



AGENDA

Monday, August 25, 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:
 July 28, 2025 Board Meeting Beaty
4. Privilege of the Floor
5. New Business:
 - a. Urgent Care Quarterly Report RCMS
 - b. Resolution 2025-B:
 Financing Agreement for a line of credit with Exchange Bank Golly
 - c. Final Audit Presentation Golly
6. Old Business:
 - a. Regional Merger Discussion Golly
 - b. Resolution 2025-A, updating Ambulance Billing Rates - ACTION Golly
 - c. Resolution 2025-C, Final Budget Adoption - ACTION Golly
 - a. Bylaws Review Schwartz
7. Committee Reports:
 - a. Finance Golly
 - b. Fundraising Tittle
 - c. Executive Beaty
 - d. Governance Schwartz
 - e. Communications Bower
 - f. RCMS Tilles
 - g. MHA Tittle/Beaty
 - h. District/Operations Golly

8. Shout Out:

Open

9. **NEXT BOD MEETINGS:**

September 22, 2025

October 27, 2025

10. Adjourn

AST LIFE SUPPORT DISTRICT

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www.clsd.ca.gov

Board of Directors MEETING MINUTES Monday, July 28, 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, Director Leslie Tittle

Visitors: Chief Jason Warner, Paula Smith, Steve Smith

Staff Present: Bronwyn Golly (EMS Chief), Cobre Hernandez (Executive Administrator)

Minutes by: Cobre Hernandez

Meeting called to order at 4:01pm by President Beaty.

After review by the BOD, Director Tilles made a motion to accept the agenda, which was seconded by Director Schwartz.

The Meeting Agenda was unanimously approved.

After review by the BOD, Director Bower made a motion to accept the June 23, 2025 Meeting Minutes with the following changes: Director Schwartz incorrectly labeled as the Treasurer.

The motion was seconded by Director Damasco.

The motion was unanimously approved.

1. Privilege of the Floor

No one had any business to add.

2. New Business

a. Regional Discussion: Presentation on overall regional status and possible future actions

Chief Warner, South Coast Fire Protection District and Timber Cove Fire Protection District, gave a short presentation on current discussions on both Districts merging into a single

entity. While investigating this they started to look at what it would like to include both North Sonoma Coast Fire Protection District and Redwood Coast Fire Protection Districts, as well as CLSD, and see if there were benefits to becoming a single entity. Chief Warner made clear that this discussion was still in its infancy. CLSD's Board of Directors expressed interest in the discussion with many questions, including those listed below.

Some of the questions that the Directors are contemplating are:

What would it look like for a Special District to join a Fire District?

Would we need state/LAFCO approval?

How do we handle people's emotional connection to their local service provider?

Chief Warner stated that he would coordinate a regional consolidation exploratory group to begin this discourse.

Treasurer Tilles made a motion to formally enter into these discussions with Director Bower, Director Tittle, and Chief Golly as representatives.

The motion was seconded by Director Damasco.

The motion was passed unanimously.

b. Creation of an Ad Hoc committee for continued budget review

Secretary Schwartz made a motion to create an ad hoc budget committee.

Director Tittle seconded the motion.

The motion was unanimously approved.

c. Resolution 2025-A, updating Ambulance Billing Rates

Chief Golly introduced the resolution to increase ambulance billing rates. Our rates were last updated in 2015. The initial increase as listed in the resolution will be an across the board 20% increase. The resolution also allows for a cost of living increase each year. Treasurer Tilles pointed out that this rate increase will only apply to 45% of our patients since the reimbursement rate for MediCal and Medicare are at a contracted rate. The Board had a discussion about whether we should begin billing for treat and release calls. Director Bower would like to set up a schedule to review the billing of these calls. She understands, especially as a first responder, that this policy reduces the anxiety of patients that didn't call 911 themselves or didn't want to be transported. She is unsure if we can continue to afford it though. When she first joined the Board, property taxes supplied 2/3 of our operating costs. They now make up less than 1/3 of it.

d. FY 25-26 Final Budget Introduction

Chief Golly introduces the updated and final budget. Some items of note:

- The line item from Wittman billing has increased. It is now \$56,160 a month incoming, based on the proposed rate increase
- Miscellaneous revenue mostly refers to CPR classes.
- We now have a donation line. The Finance Committee set this at \$40,000 but we will likely need more in order to stay in the black.

