

# 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, July 22<sup>nd</sup>, 2019 <<<

1. Call to Order Beaty
2. Adoption of the agenda Beaty
3. Minutes Approval: June 24<sup>th</sup>, 2019 meeting Beaty
4. Privilege of the floor Beaty
5. New Business Caley
  - a. Resignation of Board Director
  - b. Memorandum of Understanding – HRSA Rural Communities Opioid Planning Grant
6. Old Business Beaty
  - a. Board Goals Update
  - b. Succession planning exercise
  - c. Special Meeting – Revise Board Goals FY20 and discuss DA succession planning
7. Reports:
  - a. Finance: YTD Paterson/Beaty
    - i. Ambulance revenue – Wittman YTD
    - ii. Expenses
    - iii. Investment account
  - b. Communication Committee Bower/André
  - c. MHA update - deferred Tittle
8. DA / Ops report Caley
  - a. CLSD hosting Coastal Seniors dinner on July 26<sup>th</sup> – confirm crew
  - b. Ambulance run data, with new 2<sup>nd</sup>-Out program data
  - c. DA / Ops Summary Report – read in advance and will have Q & A
  - d. Sonoma County Exclusive Operating Area Extension Quarterly update
  - e. Letter of Support - proposed Wireless Cell Tower in Gualala
9. **NEXT MEETINGS:** Scheduled Board of Director meetings are held routinely on the 4<sup>th</sup> Monday of the month at 4:00 PM at the CLSD Bill Platt Training Center unless otherwise noted. Upcoming meetings are:  
  
**Aug 26<sup>th</sup>, 2019**  
**Sep 23<sup>rd</sup>, 2019**  
**Oct 28<sup>th</sup>, 2019**
10. Adjourn



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
June 24<sup>th</sup>, 2019 Meeting

**Call to Order:** President Beaty called the meeting to order at 4:01 p.m. at the Bill Platt Training Room. Present were Directors: Schwartz, André, and Tittle. Absent were Directors Villagomez, Paterson and Bower. Also present: District Administrator (DA) David Caley, Ops Manager Evan Dilks, Bookkeeper Clara Frost and community representative Richard Hughes.

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

**Approval of Minutes: Board of Directors meeting minutes Mar 25<sup>th</sup>, 2019:** Director André moved to approve the minutes amending the spelling of a name, otherwise as written and was seconded by Director Schwartz. All ayes.

**Privilege of the Floor – Public Comment:**

- a. Staff and appreciation stories: CLSD received a letter of appreciation from a patient this past month honoring Paramedic/Ops Manager Evan Dilks and newly graduated Paramedic Ethan Pack after they were involved in a motor vehicle accident; Paramedic Chris Ottolini was honored at the Rural Health Rock Star event in Mendocino County – honoring five individuals with the title of Rural Health Rock Star for his role as a paramedic and Training Officer and his positive impact on our rural community First Responders; Paramedic Jeff Finck and EMT Ron Miles were honored at the Sonoma County Survivor's Reunion where patients, family, first responders, dispatchers, and hospital staff come together to celebrate the patient's second chance in life due to the collaborative efforts of the EMS/hospital system; and the 2019 graduates of the CLSD EMT program. Congratulations to all and the Board commends all honored for the dedicated service they tirelessly provide our community.

**New Business:** None

**Old Business:**

- a. Discussion of the FY20 Budget (minor changes from last month): Bottom line is essentially a zero-based budget due to an additional \$28,000 from Sonoma County Special Tax and an additional \$16,000 add-on reimbursement rate provided through the Ground Emergency Medical Transportation – Quality Assurance Fee Program.
- b. Resolution 259 – Adoption of the Preliminary FY20 Budget – ACTION: 4 Ayes, 0 Noes, 0 Abstain; 3 Absent. Unanimous – APPROVED.
- c. Resolution 260 – Adoption of the FY20 Ambulance Rates – ACTION: 4 Ayes, 0 Noes, 0 Abstain; 3 Absent. Unanimous – APPROVED.
- d. Resolution 261 – Adoption of the FY20 Tax Rates – ACTION: 4 Ayes, 0 Noes, 0 Abstain; 3 Absent. Unanimous – APPROVED.
- e. Resolution 262 – Adoption of the FY20 Prop 4 Appropriations Limit – ACTION
- f. Draft: FY20 Urgent Care Contract – ACTION: 4 Ayes, 0 Noes, 0 Abstain; 3 Absent. Unanimous – APPROVED.

**Reports:**

**a. Finance: YTD**

- i. Ambulance Revenue – Wittman YTD reviewed.
- ii. Expenses – as expected and within budget.
- iii. Investment Account – Investment made with shorter expiration dates to maximize return rates.

**b. Communications Committee:** Director André presented the additional information added to the CLSD website regarding charges for services in order to be as transparent as possible to the public.

**c. MHA update:** Director Tittle provided highlights that MHA has accomplished in the last FY (handout

provided at the BOD meeting and attached to the July Board packet). Examples are: MHA is now established as a 501(c)3 (non-profit status); the HRSA Opioid Planning grant they applied for \$148K and were awarded \$200K and plan to apply for a HRSA Opioid 3-year Implementation grant; they are providing free cholesterol screenings; and forming a task force to help implement a local Health Information Exchange with MHA partners.

**DA / Ops report:**

- a. **CLSD hosting Coastal Seniors dinner** on July 26<sup>th</sup> – confirm crew. Still unclear on who is available
- b. **Ambulance Run Data** – May 2019: 56 billable incidents; 691 cumulative. There were 42 Transports; 502 cumulative. Annual projection based on eleven months: 754 billable incidents with 548 transports.
- c. **DA Summary Report**
- d. **Updates re: state and federal funding:**
  - i. Intergovernmental Transfer (IGT) – received FY18 funds just under \$250K.
  - ii. Ground Emergency Medical Transport (GEMT) – \$10,000 for 2015/16 affordable care act
  - iii. Ground Emergency Medical Transport Quality Assurance Fee (GEMT QAF) – \$16,000 more than originally expecting due to an increase in the add-on reimbursement rate.

**Next Board of Directors Meeting:** the 4<sup>th</sup> Monday of the month at 4 PM

- Monday, July 22<sup>nd</sup> at 4 pm
- Monday, August 26<sup>th</sup> at 4 pm
- Monday, September 23<sup>rd</sup> at 4 pm

**Adjournment:** at 5:32 Director Schwartz motioned to adjourn and seconded by Director Tittle, all ayes.

Minutes Approved:

\_\_\_\_\_  
(Date)

**Memorandum of Understanding (MOU)**  
Between  
**Mendonoma Health Alliance**  
and  
**Coast Life Support District, Bright Heart Health, and Mendocino County AIDS/HIV  
Viral Hepatitis Network**  
for participation in the  
**Mendonoma Opioid Response Planning Grant Consortium**

**PURPOSE AND SCOPE**

The purpose of the Health Resources and Services Administration (HRSA) RCORP-Planning project is to support prevention of and treatment for substance use disorders, including opioid use disorder (OUD). The overall goal of the program is to reduce the morbidity and mortality associated with opioid overdoses in high-risk, rural communities by strengthening the capacity of multi-sector consortia to address one or more of three focus areas at community, county, state, and/or regional levels:

- (1) prevention—reducing the occurrence of opioid addiction among new and at-risk individuals, as well as fatal, opioid-related overdoses, through community and provider education and harm reduction measures, including the strategic placement of overdose-reversing devices, such as naloxone;
- (2) treatment—implementing or expanding access to evidence-based practices for OUD treatment, such as medication-assisted treatment (MAT); and
- (3) recovery—expanding peer recovery and treatment options that help people start and stay in recovery.

Mendonoma Health Alliance (MHA) has been awarded an RCORP-Planning grant that will benefit the northern coastal region of Sonoma County (Timber Cove through Sea Ranch) and the southern coastal region of Mendocino County (Gualala through Elk). More specifically, communities that lie within the following zip codes: 95459, 95468, 95445, 95497, 95480 and portions of 95450. MHA and all consortium partners will work together in completion of all activities/projects of the grant. Consortium members include: MHA, Mendocino County Public Health (Safe Rx), Coast Life Support District, Mendocino County AIDS/HIV Viral Hepatitis Network, and Bright Heart Health.

