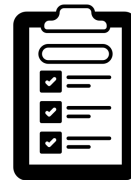




Sierra – Sacramento Valley EMS Agency Joint Powers Agency (JPA) Governing Board Meeting



MEETING AGENDA

Meeting Date & Time

- **Friday, August 8, 2025, 1:00 pm**

Meeting Locations & Attendance Information

- **Primary Meeting Location:** 535 Menlo Drive, Suite A, Rocklin, CA 95765
- **Videoconference Meeting Location #1:** 1255 East Street, 2nd Floor, Redding, CA 96001
- **Videoconference Meeting Location #2:** 525 W. Sycamore St., Suite B1, Willows, CA 95988

Pursuant to Government Code § 54953, this board meeting will include videoconference participation from the videoconference meeting locations listed. The meeting notice and agenda will also be posted at these videoconference locations.

The board meeting will be open to in-person public attendance at any of the meeting locations listed. Public participation will also be offered through a completely remote option. Individuals who wish to participate remotely may use the following information to do so:

- **Zoom link (audio/video):**

<https://us02web.zoom.us/j/86299726993?pwd=bXKU3rKm7DnVRtT4ej2XMCTtOycBf1.1>

- **Telephone (audio only):**

(669) 900-9128, **Meeting ID:** 862 9972 6993, Meeting **Passcode:** 1702

Public Comment will be opened for each agenda item in sequence. Public records that relate to any item on the open session agenda for a regular board meeting are available on our website at: www.ssvems.com. Those records that are distributed less than 72 hours prior to the meeting will be made available online following the meeting.

Sierra – Sacramento EMS Agency – JPA Governing Board Meeting Agenda

| Meeting Agenda | | |
|----------------|--|--------------------|
| Item | Title | Leader |
| A | Call to Order & Pledge of Allegiance | Chairperson |
| B | Welcome & Introductions | All |
| C | Board Member Announcements | Board Members |
| D | <p>Action to Approve Consent Calendar Items</p> <p>All items will be approved by a single roll call vote. Anyone may ask to address Consent Calendar Items prior to the Board acting, and the item(s) may be removed for discussion.</p> <ol style="list-style-type: none"> 1. Approve the June 13, 2025, JPA Board Meeting Minutes 2. Ratify the FY 2025-26 Placer County Office of the Auditor-Controller S-SV EMS Agency Financial Services Agreement | Chairperson |
| E | <p>Public Comment</p> <p>Persons may address the Board on items not on this agenda. Please limit comments to 3 minutes per person since the time allocated for Public Comment is 15 minutes. If all comments cannot be heard within the 15-minute time limit, the Public Comment period will be taken up at the end of the regular session. The Board is not permitted to take any action on items addressed under Public Comment.</p> | Chairperson |
| F | <p>Information Update</p> <ol style="list-style-type: none"> 1. 911 ambulance response times – attachment & verbal report 2. Member county updates – attachment & verbal report 3. S-SV EMS Agency updates – attachment & verbal report 4. American Heart Association Mission Lifeline STEMI Systems of Care 2025 Regional Award – attachment & verbal report 5. CDPH CPR FY 2022-2023 S-SV EMS LEMSA, Sutter & Yuba HPP Grant Audit Reports – attachment & verbal report | Executive Director |
| G | <p>New Business</p> <ol style="list-style-type: none"> 1. Ground Ambulance Provider Rate Approval Resolution Pursuant to California Health & Safety Code § 1371.56 – for approval 2. Glenn Medical Center Critical Access Designation Letters of Support – for approval | Chairperson |

Sierra – Sacramento EMS Agency – JPA Governing Board Meeting Agenda

| Item | Title | Leader |
|------|---|--------------------|
| H | Old Business 1. None | Chairperson |
| I | Legislation/Regulations 1. EMS legislation/regulations updates – <i>attachment & verbal report</i> | Executive Director |
| J | S-SV EMS Agency Medical Director's Report | Medical Director |
| K | CLOSED SESSION Pursuant to the cited authority (all references are to the Government Code), the JPA Governing Board will hold a closed session to discuss the following listed item. A report of any action taken will be presented prior to adjournment. Item 1. Government Code § 54957 - Regional Executive Director Annual Performance Review CLOSED SESSION REPORT | Chairperson |
| L | Next JPA Governing Board Meeting & Adjournment 1. Friday, October 10, 2025 | Chairperson |

D-1

Approve the June 13, 2025, JPA Minutes



**Sierra – Sacramento Valley EMS Agency
Joint Powers Agency (JPA) Governing Board Meeting**



MEETING MINUTES

MEETING DATE

- **Friday, June 13, 2025**

MEETING ATTENDANCE

| BOARD MEMBERS | | | |
|--------------------------|-------------------------------|----------|--------|
| MEMBER | REPRESENTING | PRESENT | ABSENT |
| Bill Connelly | Butte County | X | |
| Merced Corona | Colusa County | | X |
| Grant Carmon | Glenn County | X - Zoom | |
| Susan Hoek (Chairperson) | Nevada County | X | |
| Cindy Gustafson | Placer County | X | |
| Matt Plummer | Shasta County | X | |
| Jess Harris | Siskiyou County | X- Zoom | |
| Jeff Boone | Sutter County | X | |
| Pati Nolen | Tehama County | | X |
| Seth Fuhrer | Yuba County | | X |
| EX-OFFICIO MEMBER | | | |
| MEMBER | REPRESENTING | PRESENT | ABSENT |
| John Poland | S-SV EMS Agency | X | |
| LEGAL COUNSEL | | | |
| ATTENDEE | REPRESENTING | PRESENT | ABSENT |
| Anastasia Sullivan | S-SV EMS Agency/Placer County | X | |
| CLERK OF THE BOARD | | | |
| ATTENDEE | REPRESENTING | PRESENT | ABSENT |
| Amy Boryczko | S-SV EMS Agency | X | |

MEETING ATTENDANCE (CONTINUED)

| OTHER ATTENDEES | |
|------------------------|---------------------|
| ATTENDEE | REPRESENTING |
| Troy Falck, MD | S-SV EMS Agency |
| Patrick Comstock | S-SV EMS Agency |
| Gabe Cruz | AMR |
| Jennifer James | S-SV EMS Agency |
| Tim Reeser | AMR |
| Alex Bumpus | Bi-County Ambulance |

MEETING MINUTES

A. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Supervisor Hoek (Chairperson) called the meeting to order at 1:15 p.m. and led attendees in the Pledge of Allegiance.

B. WELCOME AND INTRODUCTIONS

All in-person and remote attendees introduced themselves.

C. BOARD MEMBER ANNOUNCEMENTS

There were no Board member announcements.

Note: Supervisor Plummer joined the meeting at 1:18 pm.

D. ACTION TO APPROVE CONSENT CALENDAR ITEMS

Supervisor Boone motioned to approve the consent calendar. Supervisor Gustafson seconded. A roll call of votes was called: Ayes=6 (Placer, Sutter, Nevada, Glenn, Siskiyou and Shasta counties). Noes=0. Absent=4 (Colusa, Yuba, Butte and Tehama Counties). Motion approved.

E. PUBLIC COMMENT:

None was forthcoming.

F. INFORMATION UPDATE – Oral Update by John Poland, Regional Executive Director:

Note: Supervisor Connelly arrived at 1:37 pm

1. 911 Ground Ambulance Response Times – attachment and verbal report

- Response times data reports were included in the meeting packet and will be posted on the S-SV EMS Agency website.
- Mr. Poland provided the following additional comments:
 - There has been a small decrease in ambulance response volume and hospital patient volume which coincides with this time of year. It's expected to go back up as summer starts.
 - There have been some difficulties in Shasta County with the accuracy of data from SHASCOM. S-SV EMS staff continue to work on this matter.
 - Any questions or concerns regarding ambulance response times should be directed to Mr. Poland or Ms. Harlan, S-SV EMS Agency Contracts Compliance Manager.

2. Member County Updates – attachment and verbal report

- Mr. Poland presented the information contained in the written report included in the meeting packet for this agenda item.
- Regarding the Glenn Medical Center's Critical Access Hospital Designation, Supervisor Carmon asked if the Board would consider sending a letter in support. Mr. Poland commented that he had sent a letter on behalf of the S-SV EMS Agency. A letter would need to be agendized and will be considered, if needed, for the next meeting.
- Proposed emergency regulations were recently released from the EMS Authority related to ambulance patient offload time matters. There is a 5-day public comment period.

3. S-SV EMS Agency Updates – attachment and verbal report

- Mr. Poland presented the information contained in the written report included in the meeting packet for this agenda item and provided the following additional comments:
 - The S-SV EMS Agency recently submitted an EMS buprenorphine utilization grant to provide additional medication assisted treatment options for patients with opioid use disorder. Stanislaus and Ventura counties were recently awarded similar grants. The Sutter/Yuba counties Health Officer, Dr. Luu, is working with the S-SV EMS Agency on this matter. Mr. Poland was asked if other counties could be involved in the grant. Mr. Poland explained that if the Agency is awarded the grant other interested counties/providers could also be included/added at that time.

G. NEW BUSINESS

1. S-SV EMS Agency FY 2025/2026 Final Budget – *for approval.*

- As communicated at the previous meeting, Sutter and Yuba counties will take over the management of their HPP grants beginning July 1, 2025. These were the last county HPP grants that have been managed by S-SV EMS. Since most of the grants are pass-through funding, it will not have a significant impact on the FY 25/26 Agency budget. Applicable revenue/expenditure changes are included in the proposed budget.

Sierra – Sacramento EMS Agency – JPA Governing Board Meeting Minutes

- The Glenn County (pass-through) Westside Ambulance subsidy revenues and expenditures have been adjusted now that the ongoing costs are better known.
- There is additional revenue listed under the franchise agreements line item to reflect additional reimbursements, including consultant costs, related to the AMR Placer County EOA Agreement renewal that will be finalized during FY 25/26.
- Mr. Poland added additional member county population details on the applicable revenue line items to reflect the recently released Department of Finance population figures. There were minor population changes from the previous year. The Agency continues to maintain the same \$10K base and .42 cents per capita member contribution formula that has been in the JPA agreement for many years.
- The proposed FY 25/26 budget is balanced, without increasing fees, and includes the final year of the Board approved 3% COLA increase (effective 7/1/25) for Agency staff.

Supervisor Gustafson motioned to approve the Final Budget. Supervisor Boone seconded. A roll call of votes was called: Ayes=6 (Placer, Sutter, Nevada, Glenn, Siskiyou and Shasta counties). Noes=0. Absent=4 (Colusa, Yuba, Butte and Tehama counties). Motion approved.

H. OLD BUSINESS

None

I. LEGISLATION

1. **EMS legislative/regulation updates**

- Mr. Poland presented the information contained in the written update report included in the meeting packet.
- Mr. Poland was asked about legislation regarding e-bikes/scooters. Mr. Poland stated that there have been a few legislation bills passed over the last couple of years related to these matters. The electronic patient care reports used by EMS will also now be documenting these types of injuries.
- Mr. Poland was asked about requirements for firefighters to respond to medical calls. The Agency will never prevent firefighters from responding to medical calls, and there is statutory language that prevents this. In some areas that utilize medical priority dispatch, fire departments have identified certain non-emergent calls where their response is not necessary, so they no longer respond to such calls. The Agency supports this process if these calls are appropriately identified by the applicable dispatch center.
- Regulation Updates
 - Chapter 1 – This is the new chapter of regulations to address EMS system design, LEMSA responsibilities, RFP processes, EMS plans, etc. Mr. Poland has been working with the State EMS Authority since March of last year on a workgroup that has been developing these regulations. It is anticipated that draft regulations will move forward to the formal rulemaking process soon.

Sierra – Sacramento EMS Agency – JPA Governing Board Meeting Minutes

- Chapter 1.2 (Ambulance Patient Offload Times) – This new chapter of ‘emergency regulations’ were released for a 5-day emergency public comment period yesterday. S-SV has reviewed these internally and has no issues or concerns with the current proposed language. These will be on next week’s EMS Commission agenda for their consideration/approval.
- Chapter 3 – EMT/AEMT/Paramedics – these regulations already in place but need to be updated for better consistency with the national scope of practice and other necessary changes. The California EMS Authority is still working on reviewing/ updating these regulations.
- Chapter 6 – STEMI/Stroke/Trauma/EMS for Children – proposed updates to these regulations were released for an initial public comment period. The California EMS Authority anticipates sending the proposed regulations out for a second public comment period after changes have been made in the next couple months. These updated regulations are expected to be finalized by the end of the calendar year.

J. MEDICAL DIRECTOR’S REPORT

- Dr. Falck provided some additional information on the buprenorphine grant item previously discussed by Mr. Poland. Dr. Falck indicated that approx. 1/3 of California LEMSAs have instituted, or on the verge of instituting, a buprenorphine program for opioid use disorder. This medication needs to be prescribed by a physician. What makes these programs successful is the evaluation of the patient, by a substance use navigator/social worker who can evaluate the mental health needs, and social needs of the patient, and set them up with a support group/counseling to help the patient be successful in getting off opioids. S-SV EMS will be working with prehospital and hospital providers on this matter.

K. NEXT JPA GOVERNOING BOARD MEETING

- The next JPA Board meeting will be for Friday, August 8, 2025, 1:00 p.m., 535 Menlo Drive, Suite A, Rocklin, CA or via videoconference at 1255 East St., Suite 201, Redding, CA.
- The meeting adjourned at 2:24 pm.

Respectfully submitted,

Amy Boryczko, Clerk to the Board

Date

Sue Hoek, Chairperson

Date

D-2

**Ratify the FY 2025-26 Placer County Office of
the Auditor-Controller S-SV EMS Agency
Financial Services Agreement**



COUNTY OF PLACER

OFFICE OF THE AUDITOR-CONTROLLER

ANDREW C. SISK, CPA
Auditor-Controller
E-mail: asisk@placer.ca.gov

NICOLE C. HOWARD, CPA
Assistant Auditor-Controller
E-mail: nhoward@placer.ca.gov

July 1, 2025

To the Board of Directors and Management
Sierra Sacramento Valley Emergency Medical Services Agency

The Auditor-Controller is pleased to confirm our understanding of the terms and costs of our services under this agreement for the 2025-2026 fiscal year.

A. Scope of Services

The Auditor-Controller will provide the following services to Sierra Sacramento Valley Emergency Medical Services Agency (Agency):

1. **General Accounting** – includes use of the County's centralized accounting system and recording of financial system entries submitted by the Agency. Transactions will be reviewed for authorization by appropriate Agency personnel prior to processing. This also includes compiling the Agency's financial information to report within the County's Cost Plan, if applicable.
2. **Accounts Payable** – includes processing payment claims by warrant, wire, or ACH. Claims will be reviewed to validate authorized Agency signers have approved the payment prior to processing, recording, and mailing payments. Any invoices submitted with payment claims will be scanned and archived for retention. Review of invoices for mathematical accuracy and appropriateness of expenditure is not part of the service agreement. Maintaining vendors and payments for purposes of tax reporting along with issuing IRS Tax Form 1099 for the calendar year, if applicable and biweekly State EDD Reporting.
3. **Workday External Connection** – includes access to the Workday accounting system.
4. **Adopted Budget** – includes recording the Agency's adopted budget, ensuring expenditures do not exceed authorized budget and processing budget revisions.

B. Term

The term of this Agreement will commence on July 1, 2025, and end on June 30, 2026. Subject to written agreement of the parties, this agreement may be renewed annually.

C. Responsibilities of Auditor-Controller

The Auditor-Controller's responsibility under this Agreement is to perform the services enumerated above. The Auditor-Controller will not audit accounting entries, payment claims or budget transactions, nor will we validate the appropriateness of accounting transactions or claims for payment.

The Auditor-Controller's services are not designed to detect instances of fraud, or non-compliance with laws or regulations or significant errors; however, the Auditor-Controller will communicate to the Agency any known and suspected fraud, non-compliance with laws or regulations or significant errors that come to their attention. Neither the County nor the Auditor-Controller will be held liable should any instances of

fraud, non-compliance with laws or regulations or significant errors be subsequently discovered by either the Agency or through a claim or lawsuit to the Agency.

D. Responsibilities of Agency Management

The Agency is responsible for (1) ensuring all transactions are submitted and/or approved by authorized staff, (2) reviewing all transactions prior to submittal to ensure appropriateness of the expenditure, compliance with laws or regulations and to check for significant errors and fraud, (3) retaining all source documents, and (4) providing all Agency Board authorized budgets and budget amendments. The Agency is encouraged to routinely provide accounting reports and payment registers to its Board for review.

The Agency agrees to inform County of significant non-compliance, fraud and/or errors immediately upon discovery.

For all services provided, Agency management agrees to assume all management responsibilities; oversee the services by designating an individual who possesses suitable skill, knowledge, and/or experience to understand the services; evaluate the adequacy and results of the services; and accept responsibility for the results of the services. The Agency agrees to hold the County and the Auditor-Controller harmless for any subsequent claims or lawsuits that may arise from the results of the services.

Annual Cost and Billing

The annual cost of services identified above is \$5,865. The Agency will be billed by journal entry during the third quarter of the fiscal year for the entire annual costs. Specific billing details can be provided to the Agency upon request.

Agreement

The Auditor-Controller appreciates the opportunity to be of service to you and believes this letter accurately summarizes the significant terms of your agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements. Please execute this document and return the original version to my office at your earliest convenience.

Sincerely,



Andrew C. Sisk, CPA
Auditor-Controller

We, the undersigned, have read and agree to the terms of this Agreement. We represent we have the authority to execute this Agreement on behalf of the Sierra Sacramento Valley Emergency Medical Services Agency.

Authorized Signature:  _____ Dated: 6/12/2025

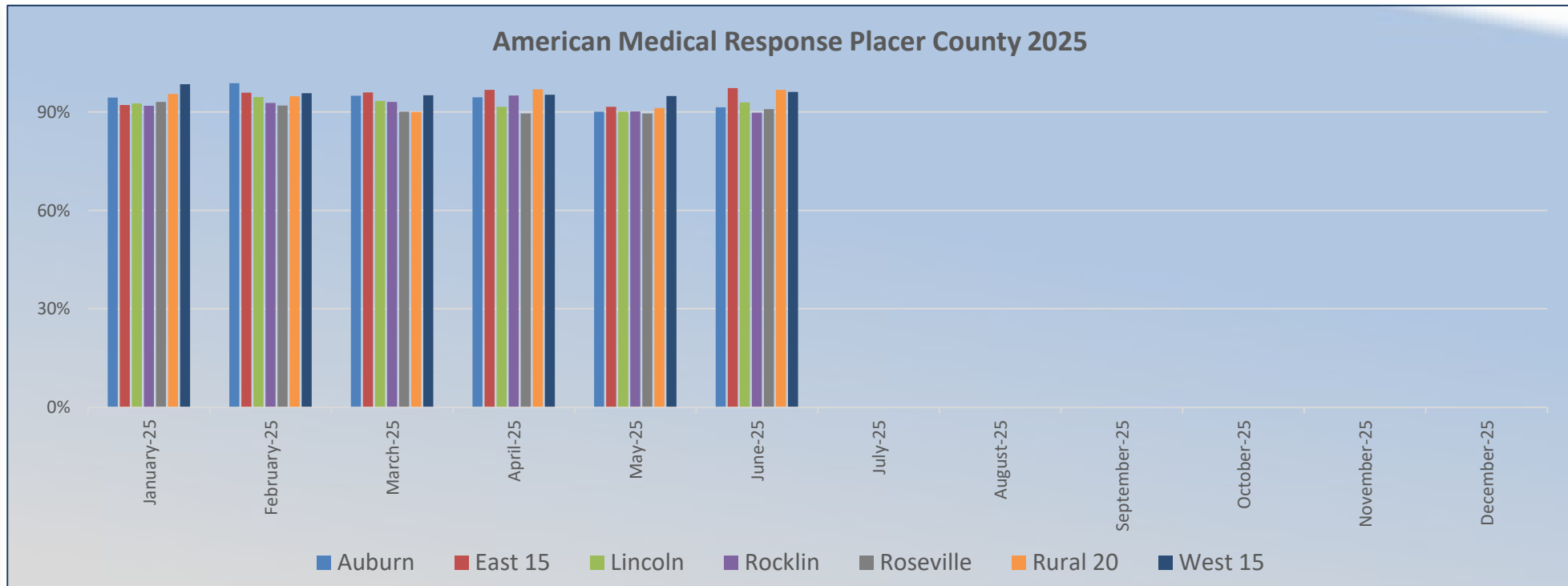
Authorized Board Signature (If Necessary): _____ Dated: _____

F-1

**911 Ambulance Response Times – verbal report
& attachments**

American Medical Response Placer County - Response Time Compliance - 2025

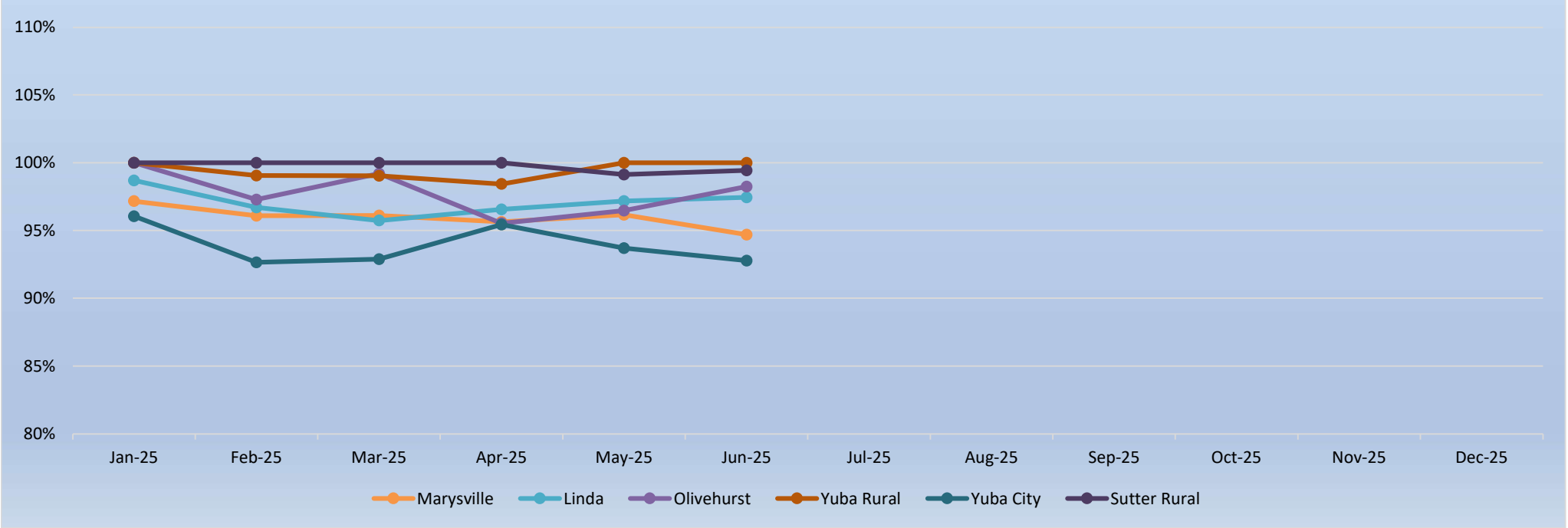
| AMR Placer | Auburn City - 8 Min. | | | County East - 15 Min. | | | Lincoln City - 10 Min. | | | Rocklin City - 8 Min. | | | Roseville City - 8 Min. | | | County Rural - 20 Min. | | | County West - 15 Min. | | | ASAP All | Mutual Aid | Non Emergent Calls | Total Calls |
|------------|----------------------|--------|-----------|-----------------------|--------|-----------|------------------------|--------|-----------|-----------------------|--------|-----------|-------------------------|--------|-----------|------------------------|--------|-----------|-----------------------|--------|-----------|----------|------------|--------------------|-------------|
| Month | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | Total # | Total # | # |
| Jan-25 | 267 | 15 | 94% | 101 | 8 | 92% | 377 | 28 | 93% | 379 | 31 | 92% | 1185 | 83 | 93% | 22 | 1 | 95% | 249 | 4 | 98% | 11 | 10 | 240 | 2841 |
| Feb-25 | 240 | 3 | 99% | 97 | 4 | 96% | 383 | 21 | 95% | 355 | 26 | 93% | 1095 | 88 | 92% | 19 | 1 | 95% | 253 | 11 | 96% | 12 | 15 | 238 | 2707 |
| Mar-25 | 234 | 12 | 95% | 98 | 4 | 96% | 346 | 23 | 93% | 359 | 25 | 93% | 1176 | 117 | 90% | 20 | 2 | 90% | 243 | 12 | 95% | 20 | 10 | 254 | 2760 |
| Apr-25 | 251 | 14 | 94% | 90 | 3 | 97% | 366 | 31 | 92% | 357 | 18 | 95% | 1193 | 125 | 90% | 32 | 1 | 97% | 231 | 11 | 95% | 15 | 15 | 288 | 2838 |
| May-25 | 282 | 28 | 90% | 95 | 8 | 92% | 411 | 41 | 90% | 346 | 34 | 90% | 1252 | 131 | 90% | 34 | 3 | 91% | 253 | 13 | 95% | 17 | 22 | 275 | 2987 |
| Jun-25 | 266 | 23 | 91% | 108 | 3 | 97% | 338 | 24 | 93% | 371 | 38 | 90% | 1114 | 102 | 91% | 30 | 1 | 97% | 279 | 11 | 96% | 12 | 6 | 278 | 2802 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total #s | 1540 | 95 | 93.8% | 589 | 30 | 95% | 2221 | 168 | 92% | 2167 | 172 | 92% | 7015 | 646 | 91% | 157 | 9 | 94% | 1508 | 62 | 96% | 87 | 78 | 1573 | 16935 |