The Directors had a discussion about fundraising potential and obstacles. President Beaty discussed his experience of the fundraising activities of the MHA Board. Each board member has been assigned donors to personally thank and develop relationships with. Can CLSD start developing the Board in that direction?

Some of the issues that came up in the discussion were:

- The community does not understand that CLSD is different from the fire department or RCMS.
- We should utilize the platform of the Independent Coast Observer, now that the ownership is making changes to better serve the area.
- The mobile version of the website does not have a “Donate” button, which the desktop version has.
- Potential donors don’t know that their donation may be tax-deductible.
- Maybe we should have a wish list like Coast Seniors.

An ad hoc Fundraising Committee was appointed. The members are Directors Tittle and Damasco, volunteers Paula and Steve Smith, Chief Golly, and EA Hernandez.

3. Old Business:

a. Approval of Bylaws - Final Version

This will go to the Governance Committee for an updated review.

b. Ethics and Sexual Harassment Trainings

Directors Damasco and Sandoval have until next year to complete their trainings.

4. Committee Reports:

a. Finance

Chief Golly gave an update on last month’s ambulance billing. There were 82 dispatches in June. The highest percentage of calls were dispatched as “traumatic injury.” She gave an update on the process to update the CLSD account as a vendor with the Veterans

Administration in order to bill the VA for calls. Treasurer Tilles asked if we can now bill for transporting to RCMS. Chief Golly responded that this still needs to be worked out with RCMS and their standing as a Medicare receiving facility. Director Tittle asked if the private pay patients are mostly residents or non-residents. If they are residents, perhaps we can piggyback on MHA's efforts to get residents signed up for insurance. Chief Golly would like to investigate ways that CLSD can get paid for services that are outside of the 911 system, such as working with the mobile health clinic and community paramedicine.

b. Executive

Nothing to report.

c. Governance

The Governance Committee had their first meeting and discussed creating an administrative calendar and date stamping resolutions and policies. Secretary Schwartz said that Director Sandoval's expertise is very useful to the activities of the committee.

d. Communications

Nothing to report.

e. RCMS

Treasurer Tilles provided an update from the RCMS Finance Committee. They will begin doing outreach for their capital campaign soon. They would like to report in person in August.

f. MHA

Director Tittle proposed organizing a quarterly update with MHA since it hasn't been happening regularly. She updated the Board on the new MHA mobile clinic. The clinic's first day of operation will be Monday, August 4. They will be having a launch party on August 1 at South Coast Fire Protection District's station. There will be three staff on each shift on the clinic, including a community health worker or peer recovery specialist. The clinic will run for two days a week, in Manchester and Fort Ross, until they move to five days a week. This will hopefully be before the end of August with a staff increase. Director Tittle expressed how proud she is of this work. When they first started, MHA received input from local clinics, the health departments, the fire departments, and the Sheriff. **It is the first stand-alone mobile clinic that has ever been licensed in the State of California!**

g. District/Operations

Chief Golly and EA Hernandez attended an MHA Meeting on emergency protocols. Chief Warner and Chief Golly will be going down to Fort Ross to help MHA with the mock clinic to

prepare for the mobile clinic launch. Chief Golly will be teaching the MHA providers the CPR protocols used by EMS and Fire District First Responders.

Shout Out:

President Beaty would like to shout out the whole Board for stepping up to the plate considering how much stuff has been going on. Director Tittle would like to shout out Chief Golly and EA Hernandez for keeping the balls going.

NEXT BOD MEETINGS

August 25, 2025

September 22, 2025

5. Adjournment

Treasurer Tilles made a motion to adjourn the meeting.

The motion was seconded by Director Tittle

The motion to adjourn the meeting was unanimously approved at 6:03 pm.