**DURATION**

This MOU shall become effective upon signature by the duly authorized representatives of Coast Life Support District (CLSD), Bright Heart Health (BHH), and Mendocino County AIDS/HIV Viral Hepatitis Network (MCAVHN), hereinafter referred to as “Collaborators,” and MHA and will remain in effect for the duration of the funding period for the Mendonoma Opioid Response Grant, through May 31, 2020, unless modified by mutual consent and executed in writing by the authorized representatives of all parties. The MOU is at-will and may be terminated by any party at any time upon written notice to the other party.

## **ROLES AND RESPONSIBILITIES OF MENDONOMA HEALTH ALLIANCE**

Mendonoma Health Alliance will contribute the following expertise toward completion of the Mendonoma Opioid Response Grant:

- Financial management of federal dollars
- Serve as the convening organization for all consortium partners in an effort to facilitate collaboration
- Provide leadership in reducing morbidity and mortality associated with opioid overdoses in the stated service area by strengthening the capacity of collaboration
- Will coordinate and facilitate all leadership meetings
- Engage all partners for collection of data, information and feedback needed to develop all required deliverables
- Complete and submit all deliverables
- Manage work plan timelines
- Engage partner organizations for development of performance measures
- Provide guidance for best-practices and evidence-based approaches

As the RCORP-funding recipient, MHA will undertake the following activities:

- Administer HRSA funds on behalf of the Mendonoma Opioid Response Grant in a manner consistent with federal grant guidelines
- Facilitate collaboration toward the completion of the goals, objectives, activities, management, and evaluation of the Mendonoma Opioid Response Grant, as submitted for HRSA funding

## **ROLES AND RESPONSIBILITIES OF COLLABORATORS**

CLSD, will contribute the following expertise toward completion of the Mendonoma Opioid Response Grant:

- Provide medical oversight and Quality Assurance and Quality Improvement to help define a shared vision throughout the planning process, including help in assessing community needs and the development of a strategic plan
- Create partnerships and linkages to contribute to the overall success of the project
- Bring to the table a willingness to be creative and to focus on solutions rather than barriers
- Participate in planning and training activities targeted at reducing morbidity and mortality associated with opioid overdoses in the northern coastal region of Sonoma County and southern coastal region of Mendocino County.
- Fully endorse and implement the strategic, workforce, and sustainability plans developed by Mendonoma Opioid Response Grant

CLSD commits to undertaking the following activities:

- Participation in the development of a Sustainability Plan for consortium and proposed activities
- Assess volume of Narcan needed for community readiness

- Identify number of patients who present with altered level of consciousness during emergency response
- Provide training & oversight for Expanded Scope protocols for Emergency Responders to administer Narcan
- Participation in the development of a Community Education Plan to address Opioid Use Disorder & infectious diseases
- Develop Strategic Plan to address gaps in Opioid Use Disorder
- Dedicate staff time for meetings and consultations regarding the Mendonoma Opioid Response Grant
- Treat shared information as confidential and agree not to disclose shared information to unauthorized entities
- Disclose any conflict of interest that may arise in the course of the Mendonoma Opioid Response Grant activities
- Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements

BHH will contribute the following expertise toward completion of the Mendonoma Opioid Response Grant:

- Share expertise and experience in reducing morbidity and mortality associated with opioid overdoses in the stated service area by strengthening the capacity of collaboration
- Create partnerships and linkages to contribute to the overall success of the project
- Bring to the table a willingness to be creative and to focus on solutions rather than barriers
- Participate in planning activities targeted at reducing morbidity and mortality associated with opioid overdoses in the northern coastal region of Sonoma County and southern coastal region of Mendocino County.
- Fully endorse and implement the strategic, workforce, and sustainability plans developed by Mendonoma Opioid Response Grant

BHH commits to participating in the following activities:

- Develop Sustainability Plan for consortium and proposed activities
- Analysis to identify gaps in OUD prevention/ treatment and recovery
- Analysis to identify gaps in OUD workforce
- Assess cost of treatment for low-income patients
- Develop Strategic Plan to address gaps in OUD
- Develop Comprehensive Workforce Plan that addresses gaps in OUD
- Develop implementation plan for listed focus areas
- Dedicate staff time for meetings and consultations regarding the Mendonoma Opioid Response Grant
- Treat shared information as confidential and agree not to disclose shared information to unauthorized entities
- Disclose any conflict of interest that may arise in the course of the Mendonoma Opioid Response Grant activities

- Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements

MCAVHN will contribute the following expertise toward completion of the Mendonoma Opioid Response Grant:

- Share expertise and experience in reducing morbidity and mortality associated with opioid overdoses in the stated service area by strengthening the capacity of collaboration
- Create partnerships and linkages to contribute to the overall success of the project
- Bring to the table a willingness to be creative and to focus on solutions rather than barriers
- Provide various training and educational material that will enrich the knowledge of MHA's Community Health Workers. Trainings will address proper engagement of, and care coordination for, active users.
- Plan for and coordination of infectious disease health screenings in the MHA service area.
- Participate in planning and training activities targeted at reducing morbidity and mortality associated with opioid overdoses in the northern coastal region of Sonoma County and southern coastal region of Mendocino County.
- Fully endorse and implement the strategic, workforce, and sustainability plans developed by Mendonoma Opioid Response Grant

MCAVHN commits to participating in the following activities:

- Develop Sustainability Plan for consortium and proposed activities
- Attend one harm reduction or opioid response conference or workshop
- Research existing educational resources for OUD & infectious diseases
- Assess volume of Narcan needed for community readiness
- Assess cost of treatment for low-income patients
- Assess need for, and location of, secondary syringe site
- Complete Infectious Disease Trainings with CHWs
- Complete training with the CA State Public Health Office of AIDS
- Develop Community Education Plan to address OUD & infectious diseases
- Develop Strategic Plan to address gaps in OUD
- Develop Comprehensive Workforce Plan that addresses gaps in OUD
- Develop implementation plan for listed focus areas
- Dedicate staff time for meetings and consultations regarding the Mendonoma Opioid Response Grant
- Treat shared information as confidential and agree not to disclose shared information to unauthorized entities
- Disclose any conflict of interest that may arise in the course of the Mendonoma Opioid Response Grant activities
- Protect patients and comply with all Health Insurance Portability and Accountability Act and federal requirements

## **GOVERNING STRUCTURE**

The Board of Director of MHA will provide the governing structure for oversight of the Mendonoma Opioid Response Grant (refer to appendix for MHA bylaws for further information on organizational governance). Leaders from each Collaborator will act in an advisory role and report to the MHA BOD for specific direction of the project.

## **USE OF THE MENDONOMA OPIOID RESPONSE GRANT NAME**

No party will use the name or logo of the Mendonoma Opioid Response Grant in any advertisement, press release, or other publicity without written prior approval of MHA. MHA has the right to acknowledge Collaborator's support of the work performed under this MOU in public communications.

## **TERMINATION**

It is mutually understood and agreed by and among the parties that Collaborators will provide at least 60 days' notice of the intention to withdraw from Mendonoma Opioid Response Grant. If a Collaborator chooses to withdraw, said Collaborator commits to making arrangements to complete assigned or pending activities before termination.

## **EFFECTIVE DATE AND SIGNATURE**

This MOU will be effective upon the signature of each authorized representative listed in this agreement and will remain in effect for at least the duration of the funding period for the Mendonoma Opioid Response Grant. Parties indicate agreement with this MOU by their signatures on the appended Letter of Commitment.