Bi-County Ambulance - Response Time Compliance - 2025

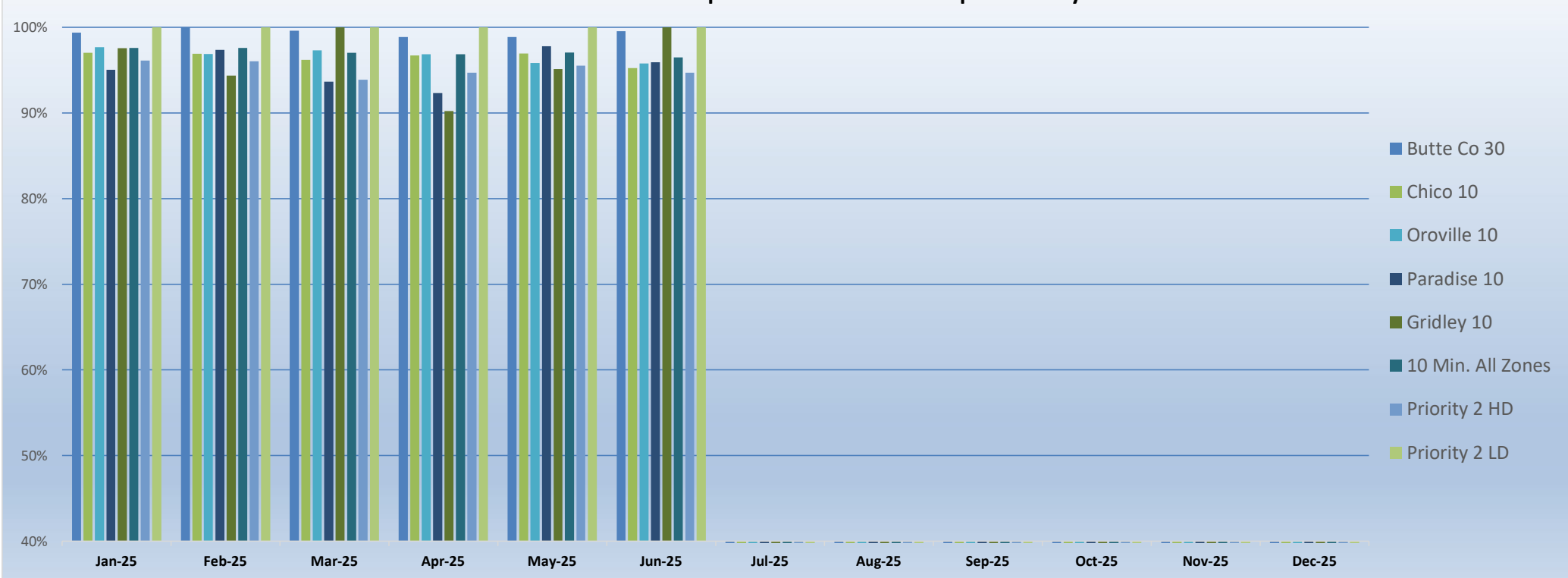
| BC Amb. | Zone 1 - Marysville (City) (8 Minutes) | | | Zone 2 - Linda (10 Minutes) | | | Zone 3 - Olivehurst (10 Minutes) | | | Zone 4 - Yuba Rural (20 Minutes) | | | Zone 5 - Yuba City (City) (8 Minutes) | | | Zone 6 - Sutter Rural (20 Minutes) | | | Asap - All | | Code 2 Calls | Code 2 Calls Avg. Response Time | Mutual Aid | Total Calls |
|----------|--|--------|-----------|-----------------------------|--------|-----------|----------------------------------|--------|-----------|----------------------------------|--------|-----------|---------------------------------------|--------|-----------|------------------------------------|--------|-----------|------------|-----------------|--------------|---------------------------------|------------|-------------|
| Month | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | # Late | On Time % | Total # | Avg. Resp. Time | Total # | Avg. | Total # | # |
| Jan-25 | 247 | 7 | 97% | 307 | 4 | 99% | 112 | 0 | 100% | 132 | 0 | 100% | 761 | 30 | 96% | 170 | 0 | 100% | 99 | 0:20:03 | 393 | 0:10:12 | 1 | 2222 |
| Feb-25 | 230 | 9 | 96% | 273 | 9 | 97% | 110 | 3 | 97% | 105 | 1 | 99% | 653 | 48 | 93% | 168 | 0 | 100% | 103 | 0:19:44 | 283 | 0:10:38 | 0 | 1925 |
| Mar-25 | 282 | 11 | 96% | 258 | 11 | 96% | 124 | 1 | 99% | 103 | 1 | 99% | 703 | 50 | 93% | 163 | 0 | 100% | 107 | 0:21:03 | 362 | 0:10:10 | 0 | 2102 |
| Apr-25 | 229 | 10 | 96% | 291 | 10 | 97% | 112 | 5 | 96% | 128 | 2 | 98% | 636 | 29 | 95% | 175 | 0 | 100% | 123 | 0:21:59 | 329 | 0:10:40 | 1 | 2024 |
| May-25 | 234 | 9 | 96% | 283 | 8 | 97% | 113 | 4 | 96% | 105 | 0 | 100% | 699 | 44 | 94% | 231 | 2 | 99% | 113 | 0:21:20 | 337 | 0:10:21 | 2 | 2117 |
| Jun-25 | 264 | 14 | 95% | 274 | 7 | 97% | 114 | 2 | 98% | 107 | 0 | 100% | 636 | 46 | 93% | 178 | 1 | 99% | 102 | 0:20:25 | 343 | 0:10:52 | 8 | 2026 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Total #s | 1486 | 60 | 96% | 1686 | 49 | 97% | 685 | 15 | 98% | 680 | 4 | 99% | 4088 | 247 | 94% | 1085 | 3 | 100% | 647 | | 2047 | 0 | 12 | 12416 |

Bi-County Ambulance - Response Times 2025



Butte EMS - Response Time Compliance - 2025

| Butte EMS | Butte County 30 | | | Chico 10 | | | Oroville 10 | | | Paradise 15 | | | Gridley 10 | | | Butte Co. ASAP | Priority 2 - High Density (15) | | | Priority 2 - Low Density (45) | | | Priority 3 - (30) | | | All Zones Combined | | | Priority 4-8 | Total Calls |
|-----------|-----------------|------------------|--------|-----------|------------------|--------|-------------|------------------|--------|-------------|------------------|--------|------------|------------------|--------|----------------|--------------------------------|-----|------------------|-------------------------------|-----------|------------------|-------------------|-----------|------------------|--------------------|-----------|-------|--------------|-------------|
| | Month | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | | On Time % | # | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | On Time % | Total # of Calls | # Late | On Time % | # | | |
| Jan-25 | 468 | 3 | 99% | 837 | 25 | 97% | 387 | 9 | 98% | 181 | 9 | 95% | 41 | 1 | 98% | 11 | 410 | 16 | 96% | 55 | 0 | 100% | 336 | 3 | 99% | 2715 | 66 | 98% | 94 | 2820 |
| Feb-25 | 475 | 0 | 100% | 774 | 24 | 97% | 353 | 11 | 97% | 152 | 4 | 97% | 53 | 3 | 94% | 18 | 353 | 14 | 96% | 61 | 0 | 100% | 286 | 5 | 98% | 2507 | 61 | 98% | 69 | 2594 |
| Mar-25 | 505 | 2 | 100% | 791 | 30 | 96% | 370 | 10 | 97% | 189 | 12 | 94% | 47 | 0 | 100% | 39 | 391 | 24 | 94% | 79 | 0 | 100% | 314 | 2 | 99% | 2686 | 80 | 97% | 78 | 2803 |
| Apr-25 | 527 | 6 | 99% | 820 | 27 | 97% | 381 | 12 | 97% | 182 | 14 | 92% | 51 | 5 | 90% | 23 | 339 | 18 | 95% | 53 | 0 | 100% | 323 | 2 | 99% | 2676 | 84 | 97% | 67 | 2766 |
| May-25 | 523 | 6 | 99% | 811 | 25 | 97% | 406 | 17 | 96% | 182 | 4 | 98% | 41 | 2 | 95% | 24 | 378 | 17 | 96% | 68 | 0 | 100% | 298 | 9 | 97% | 2707 | 80 | 97% | 97 | 2828 |
| Jun-25 | 452 | 2 | 100% | 776 | 37 | 95% | 378 | 16 | 96% | 196 | 8 | 96% | 47 | 0 | 100% | 35 | 320 | 17 | 95% | 63 | 0 | 100% | 296 | 9 | 97% | 2528 | 89 | 96% | 86 | 2649 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Total #s | 2950 | 19 | 99.4% | 4809 | 168 | 96.5% | 2275 | 75 | 96.7% | 1082 | 51 | 95.3% | 280 | 11 | 96.1% | 150 | 2191 | 106 | 95.2% | 379 | 0 | 100.0% | 1853 | 30 | 98.4% | 15819 | 460 | 97.1% | 491 | 16460 |



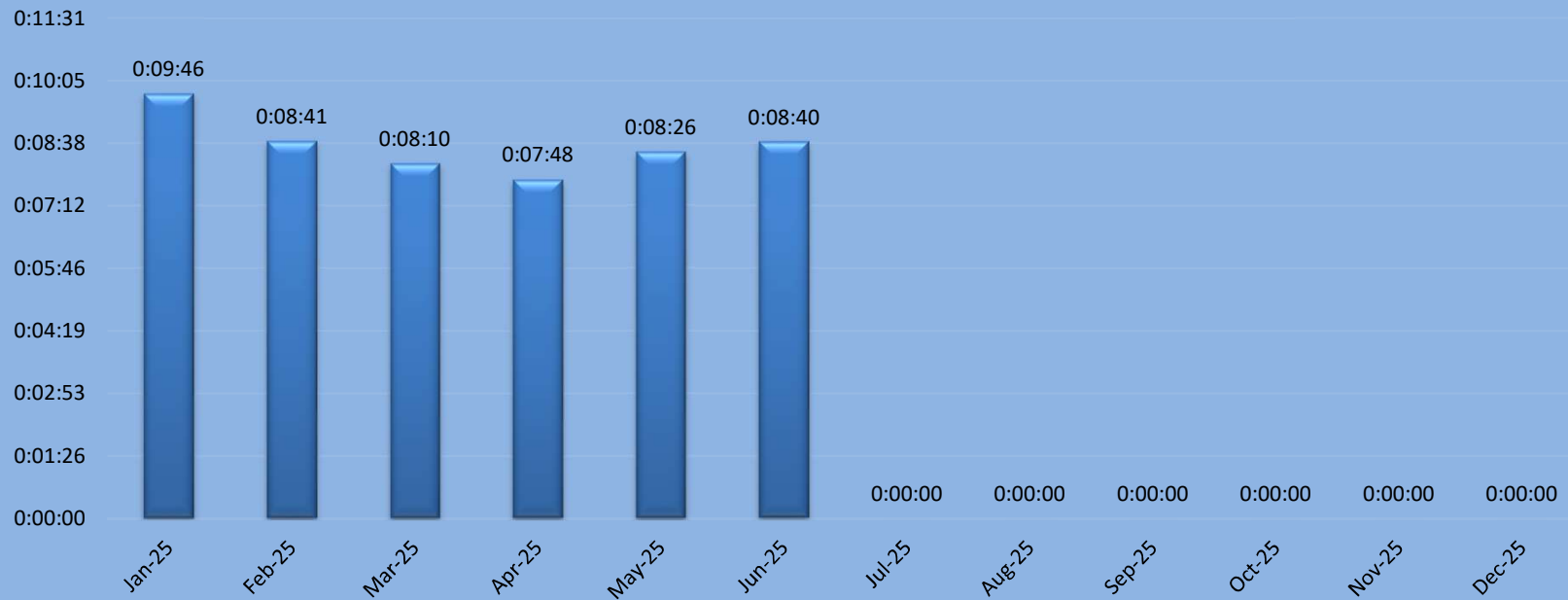
2025 - Colusa Ambulance 911 Response Data

| AMR | Colusa - 10 Min. 911 Calls | | | | Williams - 10 Min. 911 Calls | | | | County 20 - 20 Min. 911 Calls | | | | Colusa 30 - 30 Min. 911 Calls | | | | ASAP Locations - 911 Calls | | |
|--------|-------------------------------|--------|--------------|----------------------|---------------------------------|--------|--------------|----------------------|----------------------------------|--------|--------------|----------------------|----------------------------------|--------|--------------|----------------------|-------------------------------|----------------------|-------------|
| Month | Total Calls | Late # | On Time % | Avg Resp. Time | Total Calls | Late # | On Time % | Avg Resp. Time | Total Calls | Late # | On Time % | Avg Resp. Time | Total Calls | Late # | On Time % | Avg Resp. Time | Total Calls | Avg Resp. Time | Total #s |
| Jan-25 | 39 | 1 | 97.4% | 0:06:06 | 42 | 0 | 100.0% | 0:06:20 | 46 | 1 | 97.8% | 0:11:35 | 17 | 0 | 100% | 0:16:19 | 5 | 0:38:35 | 149 |
| Feb-25 | 45 | 0 | 100.0% | 0:05:27 | 38 | 0 | 100.0% | 0:05:42 | 33 | 0 | 100.0% | 0:11:01 | 9 | 0 | 100% | 0:15:11 | 5 | 0:33:46 | 130 |
| Mar-25 | 45 | 0 | 100.0% | 0:06:30 | 36 | 0 | 100.0% | 0:05:53 | 32 | 0 | 100.0% | 0:11:54 | 14 | 0 | 100% | 0:15:01 | 7 | 0:34:10 | 134 |
| Apr-25 | 34 | 0 | 100.0% | 0:05:14 | 28 | 0 | 100.0% | 0:03:47 | 40 | 0 | 100.0% | 0:09:50 | 10 | 0 | 100% | 0:12:41 | 11 | 0:39:59 | 123 |
| May-25 | 30 | 0 | 100.0% | 0:06:53 | 35 | 2 | 94.3% | 0:05:52 | 38 | 2 | 94.7% | 0:12:36 | 14 | 0 | 100% | 0:15:02 | 13 | 0:34:57 | 130 |
| Jun-25 | 50 | 1 | 98.0% | 0:05:39 | 35 | 0 | 100.0% | 0:05:29 | 35 | 1 | 97.1% | 0:14:13 | 12 | 0 | 100% | 0:18:16 | 11 | 0:31:08 | 143 |
| Jul-25 | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | |
| Totals | 243 | | | | 214 | | | | 224 | | | | 76 | | | | 52 | | 809 |

Foresthill Fire - Response Time Compliance - 2025

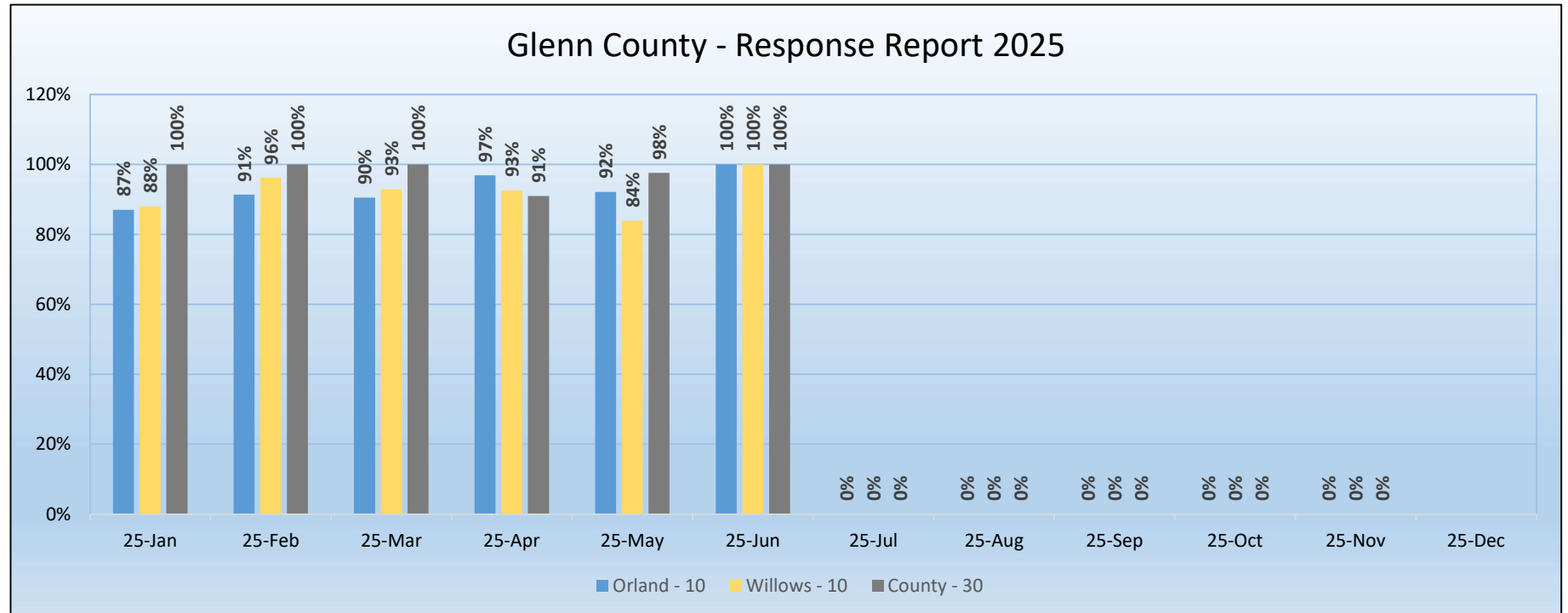
| FHFPD | 15 Minute Zone | | | Avg. Response Time | ASAP | Avg. Response Time | AMR Responses to Foresthill | Avg. Response Time | Multiple Patients | Total # of Calls (excludes AMR & Mult. Pt.) |
|-----------------|------------------|----------|--------------|--------------------|------------------|--------------------|-----------------------------|--------------------|-------------------|---|
| Month | Total # of Calls | # Late | On Time % | In Min. | Total # of Calls | In Min. | # | In Min. | # | # |
| Jan-25 | 38 | 0 | 100.0% | 0:09:46 | 1 | 0:17:00 | 1 | 0:25:17 | 0 | 39 |
| Feb-25 | 45 | 0 | 100.0% | 0:08:41 | 1 | 0:25:00 | 2 | 0:19:19 | 0 | 46 |
| Mar-25 | 41 | 0 | 100.0% | 0:08:10 | 2 | 0:29:00 | 2 | 0:21:00 | 0 | 43 |
| Apr-25 | 33 | 0 | 100.0% | 0:07:48 | 2 | 0:43:05 | 2 | 0:37:51 | 0 | 35 |
| May-25 | 50 | 0 | 100.0% | 0:08:26 | 3 | 0:12:24 | 3 | 0:19:12 | 0 | 53 |
| Jun-25 | 52 | 1 | 98.1% | 0:08:40 | 0 | NA | 0 | NA | 0 | 52 |
| Jul-25 | | | | | | | | | | |
| Aug-25 | | | | | | | | | | |
| Sep-25 | | | | | | | | | | |
| Oct-25 | | | | | | | | | | |
| Nov-25 | | | | | | | | | | |
| Dec-25 | | | | | | | | | | |
| Total #s | 259 | 1 | 99.6% | | 9 | | 10 | | 0 | 268 |

Average Response Time In Minutes - 15 Minute Zone



Glenn County - 911 Response Report - 2025

| Month | Orland - 10 Min. P1 (911) | | | | Willows - 10 Min. P1 (911) | | | | All Other County - 30 Min. (911) (excludes Hamilton City) | | | | Hamilton City P1 (911) | | All Glenn Priority 2 & 3 (911) | | P 4 - 8 | St. Elizabeth Ambulance | | Mult. Unit/Pt. | Total Calls |
|---------------|---------------------------|-----------|-----------|-----------------|----------------------------|-----------|-----------|-----------------|---|----------|-----------|-----------------|------------------------|-----------------|--------------------------------|-----------------|------------|-------------------------|-----------------|----------------|-------------|
| | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | Avg. Resp. Time | # of Calls | Avg. Resp. Time | # of Calls | # of Calls | Avg. Resp. Time | # of Calls | # |
| Jan-25 | 46 | 6 | 87% | 07:02 | 25 | 3 | 88% | 06:24 | 30 | 0 | 100% | 12:11 | 3 | 08:51 | 137 | 10:02 | 29 | 2 | 17:21 | 1 | 274 |
| Feb-25 | 23 | 2 | 91% | 06:38 | 26 | 1 | 96% | 05:21 | 28 | 0 | 100% | 12:00 | 6 | 14:11 | 113 | 08:37 | 24 | 4 | 23:54 | 0 | 224 |
| Mar-25 | 42 | 4 | 90% | 07:02 | 28 | 2 | 93% | 06:14 | 32 | 0 | 100% | 11:55 | 4 | 11:39 | 114 | 09:45 | 37 | 7 | 21:54 | 0 | 264 |
| Apr-25 | 32 | 1 | 97% | 05:50 | 27 | 2 | 93% | 06:05 | 33 | 3 | 91% | 13:55 | 6 | 12:26 | 114 | 09:17 | 26 | 4 | 19:21 | 0 | 242 |
| May-25 | 38 | 3 | 92% | 06:14 | 31 | 5 | 84% | 06:45 | 41 | 1 | 98% | 12:09 | 4 | 12:39 | 111 | 08:56 | 24 | 6 | 23:22 | 2 | 259 |
| Jun-25 | 24 | 0 | 100% | 05:22 | 19 | 0 | 100% | 04:27 | 35 | 0 | 100% | 12:20 | 6 | 13:22 | 106 | 09:41 | 17 | 4 | 25:30 | 8 | 227 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | |
| Totals | 205 | 16 | | | 156 | 13 | | | 199 | 4 | | | | | 695 | | 157 | 27 | | 11 | 1490 |



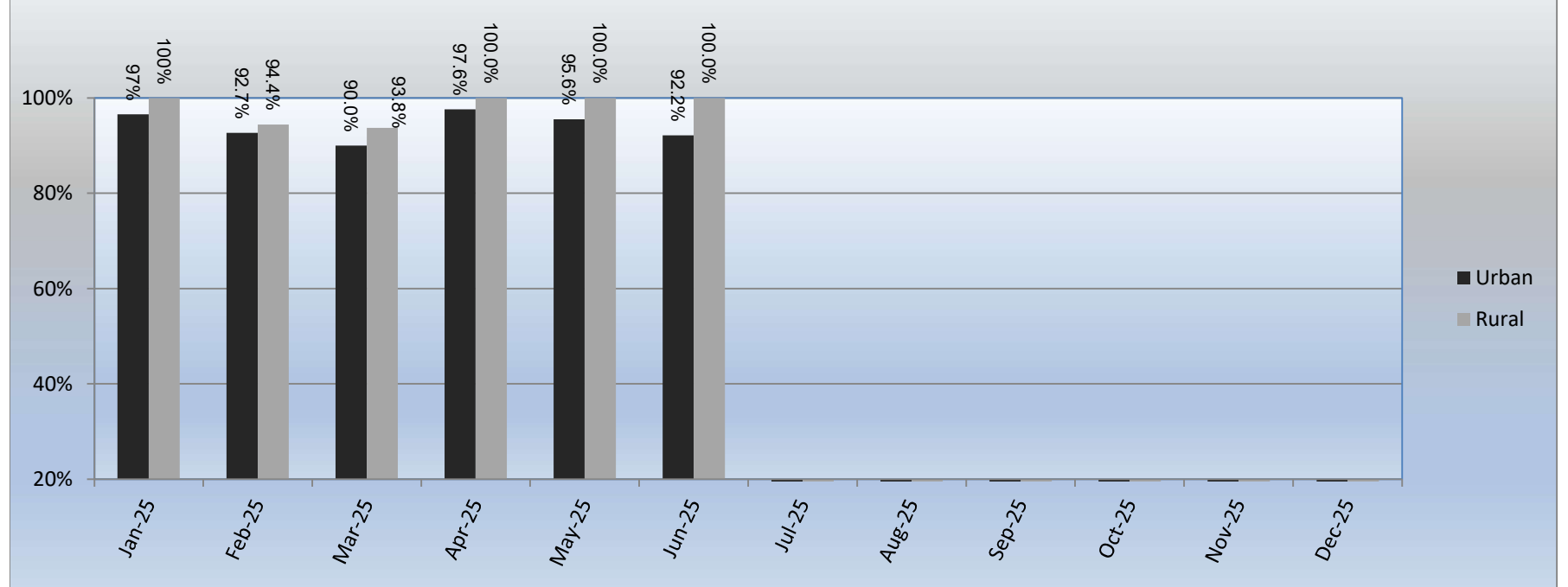
Ground Ambulance 911 Mutual Aid Responses (incidents with arrival on scene only)

| Month | Enloe Glenn County (GC) | | | Westside Ambulance | | | St. Elizabeth Ambulance | | | Total |
|--------------|-------------------------|---------------|-----------|--------------------|---------------|-----------|-------------------------|---------------|-----------|-------|
| | Westside Zone | Tehama County | Total | Enloe GC Zone | Tehama County | Total | Westside Zone | Enloe GC Zone | Total | |
| Jan-25 | 4 | 0 | 4 | 8 | 7 | 15 | 2 | 0 | 2 | 21 |
| Feb-25 | 3 | 0 | 3 | 7 | 6 | 13 | 4 | 0 | 4 | 20 |
| Mar-25 | 4 | 1 | 4 | 9 | 7 | 16 | 4 | 3 | 7 | 27 |
| Apr-25 | 5 | 0 | 5 | 7 | 3 | 10 | 4 | 0 | 4 | 19 |
| May-25 | 8 | 2 | 8 | 5 | 7 | 12 | 6 | 0 | 6 | 26 |
| Jun-25 | 7 | 1 | 7 | 4 | 8 | 12 | 4 | 0 | 4 | 23 |
| Jul-25 | | | 0 | | | 0 | | | 0 | |
| Aug-25 | | | 0 | | | 0 | | | 0 | |
| Sep-25 | | | 0 | | | 0 | | | 0 | |
| Oct-25 | | | 0 | | | 0 | | | 0 | |
| Nov-25 | | | 0 | | | 0 | | | 0 | |
| Dec-25 | | | 0 | | | 0 | | | 0 | |
| Total | 31 | 4 | 31 | 40 | 38 | 78 | 24 | 3 | 27 | |