**COAST LIFE SUPPORT DISTRICT
RESOLUTION 2025-B**

**RESOLUTION REGARDING A CONTINUED FINANCING AGREEMENT
FOR A LINE OF CREDIT WITH EXCHANGE BANK**

WHEREAS, Coast Life Support District desires to continue the financing agreement by and between Exchange Bank and Coast Life Support District, for the purpose of maintaining a line of credit. Coast Life Support District desires to designate the agreement as a “qualified tax-exempt obligation” of Coast Life Support District for the purposes of Section 265 (b) (3) of the Internal Revenue Codes of 1986, as amended. Coast Life Support District desires to designate the Board President, as an authorized signer of the agreement; and

WHEREAS, the total amount of the line of credit used will be up to, and not more than, \$300,000.00; and

WHEREAS, at the time of access the interest rate will be 10.25% unless changed by Exchange Bank: Now therefore,

BE IT RESOLVED the Board of Directors of Coast Life Support District approves maintaining a line of credit with Exchange Bank until the line of credit expires in February 2026 or before by consensus of the Board of Directors.

THE FOREGOING RESOLUTION was introduced by Director _____ who moved for its adoption, seconded by Director _____ and then adopted on roll call by the following vote:

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 has been PASSED and APPROVED by the Board of Directors of Coast Life Support District in a public meeting held on 22th day of September, 2025 and SO ORDERED.

Geoffrey Beaty
President

Naomi Schwartz
Secretary

DRAFT

Notes:

Original resolution "A Resolution Regarding A Financing Agreement For A Line Of Credit With Exchange Bank" was approved on October 28, 2024.

File location: Administration\Files\Board of Directors\Resolutions

**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:

<i>Service</i>	<i>BLS</i>	<i>ALS I</i>	<i>ALS II</i>
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 _____, who moved for its adoption and seconded by Director _____,

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

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

Basic Life Support Emergency (BLSE)

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

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

Specialty Care Transport (SCT)

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

Advance Life Support Non-Emergency

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

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

Basic Life Support Non-Emergency

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

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

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

August 15, 2025

Board of Directors: Coast Life Support District:

The ad hoc budget committee has done a deep dive into the budget, line by line, and has forwarded to the FC the attached budget, which the FC has reviewed and recommends that the BOD approves.

As soon as Bronwyn was selected as Chief she discovered that our financial reports were unreliable. After receiving approval from the Board, Andrea Drew, an external consultant, was hired to correct our financial records and establish more reliable accounting procedures.

In addition, as we developed this year's budget we encountered over \$150,000 of new expenses for the coming year. These expenses were not discretionary and were imposed by external factors such as major increases from REDCOM and Worker's Compensation. We had no reserves to help cover the new expenses.

The ad-hoc committee has taken a two-pronged approach toward resolving this crisis and achieving a balanced budget.

We reduced every budget line item where possible.

Reluctantly we were forced to forgo any cost of living to staff and crew. Our staff and crew are our greatest asset, so we regret taking this action.

There is no "fat" in this year's budget...none.

Secondly, we have strived to find ways of increasing our income. Our major sources of revenue have not changed in many years despite the dramatic rise in our costs.

1. An anonymous donor has given us a grant of \$100,000. This generous grant is a lifeline to us for this fiscal year.
2. We are proposing a rate hike in our billing. Our billing rates have not risen in over a decade. An estimate of the likely increase in revenue has been incorporated in the budget.
3. We are counting on the Board to generate donations from the community of \$70,000. Without these dollars the budget will not be balanced. This will require a commitment from each Board member to raise \$10,000 in donations.
4. In addition, I believe that the Board must move forward in asking the public for an assessment increase that will not only cover our current budget but also allow us to build a reserve fund, allow for cost of living adjustments for our staff and crew and cover increases in expenses due to inflation.

These actions are necessary for a balanced budget.

The Board should also be aware that much of our funding comes from government resources which are in flux. We must carefully monitor the impact of any adverse governmental decisions.

I would like to end this letter with “shout outs” to the people who have worked so hard during this process: I want to recognize the efforts that Bronwyn and Cobre have made. Both were new in their roles and were immediately blind sided with what they encountered; and to Geoff and Julia whose input and guidance we depended upon. The ad-hoc budget committee was the best team effort that I have participated in. I want to thank each of you.