Mendocino Health Alliance

\_\_\_\_\_  
Micheline White  
Executive Director  
38958 Cypress Way  
Gualala, CA 95445  
(707) 412-3176 X 104  
micheline@mendonomahealth.org

Date: \_\_\_\_\_

Coast Life Support District

\_\_\_\_\_  
David Caley, July 3, 2019  
District Administrator  
38901 Ocean Drive  
Gualala, CA 95445  
(707) 884-1829 X 3  
david.caley@clsd.ca.gov

Date: \_\_\_\_\_

Bright Heart Health

\_\_\_\_\_  
Jon Ciampi  
2603 Camino Ramon, Suite 200  
San Ramon, CA 94583  
(844) 884-4474  
jciampi@brighthearthealth.com

Date: \_\_\_\_\_

Mendocino County AIDS/HIV Viral Hepatitis Network

\_\_\_\_\_  
Libby Guthrie  
Executive Director  
148 Clara Avenue  
Ukiah, CA 95482  
(707) 462-1932  
libbyguthrie@yahoo.com

Date: \_\_\_\_\_

Goals Ranked by Priority		Primary Lead	Status
<b>Financial Management</b>			
<b>Top Priority</b>			
1	Assess need for parcel tax increase, amount and when (includes updating multi-year projection)	Ballot Measure Analysis Workgroup & DA	Ad hoc Ballot Measures Analysis Workgroup has formed and in progress. Steven Winningham will lead to FPPC
2	Review parcel tax rates for different uses and determine where changes are needed.		Awaiting FY20 budgeting process and 5 year projection update
3	Begin development of process for passing any tax increase proposed (community group, funding, messaging, activities, etc.)		In progress.
4	Complete DA salary structure change		Done.
5	Determine funding sources for "self-directed" EMT training		Now authorized EMT Provider. Revenue from Registration fees but underwriting expenses.
<b>Priority</b>			
6	Implement parcel tax classification adjustments found in aerial scan		Done. Net \$10-B K/ Annually.
7	Monitor Reserve balances with three to six months targets set	Finance Comm	Ongoing
8	Continue to monitor new revenue streams, including County sales tax increase in unincorporated areas for EMS	Finance Comm	Part of 1-3 above - in progress. Current is IGT, GEMT, GEMT-QAF and Tourist Mitigation funding ~\$300K FY19.
9	Review Urgent Care expenditure and revenue need forecasts and affirm CLSD policy for allocating tax revenues	Finance Comm	Postponed b/c RCMS is leveraging their two-year option on the contract through June 2021. Unit of Benefit increased to
10	Develop RFP for Urgent Care contract with completion of the existing five year contract		N/A
<b>Lower Priority</b>			
11	Decide on how equipment replacement to be handled financially	Finance Comm	Purchase when able, otherwise finance (e.g. ambulance)
12	Determine a way to allocate and codify unrestricted reserves		
13	Complete 10 year forecast of equipment needs		
<b>Personnel Development</b>			
<b>Top Priorities</b>			
1	Resolve best way to provide annual EMT training and update courses in house, pricing and financing	DA & Ops Mgr Finance Comm	CLSD is authorized EMT Provider in-house instructor. CLSD is subsidizing costs in FY19 and FY20 budgets
2	Begin development of a succession plan for the DA position with a targeted retirement date of 2020	Ad hoc?	Work with Rich Hughes to design and execute (Aug 2019 to start) with Desired Traits/Characteristics worksheet ranking.
3	Complete the Employee Engagement survey annually and take action on findings	DA and Comm Comm	DA To Do in January 2019. Delayed for editing. Implemented March 2019. Results in Apr/May 19
4	Continue to build relationships between staff and Board and agree on activities needed.		Ongoing

Priority			
5	Advocate for appropriate and expanded scope of practice for Paramedics and EMT's who serve in a rural and isolated frontier area.	DA & Ops Mgr	Ongoing with CVEMS and part of the Sonoma County Ambulance Ordinance process, Field Protocols review process and LAFCO also.
6	Develop redundancy planning for the Operations Manager position	DA	Plan developing to split Ops in two and each cover the other job duties. Linked to FY20 budgeting. Have been awaiting for 2nd-out.
Lower Priority			
7	Continue ongoing support of the multi-disciplinary SOP committee and insure all relevant SOP's are in place.		SOP Committee in place but results not as robust as desired. Working to reprioritize. Committee again meeting routinely and producing or revising SOPs. Ongoing
8	Expand and update the Board Orientation manual and develop a process for assessing its usefulness and relevance	DA and Annan	Update packet provided April 2019 BOD meeting
9	Develop redundancy for the Executive Assistant position	DA	Transitioned to Robin Bean (0.75 FTE) telecommuting and Clara Frost (0.25 FTE) 2 d/wk local.
Community Relations			
Top Priority			
1	Continue to develop positive relations with all fire departments and other EMS agencies.	DA, Ops Mgr and BOD	Continuous
2	Insure we understand what other EMS organizations need from CLSD.	DA	CREST EMT/EMR Refresher. Other trainings needed e.g. BLS Expanded Scope, CAM
3	Involve CLSD Board and staff in important and high visibility events.		1. Coastal Seniors Spaghetti Dinner
Lower Priority			
4	Improve CLSD signage on the road		Modified signage with new Sign of Life (high reflective paint).
5	Provide an annual report on what CLSD has accomplished during the year	Comm Comm	
Service Improvement			
Priority			
1	By end of year insure dual paramedic program (Second Out) has 100% coverage from 9 to 2100.	Finance Comm	BOD approved budget w/ plan to hire new FT Paramedic (expect Jan 2019 start) Currently ~so% 2nd-out PM coverage - goal 100%. Fully implements May 1, 2019
2	Determine cost and benefits of dual paramedic (Second Out) 24/7 with potential implementation date of 20/21	Finance Comm	Initial analysis BOD meeting Dec 10, 2018. Will Change with hiring of second PM. Potential So Co Fire Sales Tax - Mar
		DA	Update at State of the District presentation in Apr 2019

Lower Priority			
3	Determine what needs to happen to keep Urgent Care on the coast and a viable operation	MHA and Finance Comm	Challenge currently with Provider shortage at RCMS. This is a MHA goal with collaborative efforts behind it. CLSD Treasure and now DA sit on the RCMS Finance Committee.
Mendocino Health Alliance			
Top Priority			
1	Expanding services available in Urgent Care	MHA and DA	Awaiting new Chief Medical Officer to implement. Recruitment in progress with national head hunter
2	Increasing hours of urgent care		Awaiting transition of new leadership, all C-level officers
3	Advocating for Congressional adoption of HR 5678 (Rural Emergency Medical Services Act)	MHA and DA	Working with retired Kaiser Gov't Policy advocate/JD. Targeting the Senate Finance Committee with Sen's. Feinstein and Harris. Currently in limbo - awaiting pro-forma.
Lower Priority			
4	Expanding protocols for urgent care providers		Coordinating inter-agency Health Information Exchange Awaiting CMO
Communications			
Top Priority			
1	Create a communication plan for an upcoming election	Comm Comm	Ongoing whenever Ballot Measure considered - ad hoc
2	Insure the new website remains up-to-date and relevant	Comm Comm	Continuous. Created the new "Billings & Costs" tab
Priority			
3	Continue development of community education programs	DA, Ops Mgr and CPR Comm	Continue expansion of CPR program/First Aid training. Implement Pulse Point
4	Develop a multi-year communications plan for CLSD		
5	Develop and implement on ongoing presence in the ICO	Comm Comm	TBD
6	Assess logo and rebranding options for CLSD	Comm Comm	TBD
Lower Priority			
7	Insure medicine alert notice has wide distribution for homes	Comm Events Dir	
8	Expand CLSD's digital outreach to the community through other media outlets	Comm Comm	TBD

Measures of Success			
Top Priority			
1	Develop a customer/patient services improvement plan based on the ongoing customer satisfaction survey	DA & Ops Mgr	Highest priority - Comfort of ride in ambulance. Looking into better mattresses for power gurneys (thicker/contoured).
Lower Priority			
2	Create an annual report on when paramedics are available on the coast by time of day and day of week as well as by day of year	Comm Comm	State of the District in Apr 2019 will have updated data (3 yrs) & ready to develop annual report with Communications Committee.
3	Create an annual report on when services are provided by time of day and day of week	Comm Comm	TBD
4	Simplify the service call and transport workload volume reporting.		Dec BOD meeting 2nd-Out Program
Facilities			
Top Priority			
1	Complete renovation of Quarters downstairs (2019)	DA & Ops Mgr	Planned Q3/Q4 of FY19. In progress Apr 19
2	Complete renovation of Quarters upstairs (2020)		With 2nd-Out Program, Ops Mgr downsized offices and old office became new Medic sleeping room Consider splitting upstairs bedroom.
Priority			
3	Complete cosmetic renovation of Bill Platt meeting room	Ops Mgr	Q3 FY19 (pending bulletin boards, frame map, paint doors
4	Power wash building and landscape/weed removal	Ops Mgr	Q3/Q4 FY19
Lower Priority			
5	Develop a plan for maintenance of the training room	TBD	Investigating resources
6	Insure the policies for training room use meet the needs of CLSD and the community	TBD	Not written policy but request from an organization working to improve the community's health, will be allowed to use. Current users: RCMS, MHA, Coastal Srs., Ham Radio Group, EMT/EMR training, etc.