NTFPD - Response Time Compliance - 2025

| NTFPD | NTFPD City Limits - 10 Minute - Code 3 | | | | NTFPD Rural - 20 Minutes - Code 3 | | | | NTFPD City Limits - Code 2 | | NTFPD Rural Code 2 | | Meeks Bay | ASAP ALL Calls | Other Ski Areas | IFT Calls | Total # of Calls - No IFT |
|----------|---|-----------|--------------|--------------------------|--------------------------------------|-----------|--------------|--------------------------|----------------------------------|--------------------------|-----------------------|--------------------------|--------------|----------------------|-----------------------|---------------|---------------------------------|
| Month | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | # of Calls | # Of Calls | # of Calls | # |
| Jan-25 | 29 | 1 | 97% | 0:06:48 | 27 | 0 | 100% | 0:10:01 | 13 | 0:06:43 | 15 | 0:13:19 | 6 | 0 | 50 | 38 | 140 |
| Feb-25 | 41 | 3 | 93% | 0:06:37 | 18 | 1 | 94% | 0:11:52 | 15 | 0:08:46 | 6 | 0:13:14 | 2 | 0 | 56 | 0 | 138 |
| Mar-25 | 30 | 3 | 90% | 0:07:47 | 16 | 1 | 94% | 0:11:39 | 14 | 0:08:21 | 9 | 0:12:14 | 5 | 0 | 61 | 40 | 135 |
| Apr-25 | 42 | 1 | 98% | 0:06:12 | 6 | 0 | 100% | 0:10:09 | 10 | 0:07:29 | 4 | 0:10:19 | 3 | 0 | 31 | 0 | 96 |
| May-25 | 45 | 2 | 96% | 0:07:17 | 5 | 0 | 100% | 0:07:59 | 13 | 0:07:12 | 0 | NA | 3 | 0 | 12 | 41 | 78 |
| Jun-25 | 64 | 5 | 92% | 0:06:16 | 8 | 0 | 100% | 0:05:54 | 20 | 0:07:19 | 3 | 0:05:52 | 6 | 0 | 11 | 2 | 112 |
| Jul-25 | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | |
| Total #s | 251 | 15 | | | 80 | 2 | | | 85 | | 37 | | 25 | 0 | 221 | 121 | 820 |

NTFPD - Response Time Compliance - **CODE 3 RESPONSES ONLY** - 2025

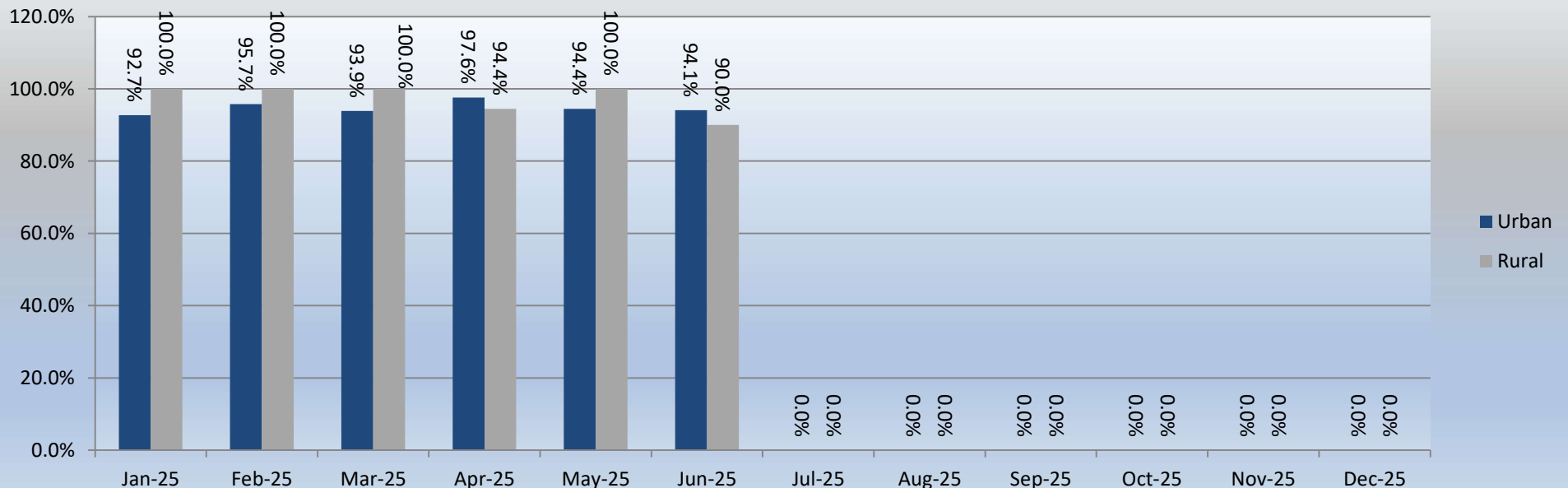


Penn Valley Fire Protection District - Response Time Compliance - 2025

| PVFPD | Urban Code 3 (10 Min. 90% of the time) | | | | Rural Code 3 (20 Min. 90% of the time) | | | | Urban - Code 2 | | Rural - Code 2 | | ASAP All Calls | Rough and Ready | | Mutual Aid to SNA | Mutual Aid Received from SNA (not included in total #) | | Total # of Calls (does not include MA from SNA) |
|----------|---|--------|-----------|--------------------|---|--------|-----------|--------------------|----------------|--------------------|----------------|--------------------|----------------|-----------------|--------------------|-------------------|---|--------------------|--|
| Month | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | # of Calls | Avg. Response Time | # | # of Calls | Avg. Response Time | # |
| Jan-25 | 41 | 3 | 93% | 0:07:17 | 17 | 0 | 100% | 0:13:05 | 16 | 0:09:20 | 5 | 0:13:51 | 4 | 3 | 0:10:26 | 5 | 8 | 0:16:25 | 91 |
| Feb-25 | 47 | 2 | 96% | 0:06:32 | 13 | 0 | 100% | 0:12:15 | 7 | 0:08:05 | 7 | 0:14:27 | 3 | 5 | 0:14:23 | 6 | 5 | 0:13:56 | 88 |
| Mar-25 | 49 | 3 | 94% | 0:06:01 | 19 | 0 | 100% | 0:11:46 | 17 | 0:08:12 | 7 | 0:12:20 | 2 | 9 | 0:10:49 | 3 | 7 | 0:16:21 | 106 |
| Apr-25 | 42 | 1 | 98% | 0:06:00 | 18 | 1 | 94% | 0:11:31 | 11 | 0:07:15 | 4 | 0:16:45 | 3 | 6 | 0:12:39 | 7 | 7 | 0:15:53 | 91 |
| May-25 | 54 | 3 | 94% | 0:06:31 | 21 | 0 | 100% | 0:11:35 | 11 | 0:08:53 | 8 | 0:12:04 | 5 | 4 | 0:09:21 | 6 | 6 | 0:19:30 | 109 |
| Jun-25 | 34 | 2 | 94% | 0:06:21 | 20 | 2 | 90% | 0:12:47 | 22 | 0:07:22 | 4 | 0:13:22 | 3 | 8 | 0:11:38 | 8 | 3 | 0:21:25 | 99 |
| Jul-25 | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | |
| Total #s | 267 | 14 | 94.8% | | 108 | 3 | 97.2% | | 84 | | 35 | | 20 | | | 35 | 36 | | 584 |

= Exemption given

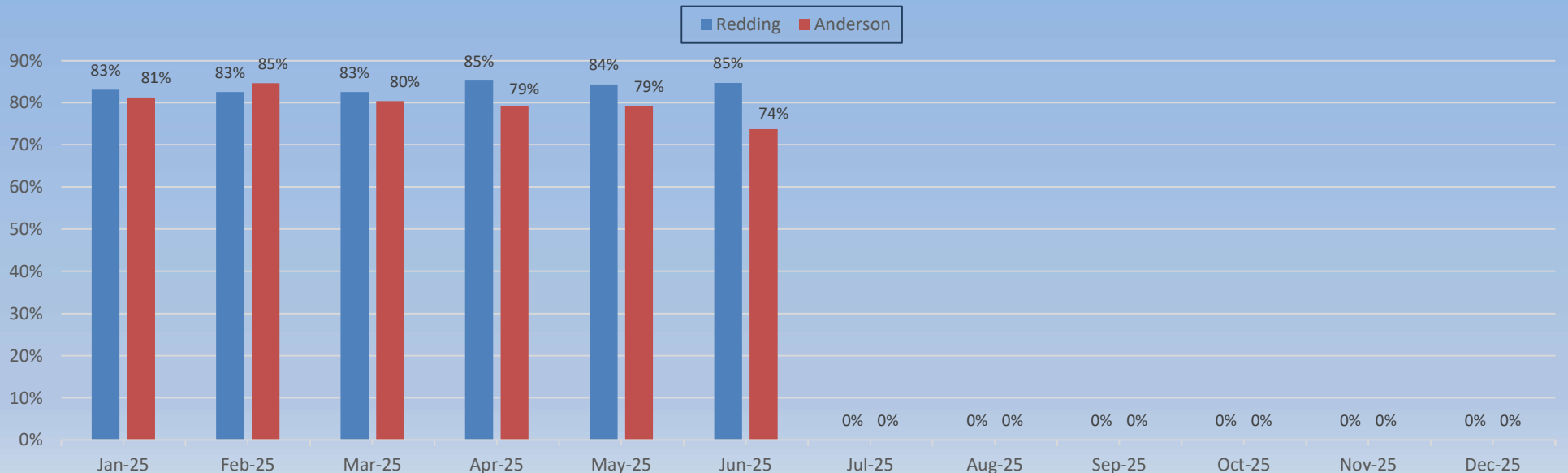
PVFPD - Response Time Compliance - CODE 3 RESPONSES ONLY - 2025



Shasta County - Response Report - 2025

| AMR and Mercy | City Of Redding Min. 10 | | | | City Of Anderson 10 Min. | | | | Shasta County - All Other 30 Min. | | | | Code 2 Calls - Redding | Avg. Resp. Time Min. | Code 2 Calls - Anderson | Avg. Resp. Time Min. | Code 2 Calls - County 30 | Avg. Resp. Time Min. | Mutual Aid | # of ASAP Calls ALL | Total # of Calls Per Month |
|----------------|-------------------------|--------|-----------|----------------------|--------------------------|--------|-----------|----------------------|-----------------------------------|--------|-----------|----------------------|------------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|------------|---------------------|----------------------------|
| Month | Total # of Calls | # Late | On Time % | Avg. Resp. Time Min. | Total # of Calls | # Late | On Time % | Avg. Resp. Time Min. | Total # of Calls | # Late | On Time % | Avg. Resp. Time Min. | Total # of Calls | Avg. Resp. Time Min. | Total # of Calls | Avg. Resp. Time Min. | Total # of Calls | Avg. | # | # | Total # of Calls |
| Jan-25 | 898 | 152 | 83% | 0:07:23 | 128 | 24 | 81% | 0:07:37 | 325 | 5 | 98% | 0:12:42 | 413 | 0:10:53 | 50 | 0:10:09 | 129 | 0:12:51 | 23 | 43 | 2009 |
| Feb-25 | 820 | 143 | 83% | 0:07:35 | 104 | 16 | 85% | 0:07:29 | 365 | 0 | 100% | 0:12:38 | 400 | 0:10:38 | 46 | 0:12:01 | 110 | 0:14:07 | 23 | 41 | 1909 |
| Mar-25 | 923 | 161 | 83% | 0:07:18 | 102 | 20 | 80% | 0:07:38 | 337 | 1 | 100% | 0:12:37 | 461 | 0:09:43 | 44 | 0:08:26 | 112 | 0:14:08 | 30 | 37 | 2046 |
| Apr-25 | 849 | 125 | 85% | 0:07:10 | 111 | 23 | 79% | 0:07:33 | 313 | 3 | 99% | 0:12:13 | 402 | 0:10:14 | 38 | 0:10:43 | 108 | 0:13:03 | 28 | 33 | 1882 |
| May-25 | 867 | 136 | 84% | 0:07:13 | 111 | 23 | 79% | 0:07:50 | 320 | 4 | 99% | 0:12:30 | 433 | 0:10:16 | 41 | 0:11:33 | 128 | 0:13:59 | 31 | 45 | 1976 |
| Jun-25 | 922 | 141 | 85% | 0:07:09 | 99 | 26 | 74% | 0:07:50 | 324 | 10 | 97% | 0:13:00 | 418 | 0:09:50 | 35 | 0:10:05 | 147 | 0:13:16 | 20 | 30 | 1995 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | |
| Totals: | 5279 | | | | 655 | | | | 1984 | | | | 2527 | | 254 | | 734 | | | 229 | 11817 |

AMR/Mercy 2025 - Code 3/Emergent Only

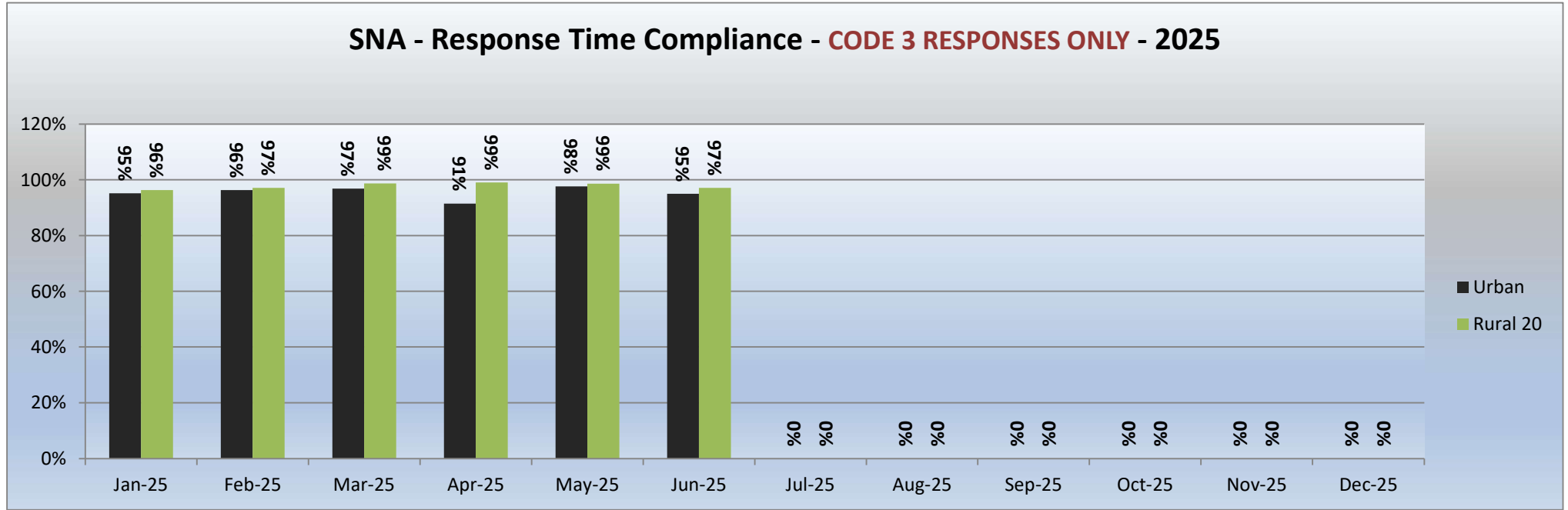


Sierra Nevada Ambulance - Response Time Compliance - 2025

| SNA | Grass Valley/Nevada City - Code 3 (10 Minutes) | | | | Sierra Nevada Rural - Code 3 (20 Minutes) | | | | Grass Valley/Nevada City - Code 2 (18 Minutes) | | | | Sierra Nevada Rural - Code 2 (40 Minutes) | | | | ASAP (All) | Mtl Aid | IFT Calls | Total # of Calls |
|----------|--|--------|-----------|-----------------|---|--------|-----------|-----------------|--|--------|-----------|-----------------|---|--------|-----------|-----------------|------------|------------|------------|------------------|
| Month | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # Late | On Time % | Avg. Resp. Time | # of Calls | # of Calls | # of Calls | # |
| Jan-25 | 269 | 13 | 95% | 06:01 | 217 | 8 | 96% | 0:11:09 | 101 | 0 | 100% | 07:48 | 67 | 0 | 100% | 12:44 | 16 | 11 | 178 | 859 |
| Feb-25 | 218 | 8 | 96% | 06:08 | 207 | 6 | 97% | 0:10:44 | 94 | 0 | 100% | 07:41 | 73 | 0 | 100% | 12:54 | 24 | 8 | 175 | 799 |
| Mar-25 | 256 | 8 | 97% | 06:04 | 240 | 3 | 99% | 0:10:44 | 104 | 0 | 100% | 07:54 | 62 | 0 | 100% | 13:23 | 18 | 7 | 207 | 894 |
| Apr-25 | 210 | 18 | 91% | 06:20 | 208 | 2 | 99% | 0:10:40 | 63 | 0 | 100% | 07:17 | 69 | 0 | 100% | 14:09 | 24 | 12 | 169 | 755 |
| May-25 | 297 | 7 | 98% | 05:45 | 217 | 3 | 99% | 0:10:56 | 114 | 0 | 100% | 07:38 | 77 | 0 | 100% | 14:06 | 29 | 6 | 189 | 929 |
| Jun-25 | 238 | 12 | 95% | 05:59 | 245 | 7 | 97% | 0:11:15 | 102 | 0 | 100% | 07:52 | 72 | 0 | 100% | 13:20 | 32 | 7 | 187 | 883 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | |
| Total #s | 1488 | 66 | | | 1334 | 29 | | | 578 | 0 | | | 420 | 0 | | | 143 | 51 | 1105 | 5119 |

= Exemption given

SNA - Response Time Compliance - CODE 3 RESPONSES ONLY - 2025

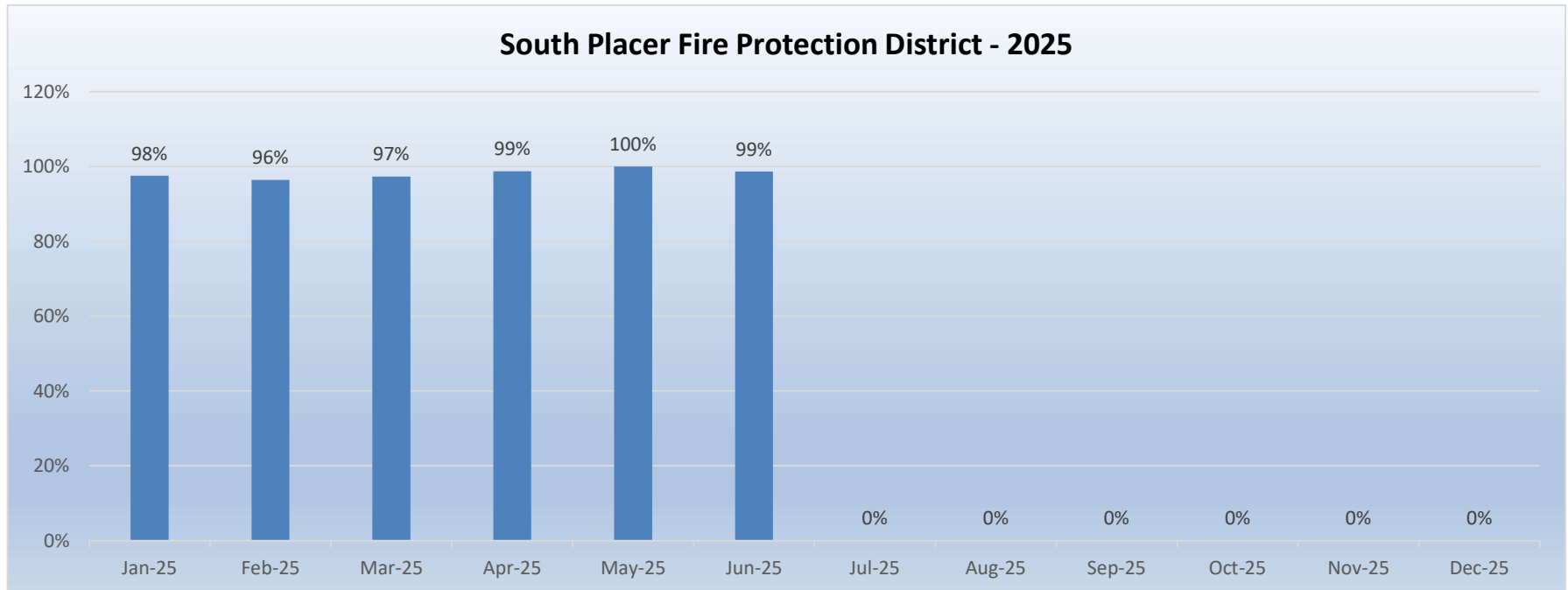


Siskiyou County - 2025 Response Data

| Siskiyou County | Total # 1st QTR 2025 | Avg. Per Day | Avg. Response Time | 90th % | Total # 2nd QTR 2025 | Avg. Per Day | Avg. Response Time | 90th % | Total # 3rd QTR 2025 | Avg. Per Day | Avg. Response Time | 90th % | Total # 4th QTR 2025 | Avg. Per Day | Avg. Response Time | 90th % |
|------------------|----------------------|--------------|--------------------|---------|----------------------|--------------|--------------------|---------|----------------------|--------------|--------------------|--------|----------------------|--------------|--------------------|--------|
| All Other County | 244 | 3 | 0:20:09 | 0:34:21 | 260 | 3 | 0:20:02 | 0:33:49 | | 0 | | | | 0 | | |
| ASAP | 34 | 0 | 0:46:37 | 1:09:22 | 29 | 0 | 0:42:14 | 0:53:56 | | 0 | | | | 0 | | |
| Dunsmuir | 46 | 1 | 0:15:51 | 0:20:00 | 55 | 1 | 0:15:06 | 0:19:24 | | 0 | | | | 0 | | |
| Etna/Ft. Jones | 58 | 1 | 0:19:57 | 0:36:25 | 59 | 1 | 0:17:56 | 0:31:34 | | 0 | | | | 0 | | |
| Happy Camp | 36 | 0 | 0:13:07 | 0:26:52 | 35 | 0 | 0:13:16 | 0:20:38 | | 0 | | | | 0 | | |
| Lake Shastina | 35 | 0 | 0:18:53 | 0:27:00 | 31 | 0 | 0:18:41 | 0:25:58 | | 0 | | | | 0 | | |
| Montague | 29 | 0 | 0:14:46 | 0:17:45 | 32 | 0 | 0:15:07 | 0:18:31 | | 0 | | | | 0 | | |
| Mt. Shasta | 119 | 1 | 0:09:12 | 0:13:37 | 137 | 2 | 0:08:55 | 0:13:44 | | 0 | | | | 0 | | |
| Weed | 77 | 1 | 0:09:58 | 0:17:01 | 92 | 1 | 0:09:25 | 0:16:28 | | 0 | | | | 0 | | |
| Yreka | 393 | 4 | 0:09:41 | 0:13:56 | 359 | 4 | 0:09:44 | 0:14:41 | | 0 | | | | 0 | | |
| Totals: | 1071 | 12 | | | 1089 | 12 | | | 0 | 0 | | | 0 | 0 | | |

