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

MEETING AGENDA

Meeting Date & Time

- **Friday, October 10, 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
- **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.

Meeting Agenda		
Item	**Title**	**Leader**
A	**Call to Order & Pledge of Allegiance**	**Chairperson**
B	**Welcome & Introductions**	**All**
C	**Board Member Announcements**	**Board Members**
D	**Action to Approve Consent Calendar Items** 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. 1. Approve the August 8, 2025, JPA Board Meeting Minutes	**Chairperson**
E	**Public Comment** 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.	**Chairperson**
F	**Information Update** 1. Glenn Medical Center emergency services closure impact evaluation report **– *attachment & verbal report*** 2. 911 ambulance response times **– *attachment & verbal report*** 3. County & S-SV EMS updates **– *attachment & verbal report***	**Executive Director**
G	**New Business** 1. Letter of Support for the “True North” Behavioral Health Campus proposal submitted by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative **– *for approval*** 2. AMR Placer County 2-year EOA agreement **– *for approval*** 3. First Watch Online Compliance Utility (OCU) agreement **– *for approval*** 4. Principal Financial Group Inc. Common Stock Asset Sell Request **– *for approval***	**Chairperson**

Item	Title	Leader
H	**Old Business** 1. None	**Chairperson**
I	**Legislation/Regulations** 1. EMS legislation/regulations updates **– *attachment & verbal report***	**Executive Director**
J	**S-SV EMS Agency Medical Director's Report**	**Medical Director**
K	**Next JPA Governing Board Meeting & Adjournment** 1. Friday, December 12, 2025	**Chairperson**

OCTOBER JPA BOARD MEETING

Agenda Item D-1

Subject:
August 8, 2025, JPA Board Meeting Minutes

Recommended Action:
Approval needed

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

MEETING MINUTES

MEETING DATE
• **Friday, August 8, 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**
Jeff Boone	Sutter County	**X**	
Pati Nolen	Tehama County	**X**	
Jon Messick	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
Mary Thomas	S-SV EMS Agency
Tim Reeser	AMR
Alex Bumpus	Bi-County Ambulance
Justin Caporusso	Bi-County Ambulance
Sophie Fox	Placer County
Michelle Moss	S-SV EMS Agency
Oscar Marin	Yuba County OES

MEETING MINUTES

A. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Supervisor Hoek (Chairperson) called the meeting to order at 1:01 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.

D. ACTION TO APPROVE CONSENT CALENDAR ITEMS

Supervisor Nolen motioned to approve the consent calendar items. Supervisor Boone seconded. A roll call of votes was called: Ayes=6 (Placer, Sutter, Nevada, Glenn, Tehama and Butte counties). Abstain = 1(Colusa) Noes=0. Absent=3 (Siskiyou, Yuba, and Shasta Counties). Motion approved.

E. PUBLIC COMMENT:

None was forthcoming.

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

Note: Supervisor Plummer joined the meeting at 1:07 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 are 2 areas of concern: Shasta and Tehama Counties.
     - Shasta County response times are lower than the requirement. The Agency continues to work with SHASCOM to verify the accuracy of the data. Shasta County providers are in the process of adding additional ambulances to the system.
     - Tehama County – Patrick Comstock recently gave a presentation to some Tehama County community organizations. The City of Corning has been lower than expected. The ambulance provider is working on moving one of their ambulances to address that and to potentially add another ambulance to the system.
     - All other areas are compliant.
     - 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.

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:
     - Mr. Poland and Dr. Falck spoke about S-SV EMS not receiving the EMS Opioid Use Disorder Buprenorphine Grant. Supervisor Boone mentioned that he has a colleague that might be of help with this grant going forward.

4. **American Heart Association Mission Lifeline STEMI Systems of Care 2025 Regional Award – attachment and verbal report**
   - This has been around for a while. To receive this award, data for all S-SV EMS STEMI System Participants are looked at, as well as the system.
   - S-SV EMS was one of the first California LEMSAs to establish a STEMI system approx. 15 years ago.

5. **CDPH CPR FY 2022-2023 S-SV EMS LEMSA, Sutter & Yuba HPP Grant Audit Reports – attachments and verbal report**
   - Until this year, S-SV EMS managed 3 HPP grants (Yuba, Sutter & LEMSA). S-SV EMS continues to manage the LEMSA HPP grant, but Yuba & Sutter counties recently resumed the management of their applicable HPP grants due to county changes.
   - All HPP grants require an audit every three years and S-SV EMS just finished the audit for all three FY 2022/2023 grants.
   - There were no findings for the LEMSA grant and one minor finding for each of the Yuba and Sutter grants related to annual EMResource (online hospital status monitoring system) invoices that covered portions of two different FY periods. This issue was related to a change in vendor invoicing procedures at that time. As a result, the agency was required to reimburse CDPH approx. $1,800 for this finding.

G. NEW BUSINESS

1. **Ground Ambulance Provider Rate Approval Resolution Pursuant to California Health & Safety Code § 1371.56– *for approval.***
   - The rates have been brought to the board a couple of times since legislation related to this matter passed a few years ago (AB 716). If rates are not approved by the applicable approval authority (LEMSA, etc.), insurance companies can utilize a different process to determine how much they will reimburse ambulance companies for services.
   - These rates are comparable to other areas throughout the state.
   - This resolution will allow Mr. Poland to increase future rates annually for a maximum amount consistent with the Bay Area CPI. This is like resolutions/processes recently passed by other surrounding LEMSAs. If a provider wants to raise their rates above the maximum annual amount, it will still require JPA Board for approval.

   Supervisor Corona motioned to approve. Supervisor Gustafson seconded. A roll call of votes was called: Ayes=8 (Nevada, Placer, Colusa, Butte, Sutter, Tehama, Shasta and Glenn counties). Noes=0. Absent=2 (Yuba and Siskiyou counties). Motion approved.

2. **Glenn Medical Center Critical Access Designation Letter of Support – for approval**
   - Glenn Medical Center has held Critical Access Hospital (CAH) status for 25 years. Approximately one year ago, the Centers for Medicare & Medicaid Services (CMS) revised its evaluation criteria for CAH designation. As a result, approximately 10 hospitals in California lost their CAH status. If no changes occur, Glenn Medical Center will be unable to sustain its Emergency Department operations beyond April 2026. Mr. Poland has previously submitted a letter of support on behalf of the S-SV EMS Agency. The Medical Center has filed an appeal and is currently awaiting a response.
   - This will provide letters of support on behalf of the JPA Board.

   Supervisor Boone motioned to approve. Supervisor Nolen seconded. A roll call of votes was called: Ayes=8 (Nevada, Placer, Colusa, Butte, Sutter, Tehama, Shasta and Glenn counties). Noes=0. Absent=2 (Yuba and Siskiyou counties). Motion approved.

H. OLD BUSINESS

None

Note: Supervisor Gustafson left at 2pm

I. LEGISLATION

1. EMS legislative/regulation updates

- Mr. Poland presented the legislative update information contained in the written report included in the meeting packet and presented the following regulations updates:
  - Chapter 1 – This is the new chapter of regulations to address EMS system design, LEMSA responsibilities, RFP processes, EMS plans, etc. The updated workgroup draft was released earlier this week. The EMS Authority has asked for additional review and feedback in August and September and their goal is to have this chapter promulgated and published by January 2027.
  - Chapter 1.2 (Ambulance Patient Offload Times) – This new chapter of 'emergency regulations' was passed by the EMS Commission and implemented in late June. The State EMS Authority published their APOT data audit tool in July but there have been a few issues that are still being addressed.
  - Chapter 3 – EMT/AEMT/Paramedics – The EMS Authority is soliciting stakeholder input currently and will then start the rule making process.
  - Chapter 6 – STEMI/Stroke/Trauma/EMS for Children – These are in the second public comment period and will close on 8/17/25. The proposed draft regulations were sent to all S-SV EMS providers, and agency staff will meet next week to finalize the agency's comments.

J. MEDICAL DIRECTOR'S REPORT

- Ambulance Patient Offload Time (APOT) – National and state guidance references a maximum 30-minute APOT, which is what S-SV EMS initially adopted (like the majority of California LEMSAs). Most hospitals in the S-SV EMS region are now meeting this standard, and the outliers have done a lot of work to meet this standard. S-SV EMS has the latitude to change this standard to a shorter amount of time and intends to do so in a stepwise manner. The standard needs to be 20 minutes.

K. CLOSED SESSION

Closed Session convened at 2:20 pm
Item 1. Government Code § 54957 – Regional Executive Director Annual Performance Review

CLOSED SESSION REPORT – reconvened at 2:31 pm

The Board heard one item pursuant to Government Code § 54957 – Regional Executive Director Annual Performance Review and voted to provide a step increase from step D to step E, with a vote of 7-0 with 3 absent.

L. NEXT JPA GOVERNING BOARD MEETING

- Supervisor Corona mentioned that the Colusa County CAO, Wendy Tyler, is retiring at the end of September. They are in the final process of selecting a new CAO and should have one in place by the next JPA Board meeting.
- The next JPA Board meeting will be Friday, October 10, 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 2:33 pm.

Respectfully submitted,

_____ _____

Amy Boryczko, Clerk to the Board Date

_____ _____

Sue Hoek, Chairperson Date

OCTOBER JPA BOARD MEETING

Agenda Item F-1

Subject:
Glenn Medical Center emergency services closure impact evaluation report (attachment & verbal report)

Recommended Action:
Information only, no action required.

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

Address & Contact Information
535 Menlo Drive, Suite A
Rocklin, CA 95765
(916) 625-1702
info@ssvems.com
www.ssvems.com

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

Date: September 23, 2025

From: John Poland, Paramedic, Regional Executive Director, S-SV EMS Agency

To: California Department of Public Health (CDPH)
California Emergency Medical Services Authority (EMSA)
Other Affected & Interested Individuals/Organizations

Subject: Final Glenn Medical Center Emergency Medical Services Closure Impact Report

Purpose:

Pursuant to California Health and Safety Code (HSC) § 1797.200, the Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) is the designated local emergency medical services agency (LEMSA) for Glenn County. This Final Glenn Medical Center Emergency Medical Services Closure Impact Report was produced pursuant to the requirements contained in HSC § 1300 et seq.

Background:

Glenn Medical Center (GMC) is a General Acute Care Hospital licensed to provide 'Standby Emergency Medical Service, Physician on Call' supplemental services, defined as follows:

- *"Standby emergency medical service, physician on call, means the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time."*[1]

GMC, the only acute care hospital in Glenn County, opened in 1949 and has served the medical needs of Glenn County and surrounding area residents for over 75 years. American Advanced Management (AAM) assumed management of GMC in December 2017.

[1]California Code of Regulations, Title 22, Division 5, Chapter 1, Article 6, § 70649.

GMC originally received designation as a Critical Access Hospital (CAH) by the Centers for Medicare & Medicaid Services (CMS) in 2001. Following a recent recertification review, CMS notified GMC in April 2025 of their determination that this facility was not eligible for continued designation as a CAH. This determination was based on a federal rule that requires a CAH to be at least 35 miles from the next closest hospital when traveling by main roads. An alternative travel distance calculation process utilized by CMS determined that GMC is only 32 miles travel distance from the next closest hospital, Colusa Medical Center. Several appeals related to this matter were ultimately denied, and a final CMS determination letter upholding the decision to terminate GMC's CAH designation was issued on August 13, 2025.

GMC administration determined they would be unable to maintain emergency medical services at this facility due to the revocation of their CAH designation by CMS. Specifically, it was determined that without CAH designation, the hospital's annual revenue will be reduced by approximately 40%. All potential appeals related to this matter have been exhausted and no other financially viable options to maintain emergency medical services at this facility have been identified. GMC notified S-SV EMS on August 22, 2025 of their decision to cease providing emergency medical services at this facility no later than October 21, 2025. GMC subsequently provided the following update to S-SV EMS via email on September 22, 2025:

> *September 30, 2025 will be the last day for emergency medical services at Glenn Medical Center, we will shut the doors at 7 pm. At this time, we are unable to staff any diagnostic imaging services beyond X-ray, and this past weekend/this week we do not have NOCs RN coverage in the ER.*
>
> *Our DON and ER Manager are doing what they can to keep night shift staffed for the next few days, but we will be unable to continue beyond the 30th. Our current swing bed census is 14 patients, and we have the appropriate med-surge and ancillary staff to support patient care through their planned discharges.*

GMC provided public notification of the impending closure of emergency medical services via multiple methods and posted signage at their facility to inform individuals of these changes. The impending closure has also been publicized by several media organizations. This matter was discussed in detail during the September 10, 2025 Glenn County Emergency Medical Care Committee (EMCC) meeting, which was attended by multiple EMS system participants, Glenn County representatives, and other local, regional and statewide medical/health system entities. Additionally, the required public hearing related to this matter was held during the September 23, 2025 Glenn County Board of Supervisor's meeting. The following documents are included on the subsequent pages:

- CMS Final Determination Letter – dated August 13, 2025.
- GMC Notification of Campus Closure in Compliance with the Federal and California WARN Act – dated August 22, 2025.
- GMC Closure Public Notification Letter (from the GMC website) – dated September 1, 2025
- GMC September 22, 2025 social media posting announcing the updated September 30, 2025 closure date.
- Glenn County Board of Supervisors September 23, 2025 Meeting Agenda and Board Report relevant excerpts noticing the public hearing related to this matter.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Clinical Standards and Quality
Survey & Operations Group
San Francisco and Seattle Survey & Enforcement Division

Ref: Glenn Medical Center ccn:05-1306

IMPORTANT NOTICE – PLEASE READ CAREFULLY

SENT VIA INTERNET EMAIL TO:

tthompson@americanam.org & ssingh@glennmed.org

(Receipt of this notice is presumed to be August 13, 2025)

August 13, 2025

Glenn Medical Center
Tammy Thompson
700 17th Street, Ste. 205
Modesto, CA 95354

Shamsher Singh
700 17th Street, Ste. 205
Modesto, CA 95354

Re: CMS Certification Number (CCN):05-1306 (Critical Access Hospital)

Dear Glenn Medical Center:

We are in receipt of the April 23, 2025 and May 23, 2025, information provided which Glenn Medical Center shared as additional information and requested the Centers for Medicare and Medicaid Services (CMS) to review and reconsider the decision that Glenn Medical Center does not meet the Critical Access Hospital (CAH) location and distance requirements at 42 CFR 485.610(b) and 42 CFR 485.610(c).

To participate as a provider of services in the Medicare program, a critical access hospital (CAH) must meet the provisions of Section 1820 of the Social Security Act, which sets forth the conditions for designating certain hospitals as CAHs, and be in compliance with federal law, Congressional mandated statutes, and the conditions of participation at 42 C.F.R. Part 485 Subpart F.

Specifically, the Centers for Medicare & Medicaid Services (CMS) is required to confirm that the status and location requirements at 42 C.F.R. § 485.610(c) are met. That regulation states as follows:

(c) ***Standard: Location relative to other facilities or necessary provider certification.***

San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103

Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS 400
Seattle, WA 98104

(1) The CAH is located more than a 35-mile drive on primary roads (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from a hospital or another CAH, or before January 1, 2006, the CAH is certified by the State as being a necessary provider of health care services to residents in the area. A CAH that is designated as a necessary provider on or before December 31, 2005, will maintain its necessary provider designation after January 1, 2006.

(2) Primary roads of travel for determining the driving distance of a CAH and its proximity to other providers is defined as:

(i) A numbered Federal highway, including interstates, intrastates, expressways, or any other numbered Federal highway with 2 or more lanes each way; or

(ii) A numbered State highway with 2 or more lanes each way.