**Desired Characteristics for the CLSD District Administrator**  
**Rank each characteristic's level of importance**

	<b>An absolute "have to have"</b>	<b>Important to CLSD</b>	<b>It would be nice to have this trait</b>
EMS experience and knowledge			
Management skills			
Financial management skills			
Positive mindset			
Healthcare experience and knowledge			
Team oriented			
Leadership skills			
Strong help others orientation			
Analytical/data driven			
Visionary			
Communicates well orally			
High work ethic			
Holds self-accountable			
Skilled at working with a Board			
Visionary			
Handles conflict well			
Ethical			
Change agent			
Creative thinker			
Self-confidence			
Empowers others			
Trustworthy			
Knowledge of EMS funding			
Critical thinker			
Empathetic			
Good listener			
Patient service orientation			
Life-long learner			
Makes good decisions			
Sense of humor			
Humble			
Passionate about work			
Relationship builder			

(Characteristics continued)	An absolute "have to have"	Important to CLSD	It would be nice to have this trait
Persistent			
Has emotional intelligence			
Believes in transparency			
Diplomatic			
Motivates staff			
Accessible			
Makes work fun			
Good writer			
Inspires confidence			
Can grow further as a professional			
Well organized			
Thinks ahead			
Other?			
Other?			
Other?			
Other?			

## The Ideal District Administrator

The Board with crew input has identified and ranked various characteristics important in a District Administrator. This person should:

- Be a seasoned manager and leader with strong people and financial management skills that will work in our small organization and rural service area.
- Have a management style that includes being approachable, team oriented, participative, a strong mentor and encouraging of ideas from the rank and file.
- Have excellent communication skills, including being articulate, a good writer and listens well.
- Be mature and self-confident and appreciate different points of view.
- Be a role model within CLSD for integrity, work ethic and commitment to service excellence.
- Stay on the cutting edge of EMS by fostering creativity and innovation at staff level.
- Give his/her best professional recommendation and does not count votes first.

- Be a visionary towards the future of CLSD and health care on the Coast including the concept of health care as an integrated health care system per the Camden report.
- See the District as a critical partner in the health care of an isolated geographical area and will not focus exclusively on the ambulance service needs of CLSD.
- Be effective in inter-agency settings and able to build productive relationships with area fire departments, other local agencies, hospitals and the various administrators in two counties and at the state level.
- Be politically aware and astute, but is not political.
- Be at ease living in a rural and coastal community and will fit into an organization and communities with an informal style.
- Embraces and understands the mission of CLSD and maintains the excellence of our ambulance service.

Ideally, the District Administrator would have emergency service and/or other health care experience. The Board recognizes that a skilled administrator from a variety of other managerial backgrounds could very capably help them attain their goals while leading the District staff.



## 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
<b>FY19</b>													
JULY '18	70	\$ 281,184	\$ 174,532	\$ 49,415	\$ 5,255	\$ 51,982	\$ 37,431	\$ -	\$ 37,431	\$ 31,334	\$ 3,317	\$ -	\$ 408,669
AUG '18	80	\$ 314,797	\$ 126,949	\$ 92,536	\$ 3,430	\$ 91,883	\$ 51,142	\$ -	\$ 51,142	\$ -	\$ -	\$ -	\$ 449,415
SEPT'18	52	\$ 194,431	\$ 86,754	\$ 53,314	\$ 9,730	\$ 44,632	\$ 52,021	\$ -	\$ 52,021	\$ -	\$ -	\$ -	\$ 442,027
OCT '18	67	\$ 248,217	\$ 116,334	\$ 55,281	\$ 11,288	\$ 65,314	\$ 70,941	\$ -	\$ 70,941	\$ -	\$ -	\$ -	\$ 436,400
NOV '18	58	\$ 208,046	\$ 95,675	\$ 68,631	\$ 6,318	\$ 37,423	\$ 48,605	\$ -	\$ 48,605	\$ -	\$ 3	\$ 0	\$ 425,215
DEC '18	68	\$ 223,719	\$ 67,435	\$ 61,071	\$ -	\$ 95,212	\$ 48,587	\$ -	\$ 48,587	\$ -	\$ -	\$ 2,638	\$ 474,478
JAN '19	50	\$ 199,104	\$ 110,645	\$ 48,835	\$ 2,685	\$ 36,940	\$ 48,119	\$ 7,077	\$ 41,042	\$ -	\$ -	\$ 7	\$ 470,383
FEB'19	61	\$ 233,790	\$ 94,248	\$ 63,149	\$ 9,264	\$ 67,129	\$ 47,592		\$ 47,592	\$ 34,163	\$ 233	\$ -	\$ 455,524
MARCH '19	75	\$ 297,252	\$ 172,524	\$ 32,088	\$ 964	\$ 91,676	\$ 39,210		\$ 39,210	\$ 38,101	\$ 5,024	\$ -	\$ 464,867
APRIL '19	54	\$ 196,917	\$ 143,715	\$ 18,395	\$ 3,144	\$ 31,662	\$ 71,037	\$ 1,091	\$ 69,947	\$ -	\$ 250	\$ 65	\$ 426,397
MAY '19	56	\$ 215,716	\$ 74,460	\$ 50,320	\$ 967	\$ 89,969	\$ 67,379	\$ -	\$ 67,379	\$ 26,680	\$ 1,948	\$ 500	\$ 420,858
JUNE '19	69	\$ 245,187	\$ 127,965	\$ 28,276	\$ 5,326	\$ 83,620	\$ 49,795	\$ -	\$ 49,795	\$ 16,416	\$ 800	\$ 62	\$ 437,528

<b>JUNE '18</b>	54	\$ 192,499	\$ 103,831	\$ 61,697	\$ 3,130	\$ 23,859	\$ 52,759	\$ 9,307	\$ 43,452	\$ -	\$ -	\$ 23	\$ 428,768
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<b>FY To Date</b>	760	\$ 2,858,360	\$ 1,391,235	\$ 621,311	\$ 58,372	\$ 787,442	\$ 631,859	\$ 8,167	\$ 623,692	\$ 146,693	\$ 11,574	\$ 3,271
<b>Last 12 Months</b>	760	\$ 2,858,360	\$ 1,391,235	\$ 621,311	\$ 58,372	\$ 787,442	\$ 631,859	\$ 8,167	\$ 623,692	\$ 146,693	\$ 11,574	\$ 3,271

<b>Monthly Average FY To Date</b>	63	\$ 238,197	\$ 115,936	\$ 51,776	\$ 4,864	\$ 65,620	\$ 52,655	\$ 681	\$ 51,974	\$ 12,224	\$ 965	\$ 273
<b>Monthly Average Last 12 Months</b>	63	\$ 238,197	\$ 115,936	\$ 51,776	\$ 4,864	\$ 65,620	\$ 52,655	\$ 681	\$ 51,974	\$ 12,224	\$ 965	\$ 273

AGING							
Month	Current	31-60	61-90	91-120	121-180	180+	Balance
JUNE	\$ 104,783	\$ 69,791	\$ 28,651	\$ 38,209	\$ 62,650	\$ 133,439	\$ 437,528