South Placer Fire Protection District - Response Compliance - 2025

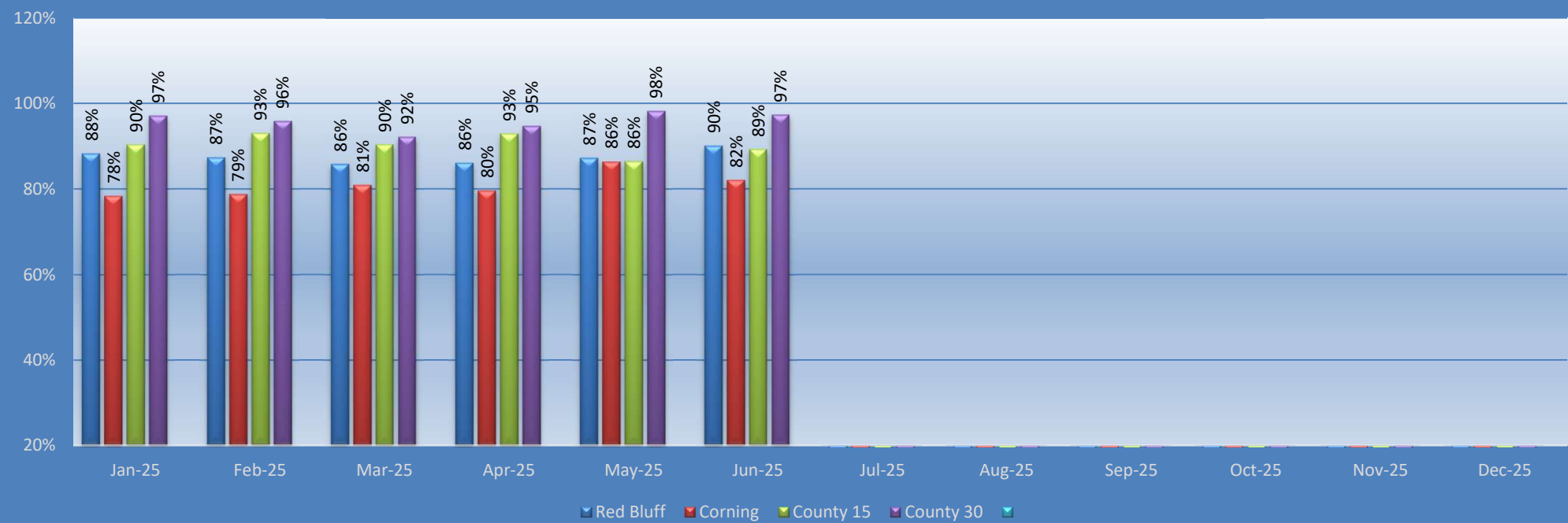
| Month | Total # of Responses | Total # Late (Over 10 Min.) | On Time % | Average Response Time (Ambulance) | SPFPD Auto/Mutual Aid to AMR /Folsom Lake | Average Response Time | AMR Mutual Aid to South Placer | Average Response Time | Total Calls (excludes MA from AMR) |
|----------------|----------------------|-----------------------------|-----------|-----------------------------------|---|-----------------------|--------------------------------|-----------------------|------------------------------------|
| Jan-25 | 120 | 3 | 98% | 0:06:42 | 90 | 0:06:21 | 2 | 0:09:03 | 210 |
| Feb-25 | 166 | 6 | 96% | 0:07:19 | 81 | 0:07:19 | 11 | 0:10:41 | 247 |
| Mar-25 | 146 | 4 | 97% | 0:06:20 | 56 | 0:06:15 | 4 | 0:08:31 | 202 |
| Apr-25 | 152 | 2 | 99% | 0:06:16 | 59 | 0:06:58 | 2 | 0:17:45 | 211 |
| May-25 | 127 | 0 | 100% | 0:06:06 | 55 | 0:07:37 | 2 | 0:09:25 | 182 |
| Jun-25 | 148 | 2 | 99% | 0:06:38 | 61 | 0:06:14 | 2 | 0:06:37 | 209 |
| Jul-25 | | | | | | | | | |
| Aug-25 | | | | | | | | | |
| Sep-25 | | | | | | | | | |
| Oct-25 | | | | | | | | | |
| Nov-25 | | | | | | | | | |
| Dec-25 | | | | | | | | | |
| Totals: | 859 | 17 | | | 402 | | 23 | | 1261 |



St. Elizabeth Ambulance - Response Time Compliance - 2025

| St. E's | City of Red Bluff (City Limits) - 10 Min. Zone | | | | City Of Corning (City Limits) - 10 Min. Zone | | | | Tehama County - 15 Min. Zone | | | | Tehama County - 30 Min. Zone | | | | Code 2 Calls - City 10 | Avg. Resp. Time Min. | Code 2 Calls - County 15 & 30 | Avg. Resp. Time Min. | # of ASAP Calls ALL | Mut. Aid | Total #'s |
|---------|--|--------|---------|-----------------|--|--------|---------|-----------------|------------------------------|--------|---------|-----------------|------------------------------|--------|---------|-----------------|------------------------|----------------------|-------------------------------|----------------------|---------------------|----------|-----------|
| Month | # of Calls | # Late | Comp. % | Avg. Resp. Time | # of Calls | # Late | Comp. % | Avg. Resp. Time | # of Calls | # Late | Comp. % | Avg. Resp. Time | # of Calls | # Late | Comp. % | Avg. Resp. Time | # of Calls | Avg. | # of Calls | Avg. | # | # | # |
| Jan-25 | 240 | 28 | 88% | 0:07:06 | 74 | 16 | 78% | 0:08:33 | 146 | 14 | 90% | 0:10:07 | 141 | 4 | 97% | 0:16:43 | 21 | 0:09:54 | 11 | 0:13:35 | 24 | 10 | 667 |
| Feb-25 | 223 | 28 | 87% | 0:07:10 | 66 | 14 | 79% | 0:09:15 | 116 | 8 | 93% | 0:10:15 | 122 | 5 | 96% | 0:16:37 | 17 | 0:12:28 | 13 | 0:18:07 | 27 | 16 | 600 |
| Mar-25 | 254 | 36 | 86% | 0:07:23 | 63 | 12 | 81% | 0:08:14 | 125 | 12 | 90% | 0:09:55 | 141 | 11 | 92% | 0:18:35 | 19 | 0:08:48 | 5 | 0:15:52 | 24 | 4 | 635 |
| Apr-25 | 223 | 31 | 86% | 0:07:34 | 54 | 11 | 80% | 0:08:48 | 142 | 10 | 93% | 0:10:56 | 133 | 7 | 95% | 0:17:17 | 15 | 0:11:33 | 7 | 0:13:30 | 29 | 4 | 607 |
| May-25 | 228 | 29 | 87% | 0:07:21 | 59 | 8 | 86% | 0:07:46 | 111 | 15 | 86% | 0:10:35 | 117 | 2 | 98% | 0:16:46 | 23 | 0:10:33 | 12 | 0:20:17 | 33 | 6 | 589 |
| Jun-25 | 263 | 26 | 90% | 0:07:13 | 67 | 12 | 82% | 0:07:39 | 140 | 15 | 89% | 0:10:32 | 115 | 3 | 97% | 0:16:37 | 20 | 0:09:35 | 12 | 0:17:07 | 30 | 9 | 656 |
| Jul-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | | | | | | | | | |
| Totals: | 1431 | 178 | | | 383 | 73 | | | 780 | 74 | | | 769 | 32 | | | 115 | | 60 | | 167 | 49 | 3754 |

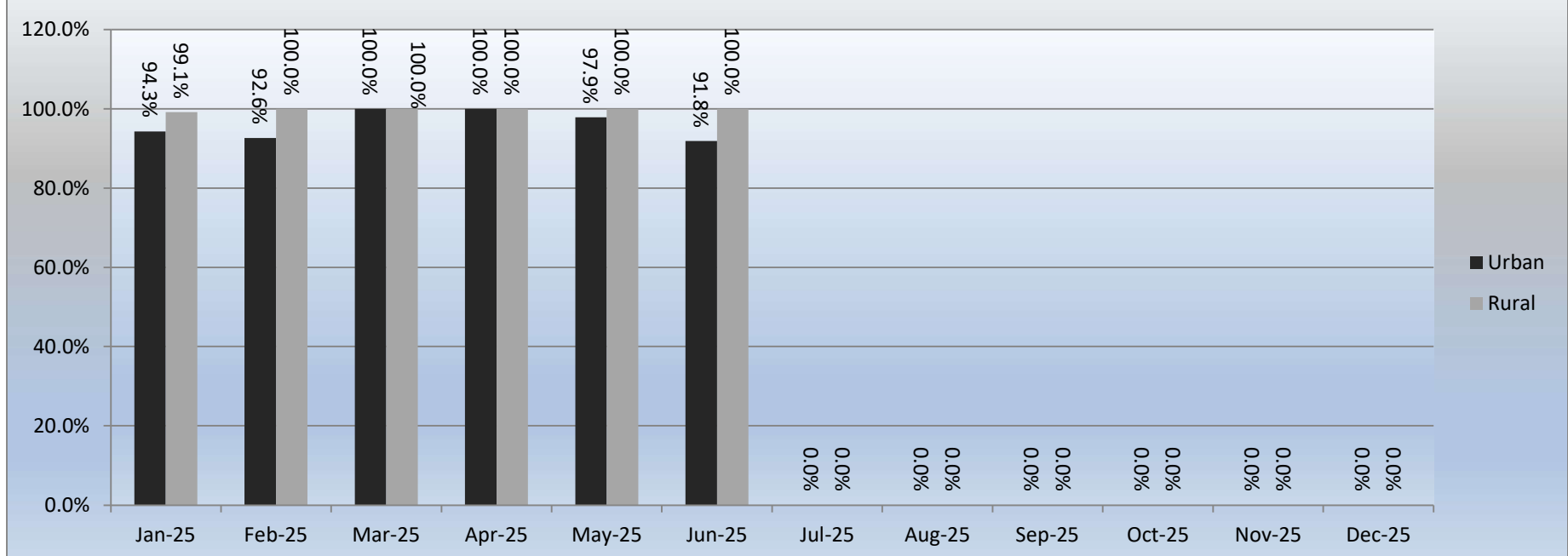
St. Elizabeth Ambulance - Code 3 Responses Only - 2025



Truckee Fire - Response Time Compliance - 2025


| Truckee Fire | Truckee Town Limits - 10 Minute - Code 3 | | | | Truckee Rural - 20 Minutes - Code 3 | | | | Truckee Town Limits - Code 2 | | Truckee Rural - Code 2 | | ASAP ALL Calls | IFT Calls | Total # of Calls |
|--------------|--|--------|-----------|--------------------|-------------------------------------|--------|-----------|--------------------|------------------------------|--------------------|------------------------|--------------------|----------------|------------|------------------|
| Month | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | # Late | On Time % | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | Avg. Response Time | # of Calls | # of Calls | # |
| Jan-25 | 35 | 2 | 94.3% | 0:06:55 | 117 | 1 | 99.1% | 0:12:20 | 13 | 0:07:25 | 37 | 0:15:05 | 13 | 15 | 230 |
| Feb-25 | 27 | 2 | 92.6% | 0:06:57 | 77 | 0 | 100.0% | 0:12:58 | 8 | 0:07:30 | 21 | 0:15:24 | 14 | 57 | 204 |
| Mar-25 | 30 | 0 | 100.0% | 0:06:35 | 70 | 0 | 100.0% | 0:13:48 | 17 | 0:07:23 | 22 | 0:15:43 | 13 | 6 | 158 |
| Apr-25 | 28 | 0 | 100.0% | 0:06:10 | 60 | 0 | 100.0% | 0:12:37 | 8 | 0:09:29 | 18 | 0:12:09 | 13 | 43 | 170 |
| May-25 | 47 | 1 | 97.9% | 0:06:40 | 30 | 0 | 100.0% | 0:10:37 | 14 | 0:08:20 | 9 | 0:14:14 | 11 | 2 | 113 |
| Jun-25 | 49 | 4 | 91.8% | 0:07:36 | 45 | 0 | 100.0% | 0:11:43 | 12 | 0:09:41 | 9 | 0:12:18 | 24 | 49 | 188 |
| Jul-25 | | | | | | | | | | | | | | | |
| Aug-25 | | | | | | | | | | | | | | | |
| Sep-25 | | | | | | | | | | | | | | | |
| Oct-25 | | | | | | | | | | | | | | | |
| Nov-25 | | | | | | | | | | | | | | | |
| Dec-25 | | | | | | | | | | | | | | | |
| Total #s | 216 | 9 | 95.8% | | 399 | 1 | 99.7% | | 72 | | 116 | | 88 | 172 | 1063 |

Truckee Fire - Response Time Compliance - CODE 3 RESPONSES ONLY - 2025



F-2

**Member County Updates – verbal report
& attachment**

| | | |
|---|--|------------|
|  | S-SV EMS Agency Member County Updates August 2025 | F-2 |
|---|--|------------|

Butte County

- The next Butte County Ambulance Advisory Committee meeting is August 11.
- S-SV EMS staff are working with Butte County Public Health and Butte County EMS on the possible implementation of an EMS Naloxone Leave Behind Program.

Colusa County

- S-SV EMS staff will be participating on the Measure B (ground ambulance sales tax) Citizens Oversight Committee as necessary/requested.
- S-SV EMS staff are working with the Bear Valley – Indian Valley Fire Protection District to address air ambulance requesting/utilization related matters.

Glenn County


- S-SV EMS staff continue to work with the Public Works Alliance, Glenn County Public Health, Glenn County Office of Education and Butte Community College on the implementation of the Glenn/Butte/Colusa EMS Corps EMT training program. Initial classes are now scheduled to begin in December.
- S-SV EMS staff continue to monitor the Glenn Medical Center Critical Access Hospital designation matter. We are also assisting with this matter as necessary.

Nevada County

- S-SV EMS staff will be meeting with Nevada County representatives to discuss the Sierra Nevada Ambulance EOA agreement that expires in December 2026.

Placer County

- S-SV EMS staff are working with consultants (PWW) on the negotiation of a 24-month AMR EOA agreement to replace the agreement that expires on November 30, 2025.
- S-SV EMS staff are working with consultants (Healthcare Strategists) and EMS system participants on the Western Placer County EMS System Assessment project. This project is still on track and expected to be finalized late 2025/early 2026.

| | | |
|---|--|------------|
|  | S-SV EMS Agency Member County Updates August 2025 | F-2 |
|---|--|------------|

Shasta County

- AMR Shasta and Mercy Redding Ambulance are working on updates to the Shasta County System Status Management Plan (pending S-SV EMS review/approval) to expand the utilization of 911 BLS ambulances to other areas of Shasta County (outside the City of Redding) when appropriate.
- The recent implementation of video laryngoscopes and automatic transport ventilator equipment for advanced airway placement/management by Mercy Redding Ambulance is going well.

Siskiyou County

- Butte Valley Ambulance in the Dorris area of Siskiyou County is back in service and responding to 911/emergency incidents.
- Mt. Shasta Ambulance is back to mostly full ALS staffing, only one day scheduled with a BLS unit in Yreka this month. They are also continuing to upgrade their fleet of ambulances.
- AirLink CCT re-opened a helicopter air ambulance base in the Klamath Falls, OR area on July 1, 2025. This resource is currently staffed 12 hours per day.

Sutter & Yuba Counties

- S-SV EMS staff will be meeting with Sutter & Yuba County representatives to discuss the Bi-County Ambulance EOA Agreements that expire in December 2026.
- S-SV EMS staff provided data and other assistance related to the recently approved Sutter County LAFCO Fire & EMS MSR & SOI reports.
- S-SV EMS staff are working with Yuba City FD/PD on the implementation of their Priority Dispatch system.

Tehama County

- The recent implementation of video laryngoscopes and automatic transport ventilator equipment for advanced airway placement/management by St. Elizabeth Ambulance is going well.
- S-SV EMS staff attended and participated in an Operational Readiness Strengthening Interagency Coordination in Response and Investigation meeting with the FBI, local law enforcement and local fire agencies.

F-3

**S-SV EMS Agency Updates – attachment and
verbal report**



S-SV EMS Agency Updates August 2025

F-3

- The S-SV EMS Agency FY 2024/2025 annual audit process is underway. The audit report is expected to be presented during the December JPA Board meeting.
- S-SV EMS transitioned to the new NQS Trauma Data Registry on July 1st and staff are continuing to work with the vendor and individual trauma centers on implementation matters. S-SV EMS staff continue to work with all specialty receiving hospitals (STEMI, Stroke & Trauma) to ensure compliance with patient data reporting requirements.
- The California Ambulance Patient Offload Time (APOT) emergency regulations were implemented in early July and the new online APOT data audit tool was implemented in late July. All hospitals in the S-SV EMS region, except for Mercy Medical Center Redding, are currently compliant with the S-SV EMS regional APOT standard of 30 minutes or less. S-SV EMS staff continue to work with applicable hospitals to reduce/maintain ambulance patient offload times.
- S-SV EMS staff recently finalized/published our bi-annual policy/protocol manual update, which includes 10 revised policies and 18 revised patient treatment protocols.
- S-SV EMS staff finalized/published a 2-hour online course which includes training/education on basic and advanced airway management for EMS personnel. S-SV EMS staff also continue to maintain our recently published online course which includes training/education on MCI/Disaster response for EMS personnel.
- S-SV EMS staff have been working with EMS providers, local county public health departments, and the California Department of Public Health on the implementation/utilization of Naloxone Leave Behind programs/resources.
- S-SV EMS staff are in continual contact with medical unit leader personnel on all wildfire incidents throughout our region to provide EMS system assistance and ensure there are adequate EMS resources to support all incident medical needs. The S-SV EMS 'Temporary Recognition of EMS Personnel' Policy that was implemented on April 1st to assist with these matters appears to be working as intended, with no significant issues.
- S-SV EMS was not selected for the LEMSA Opioid Use Disorder Buprenorphine Grant. The 2 grant awardees were the Alameda County EMS Agency and the Sacramento County EMS Agency. The Los Angeles County EMS Agency also applied but was not selected.

F-4

**American Heart Association Mission Lifeline
STEMI Systems of Care 2025 Regional Award –
attachment and verbal report**

2025 Regional Award



American Heart Association®
Mission:Lifeline®

The American Heart Association proudly recognizes

Sierra Sacramento Valley EMS M:L Regional Report

Mission: Lifeline® - REGIONAL AWARD

The American Heart Association recognizes this **Mission: Lifeline** Region for serving as **regional award winner**, pioneer and innovator in regionalizing STEMI Systems of Care.

Congratulations and thank you for coming together and applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Keith Churchwell, M.D., FAHA
President
American Heart Association

*For more information, please visit [Heart.org/MissionLifeline](https://www.heart.org/MissionLifeline)



American
Heart
Association.

2025

REGIONAL
AWARD

Mission:
Lifeline®

F-5

**CDPH CPR FY 2022-2023 S-SV EMS LEMSA, Sutter
& Yuba HPP Grant Audit Reports -attachment &
verbal report**

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

June 19, 2025

Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency
Attn: John Poland, Regional Executive Director
535 Menlo Drive, Suite A
Rocklin, CA 95765

SUBJECT: S-SV EMS Agency – Multi-County Local Emergency Medical Services Agency
Final Audit Report
Hospital Preparedness Program (HPP) grant program

The California Department of Public Health (CDPH), Office of Compliance – Grant Compliance Unit presents the final audit report of the Sierra-Sacramento Valley Emergency Medical Services Agency's (S-SV-EMS) Fiscal Year (FY) 2022-23 HPP grant. We performed this engagement to satisfy federal and state mandated subrecipient monitoring of the administration of this grant.

The audit did not reveal any reportable conditions for the HPP grant during FY 2022-23. Thus, we conclude that Sierra-Sacramento Valley Emergency Medical Services Agency has adequate management controls in place for the administration of grant funds in accordance with grant agreement requirements and applicable laws, rules, and regulations.

We appreciate the assistance and cooperation of your office and staff. If you have any questions regarding the audit, please contact the manager of our office's Grant Compliance Unit, Connie Terrado, at 916-306-2264, or connie.terrado@cdph.ca.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rob Hughes".

Rob Hughes
Deputy Director, Office of Compliance
CDPH

cc: Shawn Joyce, EP Grant Coordinator, S-SV EMS Agency
Center for Preparedness and Response, CDPH

Grant Compliance Audit Report

SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY

ROCKLIN, CALIFORNIA

HOSPITAL PREPAREDNESS PROGRAM (HPP)

Grant Agreement No. 22-10703

Assistance Listing Numbers 93.889

FISCAL PERIOD: JULY 1, 2022, THROUGH JUNE 30, 2023



June 2025

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| No Reportable Findings or Conditions | |
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Executive Summary

The California Department of Public Health's (CDPH) Office of Compliance presents its grant compliance audit report of Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS Agency or agency). This audit focused on S-SV-EMS Agency's Hospital Preparedness Program (HPP) grant program expenditures and processes during State Fiscal Year July 1, 2022 through June 30, 2023 (SFY 2022-23).

The audit did not reveal any reportable conditions for the HPP grant during SFY 2022-23. We conclude that the Agency has adequate management controls in place for the administration and expenditure of grant funds in accordance with the grant agreement, applicable laws, regulations, and CDPH's funding guidance. Because we did not identify any significant reportable issues, we are not making recommendations. Therefore, no further action or response is required from Agency at this time.

S-SV EMS Agency's Comments on the Audit Report:

Sierra-Sacramento Valley Emergency Medical Services Agency accepted the audit report and opted not to have an exit conference. The agency's full response to the audit is included in Appendix B on page 10 of the report.

Introduction

The CDPH Office of Compliance’s Grant Compliance Unit (hereinafter referred to as “we”) conducts fiscal and compliance audits of local agencies receiving HPP grants from CDPH. The audits are required as part of CDPH subrecipient monitoring responsibilities. In this audit, we reviewed S-SV EMS Agency’s expenditures and grant program processes to evaluate its compliance with the grant agreement, applicable laws, regulations, and CDPH’s local guidance.

The agency serves as the designated local EMS agency (LEMSA) that oversees an extensive jurisdiction, including the counties of Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba. The agency undertakes comprehensive assessments to identify the specific needs of each county, ensuring that resources are allocated effectively and efficiently.

BACKGROUND

The HPP program is funded by the HHS under Section 319C-2 of the PHS Act (42 USC 247d-3b). The purpose of this program is to improve surge capacity and enhance community and hospital preparedness for public health emergencies. HPP funds are used to build medical surge capability through planning, personnel, equipment, and training and exercise capabilities at the state and local levels.

The agency is under a five-year grant agreement with CDPH for the HPP programs, beginning July 1, 2022, and ending June 30, 2027. During our audit period, SFY 2022-23, the agency expended the following federal HPP funds:

| Program | Budget | Expenditures | Unexpended Funds |
|---------------------|--------------------|--------------------|------------------|
| HPP | \$56,127.00 | \$56,127.00 | \$0.00 |
| Grand Total: | \$56,127.00 | \$56,127.00 | \$0.00 |

SCOPE AND METHODOLOGY

We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our audit findings and conclusions. During the audit, we determined a reliability assessment of S-SV EMS Agency’s electronic data systems was not necessary, as other sources of evidence were available to complete the audit objectives. We believe the evidence obtained provides a reasonable basis for our audit findings and conclusions.

The scope of the audit was limited to determining whether SFY 2022-23 expenditures and grant program processes complied with applicable laws, rules, regulations, and best practices. We reviewed financial records to ensure the existence of proper documentation and accuracy of invoices submitted to the CDPH’s Center for Preparedness and Response (CPR) for

reimbursement. We assessed the accounting principles used, and significant estimates made by S-SV EMS Agency's management personnel. We examined on a test basis evidence supporting the amounts the agency included in the expenditure reports and invoices it submitted to CPR, and performed substantive testing to evaluate compliance with key program requirements:

- Key personnel are familiar with grant requirements and utilize written policies and procedures to ensure the proper administration of grant funds.
- The financial management (accounting) system allows for the separate identification of grant funds received and expended, appropriately identifies the source and application of these funds, and is supported by source documentation.
- Required expenditure reports are accurate and timely, and relevant findings identified in audits are monitored and addressed.
- Claimed expenditures are supported, allowable, and based on approved budgets.
- There is adequate control over and accountability for equipment and property purchased with grant funds.
- Sub-contracts have been appropriately approved; payments made to subcontractors are supported, allowable, and based on approved budgets; and sufficient monitoring occurs to ensure subcontractors meet contract requirements.

The laws, regulations, and other criteria applicable to the audit include Title 45 Code of Federal Regulations (CFR) Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance); California Health and Safety Code Sections 101315 to 101320; CPR policies and procedures outlined in local grant guidance; and the grant agreement between S-SV EMS Agency and CDPH.

The audit does not constitute a financial statement audit; therefore, we do not express an opinion on S-SV EMS Agency's financial statements. In addition, the audit did not include an evaluation of agency's progress in reaching HPP program goals and objectives. CPR contract managers separately monitor counties' and other subrecipients' performance through the review of periodic performance reports, site visits, and other activities.

INTERNAL CONTROL ASSESSMENT

S-SV EMS Agency's management is responsible for establishing and maintaining effective internal controls to ensure compliance with requirements for the administration of federal grant funds. In planning and performing our audit, we considered the agency's internal controls having a direct and material effect on its compliance with HPP grant requirements. In addition, we used procedures to test and report on internal control over compliance in accordance with the Uniform Guidance.

