AGENDA

Monday, July 28 2025, 4pm

Regularly Scheduled Meeting of the Board of Directors

Location: CLSD, Bill Platt Training Room, 38901 Ocean Drive, Gualala, CA 95445

Board meetings will also be available via teleconference.

Meeting Link: https://us06web.zoom.us/j/87246626584?pwd=GaQEp6pNq26ybv82zOl3CREPc7NbDk.1
Meeting Code: 871 1739 4941
Password: 366982

1. Call to Order	Beaty
2. Adoption of the Agenda	Beaty
3. Minutes Approval:	
June 23, 2025 Board Meeting	Beaty
4. Privilege of the Floor	Beaty
5. New Business:	
a. Regional Discussion: Presentation on overall regional status and possible future actions	Chief Warner
b. Creation of an Ad Hoc committee for continued budget review—ACTION ITEM	Golly
c. Resolution 2025-A, updating Ambulance Billing Rates	Golly
d. FY 25-26 Final Budget Introduction	Golly
6. Old Business:	
a. Approval of Bylaws - Final Version	Schwartz
b. Ethics and Sexual Harassment Trainings	Hernandez
7. Committee Reports:	
a. Finance	Tilles
b. Executive	Beaty
c. Governance	Schwartz
d. Communications	Bower
e. RCMS	Tilles
f. MHA	Tittle/Beaty
g. District/Operations	Golly

8. Shout Out: Open

9. **NEXT BOD MEETINGS:**
   August 25, 2025
   September 22, 2025

10. Adjourn

PO Box 1056 · Gualala, CA 95445
(707) 884-1829 Ph, (707) 884-9119 Fax
www.clsd.ca.gov

Board of Directors
MEETING MINUTES
Monday, June 23, 2025 4pm

Location: CLSD, Bill Platt Training Room, 38901 Ocean Drive, Gualala, CA 95445
Teleconference Meeting Link:
https://us06web.zoom.us/j/87246626584?pwd=GaQEp6pNq26ybv82zOl3CREPc7NbDk.1

BOD Present: President Geoff Beaty, Secretary Naomi Schwartz, Treasurer Michael Tilles, Director Julie Bower, Director Julia Damasco, Director Susan Sandoval
Visitors: Leslie Bates, Ara Chakrabarti, Drew McCalley
Staff Present: Bronwyn Golly (EMS Chief/District Administrator), Cobre Hernandez (Executive Administrator)
Minutes by: Cobre Hernandez

Meeting called to order at 4:00pm by President Beaty.

After review by the BOD, Treasurer Tilles made a motion to accept the agenda, which was seconded by Treasurer Schwartz.
The Meeting Agenda was unanimously approved.

After review by the BOD, Treasurer Tilles made a motion to accept the May 27, 2025 Meeting Minutes.
The motion was seconded by Treasurer Schwartz.
The motion was unanimously approved.

After review by the BOD, Treasurer Tilles made a motion to accept the June 3, 2025 Special Board Meeting Minutes.
The motion was seconded by Treasurer Schwartz.
The motion was unanimously approved.

1. Privilege of the Floor

No one had any business to add.

2. New Business

RCMS Quarterly Report

Christie MacVitie-RCMS Fiscal, Ara Chakrabarti, Drew McCalley

RCMS gave updated information regarding their upcoming fundraising season, the acknowledgement of higher lab services costs, and changes in providers. They stated they were seeing a bottom-line loss of $115,000, similar to what was seen in the first two quarters of the year. Genoa Pharmacy is doing better than it has been for the past years and it has taken several months for RCMS to see the return from the program. Director Bower asked - do all transactions at Genoa benefit RCMS? RCMS reiterated that the pharmacy is partially funded through federal support and RCMS sees a greater reimbursement if the patient is an RCMS patient or referred by a RCMS provider but that anyone who uses it helps keep the pharmacy doors open. Director Tilles stated that RCMS is in the budgeting process. Drew McCalley stated that they are looking at what changes are coming from the federal and state sides. Their budget, which was approved last week and going to the Board this week, includes an anticipation of what changes might be coming from Medicaid. RCMS stated that they do have a cash cushion and should be able to manage reductions for at least a few months. The State of California budget will be signed off in the beginning of July and right now there are no cuts to the program.