Respectfully submitted,

Michael Tilles

Treasurer: Coast Life Support District

Coast Life Support District
Year Ended June 30, 2026
Fiscal Year Budget Summary

Account #	Account Description	Total Budget - FY2026 Year
CLSD Revenue		
Tax Revenue		
1100	Mendocino County Taxes	\$ 1,105,429.00
1200	Sonoma County Taxes	\$ 917,979.00
Total Tax Revenue		\$ 2,023,408.00
Ambulance Service Revenue		
1300	Ambulance Transport Billings	\$ 936,000.00
Total Ambulance Service Revenue		\$ 936,000.00
Intergovernmental Transport Revenue		
1400	Intergovernmental Transport (IGT)	\$ 500,000.00
1410	Ground Emerg Med Transport	\$ 100,000.00
Total Intergovernmental Transport Revenue		\$ 600,000.00
Miscellaneous Revenue		
1900	General Misc	\$ 35,000.00
1910	Interest Revenue	\$ -
1920	Donations	\$ 170,000.00
Total Miscellaneous Revenue		\$ 205,000.00
Total CLSD Revenue		\$ 3,764,408.00

CLSD Expenses		
3000	Wage + Benefit Expense	\$ 2,195,010.00
Total Wage + Benefit Expense		\$ 2,195,010.00

Services and Supplies		
4020	Clothing and Personal	\$ 6,000.00
4040	Communications	
4041	Communications - Cell Phone/Telephone	\$ 4,000.00
4042	Communications - Dispatch	\$ 63,000.00
4080	Household and Supplies Expense	\$ 8,000.00
4110	Insurance Expense	
4111	LAFCO	\$ -

Coast Life Support District
Year Ended June 30, 2026
Fiscal Year Budget Summary

Account #	Account Description	Total Budget - FY2026 Year
4112	General Liab Ins	\$ 24,459.00
4140	Maintenance Expense	
4141	Maint - Equipment	\$ -
4142	Maint - Vehicles	\$ 30,000.00
4143	Maint - Buildings	\$ 5,000.00
4210	Medical, Dental and Lab Supplies	\$ -
4220	Dues, Subscriptions and Memberships	\$ 10,000.00
4250	Misc Expenses	\$ -
4260	Office Expense	\$ -
4261	Office Exp - General	\$ 1,500.00
4262	Office Exp - Software	\$ 5,000.00
4460	Minor Equipment (< \$5,000 per Unit)	
4461	Minor Equipment - Office Equipment	\$ -
4462	Minor Equipment - Computer Equipment	\$ 1,500.00
4463	Minor Equipment - Radio Equipment	\$ 1,500.00
4464	Minor Equipment - Medical Equipment and Supplies	\$ 45,000.00
4310	Professional and Specialized Services	
4311	Accounting	\$ 40,000.00
4312	Audit	\$ 10,000.00
4313	Ambulance Billing	\$ 56,160.00
4314	Information Technology Services	\$ 15,000.00
4315	IGT Contract	\$ 270,000.00
4316	Legal	\$ 1,000.00
4317	Tax Administration - NBS Contract	\$ 14,200.00
4317	UC Contract	\$ 800,000.00
4318	Property Tax Administration - Counties	\$ 23,879.00
4510	Special Dept Expense	
4511	Medical Director Fee-non AHUC	\$ 30,000.00
4512	Training and Development - Staff	\$ 3,000.00
4513	Training and Development - Community	\$ 2,500.00
4514	Board Expenses	\$ 1,000.00
4515	Employee Assistance Program	\$ 2,700.00
4290	Bank Charges and Int Expense	
4291	Bank Charges	\$ 2,000.00
4292	Interest Expense	\$ 3,000.00
4610	Transportation and Travel	
4611	Transportation and Travel - Fuel	\$ 30,000.00
4710	Utilities	\$ 20,000.00
Total Services and Supplies		\$ 1,529,398.00