However, our consideration of internal control was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies; therefore, material weaknesses or significant deficiencies may exist that have not been identified. Accordingly, we do not express an opinion on the effectiveness of S-SV EMS Agency's internal control over compliance.

AUDIT AUTHORITY

Section 101317 of the California Health and Safety Code requires CDPH to conduct an audit every three years of PHEP and HPP grant subrecipients. This audit helps fulfill that requirement. Additionally, the grant agreement between CDPH and the counties and other subrecipients allows for audits of the respective grant programs.

Fiscal and Compliance Items Reviewed¹

As part of our audit, we completed the following steps:

| | |
|--|---|
| Annual Single Audit Requirement | ✓ Verified an independent Certified Public Accountant completed the Single Audit required by Uniform Guidance §75.501 |
| | ✓ Identified whether the audit report contained relevant findings |
| Financial Records Testing | ✓ Verified S-SV EMS Agency appropriately accounted for grant funds |
| | ✓ Verified expenditures reported to CPR agreed with S-SV EMS Agency's financial records |
| Internal Controls | ✓ Assessed internal controls related to the HPP programs |
| | ✓ Reviewed whether fiscal control processes were appropriate and operational |
| Grant Compliance | ✓ Evaluated compliance with other grant requirements, such as inventory control and the return of excess interest earned on program funds |
| CDPH Local Guidance | ✓ Reviewed program documents required for funding |
| Personnel Expenditure Testing | ✓ Tested whether employee salary and benefit expenses were paid in accordance with the grant requirements |
| | ✓ Confirmed salaries paid by grant funds were for positions properly allocated to the HPP grant program |

¹ The table identifies the scope of testing for fiscal and compliance matters as they relate to the federal grants. It does not indicate compliance or non-compliance for any items listed. Areas of non-compliance are included in the Audit Results sections of the report.

Audit Results – HPP

No reportable findings or conditions.

Appendix A – Budget and Expenditure Schedules

Schedule 1 – HPP Summary of Audited Expenditures SFY 2022-23

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|---|---------------------|-------------------|---------------------|
| Personnel (Salary) | No audit findings resulting in financial recovery | \$ 56,127.00 | - | \$ 56,127.00 |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | - | - | - |
| Equipment | | - | - | - |
| Travel | | - | - | - |
| Subcontracts | | - | - | - |
| Other Costs | | - | - | - |
| Total Direct Costs | | 56,127.00 | - | 56,127.00 |
| Indirect Costs | | - | - | - |
| GRAND TOTAL | | \$ 56,127.00 | \$ 0 | \$ 56,127.00 |

Schedule 2 – HPP Summary of Audited Expanded Authority Expenditures² (SFY 2021-22 Funds Expended in SFY 2022-23)

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|---|-------------|-------------------|-------------|
| Personnel (Salary) | No audit findings resulting in financial recovery | \$ 0 | - | \$ 0 |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | - | - | - |
| Equipment | | - | - | - |
| Travel | | - | - | - |
| Subcontracts | | - | - | - |
| Other Costs | | - | - | - |
| Total Direct Costs | | - | - | - |
| Indirect Costs | | - | - | - |
| GRAND TOTAL | | \$ 0 | \$ 0 | \$ 0 |

² Expanded Authority funds are funds left over from SFY 2021-22 the agency would be authorized to spend during SFY 2022-23. The agency did not have unexpended funds during SFY 2021-22.

**Schedule 3 – HPP Summary of Authorized and Reported Expenditures
SFY 2022-23**

| Budget Category | Budget | Reported Expenditures | Total Unexpended Funds |
|---------------------------|---------------------|-----------------------|------------------------|
| Personnel (Salary) | \$ 56,127.00 | \$ 56,127.00 | \$ 0 |
| Fringe Benefits | - | - | - |
| Operating Expenses | - | - | - |
| Equipment | - | - | - |
| Travel | - | - | - |
| Subcontracts | - | - | - |
| Other Costs | - | - | - |
| Total Direct Costs | 56,127.00 | 56,127.00 | 0 |
| Indirect Costs | | | |
| GRAND TOTAL | \$ 56,127.00 | \$ 56,127.00 | \$ 0 |

Appendix B – S-SV EMS Agency’s Response to the Audit

| Sierra – Sacramento Valley Emergency Medical Services Agency | | |
|---|--|--|
|  | Regional Executive Director John Poland, Paramedic | Address & Contact Information 535 Menlo Drive, Suite A Rocklin, CA 95765 (916) 625-1702 info@ssvems.com www.ssvems.com |
| | Medical Director Troy M. Falck, MD, FACEP, FAAEM | |
| | JPA Board Chairperson Sue Hoek, Nevada County Supervisor | |
| Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties | | |

June 17, 2025

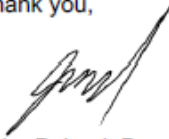
CDPH Office of Compliance
Attn: Rob Hughes
P.O. Box 997377
Sacramento, CA 95899-7377

Subject: S-SV EMS Agency-Multi-County Local Emergency Medical Services Agency
Draft Audit Report
Hospital Preparedness Program (HPP) grant program

The Sierra – Sacramento Valley Emergency Medical Services (S-SV EMS) Agency is in receipt of your S-SV EMS Agency-Multi-County Local Emergency Medical Services Agency Hospital Preparedness Program (HPP) grant program Draft Audit Report dated June 16, 2025. As indicated in the cover letter of this report, *"The audit did not reveal any reportable findings or conditions during 2022-23"*.

Please be advised that the S-SV EMS Agency does not have any additional questions and is not requesting an exit conference related to this audit.

Thank you,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

July 15, 2025

Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS Agency) – Sutter
Attn: John Poland, Regional Executive Director
535 Menlo Drive, Suite A
Rocklin, CA 95765

SUBJECT: S-SV EMS Agency - Sutter – Final Audit Report
Hospital Preparedness Program (HPP) grant program

The California Department of Public Health (CDPH), Office of Compliance presents the final audit report of S-SV EMS Agency – Sutter's State Fiscal Year (SFY) 2022-23 HPP grant. The audit results section identifies noncompliance with applicable requirements. S-SV EMS Agency – Sutter should follow-up with its assigned contract manager within CDPH's Center for Preparedness and Response to resolve the findings.

If S-SV EMS Agency – Sutter wishes to appeal any finding in this report, it may file a written notice of disagreement with the Department of Health Care Services' Office of Administrative Hearings & Appeals within 60 days of the date of this letter. For more information regarding the appeal process or any questions regarding this report, please contact Connie Terrado, Chief, Grant Compliance Unit- Office of Compliance, at 916-306-2264, or connie.terrado@cdph.ca.gov.

We appreciate the assistance and cooperation of your office and staff during the audit.

Sincerely,



Rob Hughes
Deputy Director, Office of Compliance
CDPH

cc: Shawn Joyce, EP Grant Coordinator, S-SV EMS Agency
Center for Preparedness and Response, CDPH

Grant Compliance Audit Report

SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY – SUTTER

ROCKLIN, CALIFORNIA

HOSPITAL PREPAREDNESS PROGRAM (HPP)

Grant Agreement No. 22-10688

Assistance Listing Numbers 93.889

FISCAL PERIOD: JULY 1, 2022, THROUGH JUNE 30, 2023



July 2025

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Executive Summary

The California Department of Public Health's (CDPH) Office of Compliance presents its grant compliance audit report of Sierra-Sacramento Valley Emergency Medical Services Agency – Sutter (S-SV EMS Agency – Sutter or agency). This audit focused on S-SV EMS Agency – Sutter's Hospital Preparedness Program (HPP) grant program expenditures and processes during State Fiscal Year July 1, 2022, through June 30, 2023 (SFY 2022-23).

The audit identified the following finding:

HPP

Finding 1 – S-SV EMS Agency – Sutter Incorrectly Invoiced its SFY 2022-23 Grant for Services Received During SFY 2023-24

Key Audit Recommendations:

S-SV EMS Agency – Sutter should ensure all personnel working on the HPP grants are aware of and comply with applicable laws, regulations, the grant agreement, and CDPH's funding guidance.

Actions necessary to address the specific findings of this report:

- Refund the \$1,004.52 inappropriately received from the SFY 2022-23 grant.
- Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

S-SV EMS Agency – Sutter's Comments on the Audit Report:

S-SV EMS Agency – Sutter agreed to the audit findings and declined an exit conference. The agency's full response to the audit is included in Appendix C on page 12 of the report.

Introduction

The CDPH Office of Compliance’s Grant Compliance Unit (hereinafter referred to as “we”) conducts fiscal and compliance audits of local agencies receiving HPP grants from CDPH. The audits are required as part of CDPH subrecipient monitoring responsibilities. In this audit, we reviewed S-SV EMS Agency – Sutter’s expenditures and grant program processes to evaluate its compliance with the grant agreement, applicable laws, regulations, and CDPH’s local guidance.

BACKGROUND

The HPP program is funded by the HHS under Section 319C-2 of the PHS Act (42 USC 247d-3b). The purpose of this program is to improve surge capacity and enhance community and hospital preparedness for public health emergencies. HPP funds are used to build medical surge capability through planning, personnel, equipment, and training and exercise capabilities at the state and local levels.

S-SV EMS Agency – Sutter is under a five-year grant agreement with CDPH for the HPP programs, beginning July 1, 2022, and ending June 30, 2027. During our audit period, SFY 2022-23, the agency expended the following federal HPP funds:

| Program ¹ | Budget | Expenditures | Unexpended Funds |
|----------------------|---------------------|---------------------|--------------------|
| HPP | \$199,930.33 | \$152,600.88 | \$47,329.45 |
| Grand Total: | \$199,930.33 | \$152,600.88 | \$47,329.45 |

¹ The table includes leftover, unexpended SFY 2021-22 funds (expanded authority funds) the Agency was authorized to expend during SFY 2022-23.

SCOPE AND METHODOLOGY

We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our audit findings and conclusions. During the audit, we determined a reliability assessment of S-SV EMS Agency – Sutter’s electronic data systems was not necessary, as other sources of evidence were available to complete the audit objectives. We believe the evidence obtained provides a reasonable basis for our audit findings and conclusions.

The scope of the audit was limited to determining whether SFY 2022-23 expenditures and grant program processes complied with applicable laws, rules, regulations, and best practices. We reviewed financial records to ensure the existence of proper documentation and accuracy of invoices submitted to the CDPH’s Center for Preparedness and Response (CPR) for reimbursement. We assessed the accounting principles used, and significant estimates made by S-SV EMS Agency – Sutter’s management personnel. We examined, on a test basis, evidence supporting the amounts the agency included in the expenditure reports and invoices it submitted to CPR, and performed substantive testing to evaluate compliance with key program requirements:

- Key personnel are familiar with grant requirements and utilize written policies and procedures to ensure the proper administration of grant funds.
- The financial management (accounting) system allows for the separate identification of grant funds received and expended, appropriately identifies the source and application of these funds, and is supported by source documentation.
- Required expenditure reports are accurate and timely, and relevant findings identified in audits are monitored and addressed.
- Claimed expenditures are supported, allowable, and based on approved budgets.
- There is adequate control over and accountability for equipment and property purchased with grant funds.
- Sub-contracts have been appropriately approved; payments made to subcontractors are supported, allowable, and based on approved budgets; and sufficient monitoring occurs to ensure subcontractors meet contract requirements.

The laws, regulations, and other criteria applicable to the audit include Title 45 Code of Federal Regulations (CFR) Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance); California Health and Safety Code Sections 101315 to 101320; CPR policies and procedures outlined in local grant application and guidance (funding guidance); and the grant agreement between S-SV EMS Agency-Sutter and CDPH.

The audit does not constitute a financial statement audit; therefore, we do not express an opinion on S-SV EMS Agency – Sutter’s financial statements. In addition, the audit did not include an evaluation of S-SV EMS Agency – Sutter’s progress in reaching HPP program goals and objectives. CPR contract managers separately monitor counties’ and other subrecipients’ performance through the review of periodic performance reports, site visits, and other activities.

INTERNAL CONTROL ASSESSMENT

S-SV EMS Agency – Sutter’s management is responsible for establishing and maintaining effective internal controls to ensure compliance with requirements for the administration of federal grant funds. In planning and performing our audit, we considered S-SV EMS Agency – Sutter’s internal controls having a direct and material effect on its compliance with HPP grant requirements. In addition, we used procedures to test and report on internal control over compliance in accordance with the Uniform Guidance.

However, our consideration of internal control was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies; therefore, material weaknesses or significant deficiencies may exist that have not been identified. Accordingly, we do not express an opinion on the effectiveness of S-SV EMS Agency – Sutter’s internal control over compliance.

AUDIT AUTHORITY

Section 101317 of the California Health and Safety Code requires CDPH to conduct an audit every three years of HPP grant subrecipients. This audit helps fulfill that requirement. Additionally, the grant agreement between CDPH and the counties and other subrecipients allows for audits of the respective grant programs.

Fiscal and Compliance Items Reviewed¹

As part of our audit, we completed the following steps:

| | |
|--------------------------------------|---|
| Financial Records Testing | ✓ Verified S-SV EMS Agency-Sutter appropriately accounted for grant funds |
| | ✓ Verified expenditures reported to CPR agreed with S-SV EMS Agency – Sutter’s financial records |
| Internal Controls | ✓ Assessed internal controls related to the HPP program |
| | ✓ Reviewed whether fiscal control processes were appropriate and operational |
| Grant Compliance | ✓ Evaluated compliance with other grant requirements, such as inventory control and the return of excess interest earned on program funds |
| CDPH Local Guidance | ✓ Reviewed program documents required for funding |
| Operating Expenditure Testing | ✓ Tested whether expenditures reported to CPR matched S-SV EMS Agency – Sutter’s records |
| | ✓ Verified accounting ledgers and systems matched submitted invoices |
| Equipment Expenditure Testing | ✓ Tested whether expenditures reported to CPR matched S-SV EMS Agency – Sutter’s records |
| | ✓ Verified accounting ledgers and systems matched submitted invoices |
| Other Expenditure Testing | ✓ Tested whether expenditures reported to CPR matched the agency’s records |
| | ✓ Verified accounting ledgers and systems matched submitted invoices |
| Indirect Expenditure Testing | ✓ Verified reimbursed indirect costs did not exceed the approved rate |
| | ✓ Verified indirect costs were allowable and based on actual expenditures |
| Subcontract Monitoring | ✓ Confirmed subcontractors’ eligibility to receive federal grant funds |
| | ✓ Reviewed the appropriateness of subcontract payments and monitoring |

¹ The table identifies the scope of testing for fiscal, and compliance matters as they relate to the federal grants. It does not indicate compliance or non-compliance for any items listed. Areas of non-compliance are included in the Audit Results sections of the report.

Audit Results - HPP

HPP Finding #1 – S-SV EMS Agency – Sutter Incorrectly Invoiced for Services Received Outside of Fiscal Year 2022-23

Condition

S-SV EMS Agency – Sutter inappropriately invoiced the SFY 2022-23 HPP grant for services received outside the fiscal year. On July 20, 2023, the agency submitted an invoice under its other cost budgetary line for an annual fee of the program's electronic reporting system utilized by local hospitals to report and communicate electronically during a significant event in the amount of \$3,985.32. The invoice covered service dates from October 1, 2022, to September 30, 2023.

Per CPR's SFY 2022-23 invoice instructions, actual expenses for services must take place during the funding cycle that begins July 1, 2022, and ends on June 30, 2023. Given CPR's instructions, the agency's reimbursement request should have been prorated to include only services rendered during that funding cycle.

As the table below illustrates, appropriately prorating this invoice would have resulted in S-SV EMS Agency – Sutter receiving \$2,980.80 ($\$3,985.32/365 \times 273$ days) for SFY 2022-23 rather than \$3,985.32. The difference of \$1,004.52 ($\$3,985.32/365 \times 92$ days) should have been invoiced and reimbursed during fiscal year 2023-24.

| Description | Date Paid by CPR | Invoice Date | Amount of Invoice | Amount Paid by CPR | SFY2022-23 | SFY2023-24 |
|--|------------------|--------------|-------------------|--------------------|------------|------------|
| Juvare-EMResource (10/1/2022- 9/30/2023) | 9/27/2023 | 10/26/2022 | \$3,985.32 | \$3,985.32 | \$2,980.80 | \$1,004.52 |
| Total Unallowable Amount | | | | | | \$1,004.52 |

CPR's SFY 2022-23 invoice instructions are program administrative requirements. Uniform Guidance §75.2 defines an improper payment to include payments that do not comply with administrative requirements. An improper payment is by definition unallowable, and Uniform Guidance §75.410 requires unallowable payments to be refunded. Therefore, the total amount of \$1,004.52 is an unallowable reimbursement and should be returned to CPR.

Criteria

- CDPH Local Invoice Instructions SFY 2022-23, states that actual expenses for services must take place during the funding cycle that begins July 1, 2022, and ends on June 30, 2023.
- CDPH SFY 2022-23 Local Invoice Instructions, states that counties should ensure actual expenditures are allowable, approved within the budget and the personnel, items or services were received during the SFY, July 1, 2022 to June 30, 2023.
- CDPH Administrative Desk Review Instructions FY 2022-23, states that services that cross the SFY must be pro-rated to fit within the SFY.

- Uniform Guidance, §75.2 defines improper payments to include payments that should not have been made under statutory, contractual, administrative, or other legally applicable requirements.
- Uniform Guidance §75.410 requires unallowable payments to be refunded.

Cause/Consequence

Per the regional executive director of S-SV EMS Agency – Sutter, the agency agrees with the finding. Prior to the audit period, the invoice did not contain a billing period, but rather an annual fee. During the audit period, the billing period was added. The agency did not prorate the invoice based on the billing period. The regional executive director indicated the invoice has been updated to reflect annual fee and not a billing period, thus removing the requirement to prorate.

The auditor notified the regional executive director for the agency, informing them that the invoice language noting “annual” fee will not resolve the finding. The service period must align with the fiscal year, or if the service period crosses fiscal years, the agency will need to prorate the services to include only the billing period they are in.

Continued errors in reimbursement requests will result in receiving grant funding from incorrect fiscal years. Additionally, paying the county for a service it has not yet received increases the risk of overpayment in the event of the cancellation of the service before the end of the service period. There is also an increased risk of double billing if the county bills the same costs to the appropriate SFY.

Recommendations²

- Ensure personnel processing HPP invoices are knowledgeable of CDPH’s guidance and invoice instructions.
- Refund the \$1,004.52 inappropriately received from the SFY 2022-23 grant.
- Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

² Uniform Guidance §75.303(d) requires non-Federal entities to take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Appendix A – Budget and Expenditure Schedules³

Schedule 1 – HPP Summary of Audited Expenditures SFY 2022-23

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|----------------------|----------------------|---------------------|----------------------|
| Personnel | Finding #1 | - | - | - |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | \$34,053.55 | - | \$34,053.55 |
| Equipment | | 42,657.55 | - | 42,657.55 |
| Travel | | - | - | - |
| Subcontracts | | 50,000.00 | - | 50,000.00 |
| Other Costs | | 5,985.32 | (\$1,004.52) | 4,980.80 |
| Total Direct Costs | | 132,696.42 | (1,004.52) | 131,691.90 |
| Indirect Costs | | 19,904.46 | - | 19,904.46 |
| GRAND TOTAL | | \$ 152,600.88 | (\$1,004.52) | \$ 151,596.36 |

Schedule 2 – HPP Summary of Audited Expanded Authority Expenditures (SFY 2021-22 Funds Expended in SFY 2022-23)

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|---|---------------------|-------------------|---------------------|
| Personnel (Salary) | No audit findings resulting in financial recovery | - | - | - |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | \$13,635.60 | - | \$13,635.60 |
| Equipment | | 30,347.32 | - | 30,347.32 |
| Travel | | - | - | - |
| Subcontracts | | - | - | - |
| Other Costs | | - | - | - |
| Total Direct Costs | | 43,982.92 | - | 43,982.92 |
| Indirect Costs | | 16,269.41 | - | 16,269.41 |
| GRAND TOTAL | | \$ 60,252.33 | \$ 0 | \$ 60,252.33 |

³ Schedules 1 and 3 include expanded authority funds; leftover, unexpended SFY 2021-22 funds the agency was authorized to expend during SFY 2022-23. See Schedule 2 for the separate identification of expanded authority funds.

**Schedule 3 – HPP Summary of Authorized and Reported Expenditures
SFY 2022-23**

| Budget Category | Budget | Reported Expenditures | Total Unexpended Funds |
|---------------------------|----------------------|-----------------------|------------------------|
| Personnel (Salary) | - | - | - |
| Fringe Benefits | - | - | - |
| Operating Expenses | \$54,000.00 | \$34,053.55 | \$19,946.45 |
| Equipment | 45,452.46 | 42,657.55 | 2,794.91 |
| Travel | - | - | - |
| Subcontracts | 52,400.00 | 50,000.00 | 2,400.00 |
| Other Costs | 22,000.00 | 5,985.32 | 16,014.68 |
| Total Direct Costs | 173,852.46 | 132,696.42 | 41,156.04 |
| Indirect Costs | 26,077.87 | 19,904.46 | 6,173.41 |
| GRAND TOTAL | \$ 199,930.33 | \$ 152,600.88 | \$ 47,329.45 |

Appendix B – Guidance to Applicable Audit Findings

The tables below identify detailed criteria for each finding in this report.

| HPP Finding #1 – S-SV EMS Agency – Sutter Inappropriately Invoiced the SFY 2022-23 Grant for Services Received Outside the Fiscal Year | |
|---|---|
| Guidance Reference | Text of Guidance |
| CPR Local Invoice Instructions for FY 2022-23 | <p>Page 2, <i>Overview</i></p> <p>The funding cycle for the fiscal year (FY) 2022-23 PHEP, PHEP Lab, PHEP CRI, HPP and Pan Flu allocations begins on July 1, 2022, and ends on June 30, 2023. FY 2022-23 actual expenses for personnel, items, and services must take place during the funding cycle outlined above. Reimbursement will be for actual, allowable and approved personnel, items, and services, that are in your current approved budget and on receipt of an invoice, using the invoice template provided and following these instructions.</p> <p>Page 3, <i>High Level Steps</i></p> <p>(1)(a) Ensure actual expenditures are allowable, approved within the budget and the personnel, items or services were received during the FY, July 1, 2022 to June 30, 2023.</p> |
| CDPH Local Administrative Desk Review Instructions (FY 2022-23) | <p>Page 6, <i>Services Crossing Fiscal Years</i></p> <p>Services that cross the FY outside of [monthly charges for cellphone service] must be pro-rated to fit within the FY.</p> |
| Uniform Guidance, §75.2 – Definitions | <p><i>Improper payment:</i></p> <p>(1) Means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and</p> <p>(2) Includes any payment to an ineligible party, any payment for an ineligible good or service, any duplicate payment, any payment for a good or service not received (except for such payments where authorized by law), any payment that does not account for credit for applicable discounts, and any payment where insufficient or lack of documentation prevents a reviewer from discerning whether a payment was proper.</p> |
| Uniform Guidance, §75.410 – Collection of Unallowable Costs | <p>Payments made for costs determined to be unallowable by either the HHS awarding Agency, cognizant Agency for indirect costs, or pass-through entity, either as direct or indirect costs, must be refunded.</p> |

Appendix C – S-SV EMS Agency – Sutter’s Response to the Audit

| Sierra – Sacramento Valley Emergency Medical Services Agency | | |
|---|--|--|
|  | Regional Executive Director John Poland, Paramedic | Address & Contact Information 535 Menlo Drive, Suite A Rocklin, CA 95765 (916) 625-1702 info@ssvems.com www.ssvems.com |
| | Medical Director Troy M. Falck, MD, FACEP, FAAEM | |
| | JPA Board Chairperson Sue Hoek, Nevada County Supervisor | |
| Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties | | |

July 15, 2025

CDPH Office of Compliance
Attn: Rob Hughes, Deputy Director
P.O. Box 997377
Sacramento, CA 95899-7377

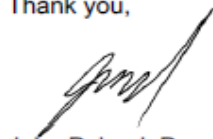
Subject: S-SV EMS Agency – Sutter – Draft Audit Report
Hospital Preparedness Program (HPP) grant program

I am in receipt of the S-SV EMS Agency – Sutter – HPP grant program Draft Audit Report, dated July 14, 2025, which includes the following single audit finding and key audit recommendations:

- **Finding 1:** S-SV EMS Agency – Sutter Incorrectly Invoiced its SFY 2022-23 Grant for Services Received During SFY 2023-24.
- **Key Audit Recommendations:** S-SV EMS Agency – Sutter should ensure all personnel working on the HPP grants are aware of and comply with applicable laws, regulations, the grant agreement, and CDPH's funding guidance. Actions necessary to address the specific findings of this report:
 - Refund the \$1,004.52 inappropriately received from the SFY 2022-23 grant.
 - Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

The S-SV EMS Agency agrees with the finding and will work with the Center for Preparedness and Response (CPR) to resolve the finding through the corrective action plan (CAP). I do not have any additional questions and am not requesting an exit conference related to this audit.