During the hospital's recertification review, CMS found that Glenn Medical Center did not meet the distance requirement because the hospital is less than a 35-mile drive on primary roads and less than a 15-mile drive on secondary roads from another hospital or CAH.

After reviewing the hospital's additional information, CMS found that the hospital continues to not meet the distance requirement. Our recertification review found that Glenn Medical Center is located 32 miles from Colusa Medical Center in Colusa, CA and contains less than 15 miles of secondary roads required to meet the CAH distance requirements.

Federal law requires that a provider meets these distance requirements to participate as a CAH in the Medicare program (Section 1820(c)(2)(B)(i)(I) of the Social Security Act). Since CMS found that the hospital does not meet this requirement, the hospital is no longer eligible to remain a CAH and must convert to another provider type in the Medicare program. Glenn Medical Center must be converted by **April 23, 2026**, to avoid ending its Medicare provider agreement with the Department of Health and Human Services. If you do not convert to another provider type, a CMS notice to terminate your participation as a Critical Access Hospital will be sent 15 days prior to April 23, 2026, which will include instructions for appeal rights.

Please reach out to CMS at cms_ro10_ceb@cms.hhs.gov to let us know how you would like to proceed and how we can help with your facility's conversion.

Sincerely,

Benton Williams
Division Director
CMS San Francisco & Seattle
Survey & Operations Group
Centers for Clinical Standards and Quality

cc: California Department of Public Health

San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103

Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS 400
Seattle, WA 98104

GLENN MEDICAL CENTER

August 22, 2025

John Poland
Sierra – Sacramento Valley Emergency Medical Services Agency
535 Menlo Drive, Suite A
Rocklin, CA 95765

Subject: Notification of Campus Closure in Compliance with the Federal and California WARN Act

Dear Mr. Poland,

I am writing on behalf of the Glenn Medical Center to formally notify you of the decision to shut down our entire campus located at 1133 West Sycamore St. Willows, California 95988. This letter serves as a notification in compliance with the California Worker Adjustment and Retraining Notification (WARN) Act, which mandates that employers provide advance notice of significant workforce reductions to state and local officials.

The closure of the Glenn Medical Center campus at 1133 West Sycamore St. Willows, California 95988 is scheduled to take effect on **October 21, 2025**. This decision was made after careful consideration of various factors impacting our operations including the impending loss of our "critical access" designation.

In accordance with the California WARN Act, we are providing this notice to inform you that approximately 150 employees will be impacted by this closure. The positions affected include administrative and support staff, clinical and nursing staff, technical and allied health staff, operations and facilities staff, as well as leadership and management roles, among others.

Glenn Medical Center is committed to supporting our employees during this transition. We are offering job placement services and counseling to assist them in finding new employment opportunities.

For any further inquiries or additional information, please feel free to contact **Lauren Still** at **530-934-1807** or lstill@glennmed.org.

We appreciate your understanding and cooperation during this process. Thank you for your attention to this matter.

Sincerely,

Lauren Still
Hospital Administrator

GLENN MEDICAL CENTER

Glenn Medical Center
1133 W Sycamore Street
Willows, CA 95988

September 1, 2025

Subject: Closure of Glenn Medical Center Emergency Department and Hospital Services

Dear Patient and Community Members,

We want to inform you of an important change to local healthcare services. **Glenn Medical Center's Emergency Room and hospital services will close on Monday, October 21, 2025.**

If you are experiencing a medical emergency at any time, please call 911 immediately or go to the nearest emergency department.

The nearest emergency departments are located at:

- Colusa Medical Center – 199 E Webster Street, Colusa, CA 95932
- Enloe Medical Center – 1531 Esplanade, Chico, CA 95926
- St. Elizabeth Community Hospital – 2550 Sister Mary Columba, Red Bluff, CA 96080

While this decision was not made lightly, we remain committed to ensuring continued access to care for our community. **Please note that our outpatient clinics remain OPEN and are available to provide same-day appointments for acute care visits.**

Clinic Hours and Locations

- Family Care Clinic – 1133 W Sycamore Street, Willows, CA
  Monday – Friday, 8:00 AM – 5:00 PM
- Glenn Family Medical Group – 130 N Enright Avenue, Willows, CA
  Monday – Friday, 8:00 AM – 5:00 PM

Medical Records

After the hospital closes, all Glenn Medical Center medical records will continue to be securely stored at 1133 W Sycamore Street, Willows, CA. **Patients may request copies of their medical records by calling 530-934-1859** or by visiting the Medical Records Office at 1133 W Sycamore Street. The long-term custodian of records for Glenn Medical Center will be:

American Advanced Management
1133 W Sycamore Street
Willows, CA 95988
530-934-1859

GLENN MEDICAL CENTER

How to Reach Us

Our billing, business, and medical records departments will remain available at the same locations and phone numbers you are accustomed to using.

- To schedule an appointment: 530-934-1832
- To request medical records: 530-934-1859
- For billing and business office support: 530-934-1760

If you have any questions or need assistance during this transition, please contact me directly:

Lauren Still
Hospital Administrator
530-934-1807
lstill@glennmed.org

We value the trust you have placed in us and will continue to serve you through our outpatient clinics. Thank you for allowing us to be part of your healthcare journey.

Sincerely,

Lauren Still
Administrator
Glenn Medical Center

facebook

Glenn Medical Center's post

Glenn Medical Center
4h ·

We previously announced that Glenn Medical Center's Emergency Department would close on October 21, 2025. Unfortunately, due to staffing shortages, our ER must close earlier.

👉 The ER will permanently close by 7:00 PM on Tuesday, September 30, 2025.

After this time, please call 911 for emergencies or go directly to the nearest emergency department:

Colusa Medical Center – 199 E Webster Street, Colusa, CA 95932
Enloe Medical Center – 1531 Esplanade, Chico, CA 95926
St. Elizabeth Community Hospital – 2550 Sister Mary Columba Drive, Red Bluff, CA 96080

Our outpatient clinics will remain OPEN and available for same-day acute care visits, call 530-934-1832 to schedule an appointment.

Thank you for your understanding during this difficult transition. We remain committed to supporting our patients and community.

GLENN COUNTY
BOARD OF SUPERVISORS

Willows Memorial Hall
525 West Sycamore Street
Willows, CA 95988
(530) 934-6400
(530) 934-6419 (FAX)
e-mail: gcboard@countyofglenn.net
website: www.countyofglenn.net

MEETING OF THE BOARD OF SUPERVISORS, TO BE HELD IN THE BOARD OF SUPERVISORS' CHAMBERS MEMORIAL HALL, WILLOWS
REGULAR MEETING AGENDA SUMMARY
TUESDAY, SEPTEMBER 23, 2025
9:00 A.M.

The Glenn County Board of Supervisors welcomes you to its regular meetings which are held on those Tuesdays designated by resolution of the Board of Supervisors pursuant to Section 2.04.010 of the Glenn County Code.

Members of the public are encouraged to attend these meetings and may comment or present evidence concerning matters that are within the subject-matter jurisdiction of the Board of Supervisors.

If the comment concerns a matter that is not listed on the agenda, comments shall be presented during the "Public Comment" portion of the meeting and are limited to three (3) minutes. Individuals seeking to comment will be directed to proceed to the podium and after receiving recognition from the Chair, to state their name and comments for the record.

If the comment concerns an item that is listed on the agenda, comments must be made during consideration of that item by the Board. Should an item gather a large audience or group with the same or similar views, one individual is encouraged to be assigned to speak on behalf of that group. Comments may be limited to three (3) minutes by the Chair in the interest of time, and additional comments may be submitted in writing.

A complete agenda packet, including staff reports and back-up information, is available for public inspection during normal work hours at the Willows Memorial Hall at 525 W. Sycamore Street in Willows or on the County's website at www.countyofglenn.net. If you wish to receive an agenda by mail, you may submit self-addressed stamped envelopes to the Glenn County Board of Supervisors, 525 W. Sycamore St., Suite B1, Willows, CA 95988.

5.c **9:05 A.M. COUNTY ADMINISTRATIVE OFFICE - PUBLIC HEARING / FISCAL YEAR 2025-2026 FINAL BUDGET**

Hold Public Hearing to consider the following:

1. Review additional requests and revenue estimates received subsequent to the Recommended Budget; and
2. Hear the County Administrative Officer's presentation on the 2025-2026 Final Budget; and
3. Adopt Resolution "*Adopting 2025-2026 Budget*," and/or take other appropriate actions as delineated in California Government Code 29088-29090;
4. Adopt the 2025-2026 Road Budget by Category;
5. Adopt the 2025-2026 Data Processing ISF #0228 Schedule of Purchases and Allocations and authorize the County Administrative Officer to make said purchases and enter into service agreements as needed to implement countywide information services work.

Board Report
Proposed Resolution
Fiscal Year 2025-2026 Schedule 2 Government Funds
Fiscal Year 2025-2026 Schedule 3 Government Funds
Fiscal Year 2025-2026 Schedule 4 Government Funds
Fiscal Year 2025-2026 Schedule 2 Special Revenue Funds
Fiscal Year 2025-2026 Schedule 3 Special Revenue Funds
Fiscal Year 2025-2026 Schedule 4 Special Revenue Funds
Legal Notice of Public Hearing
Fiscal Year 2025-26 Data Processing Internal Service Fund Budget
Replacement Vehicles 2025-2026

5.d **1:30 P.M. PUBLIC HEARING - GLENN MEDICAL CENTER**

1. Receive information from the Sierra – Sacramento Valley Emergency Medical Services Agency, the designated local emergency medical services agency for Glenn County, on the closure of hospital emergency services at Glenn Medical Center; and
2. Hold a Public Hearing pursuant to California Health and Safety Code Section 1300 on the closure of emergency services at Glenn Medical Center and obtain additional relevant information for the required impact evaluation report related to this matter.

Board Report
Glenn Medical Center Emergency Services Closure Interim Impact Evaluation Report
Glenn Medical Center Emergency Services Closure Presentation

6. **BUSINESS-NO APPOINTMENT**

The following Non-Appearance items (Business-No Appointment; County Boards, Commissions, Committees and Districts) may be considered at any time; however, time allowing they are generally heard during time allotted for unscheduled matters. Persons who wish to request that a Non-Appearance Item be set for a specific time should contact the Board of Supervisors Office prior to the meeting.

6.a **COUNTY ADMINISTRATIVE OFFICE - 2024/2025 GRAND JURY RESPONSE**

Authorize the Chairman of the Board of Supervisors to execute letter to Presiding Superior Court Judge Alicia Ekland in response to the 2024 - 2025 Grand Jury Report, as required by California Penal Code Section 933.05.

Board Report
Proposed Letter
Sheriff's Office Grand Jury Response
2024-2025 Grand Jury Final Report

COUNTY OF GLENN

BOARD REPORT

1:30 P.M. PUBLIC HEARING - GLENN MEDICAL CENTER

Submitted by Board/CAO/Clerk
September 23, 2025

EXECUTIVE SUMMARY:

Pursuant to California Health and Safety Code (HSC) § 1797.200, the Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) is the designated local emergency medical services agency (LEMSA) for Glenn County. This Interim Glenn Medical Center Emergency Services Closure Impact Report was produced pursuant to the requirements contained in HSC § 1300 et seq.A final impact report will be produced following the required public hearing.

RECOMMENDATION(S):

1. Receive information from the Sierra – Sacramento Valley Emergency Medical Services Agency, the designated local emergency medical services agency for Glenn County, on the closure of hospital emergency services at Glenn Medical Center; and
2. Hold a Public Hearing pursuant to California Health and Safety Code Section 1300 on the closure of emergency services at Glenn Medical Center and obtain additional relevant information for the required impact evaluation report related to this matter.

HISTORY AND BACKGROUND:

Glenn Medical Center is a General Acute Care Hospital licensed to provide 'Standby Emergency Medical Service, Physician on Call' supplemental services, defined as follows:

- "Standby emergency medical service, physician on call, means the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time." (California Code of Regulations, Title 22, Division 5, Chapter 1, Article 6, § 70649)

Glenn Medical Center opened in 1949 and has served the medical needs of Glenn County and surrounding area residents for over 75 years. Glenn Medical Center has been designated as a Critical Access Hospital for more than 20 years and is the only acute care hospital in Glenn County. American Advanced Management (AAM) assumed management of Glenn Medical Center in December 2017.

Pursuant to applicable federal laws, the Centers for Medicare & Medicaid Services (CMS) recently conducted a review of Glenn Medical Center and determined that they did not meet the requirements for continued designation as a Critical Access Hospital due to their distance to the next closest General Acute Care Hospital (Colusa Medical Center). The final CMS determination letter upholding the decision to terminate Glenn Medical Center's Critical Access Hospital designation was issued on August 13, 2025.

Glenn Medical Center administration determined that they would not be able to maintain

emergency services at this facility due to the revocation of their Critical Access Hospital designation. All potential appeals related to this matter have been exhausted and no other financially viable options to maintain emergency services at this facility have been identified.

Glenn Medical Center notified the Sierra – Sacramento Valley Emergency Medical Services Agency and Glenn County on August 22, 2025 of their decision to cease providing emergency services at this facility no later than October 21, 2025. Glenn Medical Center administration subsequently indicated that limited in-patient services are expected to continue at this facility for a short period after the October 21st emergency services closure to ensure an orderly discharge or transfer of remaining patients.

FISCAL/PERSONNEL IMPACTS(S):

Pursuant to previous Glenn County Board of Supervisors action, an additional 12-hour per day/7 -day per week 911 emergency ground ambulance was placed into service in December 2024 to improve ambulance coverage for all areas of Glenn County. This 12-hour ambulance is currently 100% subsidy funded through a 50/50 cost share agreement between Glenn County and the City of Orland. The total subsidized cost of this additional 12-hour ambulance over the past 12 months was $316,131.33 (note: this unit was only in service/deployed for the past 8 months as previously indicated). This subsidy is expected to continue in the near-term, although is subject to possible adjustment as necessary.

ANALYSIS/DISCUSSION:

Glenn Medical Center has determined that significant changes to financial conditions beyond their control have impacted their ability to maintain emergency services at this facility. No other sources of funding have been identified or are forthcoming to address this matter. When Colusa Regional Medical Center closed in April 2016, the Colusa County area experienced a 30% increase in 911 ambulance call volume. It should be noted that this 911 ambulance call volume increase was partially offset by the elimination of interfacility patient transport volume (patients transported from one hospital to another hospital) resulting from the hospital closure. 42% of the 911 ambulance patients in Glenn County are currently transported to hospitals other than Glenn Medical Center. As such, the 911 ambulance call volume increase is not expected to be as significant as what occurred in Colusa County under similar circumstances. With the imminent closure of the only hospital emergency services in Glenn County, the focus must be on maintaining adequate emergency ambulance services for the residents and visitors of Glenn County.

