016 - 2017	47	94	131	168	213	261	306	343	391	431	459	508
2017 - 2018	52	111	147	186	252	288	334	372	422	473	508	
Cumulative Billable Incidents												
2016 - 2017 Billable	63	121	179	236	295	340	398	447	503	558	594	655
2017 - 2018 Billable	60	138	192	223	278	325	368	421	493	549	607	

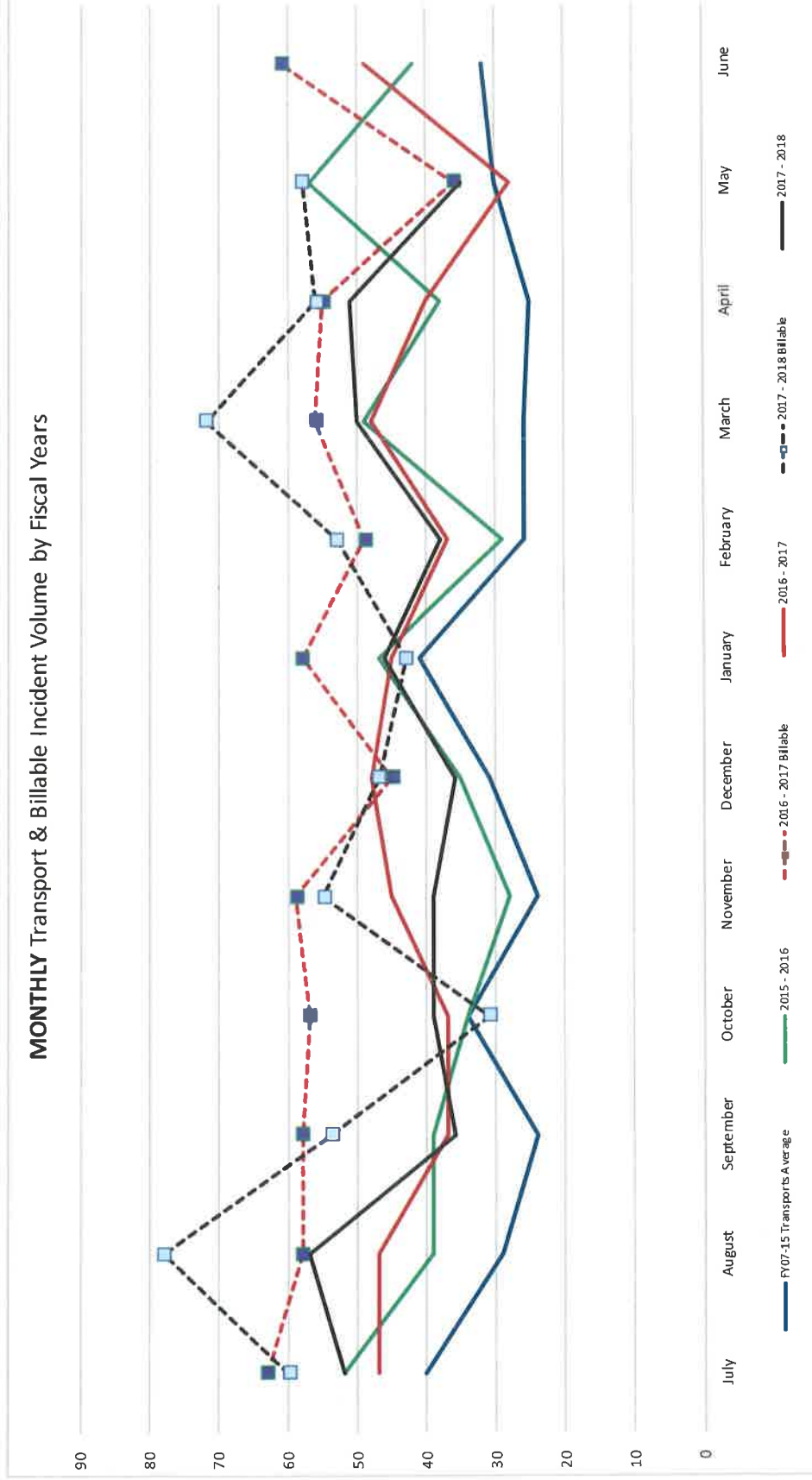
CUMULATIVE Transport & Billable Incident Volume by Fiscal Years