Thank you,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

July 15, 2025

Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS Agency) – Yuba
Attn: John Poland, Regional Executive Director
535 Menlo Drive, Suite A
Rocklin, CA 95765

SUBJECT: S-SV EMS Agency - Yuba – Final Audit Report
Hospital Preparedness Program (HPP) grant program

The California Department of Public Health (CDPH), Office of Compliance presents the final audit report of S-SV EMS Agency – Yuba's State Fiscal Year (SFY) 2022-23 HPP grant. The audit results section identifies noncompliance with applicable requirements. S-SV EMS Agency – Yuba should follow-up with its assigned contract manager within CDPH's Center for Preparedness and Response to resolve the findings.

If the agency wishes to appeal any finding in this report, it may file a written notice of disagreement with the Department of Health Care Services' Office of Administrative Hearings & Appeals within 60 days of the date of this letter. For more information regarding the appeal process or any questions regarding this report, please contact Connie Terrado, Chief, Grant Compliance Unit- Office of Compliance, at 916-306-2264, or connie.terrado@cdph.ca.gov.

We appreciate the assistance and cooperation of your office and staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rob Hughes".

Rob Hughes
Deputy Director, Office of Compliance
CDPH

cc: Shawn Joyce, EP Grant Coordinator, S-SV EMS Agency
Center for Preparedness and Response, CDPH

Grant Compliance Audit Report

SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY – YUBA

ROCKLIN, CALIFORNIA

HOSPITAL PREPAREDNESS PROGRAM (HPP)

Grant Agreement No. 22-10706

Assistance Listing Numbers 93.889

FISCAL PERIOD: JULY 1, 2022, THROUGH JUNE 30, 2023



July 2025

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Executive Summary

The California Department of Public Health's (CDPH) Office of Compliance presents its grant compliance audit report of Sierra-Sacramento Valley Emergency Medical Services Agency – Yuba (S-SV EMS Agency – Yuba or agency). This audit focused on S-SV EMS Agency – Yuba's Hospital Preparedness Program (HPP) grant program expenditures and processes during State Fiscal Year July 1, 2022, through June 30, 2023 (SFY 2022-23).

The audit identified the following finding:

HPP

Finding 1 – S-SV EMS Agency – Yuba Incorrectly Invoiced its SFY 2022-23 Grant for Services Received During SFY 2023-24

Key Audit Recommendations:

S-SV EMS Agency – Yuba should ensure all personnel working on the HPP grants are aware of and comply with applicable laws, regulations, the grant agreement, and CDPH's funding guidance. Actions necessary to address the specific findings of this report:

- Refund the \$822.45 inappropriately received from the SFY 2022-23 grant.
- Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

S-SV EMS Agency – Yuba's Comments on the Audit Report:

S-SV-EMS Agency – Yuba agreed to the audit findings and declined an exit conference. The agency's full response to the audit is included in Appendix C on page 12 of the report.

Introduction

The CDPH Office of Compliance’s Grant Compliance Unit (hereinafter referred to as “we”) conducts fiscal and compliance audits of local agencies receiving HPP grants from CDPH. The audits are required as part of CDPH subrecipient monitoring responsibilities. In this audit, we reviewed S-SV EMS Agency – Yuba’s expenditures and grant program processes to evaluate its compliance with the grant agreement, applicable laws, regulations, and CDPH’s local guidance.

BACKGROUND

The HPP program is funded by the HHS under Section 319C-2 of the PHS Act (42 USC 247d-3b). The purpose of this program is to improve surge capacity and enhance community and hospital preparedness for public health emergencies. HPP funds are used to build medical surge capability through planning, personnel, equipment, and training and exercise capabilities at the state and local levels.

S-SV EMS Agency – Yuba is under a five-year grant agreement with CDPH for the HPP programs, beginning July 1, 2022, and ending June 30, 2027. During our audit period, SFY 2022-23, the S-SV EMS Agency-Yuba expended the following federal HPP funds:

| Program ¹ | Budget | Expenditures | Unexpended Funds |
|----------------------|---------------------|---------------------|--------------------|
| HPP | \$166,609.02 | \$115,376.05 | \$51,232.97 |
| Grand Total: | \$166,609.02 | \$115,376.05 | \$51,232.97 |

¹ The table includes leftover, unexpended SFY 2021-22 funds (expanded authority funds) the agency was authorized to expend during SFY 2022-23.

SCOPE AND METHODOLOGY

We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our audit findings and conclusions. During the audit, we determined a reliability assessment of S-SV EMS Agency – Yuba’s electronic data systems was not necessary, as other sources of evidence were available to complete the audit objectives. We believe the evidence obtained provides a reasonable basis for our audit findings and conclusions.

The scope of the audit was limited to determining whether SFY 2022-23 expenditures and grant program processes complied with applicable laws, rules, regulations, and best practices. We reviewed financial records to ensure the existence of proper documentation and accuracy of invoices submitted to the CDPH’s Center for Preparedness and Response (CPR) for reimbursement. We assessed the accounting principles used, and significant estimates made by S-SV EMS Agency – Yuba’s management personnel. We examined on a test basis evidence supporting the amounts the agency included in the expenditure reports and invoices it submitted to CPR, and performed substantive testing to evaluate compliance with key program requirements:

Key personnel are familiar with grant requirements and utilize written policies and procedures to ensure the proper administration of grant funds.

- The financial management (accounting) system allows for the separate identification of grant funds received and expended, appropriately identifies the source and application of these funds, and is supported by source documentation.
- Required expenditure reports are accurate and timely, and relevant findings identified in audits are monitored and addressed.
- Claimed expenditures are supported, allowable, and based on approved budgets.
- There is adequate control over and accountability for equipment and property purchased with grant funds.
- Sub-contracts have been appropriately approved; payments made to subcontractors are supported, allowable, and based on approved budgets; and sufficient monitoring occurs to ensure subcontractors meet contract requirements.

The laws, regulations, and other criteria applicable to the audit include Title 45 Code of Federal Regulations (CFR) Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance); California Health and Safety Code Sections 101315 to 101320; CPR policies and procedures outlined in local grant application and guidance (funding guidance); and the grant agreement between S-SV EMS Agency – Yuba and CDPH.

The audit does not constitute a financial statement audit; therefore, we do not express an opinion on S-SV EMS Agency – Yuba’s financial statements. In addition, the audit did not include an evaluation of S-SV EMS Agency – Yuba’s progress in reaching HPP program goals and objectives. CPR contract managers separately monitor counties’ and other subrecipients’ performance through the review of periodic performance reports, site visits, and other activities.

INTERNAL CONTROL ASSESSMENT

The Agency’s management is responsible for establishing and maintaining effective internal controls to ensure compliance with requirements for the administration of federal grant funds. In planning and performing our audit, we considered the agency’s internal controls having a direct and material effect on its compliance with HPP grant requirements. In addition, we used procedures to test and report on internal control over compliance in accordance with the Uniform Guidance.

However, our consideration of internal control was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies; therefore, material weaknesses or significant deficiencies may exist that have not been identified. Accordingly, we do not express an opinion on the effectiveness of the agency’s internal control over compliance.

AUDIT AUTHORITY

Section 101317 of the California Health and Safety Code requires CDPH to conduct an audit every three years of HPP grant subrecipients. This audit helps fulfill that requirement. Additionally, the grant agreement between CDPH and the counties and other subrecipients allows for audits of the respective grant programs.

Fiscal and Compliance Items Reviewed¹

As part of our audit, we completed the following steps:

| | |
|--------------------------------------|---|
| Financial Records Testing | ✓ Verified S-SV EMS Agency – Yuba appropriately accounted for grant funds |
| | ✓ Verified expenditures reported to CPR agreed with the agency's financial records |
| Internal Controls | ✓ Assessed internal controls related to the HPP program |
| | ✓ Reviewed whether fiscal control processes were appropriate and operational |
| Grant Compliance | ✓ Evaluated compliance with other grant requirements, such as inventory control and the return of excess interest earned on program funds |
| CDPH Local Guidance | ✓ Reviewed program documents required for funding |
| Operating Expenditure Testing | ✓ Tested whether expenditures reported to CPR matched agency's records |
| | ✓ Verified accounting ledgers and systems matched submitted invoices |
| Other Expenditure Testing | ✓ Tested whether expenditures reported to CPR matched agency's records |
| | ✓ Verified accounting ledgers and systems matched submitted invoices |
| Indirect Expenditure Testing | ✓ Verified reimbursed indirect costs did not exceed the approved rate |
| | ✓ Verified indirect costs were allowable and based on actual expenditures |
| Subcontract Monitoring | ✓ Confirmed subcontractors' eligibility to receive federal grant funds |
| | ✓ Reviewed the appropriateness of subcontract payments and monitoring |

¹ The table identifies the scope of testing for fiscal, and compliance matters as they relate to the federal grants. It does not indicate compliance or non-compliance for any items listed. Areas of non-compliance are included in the Audit Results sections of the report.

Audit Results - HPP

HPP Finding #1 – S-SV EMS Agency -Yuba Incorrectly Invoiced for Services Received Outside of Fiscal Year 2022-23

Condition

S-SV EMS Agency – Yuba inappropriately invoiced the SFY 2022-23 HPP grant for services received outside the fiscal year. On July 20, 2023, the agency submitted an invoice to CPR under its other cost budgetary line item for an annual fee of the program’s electronic reporting system utilized by local hospitals to report and communicate electronically during a significant event in the amount of \$3,263.00. The invoice covered service dates from October 1, 2022, to September 30, 2023.

Per CPR's SFY 2022-23 invoice instructions, actual expenses for services take place during the funding cycle that begins July 1, 2022, and ends on June 30, 2023. Given CPR's instruction, the agency's reimbursement request should have been prorated to include only services rendered during that funding cycle.

As the table below illustrates, appropriately prorating this invoice would have resulted in the agency receiving \$2,440.55 ($\$3,263.00/365 \times 273$ days) for SFY 2022-23 rather than \$3,263.00. The difference of \$822.45 ($\$3,263.00/365 \times 92$ days) should have been invoiced and reimbursed during fiscal year 2023-24.

| Description | Date Paid by CPR | Invoice Date | Amount of Invoice | Amount Paid by CPR | SFY 2022-23 | SFY 2023-24 |
|--|------------------|--------------|-------------------|--------------------|-------------|-------------|
| Juvare-EMResource (10/1/2022- 9/30/2023) | 9/14/2023 | 10/26/2022 | \$3,263.00 | \$3,263.00 | \$2,440.55 | \$822.45 |
| Total Unallowable Amount | | | | | | \$822.45 |

CPR’s SFY 2022-23 invoice instructions are program administrative requirements. Uniform Guidance §75.2 defines an improper payment to include payments that do not comply with administrative requirements. An improper payment is by definition unallowable, and Uniform Guidance §75.410 requires unallowable payments to be refunded. Therefore, the total amount of \$822.45 is an unallowable reimbursement and should be returned to CPR.

Criteria

- CDPH Local Invoice Instructions SFY 2022-23, states that actual expenses for services must take place during the funding cycle that begins July 1, 2022, and ends on June 30, 2023.
- CDPH SFY 2022-23 Local Invoice Instructions, states that counties should ensure actual expenditures are allowable, approved within the budget and the personnel, items or services were received during the SFY, July 1, 2022 to June 30, 2023.
- CDPH Administrative Desk Review Instructions SFY 2022-23, states that services that cross the SFY must be pro-rated to fit within the SFY.

- Uniform Guidance, §75.2 defines improper payments to include payments that should not have been made under statutory, contractual, administrative, or other legally applicable requirements.
- Uniform Guidance §75.410 requires unallowable payments to be refunded.

Cause/Consequence

Per the regional executive director of S-SV EMS Agency – Yuba, the agency agrees with the finding. Prior to the audit period, the invoice did not contain a billing period, but rather an annual fee. During the audit period, the billing period was added. The agency did not prorate the invoice based on the billing period. The regional executive director indicated the invoice has been updated to reflect annual fee and not a billing period, thus removing the requirement to prorate.

The auditor notified the regional executive director for the agency, informing them that the invoice language noting “annual” fee will not resolve the finding. The service period must align with the fiscal year, or if the service period crosses fiscal years, the agency will need to prorate the services to include only the billing period they are in.

Continued errors in reimbursement requests will result in receiving grant funding from incorrect fiscal years. Additionally, paying the county for a service it has not yet received increases the risk of overpayment in the event of the cancellation of the service before the end of the service period. There is also an increased risk of double billing if the county bills the same costs to the appropriate SFY.

Recommendations²

- Ensure personnel processing HPP invoices are knowledgeable of CDPH’s guidance and invoice instructions.
- Refund the \$822.45 inappropriately received from the SFY 2022-23 grant.
- Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

² Uniform Guidance §75.303(d) requires non-Federal entities to take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.

Appendix A – Budget and Expenditure Schedules³

Schedule 1 – HPP Summary of Audited Expenditures SFY 2022-23

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|----------------------|---------------------|-------------------|----------------------|
| Personnel | Finding #1 | - | - | - |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | \$18,208.18 | - | \$18,208.18 |
| Equipment | | - | - | - |
| Travel | | - | - | - |
| Subcontracts | | 50,250.00 | - | 50,250.00 |
| Other Costs | | 31,868.82 | (\$822.45) | 31,046.37 |
| Total Direct Costs | | \$100,327.00 | (\$822.45) | 99,504.55 |
| Indirect Costs | | 15,049.05 | - | 15,049.05 |
| GRAND TOTAL | | \$115,376.05 | (\$822.45) | \$ 114,553.60 |

Schedule 2 – HPP Summary of Audited Expanded Authority Expenditures (SFY 2021-22 Funds Expended in SFY 2022-23)

| Budget Category | Audit Finding Number | As Reported | Audit Adjustments | As Audited |
|---------------------------|---|---------------------|-------------------|---------------------|
| Personnel (Salary) | No audit findings resulting in financial recovery | - | - | - |
| Fringe Benefits | | - | - | - |
| Operating Expenses | | \$3,482.87 | - | \$3,482.87 |
| Equipment | | - | - | - |
| Travel | | - | - | - |
| Subcontracts | | - | - | - |
| Other Costs | | 19,939.58 | - | 19,939.58 |
| Total Direct Costs | | 23,422.45 | - | 23,422.45 |
| Indirect Costs | | - | - | - |
| GRAND TOTAL | | \$ 23,422.45 | - | \$ 23,422.45 |

³ Schedules 1 and 3 include expanded authority funds; leftover, unexpended SFY 2021-22 funds the agency was authorized to expend during SFY 2022-23. See Schedule 2 for the separate identification of expanded authority funds.

**Schedule 3 – HPP Summary of Authorized and Reported Expenditures
SFY 2022-23**

| Budget Category | Budget | Reported Expenditures | Total Unexpended Funds |
|---------------------------|----------------------|-----------------------|------------------------|
| Personnel (Salary) | - | - | - |
| Fringe Benefits | - | - | - |
| Operating Expenses | \$49,338.83 | \$18,208.18 | \$31,130.65 |
| Equipment | - | - | - |
| Travel | - | - | - |
| Subcontracts | 52,650.00 | 50,250.00 | 2,400.00 |
| Other Costs | 42,888.58 | 31,868.82 | 11,019.76 |
| Total Direct Costs | 144,877.41 | 100,327.00 | 44,550.41 |
| Indirect Costs | 21,731.61 | 15,049.05 | 6,682.56 |
| GRAND TOTAL | \$ 166,609.02 | \$ 115,376.05 | \$ 51,232.97 |

Appendix B – Guidance to Applicable Audit Findings

The tables below identify detailed criteria for each finding in this report.

| HPP Finding #1 – S-SV EMS Agency – Yuba Incorrectly Invoiced the SFY 2022-23 Grant for Services Received Outside the Fiscal Year | |
|--|---|
| Guidance Reference | Text of Guidance |
| CPR Local Invoice Instructions for SFY 2022-23 | <p>Page 2, <i>Overview</i></p> <p>The funding cycle for the fiscal year (FY) 2022-23 PHEP, PHEP Lab, PHEP CRI, HPP and Pan Flu allocations begins on July 1, 2022, and ends on June 30, 2023. FY 2022-23 actual expenses for personnel, items, and services must take place during the funding cycle outlined above. Reimbursement will be for actual, allowable and approved personnel, items, and services, that are in your current approved budget and on receipt of an invoice, using the invoice template provided and following these instructions.</p> <p>Page 3, <i>High Level Steps</i></p> <p>(1)(a) Ensure actual expenditures are allowable, approved within the budget and the personnel, items or services were received during the FY, July 1, 2022 to June 30, 2023.</p> |
| CDPH Local Administrative Desk Review Instructions for SFY 2022-23 | <p>Page 6, <i>Services Crossing Fiscal Years</i></p> <p>Services that cross the FY outside of [monthly charges for cellphone service] must be pro-rated to fit within the FY.</p> |
| Uniform Guidance, §75.2 – Definitions | <p><i>Improper payment:</i></p> <p>(1) Means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and</p> <p>(2) Includes any payment to an ineligible party, any payment for an ineligible good or service, any duplicate payment, any payment for a good or service not received (except for such payments where authorized by law), any payment that does not account for credit for applicable discounts, and any payment where insufficient or lack of documentation prevents a reviewer from discerning whether a payment was proper.</p> |
| Uniform Guidance, §75.410 – Collection of Unallowable Costs | <p>Payments made for costs determined to be unallowable by either the HHS awarding agency, cognizant agency for indirect costs, or pass-through entity, either as direct or indirect costs, must be refunded.</p> |

Appendix C – S-SV EMS Agency – Yuba’s Response to the Audit

| Sierra – Sacramento Valley Emergency Medical Services Agency | | |
|---|--|--|
|  | Regional Executive Director John Poland, Paramedic | Address & Contact Information 535 Menlo Drive, Suite A Rocklin, CA 95765 (916) 625-1702 info@ssvems.com www.ssvems.com |
| | Medical Director Troy M. Falck, MD, FACEP, FAAEM | |
| | JPA Board Chairperson Sue Hoek, Nevada County Supervisor | |
| | Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties | |

July 15, 2025

CDPH Office of Compliance
Attn: Rob Hughes, Deputy Director
P.O. Box 997377
Sacramento, CA 95899-7377

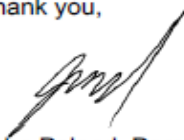
Subject: S-SV EMS Agency – Yuba – Draft Audit Report
Hospital Preparedness Program (HPP) grant program

I am in receipt of the S-SV EMS Agency – Yuba – HPP grant program Draft Audit Report, dated July 14, 2025, which includes the following single audit finding and key audit recommendations:

- **Finding 1:** S-SV EMS Agency – Yuba Incorrectly Invoiced its SFY 2022-23 Grant for Services Received During SFY 2023-24.
- **Key Audit Recommendations:** S-SV EMS Agency – Yuba should ensure all personnel working on the HPP grants are aware of and comply with applicable laws, regulations, the grant agreement, and CDPH's funding guidance. Actions necessary to address the specific findings of this report:
 - Refund the \$822.45 inappropriately received from the SFY 2022-23 grant.
 - Only request reimbursement for expenses authorized by the budget and occurring within the eligible funding cycle.

The S-SV EMS Agency agrees with the finding and will work with the Center for Preparedness and Response (CPR) to resolve the finding through the corrective action plan (CAP). I do not have any additional questions and am not requesting an exit conference related to this audit.

Thank you,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS

G-1

**Ground Ambulance Provider Rate Approval
Resolution Pursuant to California health and
Safety Code § 1371.56 – *for approval***

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director
John Poland, Paramedic

Medical Director
Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson
Sue Hoek, Nevada County Supervisor

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Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

Before the JPA Governing Board of Directors

Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency

RESOLUTION NO: 08-0825-01

MOTION:

Ground Ambulance Provider Rate Approval Pursuant to California Health and Safety Code (HSC) § 1371.56

WHEREAS, in accordance with HSC § 1797.200, S-SV EMS has been designated as the Local Emergency Medical Services Agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba counties, and is therefore the local government organization that has regulatory jurisdiction over ground ambulance transports initiated within the ten (10) S-SV EMS JPA member counties identified in this paragraph; and

WHEREAS, HSC § 1371.56 allows S-SV EMS to establish or approve rates for ground ambulance transports initiated within the boundaries of the local government's regulatory jurisdiction, in this case: Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba counties; and

WHEREAS, S-SV EMS has established a ground ambulance provider rate approval process and policy in compliance with applicable statutes/regulations to ensure adequate availability of ground ambulance resources within the S-SV EMS region to protect the public health and safety.

THEREFORE, BE IT RESOLVED that the S-SV EMS JPA Governing Board of Directors hereby approves applicable S-SV EMS authorized ground ambulance provider rates, consistent with HSC 1371.56 and S-SV EMS policies.

Sierra – Sacramento Valley Emergency Medical Services Agency

BE IT FURTHER RESOLVED that the S-SV EMS JPA Governing Board of Directors hereby authorizes the S-SV EMS Regional Executive Director to perform the following additional ground ambulance rate administrative functions on behalf of the S-SV EMS Agency:

1. Approve applicable S-SV EMS authorized ground ambulance provider annual rate increases, based on changes to the San Francisco-Oakland-Hayward, CA Consumer Price Index for All Urban Consumers (CPI-U). The maximum allowable annual rate increases will be three (3) percent, or the actual increase for the applicable year (whichever is greater).
2. Approve rates for new services provided by existing S-SV EMS authorized ground ambulance providers.
3. Approve rates for new S-SV EMS authorized ground ambulance providers.


I HEREBY CERTIFY that the above order was passed and adopted by the S-SV EMS Agency JPA Governing Board on **08/08/2025** following vote of the JPA Governing Board, to wit:

AYES:

NOES:

ABSENT:

Amy J Boryczko
Clerk to the Board of Supervisors
Sierra-Sacramento Valley EMS Agency
County of Placer
State of California

| Sierra – Sacramento Valley EMS Agency Program Policy | | | |
|---|--|----------------------|-------------------|
| Ground Ambulance Provider Rate Approval Process | | | |
|  | Effective: 10/01/2025 | Next Review: 04/2028 | 412 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: John Poland – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

To establish a ground ambulance provider rate approval process to comply with applicable statutes/regulations and ensure adequate availability of ground ambulance resources within the S-SV EMS region to protect the public health and safety.

AUTHORITY:

- A. HSC § 1371.56, § 1707.124, 1797.232.
- B. CIC § 10126.66.
- C. CCR, Title 22, Div. 9.

POLICY:

- A. A health care service plan shall require an enrollee who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that an enrollee would pay for the same covered services received from a contracting ground ambulance provider (“in-network cost-sharing amount”). An enrollee shall not owe the noncontracting ground ambulance provider more than the in-network cost sharing amount for covered services. A noncontracting ground ambulance provider shall only advance to collections the in-network cost-sharing amount that an enrollee individual failed to pay.
- B. Unless otherwise agreed to by the noncontracting ground ambulance provider and the health care service plan, the plan shall directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and the amount described, as follows:
 - 1. If there is a rate established or approved by a local government, at the rate established or approved by the governing body of the local government having jurisdiction for that area or subarea, including an exclusive operating area pursuant to Section 1797.85 of the Health and Safety Code (HSC).

2. If the local government having jurisdiction where the service was provided does not have an established or approved rate for that service, the reasonable and customary value for the services rendered, based upon statistically credible information that is updated at least annually and takes into consideration all the following:
 - The ambulance provider's training, qualifications, and length of time in practice.
 - The nature of the services provided.
 - The fees usually charged by the ground ambulance provider.
 - Prevailing ground ambulance provider rates charged in the general geographic area in which the services were rendered.
 - Other aspects of the economics of the ambulance provider's practice that are relevant.
 - Any unusual circumstances in the case.
 3. A local government has jurisdiction over the ground ambulance transport if either of the following applies:
 - The ground ambulance transport is initiated within the boundaries of the local government's regulatory jurisdiction.
 - In the case of ground ambulance transports provided on a mutual or automatic aid basis into another jurisdiction, the local government where the noncontracting ground ambulance provider is based.
 4. A payment made by the health care service plan to the noncontracting ground ambulance provider, plus the applicable cost sharing owed by the enrollee, shall constitute payment in full for services rendered.
 5. Notwithstanding any other law, the amounts paid by a health care service plan for ground ambulance services shall not constitute the prevailing or customary charges, the usual fees to the public, or other charges for other payers for an individual ground ambulance provider.
- C. Ground ambulance service providers remain subject to the balance billing protections for Medi-Cal beneficiaries under Section 14019.4 of the Welfare and Institutions Code.
- D. A ground ambulance provider shall not require an uninsured patient or self-pay patient to pay an amount more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. A ground ambulance provider shall only advance to collections the Medicare or Medi-Cal payment amount, that an uninsured or self-pay patient failed to pay.