Director Bower asked – last meeting we talked about the drop in patient visits due to ICE, has that changed, additional efforts?

Ara Chakrabarti – RCMS has been doing a significant amount of outreach including: going to the local Hispanic church, meeting with the pastor, and inviting them to RCMS for meetings. They have sent a number of Spanish language letters and flyers. There has not been a huge uptake. Ara Chakrabarti stated that last week they heard that ICE was in Ukiah and later that day, it appeared to result in 5 or 6 no shows.

Director Schwartz – at our next presentation, we would like to see the number of urgent care visits

Drew McCalley responded – for the last few months: 341, 346, 336

Ara Chakrabarti added that the numbers are lower than usual.

Drew McCalley – we are now finally fully staffed in primary care, so hopefully that reduces the urgent care visits

SDRMA (worker's compensation) Payment
Chief Golly noted the large increase in our annual worker's compensation costs. The annual payment to SDRMA is due in July. Chief Golly was able to get a payment plan approved. The payment will be split in two equal payments for this year. The first payment of $41,804 is due in July. The second half is due in January.
Treasurer Tilles made a motion to authorize the full premium, broken into two payments.
President Beaty seconded the motion.
The motion was approved unanimously.

Payment to PP-GEMT
Chief Golly introduced the upcoming PP-GEMT payment of $21,365.25 for Board approval. This is the 3rd quarterly payment in the CY2025 PP-GEMT year.
President Beaty made a motion to approve PP-GEMT payments retroactively, and for this year's payments going forward.
Treasurer Tilles seconded the motion.
The motion was unanimously approved.

Old Business:
Resolution #305 Appropriations Limit—ACTION ITEM
Resolution 305 adopts the Proposition 4 appropriations limit for the fiscal year 2025/2026. The appropriations limit is derived from the Sonoma County Treasurer's calculations based on the sum of the tax income increase, the change in the California Per Capita Personal Income, and the local Sonoma County population change.
Treasurer Tilles made a motion to adopt the resolution as written.
Director Bower seconded the motion.
The motion was approved unanimously.

FY 25-26 Preliminary Budget Adoption—ACTION ITEM
Chief Golly is looking to the Board for a vote on the preliminary budget as introduced at the Special Meeting on June 3. Approval of the preliminary budget is necessary for CLSD to continue to spend funds until the final budget approval at the August Board Meeting. Treasurer Tilles asked for a discussion about staff salaries before approval. Should the Board approve step increases before the final budget? Director Sandoval suggested the Board decide on increases for the final budget and retroactively apply them in approved. Director Damasco asked if there were any consequences for not approving step increases. Is it a breach of contract? Treasurer Tilles made his position clear that he would be happy to approve increases if the money is in the budget, otherwise he could not vote for it. Director

Bower understands Treasurer Tilles position but also wants to recognize that this is not just a job for the crew. They take it home with them. If we don't have our crew; we don't have a service.

Director Damasco made a motion to approve the step increases and to reserve the issue of the COLA until the Board has a better understanding of the upcoming budget.
Director Bower seconded the motion.
The motion was approved. Treasurer Tilles abstained.

Treasurer Tilles made a motion to accept the preliminary budget.
Secretary Schwartz seconded the motion.
The motion was unanimously approved.

Financial Organization
Chief Golly and EA Hernandez met with the new accounting consultant, Andrea Drew, last week. We are finalizing her engagement letter. Her first task will be working through QuickBooks to start cleaning up this fiscal year's books.

Ethics and Sexual Harassment Trainings
Directors Sandoval and Damasco need to complete their trainings.

3. Reports:
Finance
See Budget discussion above.

Executive
Nothing to report.

Governance
The three members of the committee are Treasurer Schwartz and Directors Bower and Sandoval, and the committee will be chaired by Treasurer Schwartz. The committee will schedule a meeting before the next BOD meeting in July.

Communications
Nothing to report.

RCMS
See above report.

MHA

President Beaty reported that MHA has completed their certifications for the new mobile clinic. They have begun preparing for the launch.