APPROVERS:

Margaret Long, Scott De Moss Completed

Glenn Medical Center Emergency Services Closure Interim Impact Evaluation Report

Glenn Medical Center Emergency Services Closure Presentation

2

Glenn Medical Center (GMC) Hospital Facility & Area Information

- CDPH[1] Licensed Facility Type: **General Acute Care Hospital**
- CDPH[1] Licensed Emergency Department Type: **Standby Emergency Medical Service, Physician on Call**
- EMS Base Hospital: **No** (ambulance receiving hospital only)
- EMS Specialty Receiving Center Designations: **None**
- CDPH[1] Licensed Hospital Beds: **47**
- Staffed Hospital Beds: **25**
- Average Daily Inpatient Census: **~20 patients**
- CDPH[1] Licensed Emergency Department Beds: **5**
- Annual Emergency Department Patient Encounters:
  - 2022: **6404** (Source: HCAI[2]): ~18 patients per day average
  - 2023: **6152** (Source: HCAI[2]): ~17 patients per day average
  - 2024: **6282** (Source: GMC): ~17 patients per day average
    - Ambulance Transported Patients: **946**
- Service Area Population: **28,917**
  - Service Area Population Density: **22 people per square mile**
  - Designation Type: **Frontier**

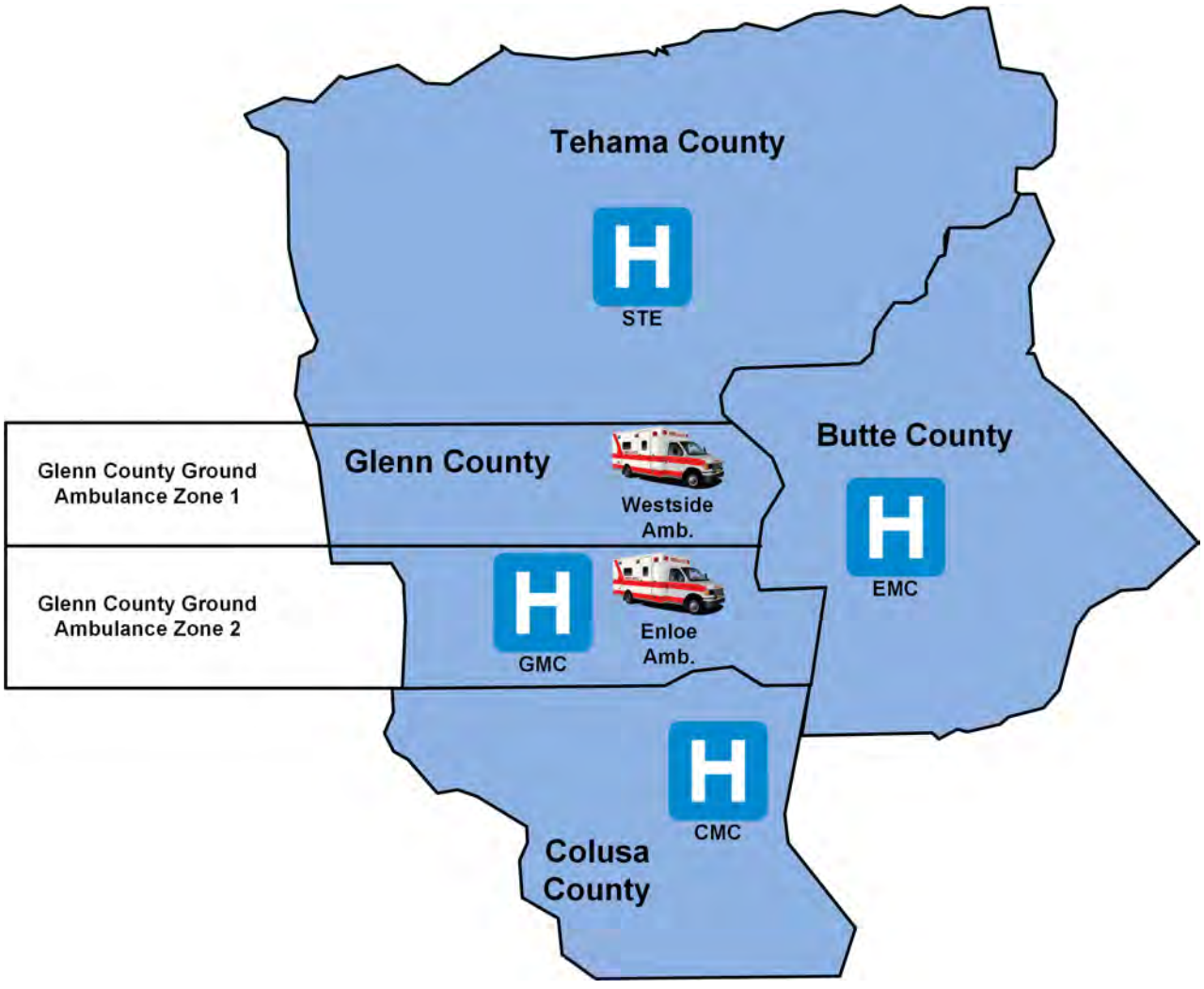
[1]CDPH = California Department of Public Health.
[2]HCAI = California Department of Healthcare Access and Information.

Glenn County Ground Ambulance Zones & Area Acute Care Hospital Map

- Glenn County Ground Ambulance Response Zones:
  - Zone 1 – North of County Road 33: Westside Amb. – Exclusive Operating Area (EOA).
  - Zone 2 – South of County Road: Enloe Willows Amb. – Non-Exclusive Operating Area.
- Next Closest Acute Care Hospital Emergency Departments:
  - Colusa Medical Center (Colusa County): **~32 Miles** (South): 35 – 40 mins distance.
  - Enloe Medical Center (Butte County): **~36 Miles** (Northeast): 40 mins distance.
  - St. Elizabeth Community Hospital (Tehama County): **~45 Miles** (North): 45 mins distance.

Acute Care Hospital Map Abbreviation Legend

CMC = Colusa Medical Center
GMC = Glenn Medical Center
EMC = Enloe Medical Center
STE = St. Elizabeth Community Hospital



Area Acute Care Hospital Annual Emergency Department (ED) Patient (Pt) Encounters Data Date Range: Calendar Years 2022, 2023 & 2024							
Acute Care Hospital	Lic. ED Beds	2022 ED Pts		2023 ED Pts		2024 ED Pts	
		EMS	Total	EMS	Total	EMS	Total
Colusa Medical Center	5	648	5,948	586	5,574	532	6,173
Glenn Medical Center	5	1061	6404	883	6152	946	6,282
Enloe Medical Center	47	15,686	72,230	16,334	75,270	17,572	83,070
St. Elizabeth Comm. Hosp.	14	5,375	28,962	5,344	29,405	5,498	33,442

Area Acute Care Hospital Ambulance Patient Offload Time (APOT)[1]
(Excluding Glenn Medical Center)
Data Date Range: 2025 YTD – Previous 8 Months (1/1/2025 – 8/31/2025)

Colusa Medical Center (Colusa, CA – Colusa County)								
APOT Measure	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Median APOT (H:MM)	0:06	0:05	0:06	0:05	0:04	0:08	0:10	0:07
90th Percentile APOT (H:MM)	0:08	0:09	0:10	0:14	0:09	0:11	0:10	0:11
Enloe Medical Center (Chico, CA – Butte County)								
APOT Measure	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Median APOT (H:MM)	0:06	0:07	0:07	0:07	0:06	0:07	0:07	0:07
90th Percentile APOT (H:MM)	0:13	0:14	0:14	0:13	0:13	0:12	0:13	0:13
St. Elizabeth Community Hospital (Red Bluff, CA – Tehama County)								
APOT Measure	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Median APOT (H:MM)	0:08	0:07	0:07	0:06	0:07	0:07	0:06	0:07
90th Percentile APOT (H:MM)	0:16	0:19	0:16	0:14	0:16	0:16	0:13	0:14

[1]Ambulance Patient Offload Time (APOT) – The time interval between the arrival of a 911 ambulance patient at a hospital ED ambulance bay and the time the patient is transferred from the ambulance cot to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient.

911 Ground Ambulance Patient Transports to Glenn Medical Center & Potential Hospital Emergency Services Closure Impacts Data Date Range: Previous 12 Months (9/1/2024 – 8/31/2025) – 1005 Total Patients (Pts)					
Incident Location	**911 Pt Transport Count**	**Average Transport Time**	**Next Closest GACH**	**Estimated Average Transport Time to Next Closest GACH**	**Potential Ground Ambulance Provider Impact**
Artois (Glenn)	10	11 min.	EMC[1]	35 min.	Minimal[3]
Butte City (Glenn)	6	24 min.	CMC[2]	25 min.	Minimal[3]
Elk Creek (Glenn)	7	35 min.	CMC[2]	55 min.	Minimal[3]
Glenn (Glenn)	13	16 min.	CMC[2]	25 min.	Minimal[3]
Orland (Glenn)	438	20 min.	EMC[1]	25 min.	Minimal to Moderate[4]
Willows (Glenn)	511	7 min.	EMC[1] or CMC[2]	40 min. (EMC[1] or CMC[2])	Moderate[5]
Maxwell (Colusa)	11	21 min.	CMC[2]	20 min.	None[6]
Stonyford (Colusa)	4	51 min.	CMC[2]	60 min.	Minimal[3]
Williams (Colusa)	5	24 min.	CMC[2]	15 min.	None[6]

[1]EMC = Enloe Medical Center, Chico, CA (Butte County).
[2]CMC = Colusa Medical Center, Colusa, CA (Colusa County).
[3]Potential ambulance provider impacts are expected to be minimal due to low patient volume.
[4]Potential ambulance provider impacts in the Orland area are expected to be minimal to moderate as many patients from this area are already transported to EMC and the estimated average transport time difference between GMC and EMC from this area is approximately 5-10 mins. Transports from this area to EMC vs GMC will result in ambulances being out of Glenn County for longer periods of time.
[5]Potential ambulance transport provider impacts in the Willows area are expected to be moderate as even though the estimated average transport time to the next closest hospital is an additional 33 mins, this area has an average current daily ambulance transport volume of approx. 1.5 patients per day. Transports from this area to EMC vs GMC will result in ambulances being out of Glenn County for longer periods of time. The potential increase in 911 ambulance transports from this area are unknown.
[6]There are no expected ambulance provider impacts to these areas as they are in Colusa County and the estimated average transport time difference to the next closest hospital is similar or less.

Glenn County 911 Ground Ambulance Responses & Transports (Both Ambulance Zones) Data Date Range: 2025 YTD – Previous 8 Months (1/1/2025 – 8/31/2025)						
Zone	Total Responses	Cancelled (Non-Transport)	Ambulance Transport Destinations			
			EMC[1]	GMC[2]	STE[3]	HEMS[4]
Zone 1[5]	1132	359	432	325	9	7
Zone 2[6]	638	156	63	403	0	16
Total:	**1770**	**515**	**495**	**728**	**9**	**23**

Westside Ambulance 12-Hour Unit 911 Responses
Data Date Range: 2025 YTD – 8 Months (1/1/2025 – 8/31/2025)

(**Note:** The Westside Ambulance 12-hour unit was placed in service in December 2024 to improve ambulance resource availability for both Glenn County ambulance response zones)

- Zone 1[5] Responses **(**Westside Ambulance Exclusive Operating Area): **370**
- Zone 2[6] Responses (Enloe Willows Ambulance Non-Exclusive Operating Area): **43**
  (Note: There were an additional 57 Westside Ambulance 24-Hour Unit Responses to Zone 2**)**

Area Cross County 911 Ground Ambulance Mutal Aid Responses
Data Date Range: 2025 YTD – 8 Months (1/1/2025 – 8/31/2025)

- Glenn County Ambulance Provider Mutual Aid Responses into Adjacent Counties: **56**
  - Westside Ambulance to Tehama County: **50**
    - Westside Ambulance 12-hour unit to Tehama County: **9** (out of the 50 number above)
  - Enloe Willows Ambulance to Tehama County: **3**
  - Enloe Willows Ambulance to Colusa County: **3**
- Adjacent County Provider Mutual Aid Responses into Glenn County: **61**
  - AMR Colusa to Glenn County: **2**
  - Butte County EMS to Glenn County: **11**
  - St. Elizabeth Ambulance (Tehama County) to Glenn County: **48**

[1]EMC = Enloe Medical Center, Chico, CA (Butte County).
[2]GMC = Glenn Medical Center, Colusa, CA (Colusa County).
[3]STE = St. Elizabeth Community Hospital, Red Bluff, CA (Tehama County).
[4]HEMS = Helicopter EMS (Air Ambulance) – Various Transport Destinations Outside Glenn County.
[5]Zone 1 = All areas within the geographic boundaries of Glenn County, North of CR 33.
[6]Zone 2 = All areas within the geographic boundaries of Glenn County, South of CR 33.

Glenn Medical Center Ground Ambulance Interfacility Transfer (IFT) Patients
Data Date Range: 2025 YTD – 8 Months (1/1/2025 – 8/31/2025) – 184 Total Patient Transports

- Orchard Hospital Ambulance (BLS): **3 IFT Patient Transports**
- Butte County EMS (BLS & ALS): **27 IFT Patient Transports**
- Enloe Willows Ambulance (BLS & ALS): **154 IFT Patient Transports**
  - Enloe Willows Ambulance IFT Patient Transport Average Time on Task: **105 minutes** (Time on Task = time of ambulance dispatch until the ambulance is available after delivering their patient to the transfer destination. Time on Task does not include travel time back to the ambulance unit's deployment station/location).

Glenn Medical Center Air Ambulance Interfacility Transfer (IFT) Patients
Data Date Range: 2025 YTD – 8 Months (1/1/2025 – 8/31/2025) – 63 Total Patient Transports

- Enloe FlightCare: **49 IFT Patient Transports**
- REACH: **14 IFT Patient Transports**

Glenn County 911 Ambulance Subsidy Information
Date Range: Previous 12 Months (8/1/2025 – 7/31/2025)

Month	Westside Ambulance 12-Hour Unit[1]	Westside Ambulance 24-Hour Unit[2]	Enloe Willows Ambulance
August 2024	$4,586.20	$0	$0
September 2024	$2,981.44	$0	$0
October 2024	$22,147.32	$0	$0
November 2024	$29,856.82	$0	$0
December 2024	$22,182.82	$0	$0
January 2025	$28,658.45	$17,000.00	$0
February 2025	$30,658.93	$17,000.00	$0
March 2025	$33,187.42	$17,000.00	$0
April 2025	$33,349.10	$17,000.00	$0
May 2025	$33,314.98	$17,000.00	$0
June 2025	$39,691.47	$17,000.00	$0
July 2025	$35,516.38	$17,000.00	$0
Total	**$316,131.33**	**$119,000.00**	**$0**

[1]The additional Westside Ambulance 12-hour unit was placed in service in December 2024 and is currently 100% subsidy funded (50/50 cost share between Glenn County and the City of Orland).
[2]The Orland City Council voted in January 2025 to provide an additional 12-month subsidy of $17,000 per month to Westside Ambulance to ensure the financial sustainability of their regular 24-hour unit.

Westside Ambulance Financial Summary & Payor Mix (Note: Westside Ambulance Fiscal Year (FY) is January 1 – December 31)			
Westside Ambulance Financial Summary – Previous 3 Fiscal Years			
Category/Item	**FY 2023**	**FY 2024**	**FY 2025 (Jan – June)**
Patient Transports	1111	1097	371
Average Daily Patient Transports	3	2.9	2.1
Net Patient Revenue[1]	$1,078,999	$1,026,146	$416,878
Expenses	$1,191,046	$1,181,150	$641,719
Net Contribution Margin	**(-$112,047)**	**(-$155,004)**	**(-$224,841)**[2]
Westside Ambulance Payor Mix – Previous 3 Fiscal Years			
Payor Type	**FY 2023**	**FY 2024**	**FY 2025**
Medicare	58.9%	57.4%	58.8%
Medi-Cal Traditional	3.6%	1.7%	0.5%
Medi-Cal Managed	24.3%	28.2%	28.0%
Blue Cross	3.1%	3.6%	4.9%
Blue Shield	2.9%	2.6%	3.0%
Self-Pay	4.7%	3.0%	4.3%
Other	2.6%	3.6%	0.6%
Total	**100%**	**100%**	**100%**
Westside Ambulance Approved Rates (as of 7/1/2025)			
Approved Ambulance Rates	**ALS Base Rate**	**Treat/No Transport**	**Mileage Rate**
	$4,656.00	**$444.00**	**$120.00/mile**

General Financial Data Notes:

The Westside Ambulance financial summary data is specific to their 24-hour unit only as their additional (subsidized) 12-hour unit has only been in service for the past 9 months.