PROCEDURE:

- A. The S-SV EMS JPA Governing Board adopted resolution #08-0825-01 that:
1. Approved S-SV EMS authorized ground ambulance provider rates, effective July 1, 2025.
 2. Authorized the S-SV EMS Regional Executive Director to:
 - Approve S-SV EMS authorized ground ambulance provider annual rate increases, based on changes to the San Francisco-Oakland-Hayward, CA Consumer Price Index for All Urban Consumers (CPI-U). The maximum allowable annual rate increases will be three (3) percent, or the actual increase for the applicable year (whichever is greater).
 - Approve rates for new services provided by existing S-SV EMS authorized ground ambulance providers.
 - Approve rates for new S-SV EMS authorized ground ambulance providers.
- B. In the event changed circumstances significantly impact the costs of providing ground ambulance services within the S-SV EMS region, or there are substantial reductions in revenue caused by factors beyond the provider's control, the provider may request a special rate increase to mitigate the financial impact of such circumstances.
1. A special rate increase request shall be submitted to S-SV EMS at least thirty (30) days prior to the regularly scheduled JPA Governing Board meeting at which the item will be heard/considered.
 2. The S-SV EMS JPA Governing Board shall have sole authority to approve or disapprove a ground ambulance provider special rate increase request.
- C. The processes described in this policy do not apply to the following circumstances:
1. Ground ambulance providers who have an exclusive operating area (EOA) agreement with S-SV EMS that contains specific rate setting provisions.
 2. Public (local government) ground ambulance providers who's governing body is responsible for publicly establishing/approving ground ambulance rates. Public ground ambulance providers shall notify S-SV EMS of any changes to their ground ambulance rates within 30 days of such change, so that S-SV EMS can comply with the reporting requirements established by applicable statutes/regulations.
- D. S-SV EMS will post all currently approved ground ambulance provider rates on its internet website and provide such information to the California EMS Authority (EMSA) as required by applicable statutes/regulations.

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director
John Poland, Paramedic

Medical Director
Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson
Sue Hoek, Nevada County Supervisor

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www.ssvems.com

Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

Sierra – Sacramento Valley Emergency Medical Services Agency Ground Ambulance Provider Rates – July 1, 2025

Note: Additional fees/charges may apply for specific equipment, procedures, or supplies used during transport. These may include, but are not limited to, oxygen/medication administration, procedures, specialized equipment (e.g., cardiac monitors), night charges, and/or extra personnel.

S-SV EMS Agency Approved Ground Ambulance Provider Rates

| Ground Ambulance Transport Provider | Maximum Base Rates | | | | | Mileage Rate (Per Mile) |
|-------------------------------------|--------------------|------|------------|-------------|--------------------|-------------------------|
| | ALS | LALS | BLS | CCT | Treat/No Transport | |
| Alpha One | \$4,752.00 | N/A | \$3,326.40 | \$16,500.00 | N/A | \$70.64 |
| America West | N/A | N/A | \$2,900.00 | N/A | \$780.00 | \$50.00 |
| AMR Shasta County | \$4,910.00 | N/A | \$4,910.00 | N/A | N/A | \$170.00 |
| AmWest Ambulance | \$3,722.16 | N/A | \$2,860.00 | \$9,100.00 | \$468.00 | \$65.52 |
| Bay Medic | \$3,250.00 | N/A | \$2,485.00 | \$10,975.00 | N/A | \$72.00 |
| Beale Air Force Base Ambulance | N/A | N/A | N/A | N/A | N/A | N/A |
| Butte Valley Ambulance | \$1,500.00 | N/A | \$1,250.00 | N/A | \$300.00 | \$25.00 |
| County Medical Response | N/A | N/A | \$2,500.00 | N/A | N/A | \$50.00 |
| Enloe Ambulance Glenn County | \$4,665.00 | N/A | \$3,759.00 | N/A | \$1,253.00 | \$120.00 |

Sierra – Sacramento Valley Emergency Medical Services Agency

| Ground Ambulance Transport Provider | Maximum Base Rates | | | | | Mileage Rate (Per Mile) |
|-------------------------------------|--------------------|------------|------------|-------------|--------------------|-------------------------|
| | ALS | LALS | BLS | CCT | Treat/No Transport | |
| Eagle Ambulance | N/A | N/A | \$2,800.00 | N/A | N/A | \$25.00 |
| Falcon CCT | N/A | N/A | \$3,791.76 | \$14,500.00 | \$450.00 | \$73.78 |
| Happy Camp Ambulance | \$3,675.00 | \$3,675.00 | \$2,380.00 | N/A | \$2,200.00 | \$60.00 |
| Journey Ambulance | N/A | N/A | \$1,774.98 | N/A | N/A | 39.05 |
| Medic Ambulance | \$3,006.42 | N/A | \$3,006.42 | \$7,535.00 | \$3,006.42 | \$60.95 |
| Mercy Redding Ambulance | \$6,584.00 | N/A | \$2,759.00 | N/A | N/A | \$170.00 |
| Mountain Medics | \$1,890.00 | N/A | \$1,295.00 | \$2,660.00 | \$300.00 | \$27.00 |
| Mt. Shasta Ambulance | \$3,087.00 | \$3,087.00 | \$2,070.00 | \$3,600.00 | \$2,589.00 | \$50.50 |
| NorCal Ambulance | \$3,425.00 | N/A | \$3,050.00 | \$14,500.00 | N/A | \$75.00 |
| Orchard Hospital Ambulance | N/A | N/A | \$550.00 | N/A | \$150.00 | \$12.00 |
| ProTransport-1 | \$5,050.00 | N/A | \$3,050.00 | \$14,500.00 | N/A | \$78.00 |
| Remote Area Medicine | \$2,952.00 | N/A | \$2,250.00 | N/A | N/A | \$50.00 |
| Side Trax EMS | \$1,800.00 | N/A | \$1,000.00 | N/A | N/A | \$75.00 |
| St. Elizabeth Ambulance | \$6,584.00 | N/A | \$2,759.00 | N/A | N/A | \$170.00 |
| TLC Transportation | N/A | N/A | \$450.00 | \$1,500.00 | N/A | \$9.25 |
| Westside Ambulance | \$4,656.00 | N/A | \$2,875.00 | N/A | \$444.00 | \$120.00 |

Sierra – Sacramento Valley Emergency Medical Services Agency

| Ground Ambulance Provider Rates Established by S-SV EMS Agency Exclusive Operating Area (EOA) Agreements | | | | | | |
|---|--------------------|------------|------------|-------------|-----------------------|-------------------------------|
| Ground Ambulance Transport Provider | Maximum Base Rates | | | | | Mileage Rate (Per Mile) |
| | ALS | LALS | BLS | CCT | Treat/No Transport | |
| AMR Colusa County | \$3,038.50 | N/A | \$3,038.50 | \$12,380.82 | N/A | \$97.85 |
| AMR Placer County | \$2,368.72 | N/A | \$3,018.97 | N/A | \$125.40 | \$64.43 |
| Bi-County Ambulance Sutter County | \$3,296.00 | \$3,296.00 | \$3,296.00 | N/A | N/A | \$72.10 |
| Bi-County Ambulance Yuba County | \$3,296.00 | \$3,296.00 | \$3,296.00 | N/A | N/A | \$72.10 |
| Butte County EMS | \$3,152.10 | N/A | \$3,152.10 | N/A | N/A | \$71.81 |
| Sierra Nevada Ambulance | \$6,075.00 | N/A | \$2,759.00 | N/A | N/A | \$170.00 |

| Local Government Board/Council Established Ground Ambulance Provider Rates (Informational Purposes Only) | | | | | | |
|---|--------------------|------------|------------|------------|-----------------------|-------------------------------|
| Ground Ambulance Transport Provider | Maximum Base Rates | | | | | Mileage Rate (Per Mile) |
| | ALS | LALS | BLS | CCT | Treat/No Transport | |
| Burney Fire Protection District | \$2,021.00 | \$2,021.00 | \$1,470.00 | N/A | \$787.00 | \$28.65 |
| City of Etna Ambulance | \$3,009.60 | N/A | \$2,260.80 | N/A | \$288.00 | \$42.00 |
| Foresthill Fire Protection District | \$2,368.72 | N/A | \$2,368.72 | N/A | N/A | \$64.43 |
| Mayers Memorial Healthcare District | \$1,802.00 | N/A | \$1,319.00 | N/A | \$253.00 | \$44.00 |
| McCloud Fire Department | \$2,021.00 | N/A | \$1,470.00 | \$2,205.00 | \$125.00 | \$28.65 |
| North Tahoe Fire Protection District | \$2,358.00 | N/A | \$2,358.00 | N/A | \$349.00 | \$51.00 |
| Penn Valley Fire Protection District | \$4,024.00 | N/A | \$3,264.00 | N/A | N/A | \$75.00 |
| South Placer Fire Protection District | \$2,655.00 | N/A | \$2,655.00 | N/A | \$435.00 | \$48.00 |
| Truckee Fire Protection District | \$2,739.77 | N/A | \$2,739.77 | \$1,834.30 | N/A | \$51.51 |

G-2

**Glenn Medical Center Critical Access Designation
Letters of Support – *for approval***

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

Medical Director

Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson

Sue Hoek, Nevada County Supervisor

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Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

August 8, 2025

Congressman Doug LaMalfa
408 Cannon House Office Building
Washington, D.C. 20515

Re: Proposed CMS Revocation of Glenn Medical Center's Critical Access Hospital (CAH) Designation

Honorable Congressman LaMalfa,

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) is the local emergency medical services agency (LEMSA) for Glenn County. As one of the 34 California LEMSAs, S-SV EMS is a local government body, with legal responsibilities for planning, development, implementation and oversight of all EMS components within our 10-county jurisdictional region (including Glenn County).

For 24 years Glenn Medical Center has held CAH status, serving as the only acute care hospital in Glenn County and a vital healthcare safety net for our rural region - particularly our youth, seniors, and veterans. It is our agency's understanding that CMS has recently moved to revoke Glenn Medical Center's CAH designation. This decision will have severe consequences for Glenn Medical Center and the Glenn County community. Glenn Medical Center has determined that without their CAH designation, and associated federal funding, their Emergency Department (ED) will have to close within the next 12 months.

Glenn Medical Center is an essential component of the EMS system in Glenn County and surrounding areas. In addition to thousands of self-presenting patients, over 1000 patients with an emergency medical condition are transported by ambulance to the Glenn Medical Center ED on an annual basis. This includes patients with serious medical conditions, including cardiac arrest.

Sierra – Sacramento Valley Emergency Medical Services Agency

The current average ambulance transport time to Glenn Medical Center is approximately 10 minutes. If the Glenn Medical Center ED were to close and no longer receive ambulance patients, this would result in a 30 – 45 minute increase in the average ambulance transport times for all EMS patients in this area. This would further strain the rural EMS system and significantly increase the 911 ambulance response times in Glenn County and surrounding areas.

For the reasons indicated in this letter, the S-SV EMS Agency is requesting your assistance in ensuring that CMS reconsider the revocation of Glenn Medical Center's CAH designation. Glenn Medical Center's continuing CAH designation is vital to ensure the ongoing provision of timely emergency medical services to the Glenn County.

Please let me know if I can be of any further assistance related to this matter.

Sincerely,

Susan Hoek
Nevada County District 4 Supervisor
Sierra – Sacramento Valley Emergency Medical Services Chairperson
Representing Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama & Yuba counties

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

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Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, & Yuba Counties

August 8, 2025

Centers for Medicare & Medicaid Services (CMS)

Center for Medicare

7500 Security Boulevard

Baltimore, MD 21244-1850

Re: Proposed CMS Revocation of Glenn Medical Center's Critical Access Hospital (CAH) Designation

Honorable Congressman LaMalfa,

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) is the local emergency medical services agency (LEMSA) for Glenn County. As one of the 34 California LEMSAs, S-SV EMS is a local government body, with legal responsibilities for planning, development, implementation and oversight of all EMS components within our 10-county jurisdictional region (including Glenn County).

For 24 years Glenn Medical Center has held CAH status, serving as the only acute care hospital in Glenn County and a vital healthcare safety net for our rural region - particularly our youth, seniors, and veterans. It is our agency's understanding that CMS has recently moved to revoke Glenn Medical Center's CAH designation. This decision will have severe consequences for Glenn Medical Center and the Glenn County community. Glenn Medical Center has determined that without their CAH designation, and associated federal funding, their Emergency Department (ED) will have to close within the next 12 months.

Glenn Medical Center is an essential component of the EMS system in Glenn County and surrounding areas. In addition to thousands of self-presenting patients, over 1000 patients with an emergency medical condition are transported by ambulance to the Glenn Medical Center ED on an annual basis. This includes patients with serious medical conditions, including cardiac arrest.

Sierra – Sacramento Valley Emergency Medical Services Agency

The current average ambulance transport time to Glenn Medical Center is approximately 10 minutes. If the Glenn Medical Center ED were to close and no longer receive ambulance patients, this would result in a 30 – 45 minute increase in the average ambulance transport times for all EMS patients in this area. This would further strain the rural EMS system and significantly increase the 911 ambulance response times in Glenn County and surrounding areas.

For the reasons indicated in this letter, the S-SV EMS Agency is requesting your assistance in ensuring that CMS reconsider the revocation of Glenn Medical Center's CAH designation. Glenn Medical Center's continuing CAH designation is vital to ensure the ongoing provision of timely emergency medical services to the Glenn County.

Please let me know if I can be of any further assistance related to this matter.

Sincerely,

Susan Hoek
Nevada County District 4 Supervisor
Sierra – Sacramento Valley Emergency Medical Services Chairperson
Representing Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama & Yuba
counties

I-1

**EMS Legislation/Regulations updates – Verbal
report & attachment**

EMS Legislation

[AB 55](#)

(Bonta D) Alternative birth centers: licensing and Medi-Cal reimbursement.

Current Text: Amended: 5/29/2025 [html](#) [pdf](#)

Last Amend: 5/29/2025

Status: 6/30/2025-In committee: Referred to APPR. suspense file.

Location: 6/30/2025-S. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law provides for the licensure and regulation of various types of clinics, including alternative birth centers, by the State Department of Public Health, and makes a violation of those provisions a crime. Existing law defines an alternative birth center as a clinic that is not part of a hospital and that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility. Existing law requires a licensed alternative birth center specialty clinic, and a licensed primary care clinic that provides services as an alternative birth center, to meet certain criteria, including, among others, being located in proximity to a facility with the capacity for management of obstetrical and neonatal emergencies, as specified. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth certain criteria for Medi-Cal reimbursement to alternative birth centers for facility-related delivery costs. Under existing law, as a criterion under both the licensing provisions and the Medi-Cal reimbursement provisions described above, the facility is required to be a provider of comprehensive perinatal services as defined in the Medi-Cal provisions. This bill would remove, under both sets of criteria, the certification condition of being a provider of comprehensive perinatal services as defined in the Medi-Cal provisions. The bill would require the facility to provide pregnancy and postpartum services, consistent with certain standards. The bill would remove the above-described proximity requirement and would instead require a written policy for hospital transfer. The bill would require the policy to include certain requirements with regard to providing the hospital with specified medical records, speaking with the receiving provider, and providing patients and clients with the estimated transfer time, including a clear explanation of the facility's overall emergency transfer plan, as specified. This bill contains other related provisions and other existing laws.

[AB 228](#)

(Sanchez R) Pupil health: epinephrine delivery systems.

Current Text: Introduced: 1/13/2025 [html](#) [pdf](#)

Status: 5/23/2025-In committee: Hearing postponed by committee.

Location: 4/9/2025-A. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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Summary: Existing law requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained volunteer personnel, and authorizes school nurses and trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction, as provided. Existing law requires school districts, county offices of education, and charter schools to, among other things, store those emergency epinephrine auto-injectors in an accessible location upon need for emergency use and include that location in specified annual notices. Existing law authorizes a pupil to carry and self-administer prescription auto-injectable epinephrine if the school district receives specified written statements from a physician and surgeon or a physician assistant, and from the parent, foster parent, or guardian of the pupil, as specified. This bill would replace all references to epinephrine auto-injectors or auto-injectable epinephrine in the above-described provisions with references instead to epinephrine delivery systems, as defined, and would require school districts, county offices of education, and charter schools to instead provide at least one type of United States Food and Drug Administration-approved epinephrine delivery system, as specified. To the extent the bill would impose additional duties on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Notes: Probably support.

[AB 261](#)

(Quirk-Silva D) Fire safety: fire hazard severity zones: State Fire Marshal.

Current Text: Amended: 7/10/2025 [html](#) [pdf](#)

Last Amend: 7/10/2025

Status: 7/10/2025-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/8/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | Conc. | | | |

Calendar: 8/18/2025 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CABALLERO, ANNA, Chair

Summary: Existing law requires the State Fire Marshal to classify lands within state responsibility areas into fire hazard severity zones, and, by regulation, designate fire hazard severity zones and assign to each zone a rating reflecting the degree of severity of fire hazard that is expected to prevail in the zone. Existing law requires the State Fire Marshal to periodically review designated and rated zones and, as necessary, revise zones or their ratings or repeal the designation of zones. Existing law also requires the State Fire Marshal to identify areas in the state that are not state responsibility areas as moderate, high, and very high fire hazard severity zones based on consistent statewide criteria and based on the severity of fire hazard that is expected to prevail in those areas, and to periodically review and, as necessary, make recommendations relative to very high fire hazard severity zones. This bill would prohibit the State Fire Marshal's determination of fire hazard severity zone, in both state responsibility areas and lands that are not state responsibility areas, from being based on risk mitigation activities. The bill would, as applied to both state responsibility areas and lands that are not state responsibility areas, authorize the State Fire Marshal, in periods between the State Fire Marshal's review of areas of the state for recommendations regarding an area's fire hazard severity zone, to confer with entities, including, but not limited to, public agencies, tribes, nonprofit organizations, project applicants, and members of the public, on actions that may impact the degree of fire hazard in an area or the area's recommended fire hazard severity zone designation. The bill would authorize the State Fire Marshal to provide a written response to an entity on actions that may impact the degree of fire hazard and would require this written response to be posted on the State Fire Marshal's internet website. This bill would authorize those entities to provide information to the State Fire Marshal on wildfire safety improvements or other actions the entity has taken or plans to take, and any information submitted to or by the department, as specified, before the next review that may impact the degree of fire hazard in an area or the area's fire hazard severity zone designation. The bill would authorize the State Fire Marshal to consider this information in the next review and would require any documentation provided to the State Fire Marshal to be posted in a manner that is easily accessible on the State Fire Marshal's internet website. This bill contains other related provisions and other existing laws.

AB 302

(Bauer-Kahan D) Data brokers: elected officials and judges.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-Read second time and amended. Re-referred to Com. on PUB. S. Withdrawn from committee. Re-referred to Com. on APPR.

Location: 7/17/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: The California Consumer Privacy Act of 2018 (CCPA) grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to request that a business delete any personal information about the consumer that the business has collected from the consumer. The California Privacy Rights Act of 2020, approved by the voters as Proposition 24 at the November 3, 2020, statewide general election, amended, added to, and reenacted the CCPA and establishes the California Privacy Protection Agency (agency) and vests the agency with full administrative power, authority, and jurisdiction to enforce the CCPA. Existing law requires the agency to establish an accessible deletion mechanism that, among other things, allows a consumer to request the deletion of all personal information related to that consumer through a single deletion request. Existing law requires, beginning August 1, 2026, a data broker to access the accessible deletion mechanism at least once every 45 days and, within 45 days after receiving a request, process all deletion requests and delete all personal information related to the consumers making the requests, as prescribed. Existing law requires a data broker to delete all personal information of the consumer at least once every 45 days unless the consumer requests otherwise, as prescribed. Existing law defines "data broker" to mean a business, as defined, that knowingly collects and sells to third parties the personal information of a consumer with whom the business does not have a direct relationship, except as provided. This bill would require the agency to obtain a list of all state and local elected officials, would require the Judicial Council to provide the agency with a list of all California judges, and would require the agency to allow elected officials or a judges to remove their information from those lists, as prescribed. The bill would require the lists to be kept confidential, as specified. The bill would also require the agency to upload the lists to the accessible deletion mechanism described above and, beginning August 1, 2026, require an entity receiving a notification that a deletion is required to do so within 5 days. This bill would authorize an

elected official or judge who is on a list described above, the Attorney General, a county counsel, or a city attorney to bring an action for a violation of the bill, as prescribed. This bill contains other related provisions and other existing laws.

AB 339

(Ortega D) Local public employee organizations: notice requirements.

Current Text: Amended: 7/15/2025 [html](#) [pdf](#)

Last Amend: 7/15/2025

Status: 7/15/2025-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/9/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Calendar: 8/18/2025 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CABALLERO, ANNA, Chair

Summary: Existing law, the Meyers-Milias-Brown Act, contains various provisions that govern collective bargaining of local represented employees and delegates jurisdiction to the Public Employment Relations Board to resolve disputes and enforce the statutory duties and rights of local public agency employers and employees. Existing law requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Existing law requires the governing body of a public agency, and boards and commissions designated by law or by the governing body, to give reasonable written notice, except in cases of emergency, as specified, to each recognized employee organization affected of any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the governing body or the designated boards and commissions. This bill would require the governing body of a public agency, and boards and commissions designated by law or by the governing body of a public agency, to give the recognized employee organization no less than 60 days' written notice before issuing a request for proposals, request for quotes, or renewing or extending an existing contract to perform services that are within the scope of work of the job classifications represented by the recognized employee organization, subject to certain exceptions. The bill would require the notice to include specified information, including the anticipated duration of the contract. The bill would also require the public agency, if an emergency or other exigent circumstance prevents the public agency from providing the written notice described above, to provide as much advance notice as is practicable under the circumstances. If the recognized employee organization demands to meet and confer after receiving the written notice, the bill would require the public agency and recognized employee organization to meet and confer in good faith within a reasonable time, as specified. By imposing new duties on local public agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

Notes: Possibly oppose.

AB 384

(Connolly D) Health care coverage: mental health and substance use disorders: inpatient admissions.

Current Text: Amended: 3/17/2025 [html](#) [pdf](#)

Last Amend: 3/17/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-A. 2 YEAR

| Desk | Policy | 2 year | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to ensure that processes necessary to obtain covered health care services, including, but not limited to, prior authorization processes, are completed in a manner that assures the provision of covered health care services to an enrollee or insured in a timely manner appropriate for the enrollee's or insured's condition, as specified. This bill, the California Mental Health Protection Act, would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for mental health and substance use disorders from requiring prior authorization (1) for an enrollee or insured to be admitted for medically necessary 24-hour care in inpatient settings for mental health and substance use disorders, as specified, and (2) for any medically necessary health care services provided to an enrollee or insured while admitted for that care. The bill would authorize the Director of the Department of Managed Health Care or the Insurance

Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violations of these provisions. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 438](#) (Hadwick R) Authorized emergency vehicles.

Current Text: Amended: 5/29/2025 [html](#) [pdf](#)

Last Amend: 5/29/2025

Status: 6/24/2025-Read second time. Ordered to third reading.

Location: 6/24/2025-S. THIRD READING

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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law authorizes the Commissioner of the California Highway Patrol to issue authorized emergency vehicle permits for certain vehicles, including any vehicle owned and operated by a public utility and any vehicle owned and operated by a fire company, as specified, upon a finding that the vehicle is used in responding to emergency calls for fire or law enforcement, the immediate preservation of life or property, or the apprehension of law violators. This bill would authorize the commissioner to issue an emergency vehicle permit to any vehicle owned by a county, city, or city and county office of emergency services only while that vehicle is being used by a public employee who is employed by the office in responding to any disaster.

[AB 463](#) (Rodriguez, Michelle D) Emergency medical services: dogs and cats.

Current Text: Amended: 6/13/2025 [html](#) [pdf](#)

Last Amend: 6/13/2025

Status: 7/17/2025-Read third time. Passed. Ordered to the Assembly. (Ayes 35. Noes 0.). In Assembly. Concurrence in Senate amendments pending.

Location: 7/17/2025-A. CONCURRENCE

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| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law authorizes a private ambulance owner to operate an emergency ambulance service upon obtaining a license from the Department of the California Highway Patrol, as specified. This bill would authorize those license holders or a person who operates ambulances owned or operated by a fire department of a federally recognized Indian tribe to transport a police canine, as defined, or a search and rescue dog, as defined, that is injured in the line of duty, to a veterinary clinic or similar facility if there is no other person requiring medical attention or transport at that time. The bill would require an ambulance operator, except as specified, that provides transport to police canines or search and rescue dogs injured in the line of duty to develop policies regarding the transport of these dogs. The bill would require these policies to be submitted to, and approved by, the local emergency medical services agency. This bill contains other related provisions and other existing laws.

[AB 469](#) (Gabriel D) Crimes: impersonation of first responders.

Current Text: Introduced: 2/6/2025 [html](#) [pdf](#)

Status: 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/6/2025) (May be acted upon Jan 2026)

Location: 5/8/2025-A. 2 YEAR

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| 2 year | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law, the California Emergency Services Act, authorizes the Governor to proclaim a state of emergency, as defined, under specified circumstances. Existing law defines a "first responder" as an employee of the state or a local public agency who provides emergency response services. Existing law makes it a misdemeanor to impersonate certain first responders, including a member of a fire department. This bill would state the intent of the Legislature to enact legislation relating to the impersonation of first responders during a state of emergency.

Notes: Possible support

[AB 601](#) (Jackson D) Child abuse: reporting.

Current Text: Amended: 4/10/2025 [html](#) [pdf](#)

Last Amend: 4/10/2025

Status: 7/15/2025-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (July 15). Re-referred to Com. on APPR.