Coast Life Support District
Year Ended June 30, 2026
Fiscal Year Budget Summary

Account #	Account Description	Total Budget - FY2026 Year
Financing Expense		
5000	Equipment - Principal Loan Payment	\$ 40,000.00
5010	Equipment - Interest Loan Payment	\$ -
Total Financing Expense		\$ 40,000.00
Capital Assets (> \$5,000 per Unit)		
6000	Buildings and Improvements	\$ -
6010	Equipment	\$ -
6020	Vehicles	\$ -
Total Capital Assets Expense		\$ -
Total CLSD Expense		\$ 3,764,408.00
Total CLSD Net Income/(Loss) - Before Other Reserve/Special Project Items		\$ -
N/A	Reserve Transfer Item: Compensated Absences Accnt	\$ -
N/A	Reserve Transfer Item: Apparatus and Equipment	\$ -
N/A	Reserve Transfer Item: Vehicle and Fleet	\$ -
N/A	Reserve Transfer Item: Building Maint and Repair	\$ -
N/A	Unrestricted Reserve Item: FY2026 Build-Up Need	\$ -
N/A	Other Special Item: UAL PrePayment	\$ -
N/A	TBD - Other Reserve/Special Project Items	\$ -
Total CLSD Net Income/(Loss) - Before Other Reserve/Special Project Items		\$ -

COAST LIFE SUPPORT DISTRICT
RESOLUTION No: 2025-C
ADOPTION OF THE FINAL BUDGET FOR FISCAL YEAR 2025/2026

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

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

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

WHEREAS, the District will require the full assessment as authorized for urgent care services in order to fully fund the current program and provide adequate funds for development of the presently envisioned Urgent Care program and any other authorized use, and

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

Sonoma County \$ 917,979
Mendocino County \$ 1,105,429
Ambulance Billings \$ 936,000
Miscellaneous \$ 805,000
Total Budgeted Revenue \$ 3,764,408

WHEREAS, the following expenditures will provide the resources necessary to meet the established objectives for the next fiscal year:

Ambulance Operations \$ 2,492,669
Administration & Overhead \$ 471,739
Urgent Care Program \$ 800,000
Total Budgeted Expenditures \$ 3,764,408

BE IT RESOLVED that the Board of Directors authorize its officers, EMS Chief, and staff to make expenditures necessary to operate the ambulance service and all authorized programs,

BE IT FURTHER RESOLVED that the Board of Directors authorized the above amounts for Coast Life Support District's budget for Fiscal Year 2025/2026.

The above resolution was introduced by Director _____, who moved its adoption, seconded by Director _____, and passed and adopted on this 25th day of August, 2025 by the following roll call vote:

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 and SO ORDERED.

Naomi Schwartz, Secretary

]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) ~~Directors~~ who are residents of ~~and registered voters within~~ the District. The number of ~~Directors~~ elected will alternate four and three every two years.

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Deleted: and are registered voters within the District.

Deleted: Board members

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 ~~fulfill~~ the term of the ~~Director 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 ~~Director~~ 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.

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Deleted: Board member

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. ~~Should we clarify Executive Committee?~~

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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

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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 in each calendar year, the Board will elect a President, a Secretary and a Treasurer. The President, the Secretary and the Treasurer will comprise the Executive Committee. At the same time the Board President will make committee appointments.

Deleted: following an election

Deleted: There will be no time limits to the terms of those officers and they may be reelected.

Section 5. At the first regular meeting of the Board, newly elected Directors will be certified at this time.

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Deleted: Vacant Board Officer positions will be filled by nomination and elected by the Board.

Section 6. Directors shall serve without compensation. Travel or other expenses incurred by a Director in performance of the Board or District duties may be reimbursed at the discretion of the Board.

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Section 7. Any Director who a potential conflict of interest must recuse themselves from all discussions and votes on the matter. See Conflict of Interest policy XXXX

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Deleted: 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 5. A special meeting may be called by the President of the Board or by a majority of the Directors. Notice of the special meeting shall be given to each Board member by telephone or by email giving the reason for the special meeting. Public Notice including the reason for the

Deleted: 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.¶

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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.

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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.*

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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 Medical 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.