Specific Financial Data Notes:

[1]Net Patient Revenue is the total payments collected on ambulance patient accounts.
[2]Net Contribution Margin does not include financial subsidy from Glenn County or the City of Orland.

Enloe Willows Ambulance Financial Summary & Payor Mix (Note: Enloe Health Fiscal Year (FY) is July 1 – June 30)			
Enloe Willows Ambulance Financial Summary – Previous 3 Fiscal Years			
Category/Item	**FY 2023**	**FY 2024**	**FY 2025**
Patient Transports	999	1,012	862
Average Daily Patient Transports	2.7	2.8	2.4
Net Patient Revenue[1]	$781,380	$888,514	$958,934
Expenses	$940,921	$989,801	$944,434
Net Contribution Margin	**(-$159,541)**	**(-$101,287)**	**+$14,500**[2]
Enloe Willows Ambulance Payor Mix – Previous 3 Fiscal Years			
Payor Type	**FY 2023**	**FY 2024**	**FY 2025**
Medicare	52.3%	55.6%	51.5%
Medi-Cal Traditional	2.8%	3.0%	1.9%
Medi-Cal Managed	21.2%	21.5%	28.9%
Blue Cross	5.9%	4.4%	3.5%
Blue Shield	2.6%	2.3%	4.1%
Self-Pay	11.7%	8.5%	5.6%
Other	3.6%	4.7%	4.6%
Total	**100%**	**100%**	**100%**
Enloe Willows Ambulance Approved Rates (as of 7/1/2025)			
Approved Rates	**ALS Base Rate**	**Treat/No Transport**	**Mileage Rate**
	$4,665.00	**$1,253.00**	**$120.00/mile**

General Financial Data Notes:

The Enloe Willows Ambulance currently transports approximately 300 interfacility transfer patients from Glenn Medical Center to other acute care hospitals outside Glenn County on an annual basis. It is expected that the loss of this interfacility patient transport volume, and associated revenue, will negatively impact Enloe Health's Net Contribution Margin for this service line. The exact impact is unknown at this time as this may be partially offset by an increase in 911 patient transport volume due to increased unit availability and a possible increase in 911 patient transport volume in the Willows area following the closure of emergency services at Glenn Medical Center.

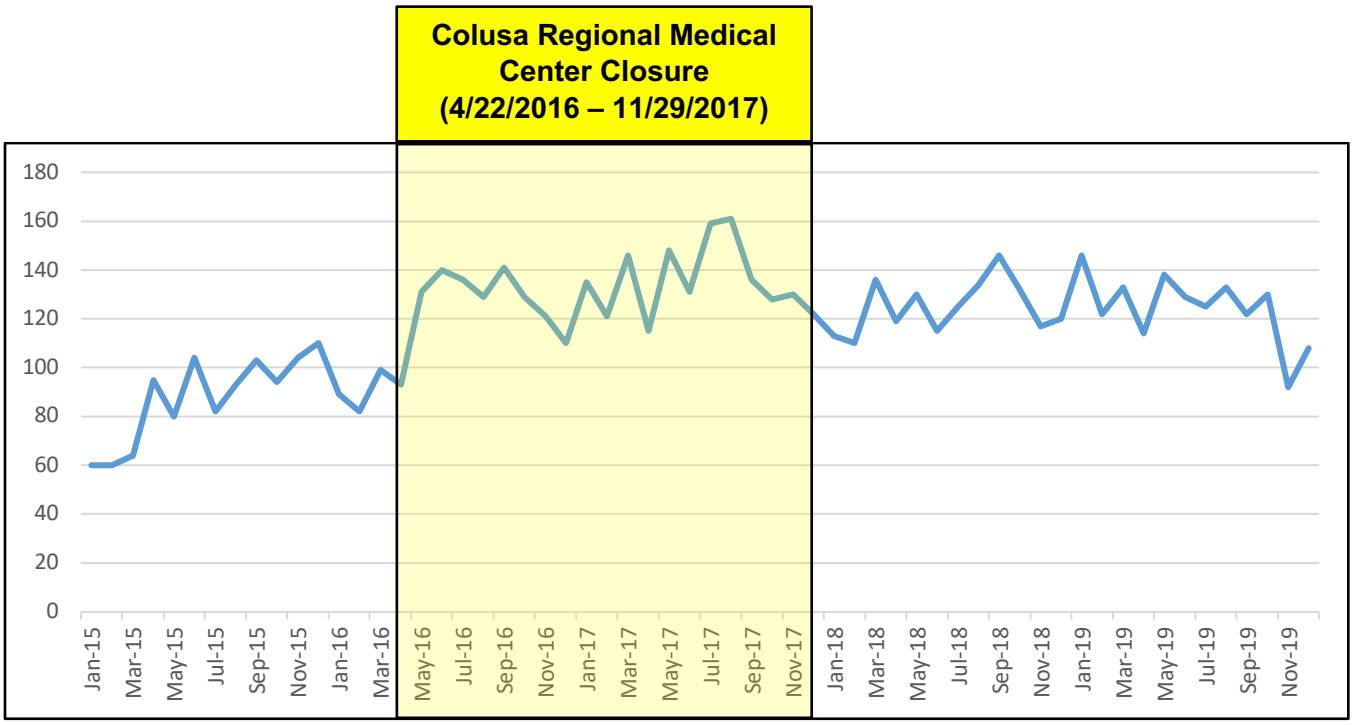
Specific Financial Data Notes:

[1]Net Patient Revenue is the total payments collected on ambulance patient accounts.
[2]Positive change in Net Contribution Margin for FY 2025 is due to the following: 1) Drop in supply costs due to a change in practice in which the Willows ambulance and crew quarters are serviced through the Enloe Health logistics department (cost burden now falls under the Butte County EMS cost center), and 2) Implementation of an ambulance rate increase effective 11/1/2024, consistent with current Westside Ambulance rates.

Previous Hospital Closure 911 Ground Ambulance Impacts

- Colusa Regional Medical Center closed on April 22, 2016 and subsequently reopened as Colusa Medical Center (under a different organization) on November 29, 2017. As illustrated below, the Colusa County area experienced an approximate 30% increase in 911 ambulance call volume during this period of hospital closure. It should be noted that the 911 ambulance call volume increase was partially offset by the elimination of interfacility patient transport volume resulting from the hospital closure. The 911 ambulance call volume subsequently decreased approximately 10% once the hospital reopened. Excluding several COVID year aberrancies, the 911 ambulance call volume increased approximately 8% from 2019 to 2024 (5-year period). The combined 5-year increase of approximately 8% from 2019 to 2024 is consistent with the expected organic 911 ambulance call volume growth for this area. The Colusa County 911 ambulance call volume data for these referenced periods is included below:
  - 2015 Calendar Year: 1049
  - 2016 Calendar Year: 1400 (includes 8 months of hospital closure)
  - 2017 Calendar Year: 1632 (includes 11 months of hospital closure)
  - 2018 Calendar Year: 1497
  - 2019 Calendar Year: 1492
  - 2020 – 2023 Calendar Years Not Included/Counted
  - 2024 Calendar Year: 1610

Colusa County 911 Ambulance Volume: 1/1/2015 – 12/31/2019



- The only other known recent California hospital closure was Madera Community Hospital that closed in December 2022 and subsequently reopened in March 2025. In 2021 this hospital had 16 licensed emergency department beds with an annual patient volume of 28,244. An inquiry to the LEMSA related to the EMS system impacts from this closure was responded to as follows:
    - Madera Community Hospital was an independent facility and closed due to financial reasons. Because it was an independent facility, only about 50% of the 911 ambulance patients in their service area were transported to Madera Community Hospital. The remaining patients requested a different hospital destination that was in their insurance network (Madera Community Hospital did not belong to any network). As a result, the impact was minimal, except that all ambulance transports from this area then had to go to Fresno or Merced, which stripped the small EMS system of ambulances at times when they were at hospitals in the neighboring counties. There was an increase of mutual aid responses from Fresno and Merced ambulances into Madera. The affected area did not see any significant increase in 911 calls. When this hospital reopened in March 2025, they went back to the same statistics as before. About 52% (or 14 patients on average) of the total 26 - 911 ambulance transported patients per day go to Madera Community Hospital, and the remaining go to Fresno or Merced.

Other Potential Impacts & Actions

The cessation of emergency medical services at GMC is expected to impact law enforcement availability in Glenn County due to this facility no longer being available to provide legal blood draw services and medical clearance for applicable individuals. Additionally, the cessation of these services is expected to impact Glenn County first responder individuals/organizations (fire departments/districts), many of which are primarily volunteer. These impacts are due to the expected increase in 911 emergency medical assistance requests and potential decrease in 911 ambulance availability due to longer transport times to the next closest acute care hospital. GMC has also been an important partner in local medical/health emergency preparedness and response activities within Glenn County.

Most importantly, the cessation of emergency medical services at GMC will have a direct impact on Glenn County residents and visitors in need of these time-sensitive services. These impacts will be applicable to both 911 ambulance transported patients as well as patients who seek acute care hospital emergency medical services by other methods of transportation. As indicated in this report, the distance to the next closest acute care hospital will be significantly further for a substantial number of individuals/patients.

Following additional communications with GMC Administration related to this matter, S-SV EMS issued the following notification to all relevant EMS system participants on September 23, 2025:

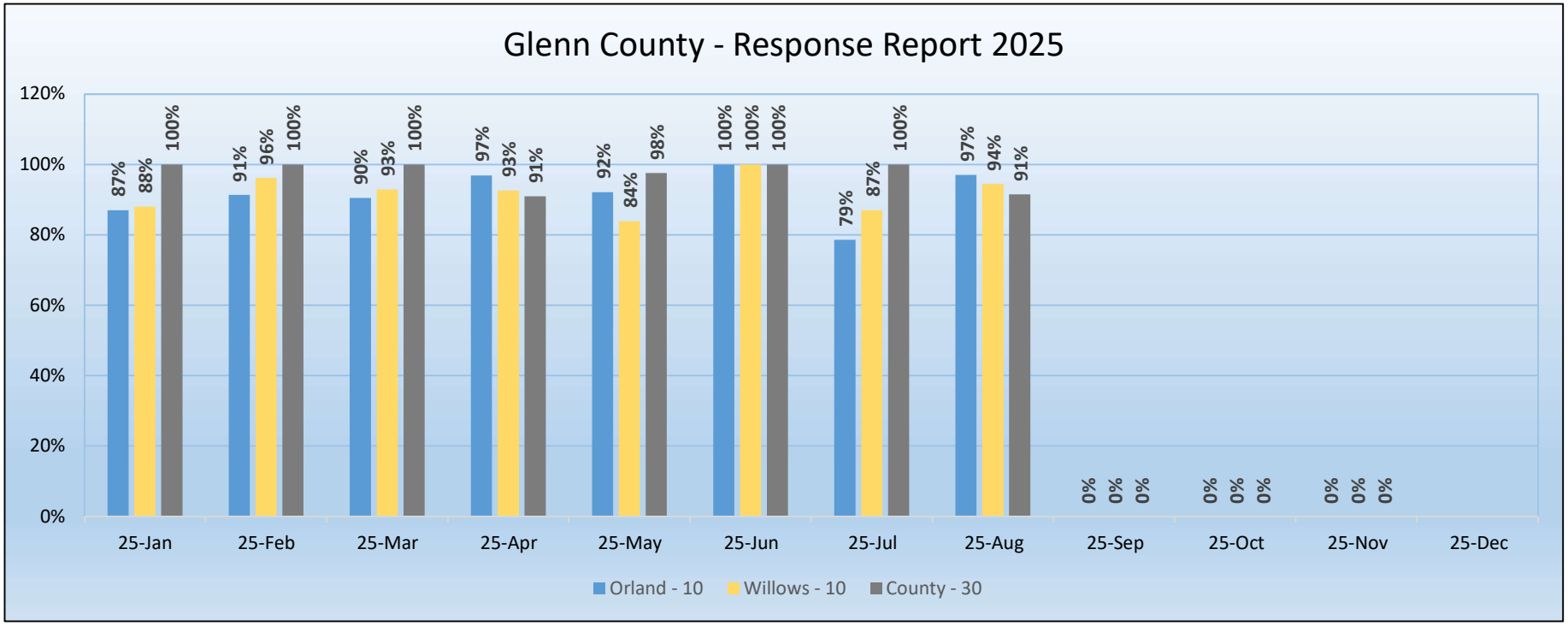
> *Glenn Medical Center (GMC) will be initiating full ambulance diversion no later than 1900 hours on 9/29 (24 hours prior to their scheduled closing). In the meantime, given their current/regularly changing staffing and resource status, please instruct all field EMS personnel to contact Glenn Medical Center directly prior to transporting a patient to them by ambulance to ensure they can safely receive the patient. GMC is not a base/modified base hospital, so please remind your field personnel to contact the closest base/modified base hospital if additional medical/destination consultation is necessary.*

Conclusion

GMC has determined that significant changes to financial conditions beyond their control have impacted their ability to maintain emergency medical services at this facility. No other sources of local, regional, state or federal funding have been identified that would allow this facility to continue providing safe and sustainable emergency medical services to the public. As communicated by GMC administration, the continued provision of emergency medical services at this facility past the September 30, 2025 updated closure date would be unsafe due to staffing and resource challenges. With the imminent and unavoidable closure of the only acute care hospital emergency medical services in Glenn County, the focus must be on maintaining adequate prehospital emergency medical services and other necessary medical/health services for all Glenn County residents and visitors.

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	09:56	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	28	6	79%	08:04	23	3	87%	06:56	25	0	100%	11:48	5	16:36	117	09:59	21	2	16:30	0	221
Aug-25	33	1	97%	06:10	18	1	94%	06:35	47	4	91%	14:17	1	13:14	119	10:30	28	5	24:24	2	255
Sep-25																					
Oct-25																					
Nov-25																					
Dec-25																					
Totals	**266**	**23**			**197**	**17**			**271**	**8**					**931**		**206**	**34**		**13**	**1966**



County

Glenn County, California

Glenn County, California has 1,314.0 square miles of land area and is the 36th largest county in California by total area. Glenn County, California is bordered by Butte County, California, Lake County, California, Colusa County, California, Tehama County, California, and Mendocino County, California.