Location: 7/15/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Calendar: 8/18/2025 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CABALLERO, ANNA, Chair

Summary: Existing law, the Child Abuse and Neglect Reporting Act, establishes procedures for the reporting and investigation of suspected child abuse or neglect. The act requires certain professionals, including specified health practitioners and social workers, known as "mandated reporters," to report known or reasonably suspected child abuse or neglect to a local law enforcement agency or a county welfare or probation department, as specified. This bill would require the State Department of Social Services, through the State Office of Child Abuse Prevention, to, by no later than July 1, 2027, develop a standardized curriculum for mandated reporters, and to make that training available on its internet website. The bill would, except as provided, require an employer having one or more mandated reporters to ensure completion of the training within the first 3 months of the mandated reporter's employment, or on or before March 1, 2030, whichever is later. The bill would require completion of the training to be documented in a manner that would allow the department to verify completion upon request. This bill contains other related provisions and other existing laws.

[AB 615](#)

(Davies R) Power facilities: emergency response and action plans.

Current Text: Amended: 7/14/2025 [html](#) [pdf](#)

Last Amend: 7/14/2025

Status: 7/14/2025-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/7/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Calendar: 8/18/2025 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CABALLERO, ANNA, Chair

Summary: Existing law requires an application to be filed with the State Energy Resources Conservation and Development Commission for certification of a site and related facility that includes an electrical transmission line or thermal powerplant, or both. Existing law requires the application to contain, among other information, a description of any electrical transmission lines, a map of the proposed route and existing transmission lines, justification for the proposed route, and a preliminary description of the effect of the proposed electrical transmission lines on the environment, ecology, and scenic, historic, and recreational values, as specified. This bill would remove the requirement that the application include the information described above, and would require that the application also contain an emergency response and action plan, to be paid for by the applicant, that incorporates impacts to the surrounding areas in the event of an emergency and that would be conducted and coordinated with local emergency management agencies, unified program agencies, and local first response agencies. This bill contains other related provisions and other existing laws.

[AB 645](#)

(Carrillo D) Emergency medical services: dispatcher training.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) . Read second time and amended. Re-referred to Com. on APPR.

Location: 7/17/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services (EMS). The act authorizes a county to develop an EMS program by designating a local EMS agency. Existing law also requires the Commission on Emergency Medical Services to review and approve regulations, standards, and guidelines to be developed by the authority. Existing law generally makes a violation of the act a misdemeanor. This bill would require, by January 1, 2027, a public safety agency that provides "911" call processing services for emergency medical response to provide prearrival

medical instructions to “911” callers requiring medical assistance, including, among other things, airway and choking medical instructions for infants, children, and adults and administration of naloxone for narcotics overdoses. The bill would require prearrival medical instructions to be approved by the local EMS agency medical director and implemented consistent with the medical protocols and procedures adopted by the public safety agency. By expanding the scope of a crime, and to the extent that the bill would create new duties for a public safety agency, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 719

(Calderon D) County emergency plans.

Current Text: Introduced: 2/14/2025 [html](#) [pdf](#)

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was EMERGENCY MANAGEMENT on 3/3/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

| Desk | 2 year | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law, the California Emergency Services Act, among other things, creates the Office of Emergency Services, which is responsible for the state’s emergency and disaster response services, as specified. Existing law requires the Governor to coordinate the State Emergency Plan and the preparation of plans and programs for the mitigation of the effects of an emergency by the political subdivisions of this state. Existing law defines the terms “political subdivision” and “emergency plans” for purposes of emergency services provided by local governments. Existing law requires the governing body of each political subdivision of the state to carry out the provisions of the State Emergency Plan. Existing law requires the office to establish best practices for counties developing and updating a county emergency plan and a process for a county to request that the office review a county’s emergency plan by January 1, 2022. This bill would require each county to review and update its emergency plan at least every 2 years. Because the bill would require local officials to perform additional duties, the bill would impose a state-mandated local program. The bill would remove the January 1, 2022, date specified above, and would remove another reference to that date. This bill contains other related provisions and other existing laws.

AB 1005

(Davies R) Drowning prevention: public schools: informational materials: swim lesson vouchers and swim lesson directory.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) . Read second time and amended. Re-referred to Com. on APPR.

Location: 7/17/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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Summary: Existing law authorizes specified drowning or injury prevention organizations (DIP organization) to provide informational materials, in electronic or hardcopy form, to a public school regarding specified topics relating to drowning prevention. Existing law requires a DIP organization that chooses to provide informational materials to provide, upon request by a public school, the informational materials in the 3 most commonly spoken languages associated with the population attending the school. This bill would instead require a DIP organization that chooses to provide informational materials to provide, upon request by a public school, the informational materials in English and would encourage the DIP organization to provide informational materials in the other most commonly spoken languages associated with the population attending the school. The bill would require a DIP organization that chooses to provide informational materials to a public school to provide those materials at no cost to the public school, allow the school to offer copies of the materials to pupils and parents, and provide written evidence to a school administrator that demonstrates that the informational materials provided by the DIP organization align with the drowning, drowning prevention, water safety, rescue, and swim skills lesson information found on the drowning prevention web page of the federal Centers for Disease Control and Prevention, as provided. The bill also would require the State Department of Education, in consultation with the State Department of Developmental Services and the State Department of Public Health, to gather and make available on its internet website school-based water safety and drowning prevention education resources and curriculum, as provided. The bill would authorize public schools to provide to their pupils those water safety informational materials identified by the department and provided by a DIP organization, as provided. This bill contains other related provisions and other existing laws.

AB 1172 (Nguyen D) Adult day programs: administration of inhalable emergency antiseizure medications.**Current Text:** Amended: 7/17/2025 [html](#) [pdf](#)**Last Amend:** 7/17/2025**Status:** 7/17/2025-Read second time and amended. Re-referred to Com. on APPR.**Location:** 7/16/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities by the State Department of Social Services, including adult day programs and residential facilities. A violation of provisions relating to these facilities is a misdemeanor. This bill would authorize a licensed facility, as defined, upon receipt of a request from an individual, or the authorized representative of an individual, who has been diagnosed with seizures, a seizure disorder, or epilepsy and who has been prescribed inhalable emergency antiseizure medication, to authorize any volunteer, as defined, to administer inhalable emergency antiseizure medication to the individual during a seizure emergency. The bill would require the department, on or before January 1, 2027, to establish minimum standards for this training, as specified. The bill would prohibit inhalable emergency antiseizure medication from being administered to an individual unless the licensed facility has a seizure action plan for the individual that contains specified information, including, among other things, a signed written authorization verifying that a seizure experienced by the individual may be responded to at the licensed facility by a nonmedical professional, including through the administration of emergency antiseizure medication, as specified. The bill would require licensed facilities to provide a specified notice to all volunteers that, among other things, informs them of their right to rescind an offer to volunteer at any time, as specified, and explains the liability protections and indemnification requirements described below. The bill would require any licensed facility that authorizes volunteers to ensure that each volunteer will be provided defense and indemnification for any and all civil liability, as specified. The bill would prohibit a volunteer who administers inhalable emergency antiseizure medication, any person who provides training to a volunteer, or any person who otherwise complies with the requirements of the above-described provisions, in good faith and not for compensation, from being subject to professional review, civil liability, or criminal prosecution for their actions or omissions, as specified. By expanding the scope of an existing crime, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1200 (Caloza D) Emergency services: disaster preparedness.**Current Text:** Amended: 5/23/2025 [html](#) [pdf](#)**Last Amend:** 5/23/2025**Status:** 7/8/2025-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (July 8). Re-referred to Com. on APPR.**Location:** 7/8/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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Calendar: 8/18/2025 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CABALLERO, ANNA, Chair

Summary: Existing law, the California Emergency Services Act, authorizes the Governor to proclaim a state of emergency, and local officials and local governments to proclaim a local emergency, when specified conditions of disaster or extreme peril to the safety of persons and property exist. Existing law establishes the Office of Emergency Services (OES) within the office of the Governor and sets forth its powers and duties relating to responsibility over the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would require OES to biennially convene key personnel and agencies that have emergency management roles and responsibilities to participate in tabletop exercises in which the participant's emergency preparedness plans are discussed and evaluated under various simulated catastrophic disaster situations, as specified. This bill contains other related provisions.

AB 1278 (Harabedian D) Emergency Management Assistance Compact.**Current Text:** Introduced: 2/21/2025 [html](#) [pdf](#)**Status:** 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/21/2025) (May be acted upon Jan 2026)**Location:** 5/8/2025-A. 2 YEAR

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| 2 year | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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Summary: Existing law ratifies the Emergency Management Assistance Compact entered into by California and other party states for the provision of mutual assistance in managing emergencies or disasters, as specified. Existing law sets forth the intent of the state to continue its long history of sharing emergency response resources with other states during times of disaster. This bill would make a technical, nonsubstantive change to these provisions.

AB 1283 (Committee on Emergency Management) Office of Emergency Services: firefighting mutual aid.

Current Text: Introduced: 2/21/2025 [html](#) [pdf](#)

Status: 5/1/2025-Failed Deadline pursuant to Rule 61(a)(2). (Last location was EMERGENCY MANAGEMENT on 3/10/2025)(May be acted upon Jan 2026)

Location: 5/1/2025-A. 2 YEAR

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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law, the California Emergency Services Act, establishes the Office of Emergency Services within the Governor's office under the supervision of the Director of Emergency Services and makes the office responsible for the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies. Existing law requires, during any state of war emergency, or state of emergency when the need arises for outside aid in any county, city and county, or city, aid to be rendered in accordance with approved emergency plans. In periods other than a state of war emergency, a state of emergency, or a local emergency, existing law authorizes state agencies and political subdivisions to exercise mutual aid powers in accordance with the Master Mutual Aid Agreement and local ordinances, resolutions, agreements, or plans. The act requires the Office of Emergency Services, in consultation with relevant local and state agencies, to develop and adopt a state fire service and rescue emergency mutual aid plan that meets specified criteria. This bill would require the Office of Emergency Services to establish the Firefighting Mutual Aid and Prepositioning Program for specified purposes, including to support the implementation of the state fire service and rescue emergency mutual aid plan, as described above, and to establish a reimbursement program to allow firefighting agencies deployed under the state's Master Mutual Aid Agreement to pay for costs, as specified.

AB 1328 (Rodriguez, Michelle D) Medi-Cal reimbursements: nonemergency ambulance and other transportation.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-From committee: Amend, and do pass as amended and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) . Read second time and amended. Re-referred to Com. on APPR.

Location: 7/17/2025-S. APPR.

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Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency or nonemergency medical or nonmedical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. This bill contains other related provisions and other existing laws.

Notes: Possible support

AB 1331 (Elhawary D) Workplace surveillance.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-Read second time and amended. Re-referred to Com. on APPR.

Location: 7/16/2025-S. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law establishes the Division of Labor Standards Enforcement within the Department of Industrial Relations. Existing law authorizes the division, which is headed by the Labor Commissioner, to enforce the Labor Code and all labor laws of the state the enforcement of which is not specifically vested in any other officer, board or commission. This bill would limit the use of workplace surveillance tools, as defined, by employers, including by prohibiting an employer from monitoring or surveilling workers in employee-only, employer-designated areas, as specified. The bill would provide workers with the right to leave behind workplace surveillance tools that are on their person or in their possession during off-duty hours, as specified. This bill would subject an employer who violates the bill to a civil penalty of \$500 per employee for each violation and would authorize a public prosecutor to bring specified enforcement actions.

[AB 1337](#) **(Ward D) Information Practices Act of 1977.**

Current Text: Amended: 5/23/2025 [html](#) [pdf](#)

Last Amend: 5/23/2025

Status: 7/15/2025-VOTE: [First] hearing set for [07-16-2025]: Failed passage in Committee. Reconsideration granted (PASS)

Location: 6/11/2025-S. JUD.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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Summary: Existing law, the Information Practices Act of 1977, prescribes a set of requirements, prohibitions, and remedies applicable to agencies, as defined, with regard to their collection, storage, and disclosure of personal information, as defined. Existing law exempts from the provisions of the act counties, cities, any city and county, school districts, municipal corporations, districts, political subdivisions, and other local public agencies, as specified. This bill would recast those provisions to, among other things, remove that exemption for local agencies, and would revise and expand the definition of "personal information." The bill would make other technical, nonsubstantive, and conforming changes. Because the bill would expand the duties of local officials, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 1403](#) **(Hart D) Emergency services.**

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Last Amend: 3/24/2025

Status: 5/8/2025-Failed Deadline pursuant to Rule 61(a)(3). (Last location was EMERGENCY MANAGEMENT on 3/24/2025)(May be acted upon Jan 2026)

Location: 5/8/2025-A. 2 YEAR

| Desk | 2 year | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems, authorizes each county to develop an EMS program and designate a local EMS agency, and requires the Emergency Medical Services Authority to receive plans for the implementation of EMS systems from local EMS agencies, as specified. Existing law requires a county to enter into a written agreement with a city or fire district that contracted for or provided prehospital EMS as of June 1, 1980. Existing law requires, until that written agreement is reached, prehospital EMS to be continued at not less than the existing level and the administration of prehospital EMS by cities and fire districts contracting for or providing those services as of June 1, 1980, to be retained by those cities and fire districts, as specified. This bill would authorize a county board of supervisors or the governing body of an entity or a joint powers agency designated as the local EMS agency by the board of supervisors to provide ambulance services to persons located within the county's jurisdiction by specified means, including assigning the duty of providing ambulance services to residents of the county to an existing county department and providing the department with the necessary staffing, vehicles, and equipment to provide ambulance services. The bill would require a county board of supervisors or a local EMS agency to adopt a written policy, including specified requirements, for an emergency ambulance services provider in order to enter into a contract with a provider for emergency ambulance services and would include required provisions for those contracts. The bill would make related findings and declarations.

Notes: 2 -year bill. Left on the list for monitoring.

SB 6

(Ashby D) Controlled substances: xylazine.

Current Text: Introduced: 12/2/2024 [html](#) [pdf](#)

Status: 7/16/2025-July 16 set for first hearing. Placed on suspense file.

Location: 7/16/2025-A. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law, the California Uniform Controlled Substances Act, categorizes controlled substances into 5 schedules and places the greatest restrictions on those substances contained in Schedule I. Under existing law, the substances in Schedule I are deemed to have a high potential for abuse and no accepted medical use while substances in Schedules II through V are substances that have an accepted medical use, but have the potential for abuse. Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances, and makes a violation of those laws a crime, except as specified. Existing law defines drug paraphernalia and prohibits, among other things, the manufacture, sale, and possession, as specified, of drug paraphernalia. Existing law excludes from these prohibitions any testing equipment that is designed, marketed, used, or intended to be used to analyze a substance for the presence of fentanyl, ketamine, gamma hydroxybutyric acid, or any analog of fentanyl. This bill would add xylazine to the list of Schedule III substances, as specified. If an animal drug containing xylazine that has been approved under the federal Food, Drug and Cosmetic Act is not available for sale in California, the bill would create an exception for a substance that is intended to be used to compound an animal drug, as specified. The bill would exclude from the prohibitions on paraphernalia any testing equipment to analyze a substance for the presence of xylazine. By creating a new crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 294

(Reyes D) The Workplace Know Your Rights Act.

Current Text: Amended: 7/1/2025 [html](#) [pdf](#)

Last Amend: 7/1/2025

Status: 7/9/2025-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 1.) (July 8). Re-referred to Com. on APPR.

Location: 7/8/2025-A. APPR.

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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| 1st House | | | | 2nd House | | | | | | | |

Summary: Existing law establishes the Division of Labor Standards Enforcement, headed by the Labor Commissioner, within the Department of Industrial Relations, for the purpose of enforcing labor laws. Existing law prescribes the duties and rights of employers and employees relating to specified labor laws, including, among other things, paid sick days, workers' compensation, and notice requirements related to inspections conducted by an immigration agency. This bill would establish the Workplace Know Your Rights Act. The bill would require an employer, within 30 days after the Labor Commissioner posts a template notice on its internet website, and annually thereafter, to provide a stand-alone written notice to each current employee of specified workers' rights, including, among other things, the categories described above, as well as constitutional rights of an employee when interacting with law enforcement at the workplace, as specified. The bill would also require the employer to provide the written notice to each new employee upon hire and to provide the written notice annually to an employee's authorized representative, if any. This bill would require the Labor Commissioner to develop a template notice and would authorize an employer to use the template notice to comply with the notice requirement described above. The bill would also require the Labor Commissioner, on or before July 1, 2026, to develop a video for employees advising them of their rights under the areas described above and to develop a video for employers advising them of their requirements under those areas. This bill would require an employer, if an employee has designated an emergency contact for this purpose, to notify the designated emergency contact if the employee is arrested or detained on their worksite. If the arrest or detention occurs during work hours, or during the performance of the employee's job duties, but not on the worksite, the bill would require the employer to notify the employee's designated emergency contact only if the employer has actual knowledge of the arrest or detention of the employee. This bill contains other related provisions.

SB 465

(Pérez D) Governor's Office of Emergency Services: California Alert.

Current Text: Amended: 3/24/2025 [html](#) [pdf](#)

Last Amend: 3/24/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: The California Emergency Services Act authorizes the Governor to declare a state of emergency, and local officials and local governments to declare a local emergency, when specified conditions of disaster or extreme peril to the safety of persons and property exist. Existing law establishes the Office of Emergency Services within the office of the Governor and charges it with responsibility for the state's emergency and disaster response services for natural, technological, or manmade disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters upon people and property. Existing law requires the Office of Emergency Services, in consultation with, at minimum, telecommunications carriers, the California cable and broadband industry, radio and television broadcasters, the California State Association of Counties, the League of California Cities, the access and functional needs community, appropriate federal agencies, and the Standardized Emergency Management System Alert and Warning Specialist Committee, to develop guidelines for alerting and warning the public of an emergency. This bill would require the office to establish a statewide emergency alert system called California Alert. The bill would require California Alert to utilize Wireless Emergency Alerts authorized by the Integrated Public Alert Warning System, the Federal Emergency Management Agency's national system for local alerting that provides authenticated emergency information to the public through mobile phones within a designate cell tower's coverage area. The bill would require the office to contract with a private vendor that provides alerting systems to send California Alerts to registered phone numbers that are not location based. The bill would require the office to establish standards for issuing emergency alerts to California residents across local jurisdictional boundaries.

SB 582

(Stern D) Health and care facilities: licensing during emergencies or disasters.

Current Text: Amended: 6/26/2025 [html](#) [pdf](#)

Last Amend: 6/26/2025

Status: 7/16/2025-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 16. Noes 0.) (July 15). Re-referred to Com. on APPR.

Location: 7/15/2025-A. APPR.

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Summary: Existing law provides for the licensure of clinics and various health facilities, including skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. Existing law, the Long-Term Care, Health, Safety, and Security Act of 1973, generally requires the department to license, inspect, and regulate long-term health care facilities, including skilled nursing facilities. Existing law makes it a misdemeanor for any person to willfully or repeatedly violate the act, as specified. Existing regulations require skilled nursing facilities to adopt and follow a written external disaster and mass casualty program plan developed with the advice and assistance of county or regional and local planning offices. This bill would require skilled nursing facilities to update the external disaster and mass casualty program plan at least once per year. The bill would require, in adopting and updating the plan, skilled nursing facilities to, among other things, seek input from county or regional and local planning offices, including the medical health operational area coordinator (MHOAC). By expanding the scope of an existing crime, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 588

(Ochoa Bogh R) Health facilities: freestanding emergency center study.

Current Text: Amended: 4/21/2025 [html](#) [pdf](#)

Last Amend: 4/21/2025

Status: 5/1/2025-April 30 set for first hearing. Testimony taken. Further hearing to be set.

Location: 4/2/2025-S. HEALTH

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Summary: Existing law authorizes a general acute care hospital, as defined, to offer special services, including, but not limited to, emergency medical services. Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs related to health care infrastructure, such as health policy and planning, health professions development, and facilities design review and construction, among others. This bill would require the Department of Health Care Access and Information to conduct a feasibility study on the implementation of

freestanding emergency departments, as defined, in rural, disadvantaged, and underserved areas with limited access to emergency care. The bill would require that the study be conducted in collaboration with certain stakeholders and that the department issue a report to the Legislature, on or before January 1, 2027, with its findings and recommendations. The bill would appropriate an unspecified amount from the General Fund to the department for those purposes. The bill would repeal these provisions on January 1, 2031.

[SB 660](#)

(Menjivar D) California Health and Human Services Data Exchange Framework.

Current Text: Amended: 7/17/2025 [html](#) [pdf](#)

Last Amend: 7/17/2025

Status: 7/17/2025-Assembly Rule 63 suspended. From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (July 16). Read second time and amended. Re-referred to Com. on APPR.

Location: 7/16/2025-A. APPR.

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Summary: Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs related to health care infrastructure, such as health policy and planning, health professions development, and facilities design review and construction, among others. Existing law requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework to require the exchange of health information among health care entities and government agencies in the state, among other things. Existing law requires the agency to convene a stakeholder advisory group to advise on the development of implementation of the California Health and Human Services Data Exchange Framework. This bill would require the Department of Health Care Access and Information, on or before January 1, 2026, and subject to an appropriation in the annual Budget Act, to take over the establishment, implementation, and all of the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the agency. The bill would expand the entities that are specifically required to execute a data sharing agreement with the California Health and Human Services Data Exchange Framework and authorize the department to determine other categories of entities required to execute a data sharing agreement, as specified. The bill would require the department, no later than July 1, 2026, to establish a process to designate qualified health information organizations as data sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework. The bill would require the department to annually report to the Legislature on the California Health and Human Services Data Exchange Framework, including compliance with data sharing agreements.

[SB 669](#)

(McGuire D) Rural hospitals: standby perinatal medical services.

Current Text: Amended: 7/3/2025 [html](#) [pdf](#)

Last Amend: 7/3/2025

Status: 7/16/2025-July 16 set for first hearing. Placed on suspense file.

Location: 7/16/2025-A. APPR. SUSPENSE FILE

| Desk | Policy | Fiscal | Floor | Desk | Policy | Fiscal | Floor | Conf. Conc. | Enrolled | Vetoed | Chaptered |
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Summary: Existing law finds and declares that prenatal care, delivery service, postpartum care, and neonatal and infant care are essential services necessary to assure maternal and infant health, and that these services are not currently distributed so as to meet the minimum maternal and infant health needs of many Californians. Existing law requires the State Department of Public Health to develop and maintain a statewide community-based comprehensive perinatal services program, as specified, to deliver services in medically underserved areas or areas with demonstrated need. This bill would require the department, in consultation with specified stakeholders, to establish a 5-year pilot project to allow critical access and individual and small system rural hospitals to establish standby perinatal medical services, as defined. To qualify for participation in the pilot project, the bill would require a critical access or individual and small system rural hospitals to meet specified requirements, including, among others, that the hospital (1) be greater than 60 minutes from the nearest hospital providing full maternity services, (2) not have closed a full maternity or labor and delivery department on or after January 1, 2025, and (3) agree to provide maternal and neonatal services, as specified. The bill would require a hospital selected for a pilot program to comply with certain requirements, including among others, having and maintaining specified staff, services, and equipment. The bill would require a physician, as specified, to have overall responsibility for a pilot program under these provisions. This bill would require the department, in consultation with specified stakeholders, to develop a monitoring plan and reporting template to collect and evaluate data on safety, outcomes, utilization, and

populations served using stratified demographic data to the extent statistically reliable data is available and complies with medical privacy laws and practices. The bill would require the department to compile the data and prepare an evaluation to be submitted to the Legislature on or before 2 years after the completion of the pilot project, and made publicly available.

SB 796 **(Richardson D) Emergency medical services: state-employed public safety personnel: optional first aid skills.**

Current Text: Amended: 4/28/2025 [html](#) [pdf](#)

Last Amend: 4/28/2025

Status: 5/23/2025-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2025)(May be acted upon Jan 2026)

Location: 5/23/2025-S. 2 YEAR

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| 1st House | | | | 2nd House | | | | Conc. | | | |

Summary: Existing law requires specified lifeguards, firefighters, and peace officers to be trained to administer first aid and cardiopulmonary resuscitation (CPR). Existing law requires the training to meet standards prescribed by the Emergency Medical Services Authority, and to be provided at no cost to the lifeguard or firefighter employee. Existing regulations authorize those lifeguards, firefighters, and peace officers to perform specified optional first aid and CPR skills if the lifeguard, firefighter, or peace officer has been trained and tested to demonstrate competence and if authorized by the medical director of the local emergency medical services agency. This bill would require the authority to act as the authorizing entity for the optional first aid and CPR skills for the lifeguards, firefighters, and peace officers described above that are employed by a state agency, and would require the authority to develop and implement quality assurance and improvement measures, as specified, to ensure the safe and effective use of those skills.

J

S-SV EMS Agency Medical Director's Report

K

CLOSED SESSION

Pursuant to the cited authority (all references are to the Government Code), the JPA Governing Board will hold a closed session to discuss the following listed item. A report of any action taken will be presented prior to adjournment.

Item 1. Government Code § 54957 – Regional Executive Director Annual Performance Review

CLOSED SESSION REPORT

L

**Next JPA Governing Board Meeting &
Adjournment**

Friday, October 10, 2025, 1:00 pm