District/Operations
Wittman TYD Report

- **Chief Golly highlighted the net revenue percentage of 97%, which is much higher than average for Wittman's clients.**
- Director Damasco asked if we could have a resolution next meeting that we find a way to thank our employees that are leaving. Julia – can we have a resolution next meeting that we find a way to thank our employees that are leaving.
- Lieutenant John Huff badly injured his finger off the job. He will be out of work for a month.
- One of our vehicles broke down on Friday returning from Santa Rosa. Director Damasco asked Chief Golly for a report on the current vehicles and their mileage and repair history. Chief Golly said that she would love for CLSD to have a vehicle replacement plan.

4. **NEXT BOD MEETINGS**

July 28, 2025
August 25, 2025

5. Adjournment

Treasurer Tilles made a motion to adjourn the meeting.
The motion was seconded by Secretary Tilles.
The motion to adjourn the meeting was unanimously approved at 5:16pm.

COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 2025-A

ADOPTION OF FY2025/2026 AMBULANCE RATES

WHEREAS, the Coast Life Support District last adjusted the rates at which Ambulance Services are billed in June of 2015, 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 September 1, 2025 and in effect until changed by resolution, be as follows:

Service	*BLS*	*ALS I*	*ALS II*
Non-Emergency	$1,887	$3,810	
Emergency	$2,365	$3,810	$4,010
Night	$415	$415	$415
Mileage (per mile)	$50	$50	$50
Oxygen	$162	$162	$162
EKG		$227	$227
Treat & Release	$500	$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 on ambulance transport after third-party payments, if any, and if that reduced balance is paid in full within sixty days.

AND BE IT FURTHER RESOLVED, that Resident/Taxpayers will receive a one-hundred percent reduction of the balance owed on non-transport calls after third-party payments.

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 updated based on the rate of inflation at the start of each fiscal year.

The above RESOLUTION was introduced by Director XXXXX, who moved for its adoption and seconded by Director XXXXXX,

Directors:	Beaty	Aye	No	Abstain	Absent
	Bower	Aye	No	Abstain	Absent
	Damasco	Aye	No	Abstain	Absent
	Sandoval	Aye	No	Abstain	Absent
	Schwartz	Aye	No	Abstain	Absent

Tilles	Aye	No	Abstain	Absent
Tittle	Aye	No	Abstain	Absent
	Ayes:	Noes:	Abstain:	Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted on this August 25, 2025 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 is 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 (**P**eripherally **I**nserted **C**entral **C**atheter), 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 Crycothyroidotomy. 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
BY LAWS

Article 1: **Mission Statement**
The purpose of Coast Life Support District is to provide and promote high quality healthcare services, facilities, emergency care and health education to all District residents and visitors.

Article 2: **Organization**
Section 1. The governing body of the District shall consist of a Board of seven (7) members who are residents of the District and are registered voters within the District. The number of Board members elected will alternate four and three every two years.

Section 2. In the case of a vacated position on the Board between elections, the Board will appoint a replacement to fill the vacated position. This replacement will remain on the Board for the duration of the term of the member he/she/they are replacing. An effort will be made to maintain a geographical balance of the Board. The vacancy may occur as the result of death, incapacitating illness, removal from the District, resignation or any other reason that prevents that Board member from fulfilling their obligation. Absence from three (3) successive meetings of the Board without having made arrangements with the Board President is adequate cause for the Board to declare a vacancy in the position.

If a vacancy should occur, the Board President shall place on the agenda and appoint an ad hoc Nominating Committee, consisting of at least three (3) Directors at the next Board meeting after a vacancy has been identified.

Section 3. The Nominating Committee shall be responsible for ensuring that the vacancy is posted on the CLSD website and shall utilize available local media, bulletins and other appropriate posting sites within the local community to communicate the vacancy. The Nominating Committee shall be responsible for establishing and/or updating current selection criteria with input from other Board members. The Nominating Committee shall consist of three members of the Board of Directors and can include other members of the community.

Notification of the vacancy shall be maintained for a minimum of fifteen (15) days. Applications should continue to be gathered at a minimum of fifteen (15) days after the initial posting period.

The Nominating Committee will schedule interviews the interested parties. Interested parties should submit a letter of interest accompanied by a resume. The Nominating Committee shall present their findings to the Board together with their recommendation for the temporary appointment to fill the vacancy. If approval is not obtained, the Nominating Committee shall

propose an alternate candidate for approval. If the Board fails to make an appointment within the sixty (60) days to fill the vacancy, then the Mendocino County Board of Supervisors must make the appointment. (CA Gov Code AB 1780)

All appointments to the Board must be confirmed through the general ballot and election process that occurs at designated times during the year.