// United States / California / Glenn County, California

Display Sources

Populations and People
Total Population
28,917
P1 | 2020 Decennial Census

Income and Poverty
Median Household Income
$70,487
S1901 | 2023 American Community Survey 5-Year Estimate

Education
Bachelor's Degree or Higher
16.5%
S1501 | 2023 American Community Survey 5-Year Estimates

Employment
Employment Rate
58.4%
DP03 | 2023 American Community Survey 5-Year Estimate

Housing
Total Housing Units
10,895
H1 | 2020 Decennial Census

Health
Without Health Care Coverage
8.9%
S2701 | 2023 American Community Survey 5-Year Estimate

Business and Economy
Total Employer Establishments
487
CB2100CBP | 2021 Economic Surveys Business Patterns

Families and Living Arrangements
Total Households
9,763
DP02 | 2023 American Community Survey 5-Year Estimate

Race and Ethnicity
Hispanic or Latino (of any race)
12,541
P9 | 2020 Decennial Census

Source: undefined |

Populations and People

Age and Sex

35.9 ± 0.4
Median Age in Glenn County, California

38.2 ± 0.1
Median Age in California

S0101 | *2023 American Community Survey 5-Year Estimates*

Population Pyramid: Population by Age and Sex
in Glenn County, California

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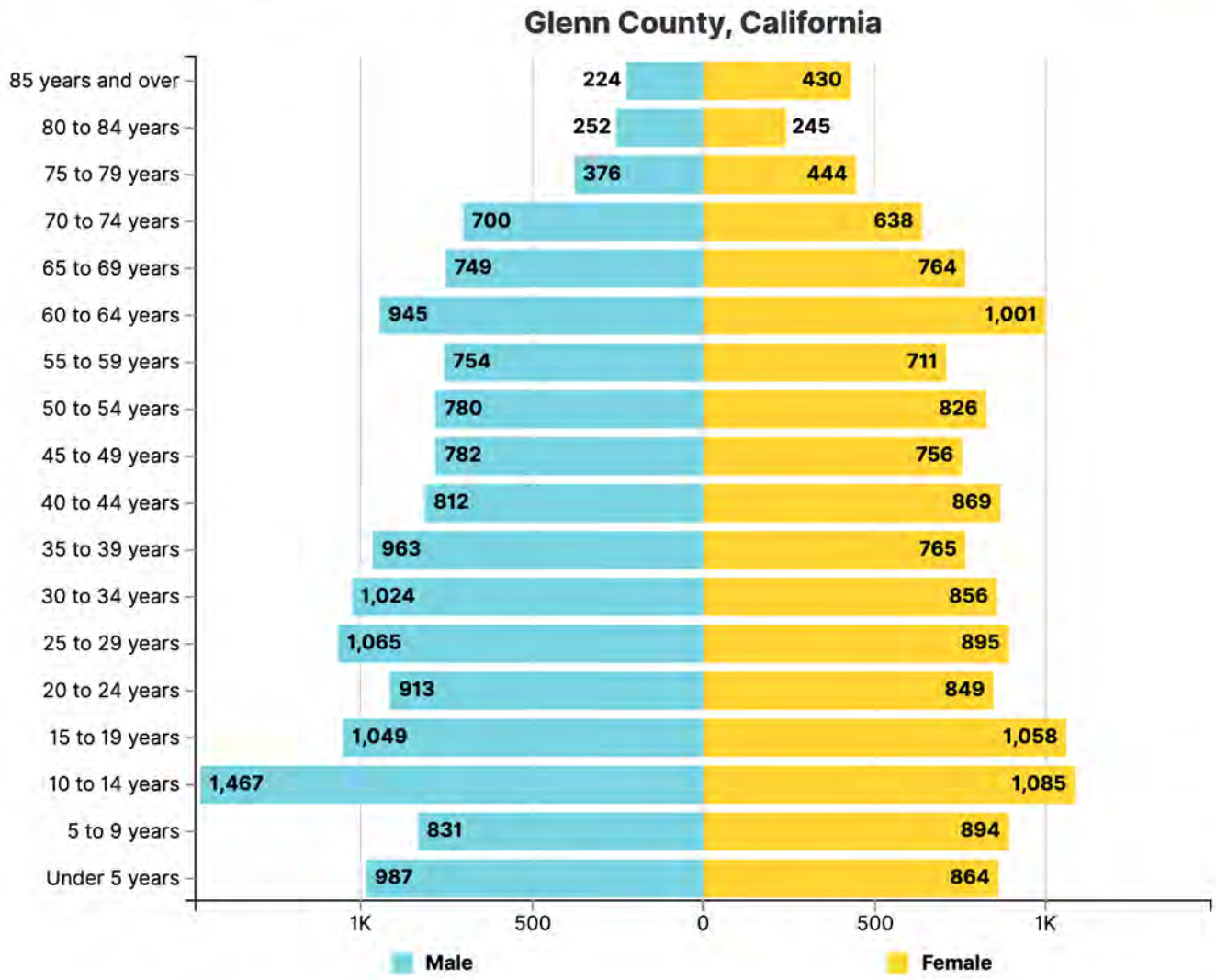

Display Margin of Error
S0101 | *2023 ACS 5-Year Estimates Subject Tables*

Language Spoken at Home

37.9% ± 2.3%
Language Other Than English Spoken at Home in Glenn County, California

45.0% ± 0.2%
Language Other Than English Spoken at Home in California

S1601 | *2023 American Community Survey 5-Year Estimates*

Types of Language Spoken at Home
in Glenn County, California

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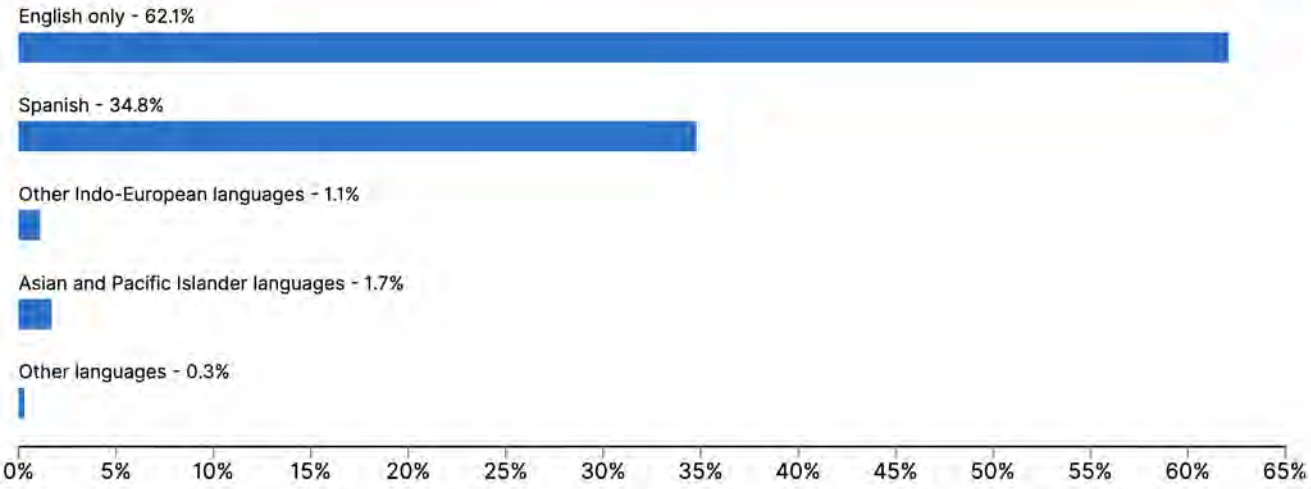

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S1601 | 2023 American Community Survey 5-Year Estimates

Native and Foreign-Born

15.8% ± 1.6%
Foreign-Born population in Glenn County, California

27.3% ± 0.2%
Foreign-Born population in California

DP02 | 2023 American Community Survey 5-Year Estimates

Foreign-Born Population
in Glenn County, California

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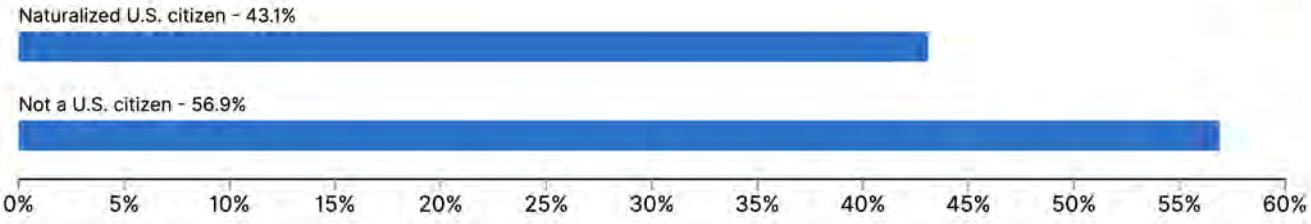

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DP02 | 2023 American Community Survey 5-Year Estimates

Older Population

16.8% ± 0.2%
65 Years and Older in Glenn County, California

16.2% ± 0.1%
65 Years and Older in California

DP05 | 2023 American Community Survey 5-Year Estimates

Older Population by Age
in Glenn County, California

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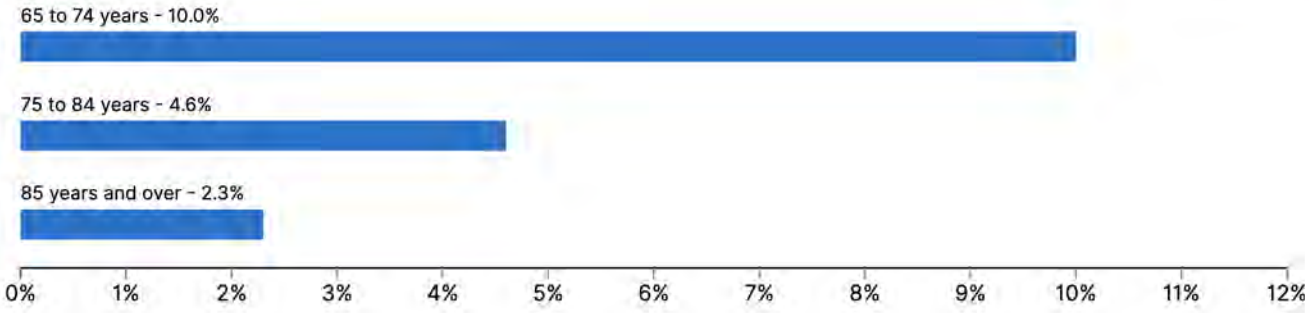

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DP05 | 2023 American Community Survey 5-Year Estimates

Residential Mobility

0.8% ± 0.4%
Moved From a Different State in the Last Year in Glenn County, California

1.1% ± 0.1%
Moved From a Different State in the Last Year in California

S0701 | 2023 American Community Survey 5-Year Estimates

Residential Mobility in the Last Year
in Glenn County, California

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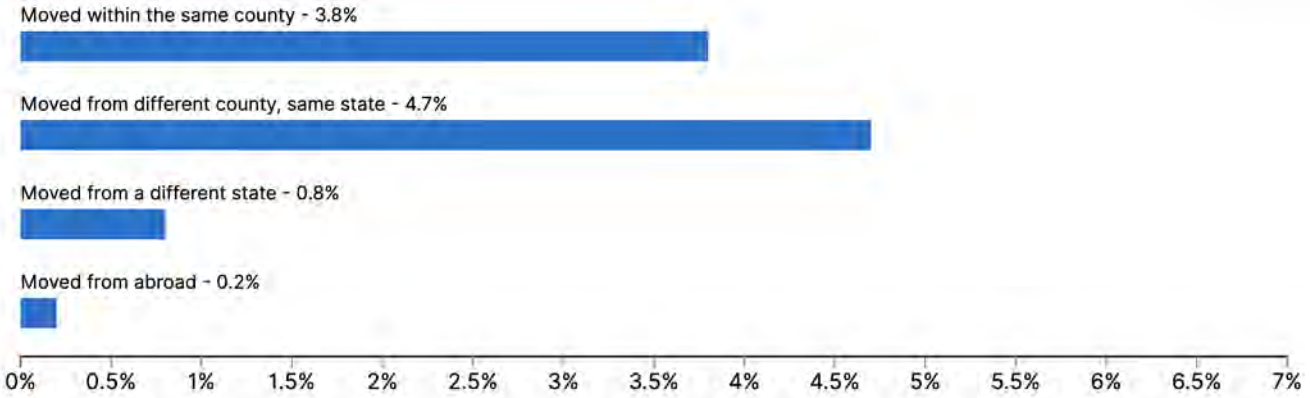

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S0701 | 2023 American Community Survey 5-Year Estimates

Veterans

5.7% ± 1.0%
Veterans in Glenn County, California

4.1% ± 0.1%
Veterans in California

S2101 | *2023 American Community Survey 5-Year Estimates*

Veterans by Sex
in Glenn County, California

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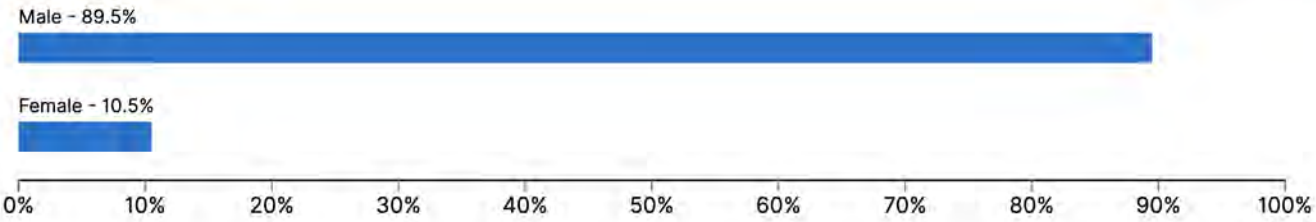

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S2101 | *2023 American Community Survey 5-Year Estimates*

Nearby Counties

Butte County, California
Colusa County, California
Mendocino County, California
Lake County, California
Tehama County, California

OCTOBER JPA BOARD MEETING

Agenda Item F-2

Subject:
911 Ambulance Response Times (attachment & verbal report)

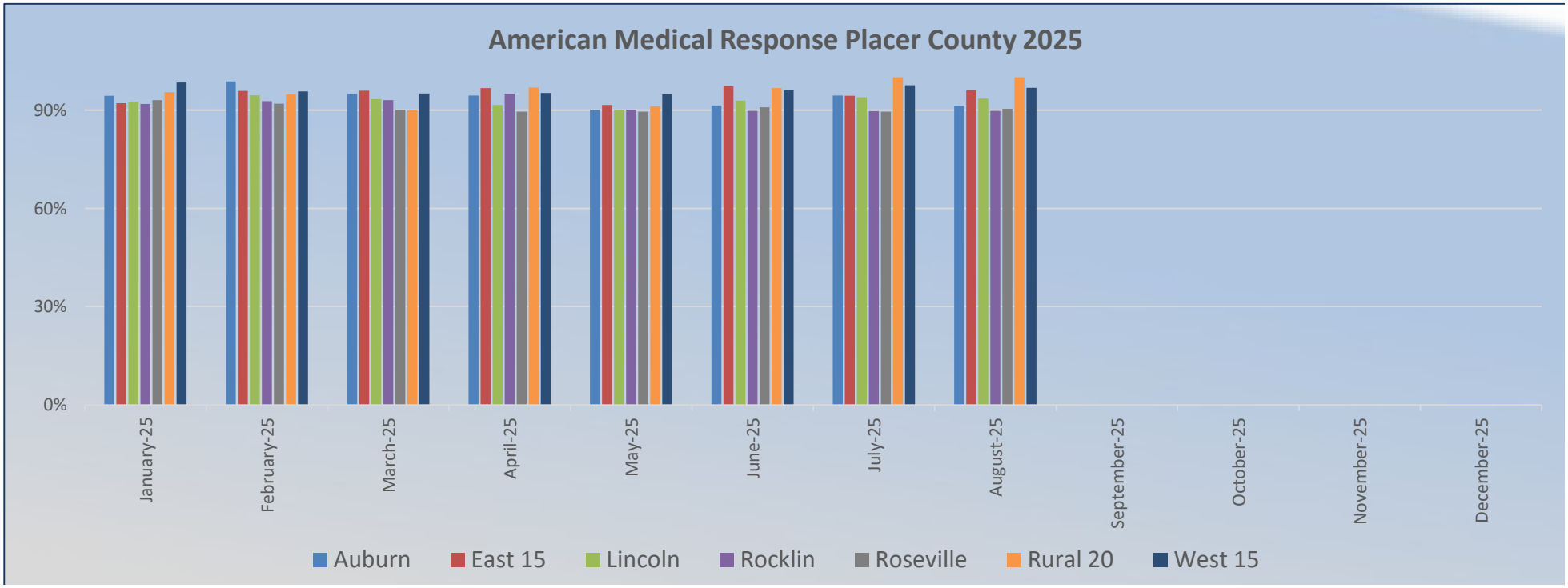
Recommended Action:
Information only, no action required.