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				OTHER											
		MCARE WRITE	MCAL WRITE	CONTRACTUAL								BAD DEBT	OTHER		NEW A/R
	CHARGES	DOWNNS	DOWNNS	WRITE DOWNNS	AB 716	NET CHARGES	PAYMENTS	REFUNDS	NET PAYMENTS	WRITE OFFS	WRITE OFFS	ADJUSTMENTS	BALANCE		
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		
JULY '25	\$ 246,330.60	\$ 69,539.90	\$ 55,171.33	\$ 7,496.80	\$ 10,165.86	\$ 103,956.71	\$ 66,709.51	\$ -	\$ 66,709.51	\$ -	\$ -	\$ 212.35	\$ 486,265.91		
YEAR TO DATE															
TOTALS	\$ 2,567,928.20	\$ 1,088,427.67	\$ 460,496.79	\$ 77,358.95	\$ 88,774.38	\$ 852,870.41	\$ 833,166.78	\$ 11,365.35	\$ 821,801.43	\$ 39,303.46	\$ 34,455.72	\$ 394.37			
YTD															
PERCENTAGE															
OF REVENUE		42.39%	17.93%	3.01%	3.46%	33.21%	32.45%	1.36%	32.00%	1.53%	1.34%	0.04%			
YTD															
PERCENTAGE															
OF NET															
REVENUE									96.36%						
Average Charges															
per month	\$ 213,994.02														
Average Payments															
per month	\$ 69,430.57														

Runs by Response Request

Response Type Of Service Requested (eResponse.05)	Number of Runs	Percent of Total Runs
911 Response (Scene)	98	95.15%
Interfacility Transport	5	4.85%
	Total: 103	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	11.65%
Falls	10	9.71%
Traumatic Injury	9	8.74%
Interfacility Transfer	7	6.80%
Sick Person	7	6.80%
Unconscious/Fainting/Near-Fainting	7	6.80%
Breathing Problem	5	4.85%
Chest Pain (Non-Traumatic)	5	4.85%
Heart Problems/AICD	5	4.85%
Other	5	4.85%
Allergic Reaction/Stings	4	3.88%
Hemorrhage/Laceration	4	3.88%
Unknown Problem/Person Down	4	3.88%
Abdominal Pain/Problems	3	2.91%
Cardiac Arrest/Death	3	2.91%
Assault	2	1.94%
Automated Crash Notification	2	1.94%
Back Pain (Non-Traumatic)	2	1.94%
Headache	2	1.94%
Stroke/CVA	2	1.94%
Choking	1	0.97%
Medical Alarm	1	0.97%
Pregnancy/Childbirth/Miscarriage	1	0.97%
	Total: 103	Total: 100.00%

Runs by Provider Impression

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
	25	24.27%
Traumatic Injury (T14.90)	16	15.53%
Pain (G89.1)	12	11.65%
Chest Pain - Non-cardiac (R07.89)	6	5.83%
Chest Pain - Suspected Cardiac (I20.9)	6	5.83%
Syncope/Near Syncope (R55)	6	5.83%
Abdominal Pain / Problems (R10.84)	3	2.91%
Altered Level of Consciousness (R41.82)	3	2.91%
Dizziness / Vertigo (R42)	3	2.91%
No Apparent Illness/Injury (Adult) (Z00.00)	3	2.91%
Stroke/CVA (I63.9)	3	2.91%
Allergic Reaction (T78.40)	2	1.94%
Cardiac Arrest (I46.9)	2	1.94%
Respiratory Distress - Bronchospasm (J98.01)	2	1.94%
Respiratory Distress - Unspecified (J80)	2	1.94%
Diabetic - Hyperglycemia (E13.65)	1	0.97%
Diabetic - Hypoglycemia (E13.64)	1	0.97%
Epistaxis (Non-Traumatic) (R04.0)	1	0.97%

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Fever (R50.9)	1	0.97%
Headache (R51)	1	0.97%
Nausea / Vomiting (R11.2)	1	0.97%
No Apparent Illness/Injury (Z00.00)	1	0.97%
OB / Pregnancy Related Complication (O99)	1	0.97%
Weakness (General) (R53.1)	1	0.97%
Total: 103		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)		47	45.63%
Patient Contact Made	Patient Evaluated and Refused Care (AMA)	Available, Care Refused (AMA/RAS)	Patient Refused Transport	Against Medical Advice	25	24.27%
Cancelled Prior to Arrival at Scene	Not Applicable	Available, No Care Required	No Transport		15	14.56%
Cancelled on Scene	Not Applicable	Available, No Care Required	No Transport		5	4.85%
Patient Contact Made	Patient Evaluated, Released at Scene (RAS)	Available, Care Refused (AMA/RAS)	Patient Refused Transport	Released Following Protocol Guidelines	4	3.88%
Cancelled Prior to Arrival at Scene	Not Applicable	Not Applicable	No Transport		1	0.97%
No Patient Found					1	0.97%
Non-Patient Incident (Not Otherwise Listed)		Available, No Care Required			1	0.97%
Non-Patient Incident (Not Otherwise Listed)	Not Applicable	Available, No Care Required	No Transport		1	0.97%
Non-Patient Incident (Not Otherwise Listed)	Patient Support Services Provided	Provided Care Supporting Primary EMS Crew	Transport by Another EMS Unit/Agency		1	0.97%
Patient Contact Made	Patient Evaluated and Care Provided	Initiated and Continued Primary Care	No Transport		1	0.97%
Patient Contact Made	Patient Support Services Provided	Provided Care Supporting Primary EMS Crew			1	0.97%
					Total: 103	Total: 100.00%