Section 4. At the first regular meeting of the Board following an election, the Board will elect a President, a Secretary and a Treasurer. There will be no time limits to the terms of those officers and they may be reelected. The President, the Secretary and the Treasurer will comprise the Executive Committee.

Section 5. At the first regular meeting of the Board, newly elected members will be certified at this time. Vacant Board Officer positions will be filled by nomination and elected by the Board.

Section 6. Board members shall serve without compensation. However, travel or other expenses incurred by a Board member in performance of the Board or District related duties may be reimbursed at the discretion of the Board.

Section 7. Any Board member who has any financial or property interest of any kind in any private ambulance company or any other provider of any services with which the District may be entering into a contractual arrangement, must disclose such potential conflict of interest. They cannot participate in discussion of nor vote on this matter.

Article 3. **Meetings**

Section 1. The regular meeting of the Board will be held at least six (6) times a year at a date, time and place designated by the Board.

Section 2. Notice of these regular meetings shall be published in local media, bulletins and other appropriate posting sites within the local community. Agendas of each meeting shall be posted at least 72 hours prior to the meeting.

Section 3. The public shall have the opportunity to attend all regular and special meetings and may address any item on the agenda. However, no member of the public will be allowed more than three (3) minutes of discussion time on any one agenda item until every other member of the public has had an opportunity to speak.

Section 4. If, at any time there are insufficient matters to require a meeting, the President with the concurrence of the Secretary and the Treasurer (Executive Committee) may cancel that meeting.

Section 5. A special meeting may be called by the President of the Board or by a majority of the members of the Board. Notice of the special meeting shall be given to each Board member by telephone or by registered mail giving the reason for the special meeting. Public Notice including the reason for the special meeting shall be given as far in advance as possible in the same manner as in Section 2. No business other than the matter for which the special meeting is called shall be discussed or acted upon at that special meeting.

Section 6. The notice and conduct of all meetings of the Board., including executive and closed session meetings shall be subject to the Ralph W. Brown Act and all amendments thereto.

Section 7. Four (4) members of the Board shall constitute a quorum. All ordinances and resolutions require a full majority of four (4) votes of the entire Board by voice vote.

Article 4. **Powers of the Board**

Section 1. The Board is the governing body of the District. The powers of the Board include, but are not limited to the following:

A. Hiring personnel and/or entering into a contract for
    1. Consulting services
    2. Accounting services
    3. Billing services
    4. Administrative services
B. Making arrangements for and subsidizing educational programs to promote:
    1. First responder and CPR classes
    2. EMT classes
    3. Any other classes or seminars that will serve to augment or improve the quality of services of the District.
C. Purchase of supplies and equipment deemed necessary for the conduct of business of the Board and of the District.
D. Hiring and overseeing the Emergency Services Chief (EMS Chief) who reports to the CLSD Board.
E. In general, the powers of the Board are defined in AB 4227/Chapter 375, Sections 30 through 36 (page 7 of AB 4227). As the governing body of the District, the Board will also exercise those powers outline in AB 4227 Chapter 375, Section 50 through 65 (pages 9 through 12 of AB 4227).

Article 5. **Powers of the Officers of the Board**

Section 1. The President

A. The President shall preside at meetings of the Board.
B. The President shall appoint committees of two or more members of the Board to investigate and research those areas in which the Board needs more information to make proper decisions. A committee so formed will present its findings to the President or the Board. A committee, unless specifically authorized to do so by the majority of the Board, will not make any decisions binding upon the Board in matters pertaining to:
    1. Hiring or firing personnel
    2. Expenditure of funds
    3. Discipline of any employees or contractors of the District.
C. The President may designate a member of the Board or staff to do specific tasks such as:
    1. Contacting a regulatory body or officer to obtain needed information or to provide obligatory reports to a regulatory body or office.
    2. Representing the Board at community, county or other meetings where such representation is mandatory or would be advantageous to the Board.
D. The President will be the chief liaison between the Board and the people of the District, the counties of Mendocino and Sonoma and all regulatory agencies and officials.
E. Any complaints of any nature received by any member of the Board will be relayed to the President of the Board who will respond to the complaints or delegate some other member of the Board to do so.