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	39	0	100.0%	0:05:44	43	0	100.0%	0:05:54	29	1	96.6%	0:13:13	12	0	100%	0:14:03	10	0:36:41	**133**
Aug-25	49	0	100.0%	0:06:01	44	1	97.7%	0:05:07	36	1	97.2%	0:11:23	11	0	100%	0:17:35	9	0:35:05	**149**
Sep-25																			
Oct-25																			
Nov-25																			
Dec-25																			
Totals	**331**				**301**				**289**				**99**				**71**		**1091**

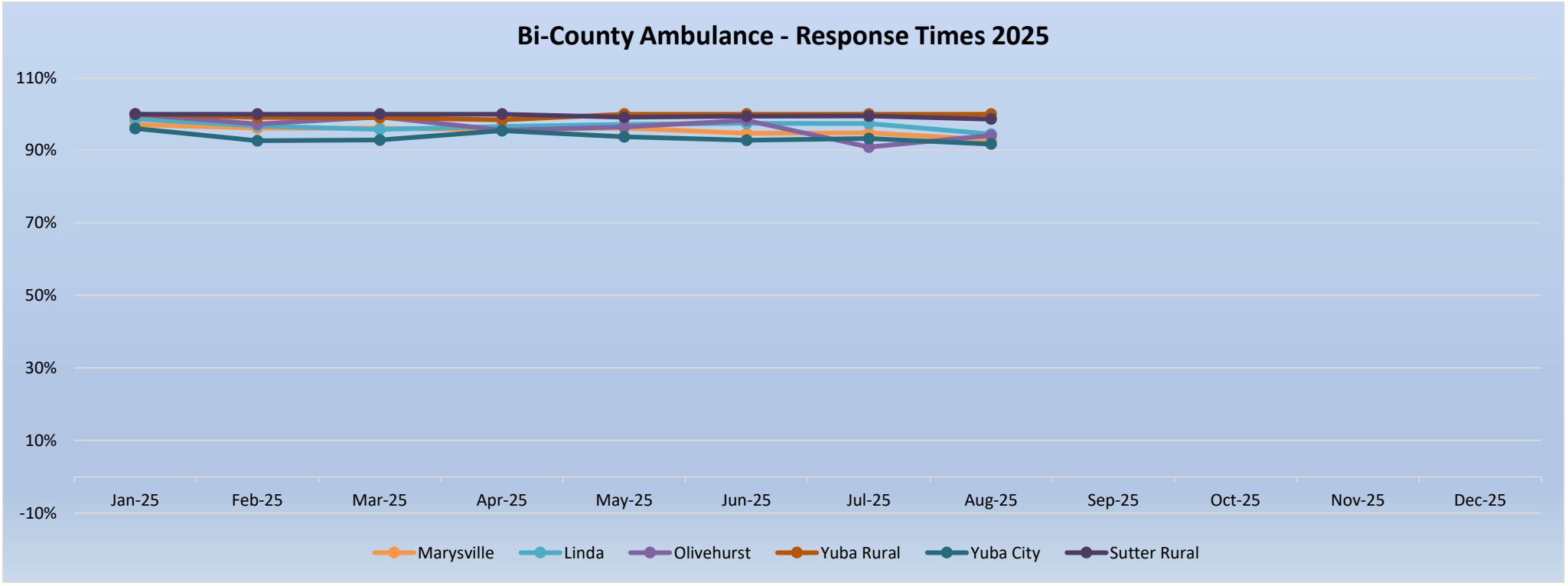
American Medical Response Placer County - Response Time Compliance - 2025

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 Emer-gent 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	304	17	**94%**	106	6	**94%**	407	25	**94%**	349	36	**90%**	1239	130	**90%**	19	0	**100%**	242	6	**98%**	16	9	284	2975
Aug-25	300	26	**91%**	102	4	**96%**	370	24	**94%**	312	32	**90%**	1331	128	**90%**	28	0	**100%**	309	10	**97%**	19	3	308	3082
Sep-25																									
Oct-25																									
Nov-25																									
Dec-25																									
Total #s	2144	138	**93.6%**	797	40	**95%**	2998	217	**93%**	2828	240	**92%**	9585	904	**91%**	204	9	**96%**	2059	78	**96%**	122	90	2165	22992



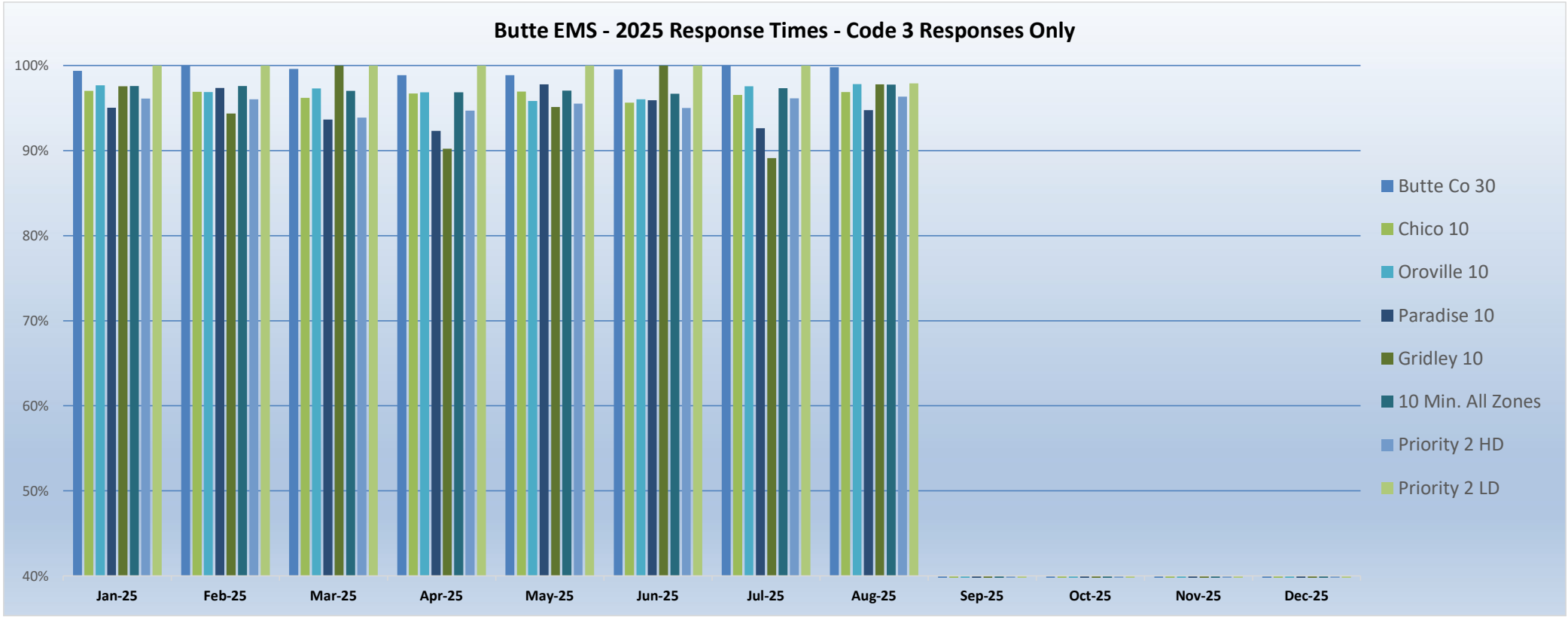
Bi-County Ambulance - Response Time Compliance - 2025

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	251	13	**95%**	267	7	**97%**	121	11	**91%**	126	0	**100%**	669	45	**93%**	192	1	**99%**	120	0:22:49	378	0:10:46	0	2124
Aug-25	269	19	**93%**	290	16	**94%**	154	9	**94%**	152	0	**100%**	667	55	**92%**	224	3	**99%**	119	0:18:50	363	0:10:33	0	2238
Sep-25																								
Oct-25																								
Nov-25																								
Dec-25																								
Total #s	2006	92	**95%**	2243	72	**97%**	960	35	**96%**	958	4	**100%**	5424	347	**94%**	1501	7	**100%**	886		2788	0	12	16778



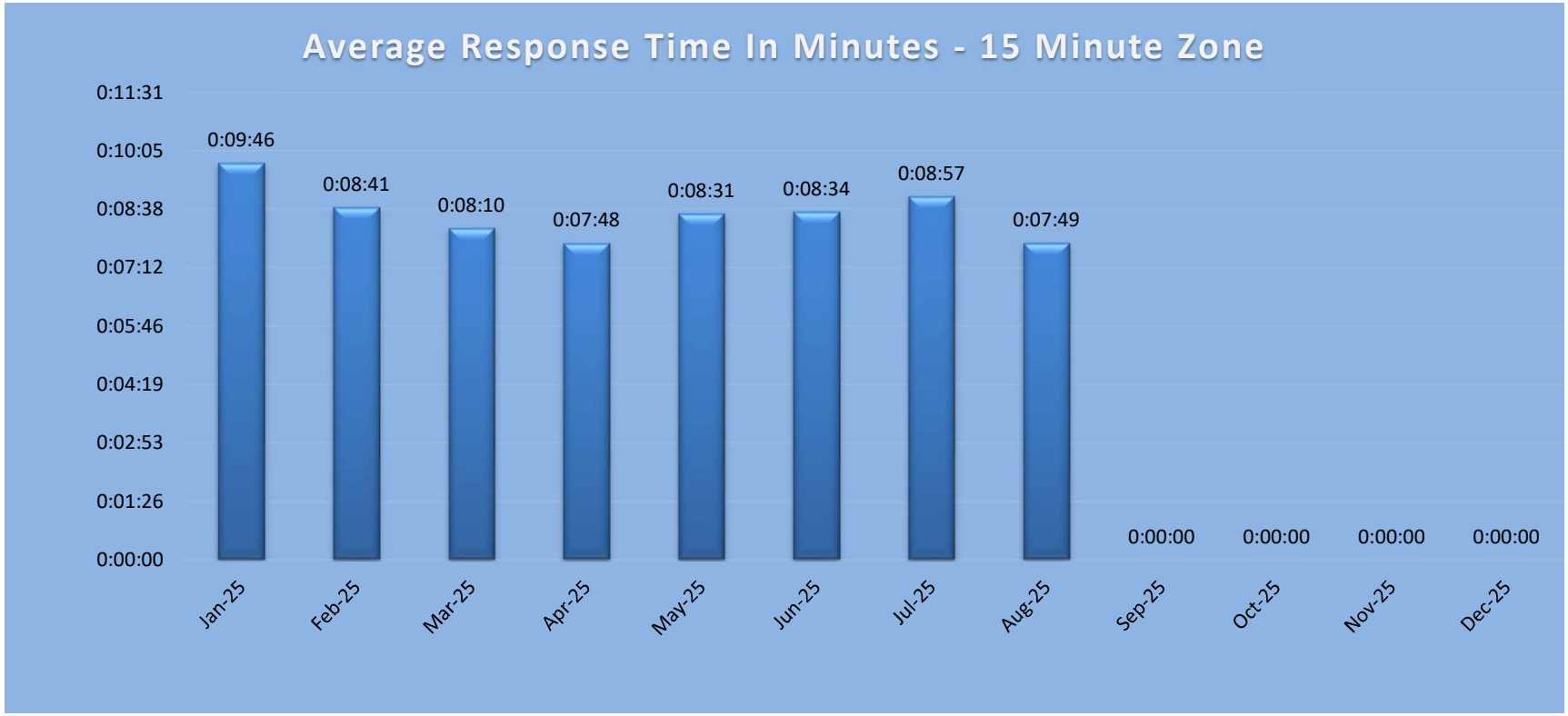
Butte EMS - Response Time Compliance - 2025

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 %	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	34	**96%**	378	15	**96%**	196	8	**96%**	47	0	**100%**	35	320	16	**95%**	63	0	**100%**	296	9	**97%**	2528	84	**97%**	86	2649
Jul-25	525	0	**100%**	725	25	**97%**	369	9	**98%**	176	13	**93%**	55	6	**89%**	21	414	16	**96%**	63	0	**100%**	327	2	**99%**	2654	71	**97%**	98	2773
Aug-25	497	1	**100%**	800	25	**97%**	411	9	**98%**	172	9	**95%**	45	1	**98%**	33	411	15	**96%**	95	2	**98%**	352	1	**100%**	2783	63	**98%**	89	2905
Sep-25																														
Oct-25																														
Nov-25																														
Dec-25																														0
Total #s	3972	20	**99.5%**	6334	215	**96.6%**	3055	92	**97.0%**	1430	73	**94.9%**	380	18	**95.3%**	204	3016	136	**95.5%**	537	2	**99.6%**	2532	33	**98.7%**	21256	589	**97.2%**	678	22138



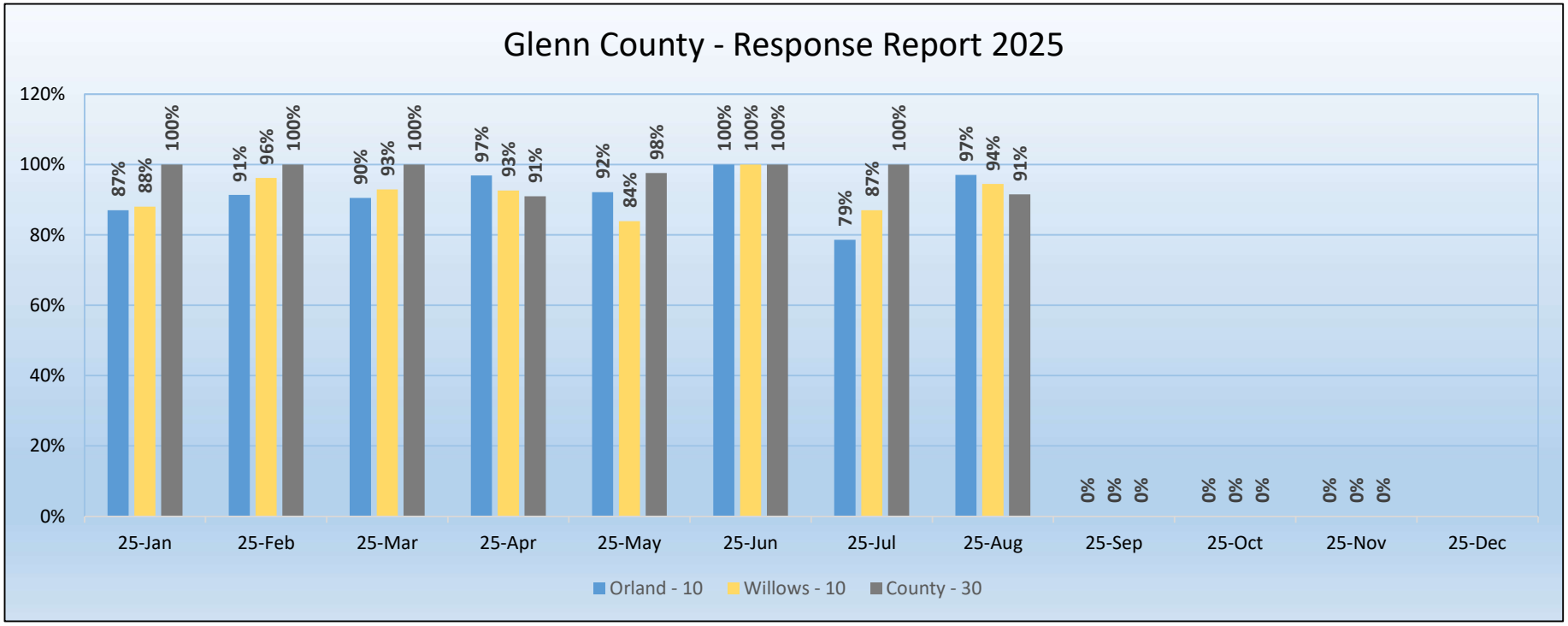
Foresthill Fire - Response Time Compliance - 2025