<b>CMS TRANSPORTS ON -</b>
<b>TOTAL \$ 26,971</b>

as of JUNE' 19

**Coast Life Support District**  
**Profit & Loss Budget Overview FY19**  
July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
<b>Ordinary Revenue/Expense</b>				
<b>Revenue</b>				
4000 · CLSD Special Taxes	1,507,388.56	1,597,183.00	-89,794.44	94.4%
4100 · Interest Revenue	126.01	0.00	126.01	100.0%
4200 · Ambulance Revenue	765,423.71	650,000.00	115,423.71	117.8% <sup>1</sup>
4400 · Miscellaneous Revenue	43,297.90	32,550.00	10,747.90	133.0% <sup>2</sup>
4410 · Intergovernmental Transport(IGT)	243,040.49	130,000.00	113,040.49	187.0% <sup>3</sup>
4420 · Ground Emerg Med Transport	21,543.07	25,000.00	-3,456.93	86.2%
4421 · GEMT QAF Income	0.00	28,000.00	-28,000.00	0.0%
<b>Total Revenue</b>	<b>2,580,819.74</b>	<b>2,462,733.00</b>	<b>118,086.74</b>	<b>104.8%</b>
<b>Expense</b>				
5000 · Wages and Benefits	1,253,345.32	1,299,553.00	-46,207.68	96.4% <sup>4</sup>
6000 · Ambulance Operations	161,062.23	153,745.00	7,317.23	104.8%
66000 · Payroll Expenses	2.10	0.00	2.10	100.0%
6700 · Overhead/Administration	207,934.01	200,201.00	7,733.01	103.9%
6971 · IGT	-138,396.00	0.00	-138,396.00	100.0%
7000 · Urgent Care	778,744.24	778,726.00	18.24	100.0%
8000 · Interest Expense	2,040.62	4,500.00	-2,459.38	45.3%
9000 · Other Expenses	0.00	0.00	0.00	0.0%
9500 · Depreciation Expense	91,202.00	91,202.00	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
<b>Total Expense</b>	<b>2,355,934.52</b>	<b>2,527,927.00</b>	<b>-171,992.48</b>	<b>93.2%</b>
<b>Net Ordinary Operating Surplus</b>	<b>224,885.22</b>	<b>-65,194.00 <sup>5</sup></b>	<b>290,079.22</b>	<b>-344.9%</b>
<b>Net Revenue</b>	<b>224,885.22</b>	<b>-65,194.00</b>	<b>290,079.22</b>	<b>-344.9%</b>

1. NET BILLING: \*Ref Wittman YTD Report (acc 4220 + Column F minus H/K/L)
2. FY19 Tourist Mitigation Funds.
3. Anticipated Intergovernmental transfer -not yet realized.
4. Ambulance Op Wages show an decrease at this time due to when payperiods hit the P&L. Budgeted number split evenly over 12 months.
5. \$10,833 x 12 months = \$130,000 for Urgent Care increase and covered by UC reserves.

# Coast Life Support District

## Profit & Loss Budget Overview FY19

### July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
<b>Ordinary Revenue/Expense</b>				
<b>Revenue</b>				
4000 · CLSD Special Taxes				
4001 · Mendocino County Taxes				
4004 · Mendocino Ambulance Tax	442,696.20	477,664.00	-34,967.80	92.7%
4009 · Mendocino Urgent Care Tax	304,579.69	337,927.00	-33,347.31	90.1%
4010 · Mendocino Ad Valorem Tax	98,359.50	100,433.00	-2,073.50	97.9%
<b>Total 4001 · Mendocino County Taxes</b>	<b>845,635.39</b>	<b>916,024.00</b>	<b>-70,388.61</b>	<b>92.3%</b>
4002 · Sonoma County Taxes				
4024 · Sonoma Ambulance Tax	364,323.01	375,144.00	-10,820.99	97.1%
4029 · Sonoma Urgent Care Tax	297,430.16	306,015.00	-8,584.84	97.2%
4030 · Sonoma County Special Tax	0.00	0.00	0.00	0.0%
<b>Total 4002 · Sonoma County Taxes</b>	<b>661,753.17</b>	<b>681,159.00</b>	<b>-19,405.83</b>	<b>97.2%</b>
<b>Total 4000 · CLSD Special Taxes</b>	<b>1,507,388.56</b>	<b>1,597,183.00</b>	<b>-89,794.44</b>	<b>94.4%</b>
4100 · Interest Revenue	126.01	0.00	126.01	100.0%
4200 · Ambulance Revenue				
4201 · Amb Transport Billings	765,423.71	650,000.00	115,423.71	117.8%
4228 · Writedowns-District Res. Disc.	0.00	0.00	0.00	0.0%
<b>Total 4200 · Ambulance Revenue</b>	<b>765,423.71</b>	<b>650,000.00</b>	<b>115,423.71</b>	<b>117.8% 1</b>
4400 · Miscellaneous Revenue	43,297.90	32,550.00	10,747.90	133.0% 2
4410 · Intergovernmental Transport(IGT)	243,040.49	130,000.00	113,040.49	187.0% 3
4420 · Ground Emerg Med Transport	21,543.07	25,000.00	-3,456.93	86.2%
4421 · GEMT QAF Income	0.00	28,000.00	-28,000.00	0.0%
<b>Total Revenue</b>	<b>2,580,819.74</b>	<b>2,462,733.00</b>	<b>118,086.74</b>	<b>104.8%</b>
<b>Expense</b>				
5000 · Wages and Benefits				
5200 · Health Insurance	101,043.06	120,000.00	-18,956.94	84.2%
5300 · Payroll Taxes Emplr Costs	35,467.81	36,358.00	-890.19	97.6%
5350 · PERS Employer Costs	108,889.80	106,858.00	2,031.80	101.9%
5405 · Administration Salaries				
5405.1 · Admin Salaries-Alloc/UC	-23,988.00	-23,988.00	0.00	100.0%
5405 · Administration Salaries - Other	252,426.86	232,749.00	19,677.86	108.5%
<b>Total 5405 · Administration Salaries</b>	<b>228,438.86</b>	<b>208,761.00</b>	<b>19,677.86</b>	<b>109.4%</b>
5410 · Ambulance Operations Wages	676,470.58	717,454.00	-40,983.42	94.3% 4
5430 · Extra Duty/Stipend Pay/DA	49,121.61	56,208.00	-7,086.39	87.4%
5500 · Work Comp Insurance	53,913.60	53,914.00	-0.40	100.0%
<b>Total 5000 · Wages and Benefits</b>	<b>1,253,345.32</b>	<b>1,299,553.00</b>	<b>-46,207.68</b>	<b>96.4%</b>
6000 · Ambulance Operations				
6030 · Med. Director Fee-non AHUC	37,800.00	37,800.00	0.00	100.0%
6040 · Dispatch Services	21,218.65	21,545.00	-326.35	98.5%
6050 · Misc Reimbursements	520.00	0.00	520.00	100.0%
6100 · Station/Crew Expenses				
5100 · Uniforms & Med Tests	2,866.66	5,000.00	-2,133.34	57.3%
6101 · Facility Repair & Maintenance	2,686.88	9,400.00	-6,713.12	28.6%
6102 · Facility Furniture	592.95	0.00	592.95	100.0%
6110 · Supps, Rental, Clean. etc	5,986.01	13,000.00	-7,013.99	46.0%
6210 · Veh. Repair & Maintenance	25,998.66	18,000.00	7,998.66	144.4%
6240 · Vehicle Fuel	21,374.19	15,000.00	6,374.19	142.5%
6410 · Radios & Comm Equip				
6410.1 · ATT Tower Lease	750.00	0.00	750.00	100.0%
6410 · Radios & Comm Equip - Other	291.56	4,000.00	-3,708.44	7.3%
<b>Total 6410 · Radios &amp; Comm Equip</b>	<b>1,041.56</b>	<b>4,000.00</b>	<b>-2,958.44</b>	<b>26.0%</b>
6510 · Medical Supplies & Equip	38,728.52	24,000.00	14,728.52	161.4% 5