3.5 Transported by Destination Report

Disposition Destination Name Delivered Transferred To (eDisposition.01)	Number of Runs	Percent of Total Runs
	56	54.37%
Landing Zone	15	14.56%
Sutter Santa Rosa Regional Hospital	11	10.68%
Adventist Health Mendocino Coast	8	7.77%
Santa Rosa Memorial Hospital, Montgomery	6	5.83%
Kaiser Permanente - Santa Rosa	3	2.91%
Redwood Coast Medical Services Inc	3	2.91%
Adventist Health Howard Memorial	1	0.97%
Total: 103		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	0.97%
Monday	1	0.97%
Friday	3	2.91%
Saturday	2	1.94%
Total: 7 Avg: 1.75		Total: 6.80%
Incident Three Hour Range Of Day 24: 03:00:00 - 05:59:59		
Sunday	1	0.97%
Monday	1	0.97%
Tuesday	2	1.94%
Wednesday	1	0.97%
Total: 5 Avg: 1.25		Total: 4.85%

Incident Day Name	Number of Runs	Percent of Total Runs
Incident Three Hour Range Of Day 24: 06:00:00 - 08:59:59		
Sunday	3	2.91%
Wednesday	2	1.94%
Friday	1	0.97%
Saturday	1	0.97%
	Total: 7	Total: 6.80%
	Avg: 1.75	
Incident Three Hour Range Of Day 24: 09:00:00 - 11:59:59		
Sunday	5	4.85%
Monday	2	1.94%
Tuesday	1	0.97%
Wednesday	4	3.88%
Thursday	5	4.85%
Saturday	3	2.91%
	Total: 20	Total: 19.42%
	Avg: 3.33	
Incident Three Hour Range Of Day 24: 12:00:00 - 14:59:59		
Sunday	4	3.88%
Monday	2	1.94%
Tuesday	5	4.85%
Wednesday	1	0.97%
Thursday	2	1.94%
Friday	3	2.91%
Saturday	4	3.88%
	Total: 21	Total: 20.39%
	Avg: 3.00	
Incident Three Hour Range Of Day 24: 15:00:00 - 17:59:59		
Sunday	1	0.97%
Monday	1	0.97%
Tuesday	2	1.94%
Wednesday	1	0.97%
Thursday	3	2.91%
Friday	6	5.83%
Saturday	4	3.88%
	Total: 18	Total: 17.48%
	Avg: 2.57	
Incident Three Hour Range Of Day 24: 18:00:00 - 20:59:59		
Sunday	1	0.97%
Monday	2	1.94%
Wednesday	1	0.97%
Thursday	5	4.85%
Friday	2	1.94%
Saturday	4	3.88%
	Total: 15	Total: 14.56%
	Avg: 2.50	
Incident Three Hour Range Of Day 24: 21:00:00 - 23:59:59		
Sunday	2	1.94%
Monday	2	1.94%
Tuesday	1	0.97%
Wednesday	1	0.97%
Thursday	1	0.97%
Friday	2	1.94%
Saturday	1	0.97%

Incident Day Name	Number of Runs	Percent of Total Runs
		Total: 10
		Avg: 1.43
		Total: 103
		Avg: 2.29
		Total: 9.71%
		Total: 100.00%
Report Criteria		
Agency Name (Dagency.03): Is In Coast Life Support District Ambulance		
Incident Date: Is Between 07/1/2025 and 07/31/2025		