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	49	0	100.0%	0:08:31	3	0:12:24	3	0:19:12	0	52
Jun-25	53	1	98.1%	0:08:34	1	NA	0	NA	0	54
Jul-25	50	1	98.0%	0:08:57	1	0:00:00	2	0:16:46	0	51
Aug-25	41	0	100.0%	0:07:49	3	0:26:00	3	0:33:01	0	44
Sep-25										
Oct-25										
Nov-25										
Dec-25										
Total #s	**350**	**2**	**99.4%**		**14**		**15**		**0**	**364**



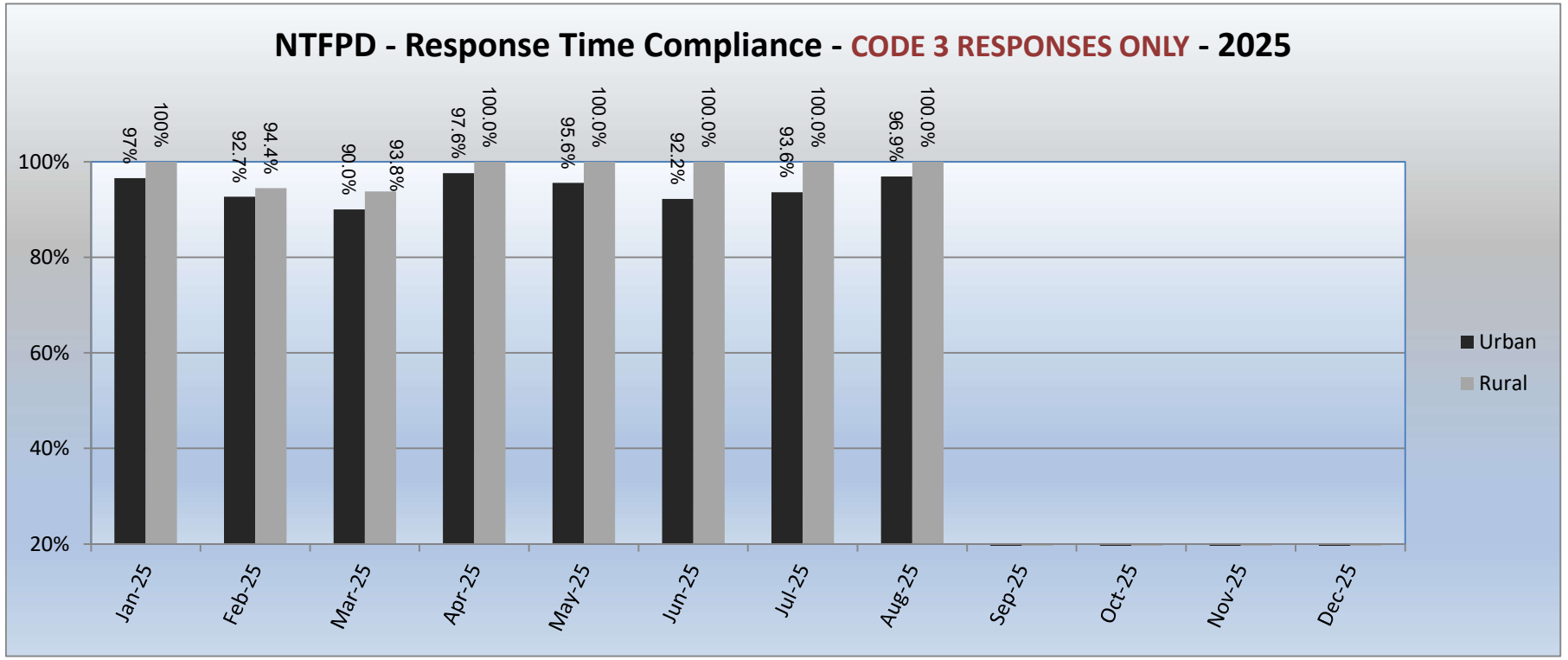
Glenn County - 911 Response Report - 2025

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	09:56	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	28	6	79%	08:04	23	3	87%	06:56	25	0	100%	11:48	5	16:36	117	09:59	21	2	16:30	0	221
Aug-25	33	1	97%	06:10	18	1	94%	06:35	47	4	91%	14:17	1	13:14	119	10:30	28	5	24:24	2	255
Sep-25																					
Oct-25																					
Nov-25																					
Dec-25																					
Totals	**266**	**23**			**197**	**17**			**271**	**8**					**931**		**206**	**34**		**13**	**1966**



NTFPD - Response Time Compliance - 2025

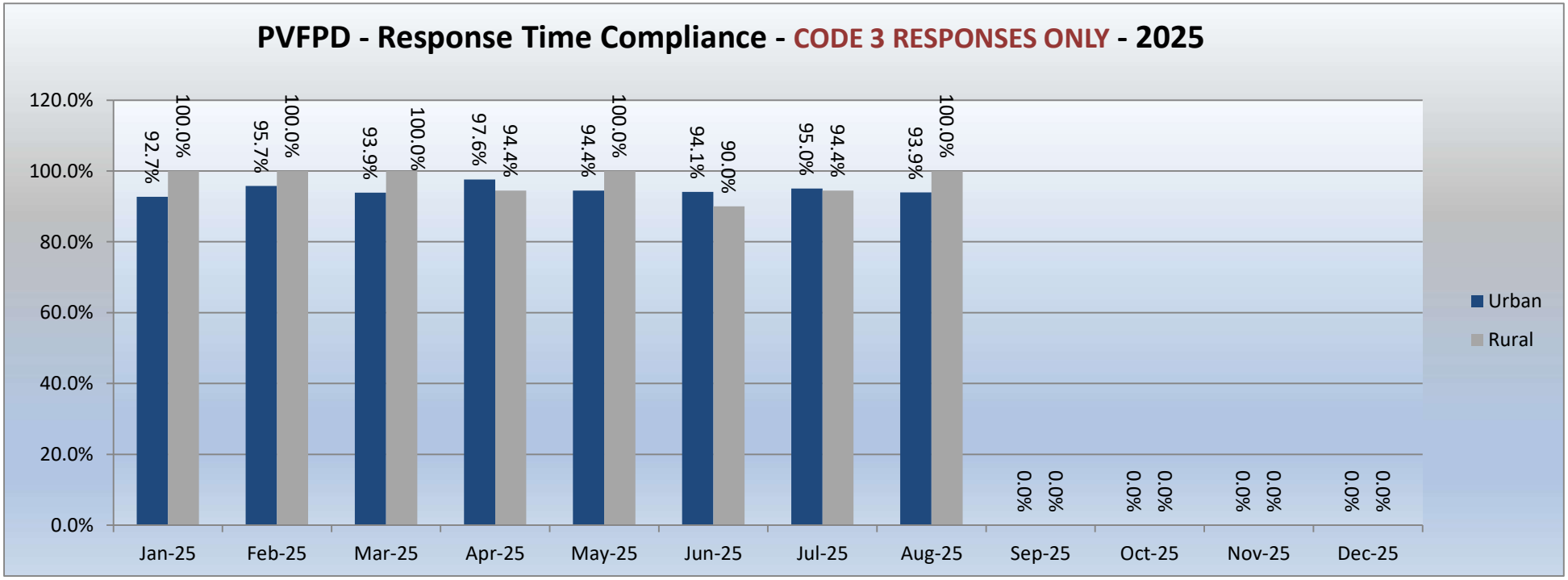
NTFPD	NTFPD City Limits - 10 Minute - Code 3				NTFPD Rural - 20 Minutes - Code 3				NTFPD City Limits - Code 2		NTFPD Rural Code 2		Meeks Bay	ASAP ALL Calls	Other Ski Areas	IFT Calls	Total # of Calls - No IFT
Month	# of Calls	# Late	On Time %	Avg. Response Time	# of Calls	# Late	On Time %	Avg. Response 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	78	5	94%	0:06:35	15	0	100%	0:06:41	17	0:08:20	6	0:09:07	9	0	15	48	140
Aug-25	65	2	97%	0:05:59	5	0	100%	0:09:47	24	0:07:03	1	0:11:36	4	2	19	3	120
Sep-25																	
Oct-25																	
Nov-25																	
Dec-25																	
Total #s	394	22			100	2			126		44		38	2	255	172	1131



Penn Valley Fire Protection District - Response Time Compliance - 2025

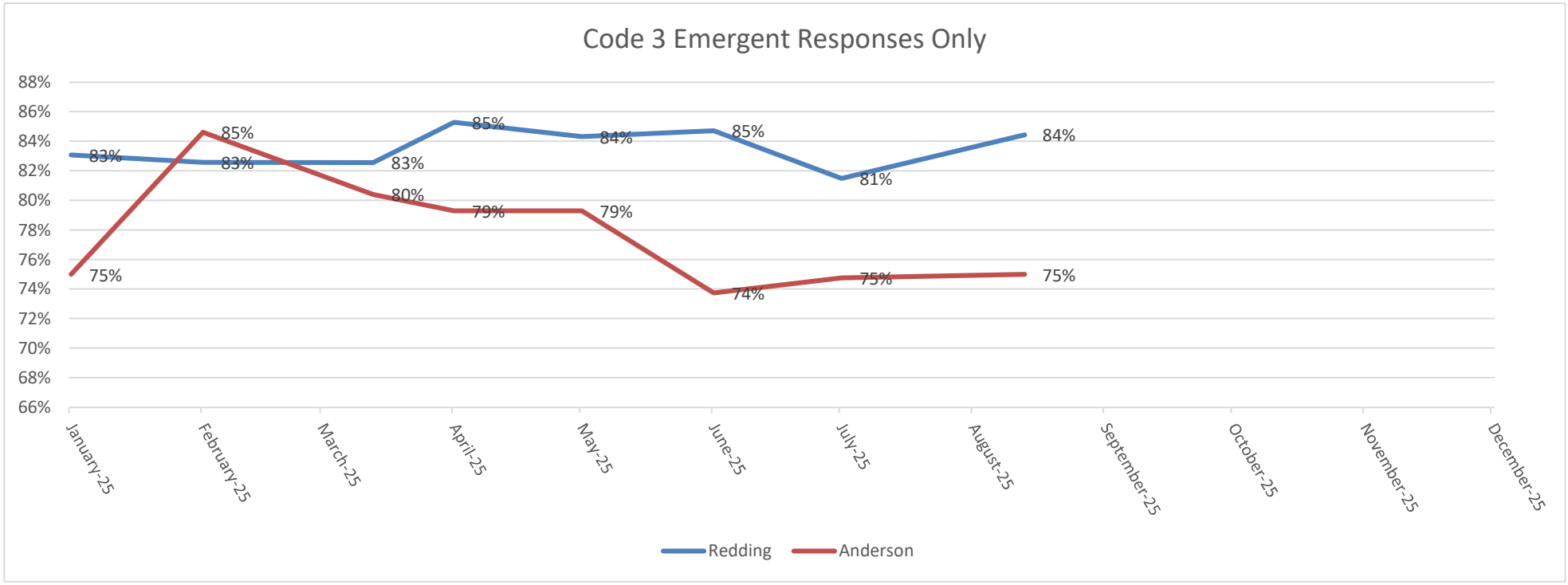
PVFPD	Urban Code 3 (10 Min. 90% of the time)				Rural Code 3 (20 Min. 90% of the time)				Urban - Code 2		Rural - Code 2		ASAP All Calls	Rough and Ready		Mutual Aid to SNA/BCA	Mutual Aid Received from SNA (not included in total #)		Total # of Calls (does not include MA from SNA)
Month	# of Calls	# Late	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	40	2	95%	0:06:35	18	1	94%	0:11:11	17	0:07:32	3	0:13:43	2			6	0	NA	86
Aug-25	33	2	94%	0:06:08	18	0	100%	0:10:44	8	0:07:40	4	0:13:29	3			6	2	0:13:19	72
Sep-25																			
Oct-25																			
Nov-25																			
Dec-25																			
Total #s	340	18	94.7%		144	4	97.2%		109		42		25			47	38		742

= Exemption given



Shasta County - Response Report - 2025

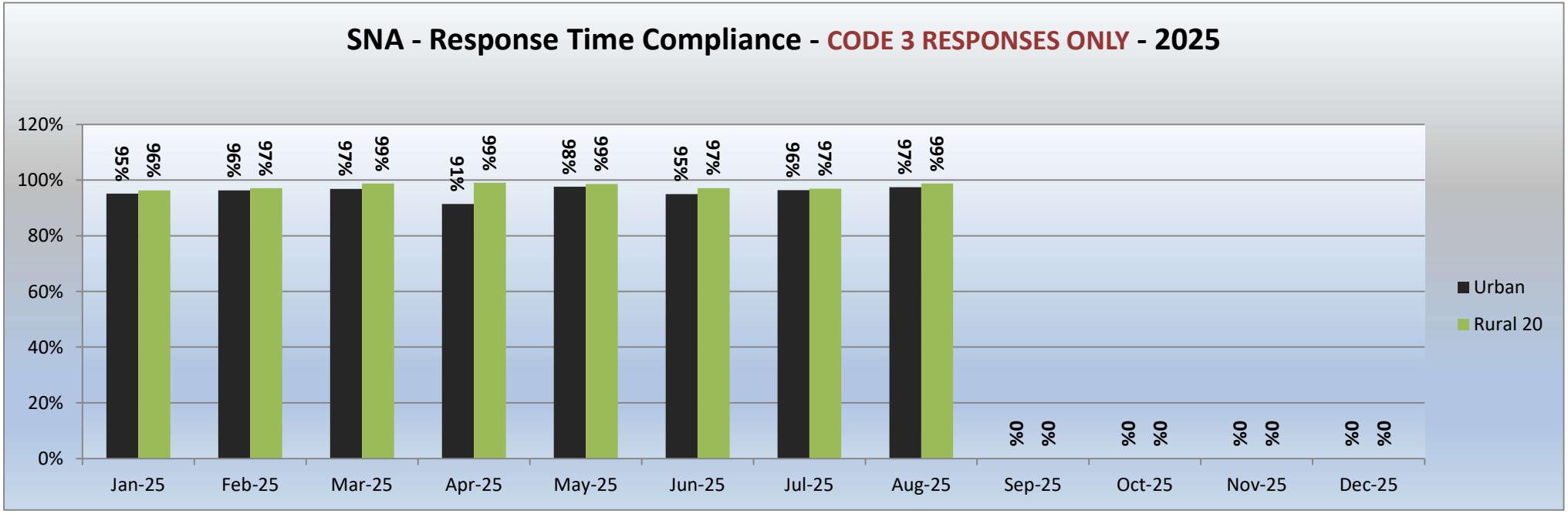
AMR and Mercy	City Of Redding 10 Min.				City Of Anderson 10 Min.				Shasta County - All Other 30 Min.				Code 2 Calls - Redding	Avg. Resp. Time Min.	Code 2 Calls - Anderson	Avg. Resp. Time Min.	Code 2 Calls - County 30	Avg. Resp. Time Min.	Mutual Aid	# of ASAP Calls ALL	Total # of Calls Per Month
Month	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	913	169	81%	0:07:33	99	25	75%	0:07:56	378	13	97%	0:12:57	472	0:10:23	21	0:08:01	132	0:14:53	15	55	2085
Aug-25	925	144	84%	0:07:21	108	27	75%	0:07:34	347	1	100%	0:11:49	475	0:10:20	47	0:12:18	120	0:16:29	28	41	2091
Sep-25																					
Oct-25																					
Nov-25																					
Dec-25																					
Totals:	7117				862				2709				3474		322		986			325	15993