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Accrual Basis

# Coast Life Support District

## Profit & Loss Budget Overview FY19

July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
Total 6100 · Station/Crew Expenses	99,275.43	88,400.00	10,875.43	112.3%
6980 · Misc. Employee Train. Exps	2,248.15	6,000.00	-3,751.85	37.5%
Total 6000 · Ambulance Operations	161,062.23	153,745.00	7,317.23	104.8%
66000 · Payroll Expenses	2.10	0.00	2.10	100.0%
6700 · Overhead/Administration				
6180 · Utilities	12,641.66	14,000.00	-1,358.34	90.3%
6188 · Telephone	6,167.14	4,475.00	1,692.14	137.8%
6300 · Insurance	18,320.06	17,996.00	324.06	101.8%
6713 · Ambulance Billing	37,040.91	39,000.00	-1,959.09	95.0%
6714 · GEMT QAF Expense	13,346.67	7,000.00	6,346.67	190.7%
6718 · Office Supp/Equip/Software				
6718.1 · Office Supplies	3,166.93	5,000.00	-1,833.07	63.3%
6718.2 · Computer Equipment	626.41	3,000.00	-2,373.59	20.9%
6718.3 · Software	2,978.54	3,000.00	-21.46	99.3%
6718 · Office Supp/Equip/Software - Other	0.00	0.00	0.00	0.0%
Total 6718 · Office Supp/Equip/Software	6,771.88	11,000.00	-4,228.12	61.6%
6720 · Board Expenses	1,271.20	2,500.00	-1,228.80	50.8%
6730 · Consultants				
6734 · IT	6,145.32	7,000.00	-854.68	87.8%
6735 · EMS Survey	5,244.55	3,500.00	1,744.55	149.8%
6737 · Financial/Bookkeeping	11,460.26	3,000.00	8,460.26	382.0% <sup>6</sup>
6738 · Legal	832.00	5,000.00	-4,168.00	16.6%
6739 · Policy Development	0.00	0.00	0.00	0.0%
6740 · Audit	9,100.00	9,100.00	0.00	100.0%
6741 · Tax Administration - NBS	10,980.97	10,430.00	550.97	105.3%
Total 6730 · Consultants	43,763.10	38,030.00	5,733.10	115.1%
6742 · Bank/Merchant Fees	1,462.00	1,200.00	262.00	121.8%
6755 · Property Tax Admin	18,881.92	20,000.00	-1,118.08	94.4%
6760 · Education/Professional Dev	1,390.50	2,500.00	-1,109.50	55.6%
6765 · Election Costs/Reserve	5,086.25	5,000.00	86.25	101.7%
6770 · Dues, Subscrip, Membership	11,950.13	10,000.00	1,950.13	119.5%
6788 · Printing & Reproduction	3,415.03	10,000.00	-6,584.97	34.2%
6795 · Travel/Transportation	3,226.38	7,500.00	-4,273.62	43.0%
6970 · Community Dev/Training	23,199.18	10,000.00	13,199.18	232.0% <sup>7</sup>
Total 6700 · Overhead/Administration	207,934.01	200,201.00	7,733.01	103.9%
6971 · IGT	-138,396.00	0.00	-138,396.00	100.0%
7000 · Urgent Care				
7011 · Admin Salaries-Alloc to UC	23,988.00	23,988.00	0.00	100.0%
7050 · UC Contract	754,756.24	754,738.00	18.24	100.0%
Total 7000 · Urgent Care	778,744.24	778,726.00	18.24	100.0%
8000 · Interest Expense				
8005 · EMS Interest Expense	0.00	1,500.00	-1,500.00	0.0%
8000 · Interest Expense - Other	2,040.62	3,000.00	-959.38	68.0%
Total 8000 · Interest Expense	2,040.62	4,500.00	-2,459.38	45.3%
9000 · Other Expenses	0.00	0.00	0.00	0.0%
9500 · Depreciation Expense	91,202.00	91,202.00	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
Total Expense	2,355,934.52	2,527,927.00	-171,992.48	93.2%
Net Ordinary Operating Surplus	224,885.22	-65,194.00	290,079.22	-344.9%
Net Revenue	224,885.22	-65,194.00 <sup>8</sup>	290,079.22	-344.9%

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Accrual Basis

**Coast Life Support District**  
**Profit & Loss Budget Overview FY19**  
**July 2018 through June 2019**

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1. NET BILLING: \*Ref Wittman YTD Report (acc 4220 + Column F minus H/K/L)

2. FY19 Tourist Mitigation Funds.

3. Anticipated revenue from Intergovernmental transfers - not yet realized.

4. Ambulance Op Wages show an decrease at this time due to when payperiods hit the P&L. Budgeted number split evenly over 12 months.

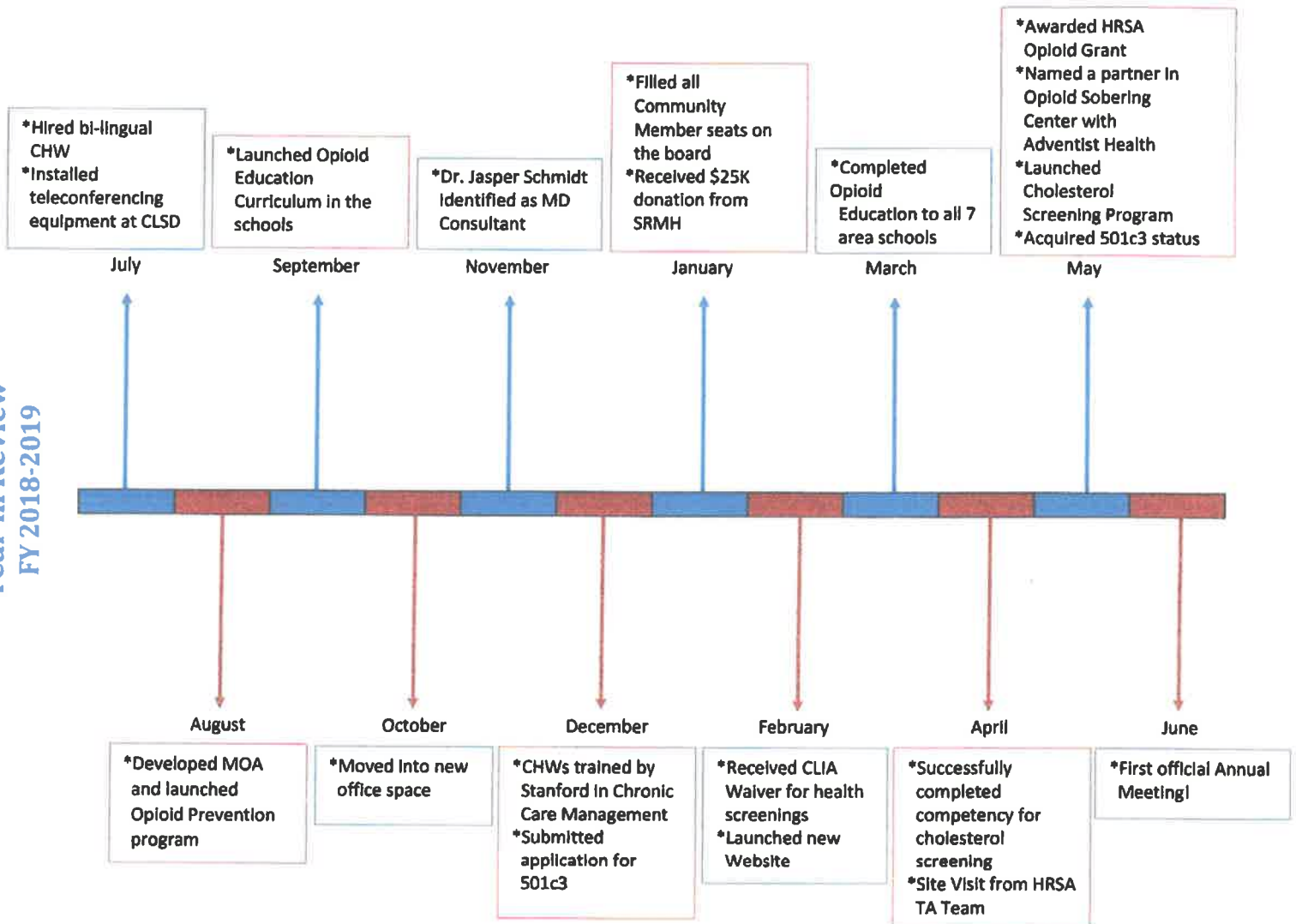
5. Higher volume of medical supplies needed than budgeted.

6. Transition training to new financial/bookkeeper

7. Draw down funds from Tourist Mitigation funds for CPR training

8. \$10,833 x 12 months = \$130,000 for Urgent Care increase and covered by UC reserves.