Section 2. The Secretary

A. In the absence of the President, the Secretary will preside at any meetings (regular or special) and will become the presiding office of the Board.
B. The Secretary will be responsible for any written record of every meeting of the Board.
C. The Secretary will be responsible for scheduling and performing the annual review of the Emergency Services Chief.
D. The Secretary will be responsible for scheduling the review of the CLSD By Laws every three (3) years.
E. The Secretary will be responsible for distribution of Form 700 to the Board in January of each year. The Secretary will be responsible for submitting the completed forms to the county of residence for each Board member.
F. The Secretary will deliver the oath of office to all Board members at the January meeting of each year.
G. The Secretary will be responsible for signing each resolution approved by the Board. After signing, the Executive Administrator of CLSD will send to Mendocino and Sonoma counties informing them of these actions.

H. The duties and powers listed in paragraphs B, C, D, E and G above, may be delegated to the CLSD Executive Administrator in conjunction with the Emergency Services Chief but remain the under the supervision of the Secretary.

Section 3. The Treasurer

A. In the absence of the President and the Secretary, the Treasurer will preside at meetings and become the presiding officer of the Board.
B. In conjunction with the Emergency Services Chief, the Treasurer will maintain the financial records of the District in accordance with accepted accounting procedures.
C. The Treasurer will preside over meetings of the Finance Committee of the Board.
D. Prior to the beginning of the new Fiscal Year (July 1 of each year), the Treasurer, in conjunction with the Emergency Services Chief, will prepare the budget for the coming year.
E. At the end of the Fiscal Year, the Treasurer in conjunction with the Emergency Services Chief, will prepare a financial report for examination by the Board and the public at large.
F. The Treasurer, in conjunction with the Emergency Services Chief, will arrange for an annual audit that will conform to the requirements of all pertinent regulatory agencies.
G. The Treasurer will serve as a liaison to the Urgent Care contractor's Finance Committee and shall serve as a non-voting member to that committee.
H. The duties and powers listed in paragraphs B, C, D, E and F above, can, at the discretion of the Board, be contracted out to an accounting firm or the CLSD Executive Administrator but will remain under the supervision of the Treasurer in conjunction with the Emergency Services Chief.

Article 6. **By Laws Changes**

Section 1. These by laws may be altered by additions, deletions or clarifications by a majority vote of the Board.

Section 2. The by laws shall be reviewed every 3 years. The scheduling of this will be the responsibility of the Secretary of the Board and be delegated to the Executive Assistant to CLSD.

Adoption Date: _____
Last Version Date: _____
Next Review/Revision Date: _____

Runs by Response Request

Response Type Of Service Requested (eResponse.05)	Number of Runs	Percent of Total Runs
911 Response (Scene)	75	91.46%
Interfacility Transport	7	8.54%
	Total: 82	**Total: 100.00%**

Runs by Dispatch Reason

Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Traffic/Transportation Incident	12	14.63%
Breathing Problem	8	9.76%
Abdominal Pain/Problems	6	7.32%
Falls	6	7.32%
Interfacility Transfer	6	7.32%
Hemorrhage/Laceration	5	6.10%
Other	5	6.10%
Sick Person	5	6.10%
Traumatic Injury	5	6.10%
Unknown Problem/Person Down	4	4.88%
Back Pain (Non-Traumatic)	3	3.66%
Heart Problems/AICD	3	3.66%
Assault	2	2.44%
Chest Pain (Non-Traumatic)	2	2.44%
Medical Alarm	2	2.44%
Unconscious/Fainting/Near-Fainting	2	2.44%
Cardiac Arrest/Death	1	1.22%
Convulsions/Seizure	1	1.22%
Fire	1	1.22%
Heat/Cold Exposure	1	1.22%
Overdose/Poisoning/Ingestion	1	1.22%
Stroke/CVA	1	1.22%
	Total: 82	**Total: 100.00%**