MONTHLY AMBULANCE DATA



Monthly Transports	July	August	September	October	November	December	January	February	March	April	May	June
2007 - 2015 Averaged	40	29	24	34	24	31	41	26	26	25	30	32
2015 - 2016	52	39	39	34	28	35	47	29	49	38	57	42
2016 - 2017	47	47	37	37	45	48	45	37	48	40	28	49
2017 - 2018	52	57	36	39	39	36	46	38	50	51	35	
Monthly Billable Incidents												
2016 - 2017 Billable	63	58	58	57	59	45	58	49	56	55	36	61
2017 - 2018 Billable	60	78	54	31	55	47	43	53	72	56	58	

MONTHLY Transport & Billable Incident Volume by Fiscal Years



6/14/18

CLSD RUN DATA for the PRECEEDING 12 MONTHS

MONTH MOST CURRENT ON TOP	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LANDING		DRY RUN		T&R		TO RCMS				FROM RCMS			
	AUTHORIZED ORDER DISPATCHED		PATIENT CARE RECORD		ADVANCED LIFE SUPPORT				BASIC LIFE SUPPORT				TRANSPORTS				CANCELLED ON ROUTE				ALS		BLS		ALS		BLS	
	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
18-May	76	70	54	58	32	34	1	4	3	4	0	0	35	51	5	10	20	25	19	20	3	0	0	2	8	10	1	3
18-Apr	70	84	58	58	34	27	4	2	4	13	0	1	51	40	10	4	25	23	20	18	0	2	2	0	10	10	3	6
18-Mar	97	91	70	60	37	34	1	4	13	14	1	4	50	48	10	8	25	23	20	12	0	1	3	0	10	6	2	6
18-Feb	63	72	53	53	31	28	2	3	7	9	2	1	38	37	6	3	7	13	13	16	2	4	1	0	4	4	4	3
18-Jan	80	67	59	53	36	28	2	1	10	8	2	0	46	36	2	5	16	17	13	11	7	5	0	2	8	5	7	3
17-Dec	67	95	53	92	28	32	1	6	8	18	0	3	36	48	5	7	17	25	11	10	5	4	2	1	5	3	3	4
17-Nov	90	89	61	58	31	33	0	2	18	12	1	1	49	45	5	5	29	27	12	15	3	5	1	1	9	5	12	6
17-Oct	81	83	54	57	23	24	2	4	16	13	0	1	39	37	4	6	21	22	15	20	2	3	1	0	2	2	9	5
17-Sep	60	74	48	56	28	25	1	1	6	12	1	0	34	37	5	4	12	15	14	19	2	1	0	0	8	8	4	8
17-Aug	121	90	77	61	42	35	3	3	15	12	2	2	57	47	3	8	38	23	22	10	7	6	2	1	7	6	6	5
17-Jul	98	106	62	71	37	30	4	7	15	17	1	1	52	47	9	9	31	31	15	17	4	5	0	1	8	6	7	6
17-Jun	99	90	61	63	33	26	4	6	16	16	2	2	49	42	7	8	28	18	15	23	2	1	1	0	6	3	10	4
	1002	1011	710	740	392	356	25	43	131	148	12	16	536	515	71	77	269	262	189	191	37	37	13	8	85	68	68	59
	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

District Administrator and Operations Manager's Report

June 2018

District Administrator:

- Measure E final count outcomes by County:
 - Mendocino County:
Total votes: 1,264 1,127 YES (89.2%) v. 137 NO (10.8%)
 - Sonoma County:
Total votes: 516 480 YES (93.0%) v. 36 NO (7%)
 - Total votes: 1,780 1,607 YES (90.3%) v. 173 NO (9.7%)**
- Tracking 2nd out paramedic program in newly developed spreadsheet and vetted with Finance Committee. Summary statistics will be shared with BOD in future. (Program started in April).
- AB2262 – sponsored by Jim Wood amending enabling legislation had previously cleared the Assembly, referred to the Senate and assigned to committee. June 13th it was heard, amended to clarify language exerting the authority of the State EMS agency: Committee recommended (Ayes 7, Noes 0) to pass and was re-referred back to the Committee on Health.
- Video Teleconferencing equipment has been installed. Training scheduled in very near future.
- CLSD is switching over from AT&T analog phone lines to Voice Over Internet (VOIP). Switch over on Thu June 28th. We'll keep one analog line for emergency back-up and have cellular service as well. Expecting to save ~\$250/mo. Phones were free.
- Continuing to attend Sonoma County Ambulance Ordinance meetings with the eventual development of a RFP to award the Exclusive Operating Area in the urban core.
- LAFCO – several Municipal Service Reviews in process in Sonoma County to consolidate/annex fire services and secondarily affect ambulance services. Closest to us is the possible annexation of Russian River and Bodega Bay areas to be merged into the West County Fire Protection District. Ambulance services to the very southern end of the CLSD District will be considered in the review – several months away.
- Supervisor Lynda Hopkins - \$12K Tourist Mitigation Funds to support our EMT Safety net program was approved by the BOS first week of June. Unfortunately, by the time we received letter of award, we only had two weeks to spend the money. We had the option to push the award into the next fiscal year which we opted to do.
- The Rural Emergency Medical Center Act of 2018: RE: the lack of access to rural hospitals. Legislation currently being considered by Congress (H.R.5678) to amend title XVIII of the Social Security Act to provide for coverage of rural emergency medical center services under the Medicare Program. Have been in contact with Congressman Jared Huffman's office and his legislative analyst's staff are investigating. (Internet search H.R.5678).
- Matter of Balance class scheduled in June at CLSD was cancelled after last minute drop in registered participants. Next class will be in Fall in Manchester.
- Starting a review process of property parcels rated "vacant/buildable" to assure appropriate compliance (~1,500 parcels)
- Attended an Image Trend Report Writing class in Ukiah. Will now be able to extract more detailed data to influence planning and efficiency/effectiveness of services provided to our community.

Operations:

Deployment / Staffing

- First Out ALS (M-120) staffed 100%
- Second out paramedic (0900 – 2100) 25 shifts filled out of 30 days
- Nine overnight shifts with dual paramedic and BLS filled all remaining shifts
- 100 % second out coverage provided

Facilities

- Projects are in progress; wood refinishing, weeding, drip system and bay bathroom remodel.
- Work to start on expanding the lower asphalt area. We will gravel in the current grass area next to the propane tank. Mason excavating will do the work.

Vehicles/Equipment

- All vehicles / equipment are in good working order.
- The Ford ambulance needs a catalytic converter. It has arrived and will be installed this month.
- A new Manuel stair chair arriving this month

Community events / Training

- Paramedics / Team leader meeting held in Santa Rosa. Medical director and DA in attendance.
- Semi-annual staff Performance Expectations in progress and due July 13th.
- RCMS is scheduling monthly CPR classes with us now. Averaging 6 a month
- 14 EMT students have graduated. Many supporters, including CLSD board members, helped with the final skills test. There has been a couple of inquiries about employment.
- We are placing AED and first aid kits at Two Fish bakery at Stewarts Point. Also one placed in the CLSD training room.
- Horicon school staff were taught CPR.
- TSR association has 32 people to train in CPR and First Aid by mid-July