Year in Review  
FY 2018-2019



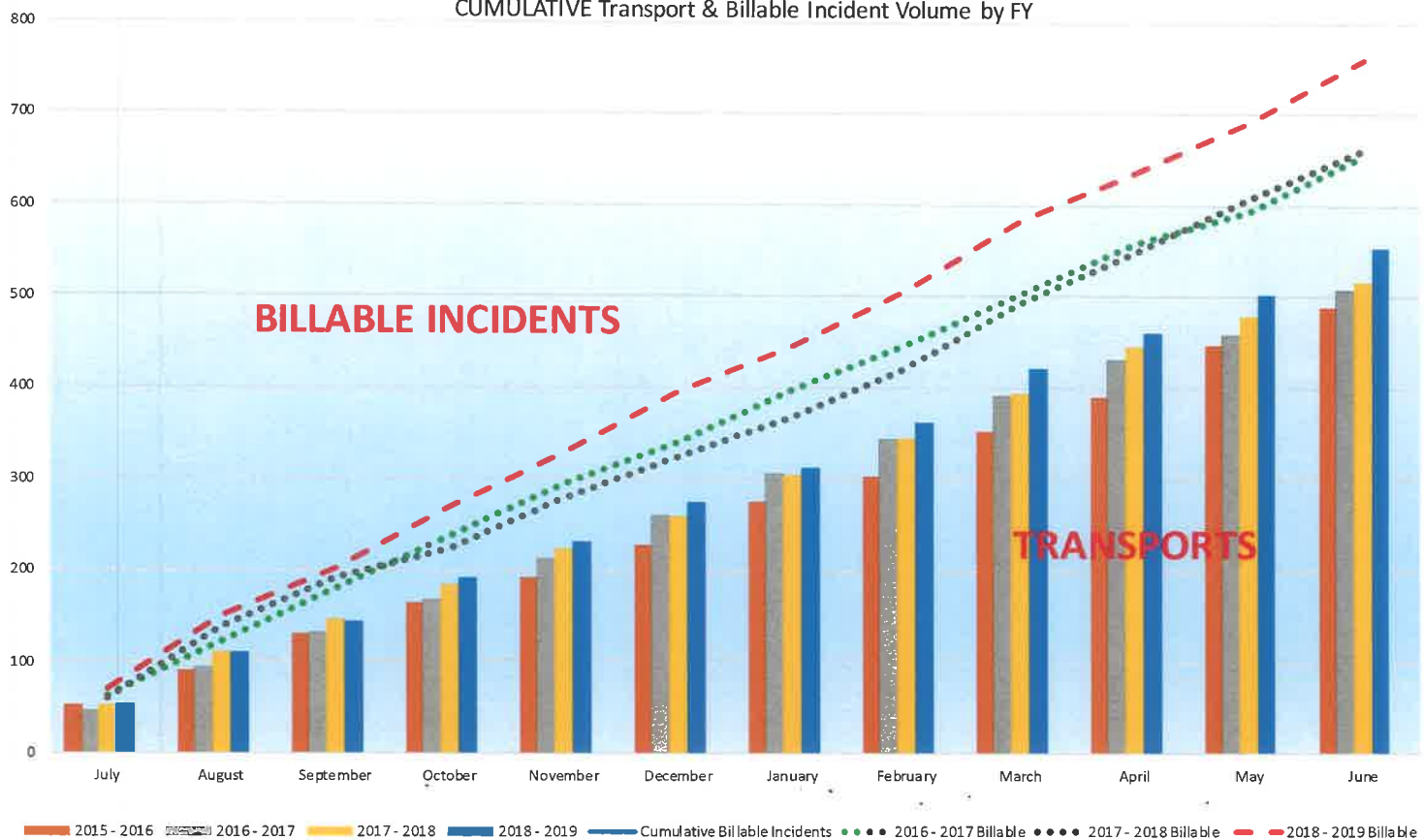
# CUMULATIVE AMBULANCE DATA

Cumulative Transports	July	August	September	October	November	December	January	February	March	April	May	June
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	109	145	184	223	259	304	343	393	444	479	516
2018 - 2019	55	110	143	192	231	275	313	362	422	460	502	554

Cumulative Billable Incidents	July	August	September	October	November	December	January	February	March	April	May	June
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	661
2018 - 2019 Billable	70	150	202	269	327	395	445	506	581	635	691	760

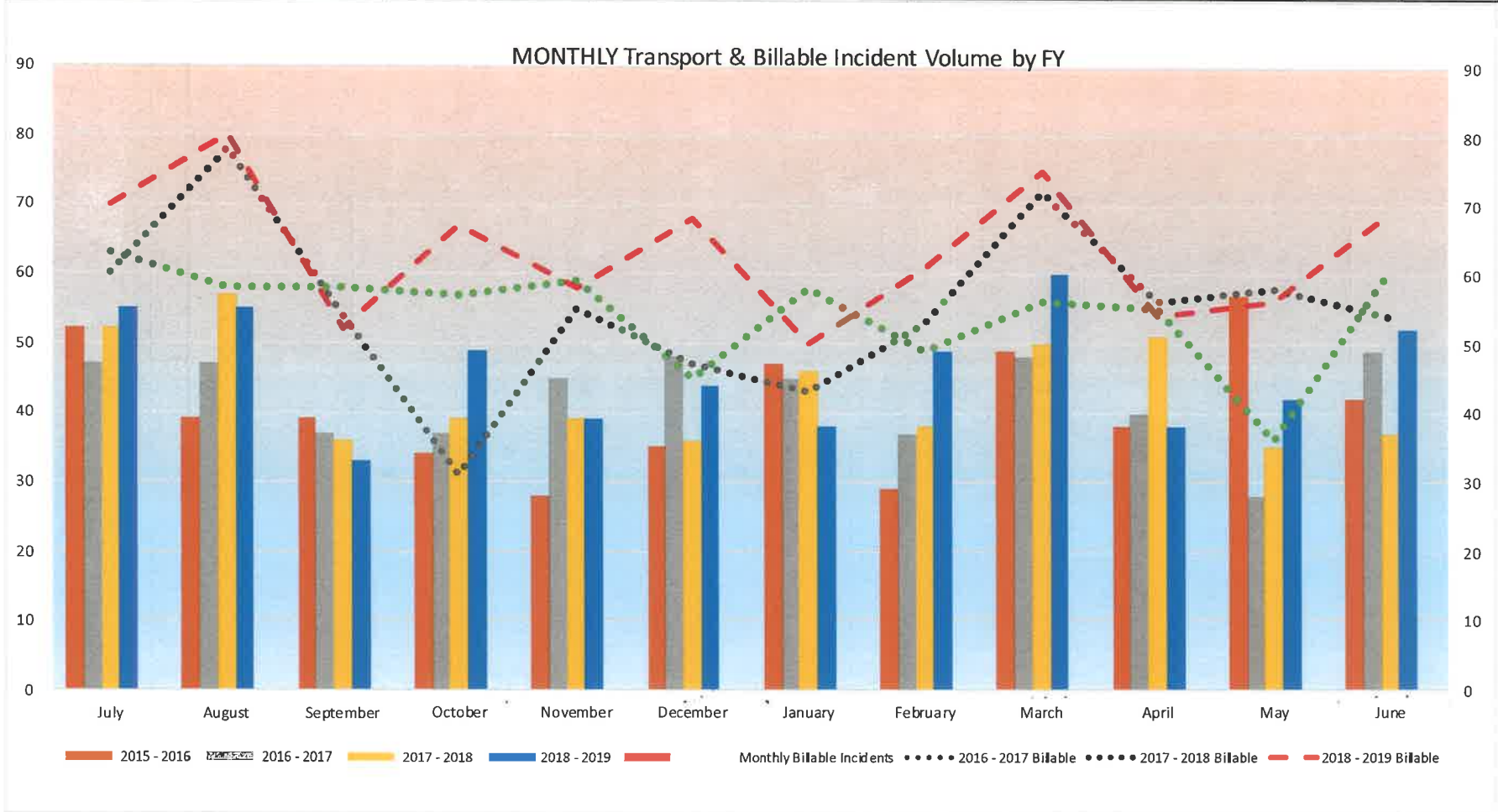
CUMULATIVE Transport & Billable Incident Volume by FY