Runs by Provider Impression

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
	14	17.07%
Traumatic Injury (T14.90)	13	15.85%
Abdominal Pain / Problems (R10.84)	9	10.98%
Pain (G89.1)	6	7.32%
Syncope/Near Syncope (R55)	5	6.10%
No Apparent Illness/Injury (Adult) (Z00.00)	4	4.88%
Chest Pain - Non-cardiac (R07.89)	3	3.66%
Chest Pain - Suspected Cardiac (I20.9)	3	3.66%
Dizziness / Vertigo (R42)	3	3.66%
Nausea / Vomiting (R11.2)	3	3.66%
Respiratory Distress - Bronchospasm (J98.01)	3	3.66%
Stroke/CVA (I63.9)	3	3.66%
Headache (R51)	2	2.44%
Overdose / Poisoning / Ingestion (F19)	2	2.44%
Weakness (General) (R53.1)	2	2.44%
Behavioral / Psychiatric - Disorder/Issue (F99)	1	1.22%
Fever (R50.9)	1	1.22%
Obvious Death (R99)	1	1.22%
Respiratory Distress - Pulmonary Edema / CHF (J81.0)	1	1.22%

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Respiratory Distress - Unspecified (J80)	1	1.22%
Seizure - Post (G40.909)	1	1.22%
Sepsis (A41.9)	1	1.22%
	Total: 82	**Total: 100.00%**

3.5 Runs by Response Disposition

Unit Disposition (3.4=itDisposition.099/3.5=eDisposition.27)	Patient Evaluation/Care (3.4=itDisposition.100/3.5=eDisposition.28)	Crew Disposition (3.4=itDisposition.101/3.5=eDisposition.29)	Transport Disposition (3.4=itDisposition.102/3.5=eDisposition.30)	Reason for Refusal/Release (3.4=itDisposition.103/3.5=eDisposition.31)	Number of Runs	Percent of Total Runs
Patient Contact Made	Patient Evaluated and Care Provided	Initiated and Continued Primary Care	Transport by This EMS Unit (This Crew Only)		40	48.78%
Patient Contact Made	Patient Evaluated and Refused Care (AMA)	Available, Care Refused (AMA/RAS)	Patient Refused Transport	Against Medical Advice	19	23.17%
Cancelled Prior to Arrival at Scene	Not Applicable	Available, No Care Required	No Transport		10	12.20%
Cancelled on Scene	Not Applicable	Available, No Care Required	No Transport		7	8.54%
Patient Contact Made	Patient Evaluated, Released at Scene (RAS)	Available, Care Refused (AMA/RAS)	Patient Refused Transport	Released Following Protocol Guidelines	3	3.66%
Patient Contact Made	Patient Evaluated and Care Provided	Initiated Primary Care and Transferred to Another EMS Crew	Transport by Another EMS Unit/Agency		2	2.44%
Cancelled on Scene	Not Applicable	Available, No Care Required	No Transport	Against Medical Advice	1	1.22%
					Total: 82	**Total: 100.00%**

3.5 Transported by Destination Report

Disposition Destination Name Delivered Transferred To (eDisposition.01)	Number of Runs	Percent of Total Runs
	42	51.22%
Landing Zone	11	13.41%
Adventist Health Mendocino Coast	9	10.98%
Sutter Santa Rosa Regional Hospital	9	10.98%
Santa Rosa Memorial Hospital, Montgomery	4	4.88%
Redwood Coast Medical Services Inc	3	3.66%
Adventist Health Ukiah Valley	1	1.22%
Healdsburg District Hospital	1	1.22%
Kaiser Permanente - Santa Rosa	1	1.22%
Private Residence	1	1.22%
	Total: 82	**Total: 100.00%**

Call Volumes by Day and Hour Report

Incident Day Name	Number of Runs	Percent of Total Runs
Incident Three Hour Range Of Day 24: 00:00:00 - 02:59:59		
Sunday	1	1.22%
Tuesday	1	1.22%
Thursday	2	2.44%
Friday	1	1.22%
	Total: 5	**Total: 6.10%**
	Avg: 1.25	
Incident Three Hour Range Of Day 24: 03:00:00 - 05:59:59		
Wednesday	1	1.22%
	Total: 1	**Total: 1.22%**
	Avg: 1.00	
Incident Three Hour Range Of Day 24: 06:00:00 - 08:59:59		
Sunday	5	6.10%
Monday	2	2.44%
Tuesday	1	1.22%
Thursday	2	2.44%
Friday	1	1.22%
	Total: 11	**Total: 13.41%**
	Avg: 2.20	

Incident Day Name	Number of Runs	Percent of Total Runs
Incident Three Hour Range Of Day 24: 09:00:00 - 11:59:59		
Sunday	2	2.44%
Monday	3	3.66%
Thursday	2	2.44%
Friday	2	2.44%
Saturday	1	1.22%
	Total: 10	**Total: 12.20%**
	Avg: 2.00	
Incident Three Hour Range Of Day 24: 12:00:00 - 14:59:59		
Sunday	1	1.22%
Monday	2	2.44%
Wednesday	2	2.44%
Thursday	1	1.22%
Friday	5	6.10%
Saturday	2	2.44%
	Total: 13	**Total: 15.85%**
	Avg: 2.17	
Incident Three Hour Range Of Day 24: 15:00:00 - 17:59:59		
Sunday	1	1.22%
Monday	7	8.54%
Tuesday	1	1.22%
Wednesday	1	1.22%
Thursday	4	4.88%
Friday	3	3.66%
Saturday	3	3.66%
	Total: 20	**Total: 24.39%**
	Avg: 2.86	
Incident Three Hour Range Of Day 24: 18:00:00 - 20:59:59		
Sunday	3	3.66%
Monday	5	6.10%
Tuesday	2	2.44%
Wednesday	2	2.44%
Friday	3	3.66%
Saturday	2	2.44%
	Total: 17	**Total: 20.73%**
	Avg: 2.83	
Incident Three Hour Range Of Day 24: 21:00:00 - 23:59:59		
Tuesday	1	1.22%
Friday	2	2.44%
Saturday	2	2.44%
	Total: 5	**Total: 6.10%**
	Avg: 1.67	
	Total: 82	**Total: 100.00%**
	Avg: 2.22	