# MONTHLY AMBULANCE DATA

Monthly Transports	July	August	September	October	November	December	January	February	March	April	May	June
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	37
2018 - 2019	55	55	33	49	39	44	38	49	60	38	42	52

Monthly Billable Incidents	July	August	September	October	November	December	January	February	March	April	May	June
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	54
2018 - 2019 Billable	70	80	52	67	58	68	50	61	75	54	56	69







M-120: 1st Out - PM + EMT = ALS  
M-122: 2nd Out - PM + EMT = ALS  
B-121: Back up - EMT + EMT = BLS

## 2nd-Out Paramedic Tracking

2019	# of Shifts M-122 Staffed	Shift	Total M122 Incidents	Dispatched	Cancelled	AMA / RAS	Transports	Billed as ALS	Billed as BLS	Total billable	Notes
MAY	29	9:00 A - 9:00 P	15	13	6	3	4	4	2	7	(2) shifts no M-122 but B-121 not dispatched
	19	9:00 P - 9:00 A		2	1	0	1	1	0		
JUN	25	9:00 A - 9:00 P	11	10	0	0	10	10	0	11	(5) shifts no M-122 due to vacations. Once Hans independent - not an issue.
	12	9:00 P - 9:00 A		1	0	0	1	1	0		
JUL		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
AUG		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
SEP		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
OCT		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
NOV		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
DEC		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
2020											
JAN		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
FEB		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
MAR		9:00 A - 9:00 P									
		9:00 P - 9:00 A									
APR		9:00 A - 9:00 P									
		9:00 P - 9:00 A									

## CLSD RUN DATA for the PRECEEDING 12 MONTHS

ALL SHADED COLUMNS ARE PREVIOUS YEAR DATA

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
19-Jun	87	87	67	58	47	41	0	1	4	1	0	0	52	37	6	5	20	19	16	14	2	4	0	0	9	10	3	0
19-May	87	76	58	54	41	32	1	1	1	3	0	0	42	35	5	5	19	20	14	19	4	3	0	0	10	8	0	1
19-Apr	78	108	53	79	31	49	1	1	7	13	1	3	38	51	5	8	20	27	15	17	1	7	2	0	8	10	3	8
19-Mar	108	97	79	70	49	37	1	1	13	13	3	1	60	50	8	10	27	25	17	20	7	0	0	2	10	10	8	3
19-Feb	82	63	63	53	35	31	0	2	14	7	2	2	49	38	6	6	20	7	13	14	4	2	1	1	10	4	6	4
19-Jan	71	80	47	59	27	36	4	2	11	10	0	2	38	46	4	2	17	16	9	13	2	7	1	0	5	8	7	7
18-Dec	100	67	62	53	29	28	2	1	15	8	2	0	44	36	4	5	29	17	18	11	2	5	1	2	10	5	6	3
18-Nov	89	90	54	61	31	31	3	0	7	18	1	1	39	39	4	5	20	29	16	12	1	3	1	1	5	9	1	12
18-Oct	99	81	64	54	38	23	4	2	11	16	2	0	49	39	10	4	19	21	15	15	1	2	1	1	15	2	6	9
18-Sep	74	60	54	48	30	28	2	1	3	6	1	1	33	36	6	5	18	12	17	14	1	2	0	0	8	8	1	4
18-Aug	110	121	73	77	46	42	1	3	9	15	1	2	55	57	6	3	26	38	18	22	3	7	0	2	14	7	4	6
18-Jul	105	98	70	62	47	37	3	4	8	15	1	1	55	52	5	9	26	31	15	15	4	4	0	0	7	8	5	7
	1090	1028	744	728	451	415	22	19	103	125	14	13	554	516	69	67	261	262	183	186	32	46	7	9	111	89	50	64
	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LZ		DRY RUN		T&R		TO RCMS				FROM RCMS			

760 Billable incidents (69.7% of dispatches)

554 Transports (50.8% of dispatches)

## **District Administrator and Operations Manager Report June 2019**

### **District Administrator:**

- REMINDER: CA Senator Mike McGuire will be having a townhall (coffee) at The Sea Ranch in the Del Mar Center on Thursday July 25<sup>th</sup> from 1 – 2:30 PM.
- Sonoma County Ambulance Ordinance Process continues: After ~45 in-person meetings in Santa Rosa, we expect to have a completed draft of the ordinance by the end of September, allow a 60-day comment period, and finalized by the end of 2019. This timeline meets the request by the So Co Board of Supervisors. A Request for Proposals (RFP) to award the Exclusive Operating Area will be developed off the Ordinance and released. If a Public Provider (instead of a Private Provider) wins the contract, Sonoma County would be eligible to qualify for an additional \$5 – 13M for EMS services that the Private Providers are not eligible to receive. Another gain from these meetings has been relationship building with the various Fire Chiefs in Sonoma County relative to the next bullet item.
- Networking with various stakeholders regarding a potential sales tax increase to support Fire Services. As ~80% of Fire Services provide emergency medical service, we hold the position CLSD would be eligible to receive some of those funds to increase ALS services in the district. In pre-liminary discussions with Sonoma County Fire Chiefs Fire Service Working Group and recognize the resource need in the rural northwest corner of Sonoma County.
- Contract with RCMS Urgent Care fully executed.
- Resolution 261 approving the increase of the Urgent Care tax levy to the cap of the 2014 Measure J voter-approved limit of \$74 per unit of benefit has been provided to both Sonoma and Mendocino County Tax Collectors. The next property taxes mailed to District voters will reflect the change.
- I was elected to a second year as Chair of the REDCOM BOD (maximum two years allowable per the Joint Powers Agreement governing REDCOM).
- Attended the first key-stakeholder meeting of the newly formed HRSA Rural Communities Opioid Planning Grant. CLSD will provide District-wide medical oversight and Quality Assurance and Quality Improvement, participate in planning and training activities targeted at reducing morbidity and mortality associated with opioid abuse; participate in the development of a sustainability plan; help make Narcan available for community readiness, etc.
- Schwab Investment account earned \$1,147 in June.
- Ex-officios of RCMS, CLSD and MHA scheduling regular meetings now (with new leadership).
- DA and Ops Manager visited the first-ever Sea Ranch Disaster Response exercise – largely focusing on medical management of injured people. Lessons learned at the de-brief will refine future exercises.
- IRS conducted an Employment Tax Compliance Check with CLSD. Passed with flying colors (coordinated by Robin). Bulk of phone conversation was informing of upcoming changes in tax law as their review of our electronic payroll and tax payments were all in order.
- Submitted a Letter of Support on behalf of TeleSpan Communications for a proposed cell tower installation on the ridge. It will be a 200' artificial pine tree

nestled in 150' trees on private property back in dense forest. This will improve cell reception through the area and aid in First Responder communication and connecting the base-hospital. It of course, benefits the entire community with improved cell reception.

### **Operations Manager:**

#### **Deployment / Staffing**

- ALS (M-120) staffed 100%
- Second out paramedic (0900-2100) staffed all but 5 shifts. No ALS calls missed. Heavy vacations in June
- Performance reviews are due to be completed in July

#### **Facilities**

- Crew's quarters downstairs remodel complete
- Landscape refresh completed with drip irrigation installed, new weed guard and wood chips
- Plans for FY 20 is to concentrate on maintenance. Will investigate options for third sleeping room upstairs and remodel of upstairs.
- WI-FI expansion / improvement completed to training room and west wing.

#### **Vehicles/Equipment**

- Vehicle maintenance is current with no major repairs pending. As mentioned last month we had some expensive repairs in the last quarter of FY 19. Final invoices are being processed.
- Fourth power gurney (tourist grant) arrived and in service.
- All equipment and maintenance in good working order.

#### **Community Events / Training**

- Reminder the CLSD BOD, staff and volunteers are hosting/managing the Coast Seniors monthly spaghetti dinner on Friday July 26<sup>th</sup>. Food ordered and volunteers are coordinated.
- ALS Training equipment (tourist grant) arrived. Chris Ottolini, training officer, is organizing and will be in service this coming month.
- All employees of The Sea Ranch Association certified this month in first aid and CPR/AED, full day class. All CPR instructors ramped up and got the job done. Goldie Pounds (community coordinator) worked hard and organized the classes.