Report Criteria

Agency Name (Dagency.03): Is In Coast Life Support District Ambulance

Incident Date: Is Between 06/1/2025 and 06/30/2025

Coast Life Support District
Year to Date Report

	CHARGES	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	AB 716	NET CHARGES	PAYMENTS	REFUNDS	NET PAYMENTS	BAD DEBT WRITE OFFS	OTHER WRITE OFFS	ADJUSTMENTS	NEW A/R BALANCE
JULY '24	$ 248,385.60	$ 101,701.74	$ 41,655.23	$ 6,588.41	$ 25,784.76	$ 72,655.46	$ 82,587.23	$ 186.10	$ 82,401.13	$ -	$ 7,455.29	$ 71.48	$ 528,561.74
AUGUST '24	$ 310,298.80	$ 114,906.11	$ 35,274.44	$ 10,216.68	$ 20,797.79	$ 129,103.78	$ 81,665.61	$ 2,225.40	$ 79,440.21	$ -	$ 500.00	$ -	$ 577,725.31
SEPTEMBER '24	$ 303,426.60	$ 100,899.82	$ 76,506.10	$ 5,425.40	$ 6,617.88	$ 113,977.40	$ 72,748.97	$ 1,513.41	$ 71,235.56	$ 16,349.50	$ 19,491.43	$ 2.43	$ 584,628.65
OCTOBER '24	$ 208,916.40	$ 113,310.59	$ 29,300.54	$ 5,788.12	$ 1,561.12	$ 58,956.03	$ 66,234.13	$ 175.00	$ 66,059.13	$ 8,594.02	$ 1,011.60	$ -	$ 567,919.93
NOVEMBER '24	$ 188,242.80	$ 81,513.61	$ 30,869.99	$ 11,622.94	$ 11,256.77	$ 52,979.49	$ 79,896.16	$ -	$ 79,896.16	$ 641.19	$ 4,565.54	$ -	$ 535,796.53
DECEMBER '24	$ 171,129.40	$ 68,283.26	$ 22,841.36	$ 1,984.90	$ 5,957.11	$ 72,062.77	$ 81,066.79	$ 300.00	$ 80,766.79	$ 13,718.75	$ 2,250.73	$ -	$ 511,123.03
JANUARY '25	$ 200,029.40	$ 96,187.46	$ 49,470.60	$ 2,144.77	$ 26,390.55	$ 25,836.02	$ 71,799.68	$ 342.00	$ 71,457.68	$ -	$ -	$ -	$ 465,501.37
FEBRUARY '25	$ 202,346.40	$ 82,183.95	$ 53,359.78	$ 15,700.65	$ (22,156.60)	$ 73,258.62	$ 52,347.89	$ 6,167.00	$ 46,180.89	$ -	$ -	$ -	$ 492,579.10
MARCH '25	$ 211,303.40	$ 111,267.01	$ 29,847.50	$ 2,945.09	$ 16,547.73	$ 50,696.07	$ 69,103.13	$ -	$ 69,103.13	$ -	$ 6,386.42	$ 9.08	$ 467,794.70
APRIL '25	$ 80,650.40	$ 61,365.62	$ 4,982.32	$ 10,295.61	$ (10,896.85)	$ 14,903.70	$ 67,781.08	$ -	$ 67,781.08	$ -	$ -	$ 1.37	$ 414,918.69
MAY '25	$ 249,835.80	$ 115,778.44	$ 32,055.56	$ 2,567.59	$ 16,869.91	$ 82,564.30	$ 67,018.18	$ 360.06	$ 66,658.12	$ -	$ 250.00	$ 0.82	$ 430,575.69
JUNE '25	$ 195,418.20	$ 73,191.90	$ 40,817.27	$ 1,170.40	$ 5,663.11	$ 74,575.52	$ 56,795.65	$ 282.48	$ 56,513.17	$ -	$ -	$ 168.32	$ 448,806.36
YEAR TO DATE TOTALS	$ 2,569,983.20	$ 1,120,589.51	$ 446,980.69	$ 76,450.56	$ 104,393.28	$ 821,569.16	$ 849,044.50	$ 11,551.45	$ 837,493.05	$ 39,303.46	$ 41,911.01	$ 253.50	
YTD PERCENTAGE OF REVENUE		43.60%	17.39%	2.97%	4.06%	31.97%	33.04%	1.36%	32.59%	1.53%	1.63%	0.02%	
YTD PERCENTAGE OF NET REVENUE									101.94%				
Average Charges per month	**$ 214,165.27**												
Average Payments per month	**$ 70,753.71**												

Management Summary Report
Monthly and Fiscal Year to Date
Coast Life Support District
June 2025

Financial Class	Number of Accounts	Percent of Total	Year to Date Total Accts.	Percent of Total YTD	Charges	Percent of Total	Year to Date Total Charges	Percent of Total YTD	Payments	Percent of Total	Year to Date Payments	Percent of Total YTD
Medicare	18	29.51%	226	32.80%	$73,592.20	37.66%	$999,290.00	38.88%	$14,856.42	26.16%	$199,220.50	23.46%
Medicare HMO	6	9.84%	71	10.30%	$26,676.00	13.65%	$302,245.80	11.76%	$2,715.71	4.78%	$70,899.44	8.35%
Medi-Cal	0	0.00%	10	1.45%	$0.00	0.00%	$51,702.00	2.01%	$3,621.54	6.38%	$26,684.30	3.14%
Medi-Cal HMO	13	21.31%	105	15.24%	$51,341.00	26.27%	$445,632.00	17.34%	$10,293.09	18.12%	$205,671.48	24.22%
Insurance	5	8.20%	67	9.72%	$22,463.00	11.49%	$230,982.40	8.99%	$21,585.15	38.00%	$277,772.87	32.72%
Private Pay	19	31.15%	210	30.48%	$21,329.00	10.91%	$425,945.00	16.57%	$3,723.74	6.56%	$68,795.91	8.10%
Kaiser	0	0.00%	0	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%
Other	0	0.00%	0	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%
Prior Sales					$17.00	0.01%	$114,186.00	4.44%				
Sub Total	61	100.00%	689	100.00%	$195,418.20	100.00%	$2,569,983.20	100.00%	$56,795.65	100.00%	$849,044.50	100.00%
Dry Runs	0	0.00%	0	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%	$0.00	0.00%
Total	*61*	*100.00%*	*689*	*100.00%*	*$195,418.20*	*100.00%*	*$2,569,983.20*	*100.00%*	*$56,795.65*	*100.00%*	*$849,044.50*	*100.00%*