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	303	11	**96%**	05:57	225	7	**97%**	0:11:19	126	0	**100%**	07:32	84	0	**100%**	13:06	15	4	209	966
Aug-25	237	6	**97%**	06:15	220	0	**100%**	0:10:30	83	1	**99%**	08:03	78	0	**100%**	13:02	21	5	198	842
Sep-25																				
Oct-25																				
Nov-25																				
Dec-25																				
Total #s	2028	83			1779	36			787	1			582	0			179	60	1512	6927

= Exemption given

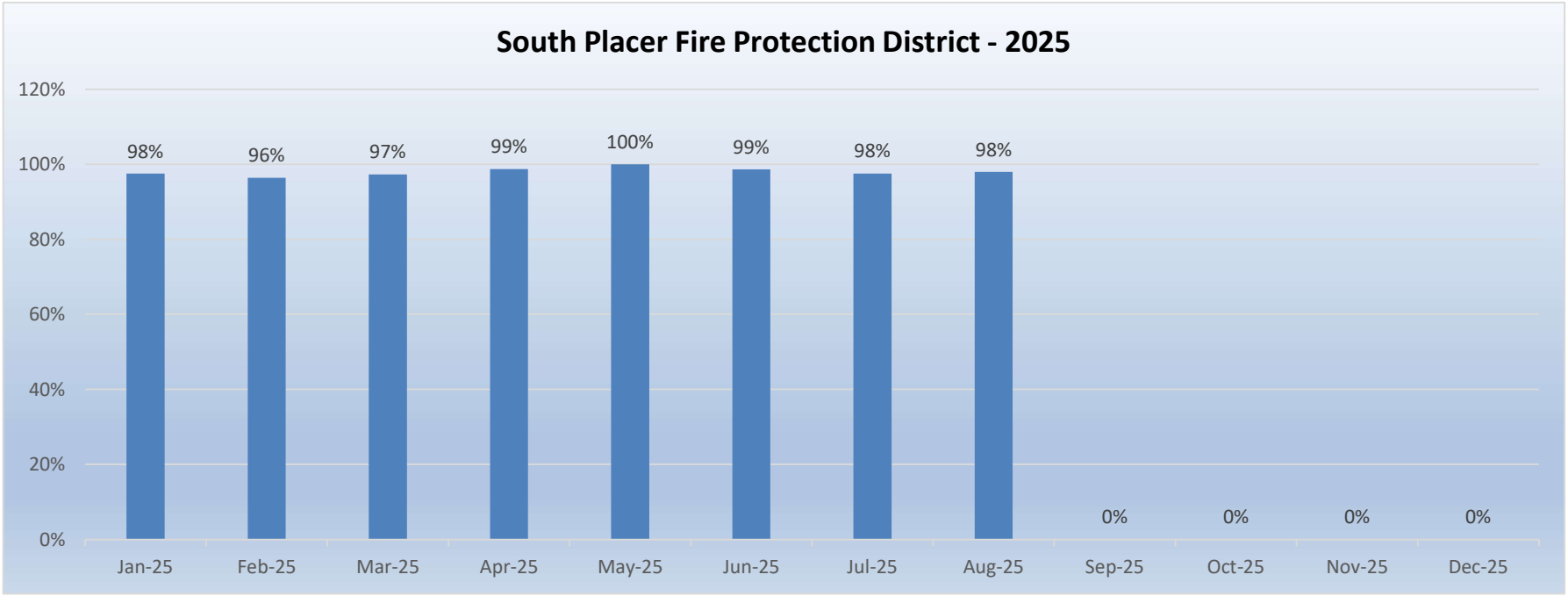


Siskiyou County - 2025 Response Data

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**		

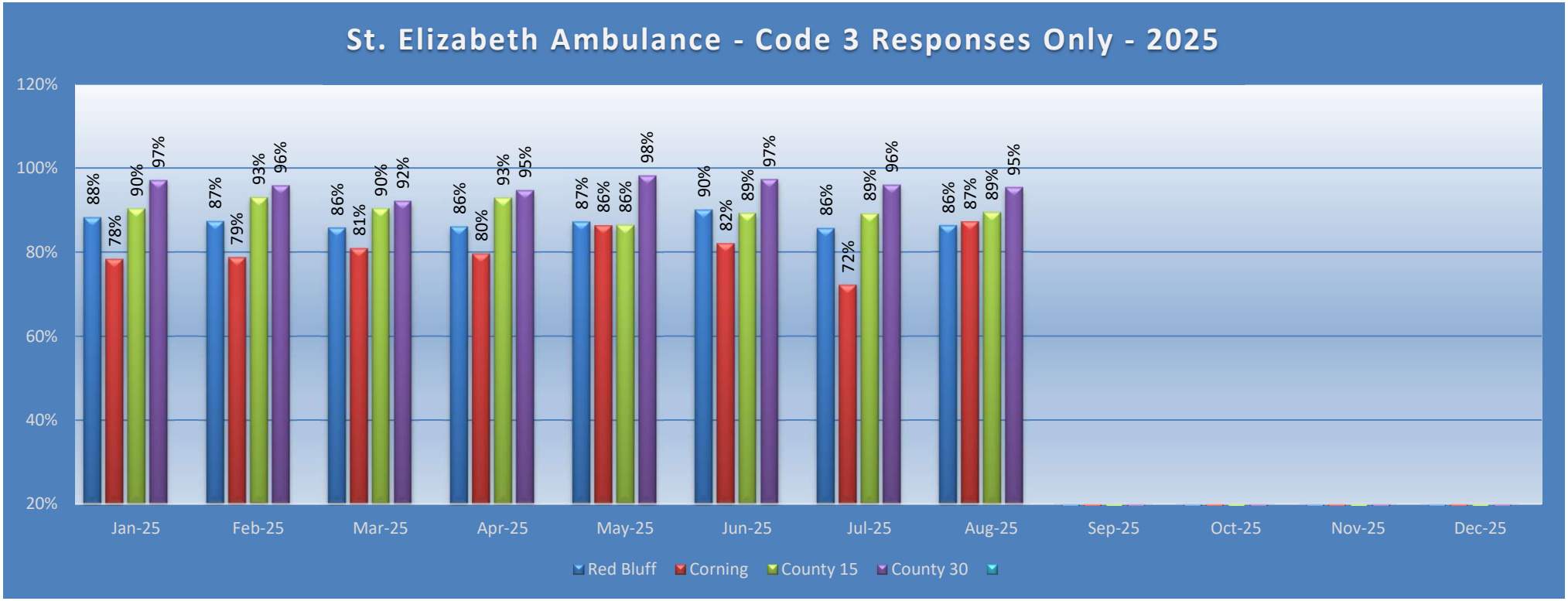
South Placer Fire Protection District - Response Compliance - 2025

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	163	4	98%	0:06:26	48	0:08:05	5	0:08:22	211
Aug-25	145	3	98%	0:06:37	89	0:07:47	2	0:14:18	234
Sep-25									
Oct-25									
Nov-25									
Dec-25									
Totals:	**1167**	**24**			**539**		**30**		**1706**



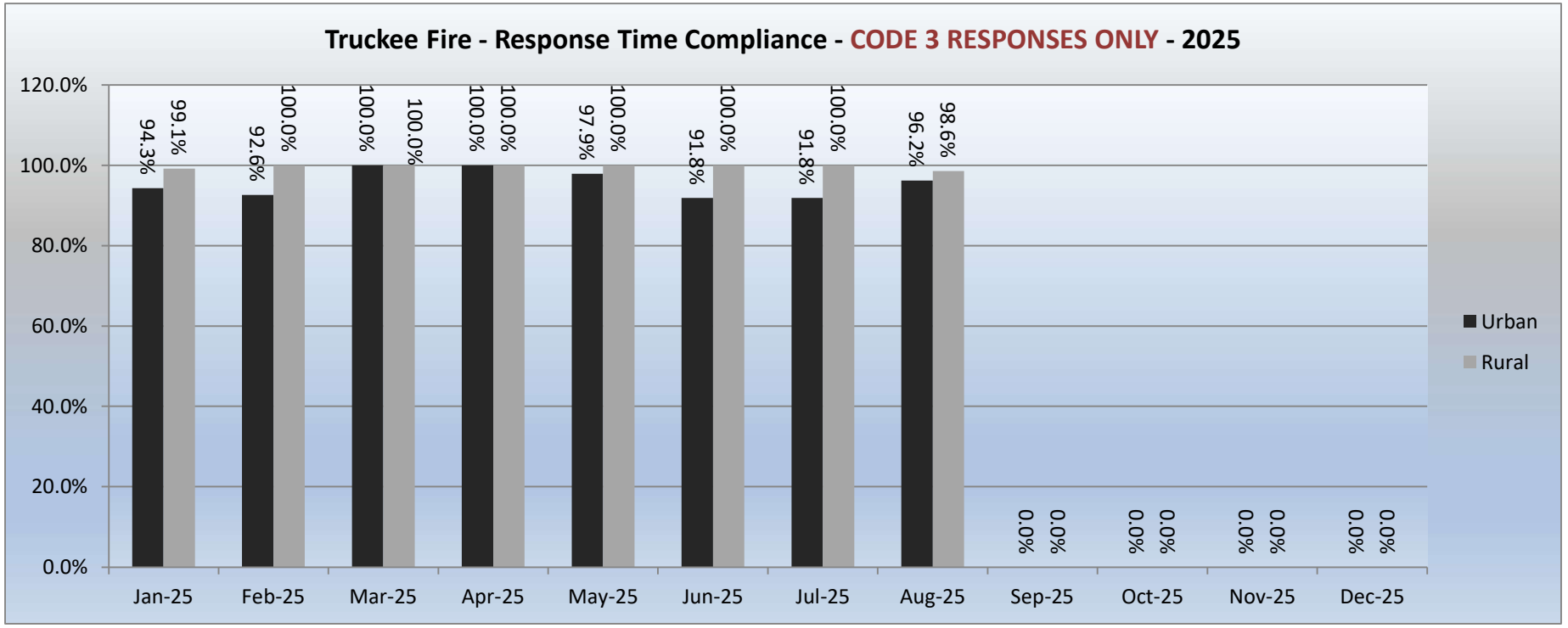
St. Elizabeth Ambulance - Response Time Compliance - 2025

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	252	36	86%	0:07:01	54	15	72%	0:09:22	102	11	89%	0:10:43	125	5	96%	0:17:42	21	0:09:27	5	0:13:20	32	9	600
Aug-25	241	33	86%	0:07:31	47	6	87%	0:07:26	104	11	89%	0:09:45	108	5	95%	0:17:52	18	0:12:01	12	0:15:13	26	7	563
Sep-25																							
Oct-25																							
Nov-25																							
Dec-25																							
Totals:	1924	247			484	94			986	96			1002	42			154		77		225	65	4917



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	49	4	**91.8%**	0:06:30	68	0	**100.0%**	0:11:09	15	0:08:14	17	0:13:06	36	7	192
Aug-25	53	2	**96.2%**	0:07:31	69	1	**98.6%**	0:11:21	13	0:07:47	12	0:14:24	23	63	233
Sep-25															
Oct-25															
Nov-25															
Dec-25															
Total #s	318	15	**95.3%**		536	2	**99.6%**		100		145		147	242	1488



OCTOBER JPA BOARD MEETING

Agenda Item F-3

Subject:
County & S-SV EMS Updates (attachment & verbal report)

Recommended Action:
Information only, no action required.

	S-SV EMS Agency Member County Updates October 10, 2025	F-3

Butte County

- S-SV EMS is working with Butte County and Butte County EMS on a possible increase in CSA 37 tax funding, using current CSA 37 fund balance revenue, to further support emergency ambulance services in the Biggs/Gridley area.
- Butte County EMS will be adding 2 additional 911 ambulances to the system, 12-hours per day, 7-days per week, starting in January.

Colusa County

- The Colusa County CAO (Wendy Tyler) recently retired, and a replacement CAO (Joshua Pack) was appointed by the BOS to begin December 1st.

Glenn County

- Glenn County, in partnership with Habitat for Humanity Yuba/Sutter, Inc., will receive approximately $5.2 million of Proposition 1 funds to develop the Purpose Place Apartments Phase III. This two-story building will provide 18 homes to serve people experiencing homelessness with a behavioral health challenge. The project will also leverage California Advancing and Innovating Medi-Cal subsidies to support wraparound services for residents.
- The first Glenn/Colusa/Butte EMS Corps EMT training program is scheduled to begin in December.
- The City of Willows, City of Orland and Glenn County are funding an EMS system assessment. S-SV EMS is providing technical assistance for this project.
- S-SV EMS is working with the City of Willows Fire Department to implement ALS first responder services in the next few months.

Nevada County

- S-SV EMS is working with Nevada County representatives on next steps related to the Sierra Nevada Ambulance EOA agreement that expires in December 2026.

Placer County

- S-SV EMS is continuing to work with Healthcare Strategists and applicable EMS system participants on the Western Placer County EMS System Assessment project. The draft EMS System Assessment Report was recently provided to S-SV EMS for initial review.
- S-SV EMS is participating in the new multi-jurisdictional Placer County Fentanyl Workgroup and providing EMS data for this workgroup.

Shasta County

- S-SV EMS recently renewed the Level II Trauma Center Agreement with Mercy Medical Center Redding, effective October 1, 2025 – September 30, 2028. The hospital is compliant with all contract terms, and no substantive contract changes were made.

Siskiyou County

- S-SV EMS & the Region III RDMHS program assisted local providers with the medical/ health needs related to the Weed 'Main Fire' incident that occurred on September 28th. This incident involved the rapid evacuation of approximately 30 skilled nursing facility patients that subsequently required re-distribution to other facilities. The impacted facility was approved to re-open/re-populate the following day. Mercy Medical Center Mt. Shasta, Mt. Shasta Ambulance, Siskiyou County Public Health & Shasta County Public Health were instrumental in ensuring the medical/health system response and mitigation of this incident were coordinated and successful.

Sutter & Yuba Counties

- S-SV EMS is working with Sutter & Yuba County representatives on next steps related to the Bi-County Ambulance EOA agreements that expire in December 2026. S-SV EMS staff will be providing a presentation on this matter to the Sutter County BOS & the Yuba County BOS during their October 14, 2025 meetings.

Tehama County

- S-SV EMS is working on the renewal of the St. Elizabeth Community Hospital Level III Trauma Center Agreement that expires on November 30, 2025. The hospital is compliant with all contract terms, and no substantive contract changes are expected.

Other S-SV EMS Agency Updates

- The S-SV EMS FY 2024/2025 annual audit process is underway. The audit report is expected to be presented at the December JPA Board meeting.
- Whitney Sullivan, S-SV EMS Certification Specialist, is resigning effective October 13th. This position is in the process of being re-filled.

OCTOBER JPA BOARD MEETING

Agenda Item G-1

Subject:
Letter of Support for the “True North” Behavioral Health Campus proposal submitted by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative

Recommended Action:
Approval needed.

	Sierra – Sacramento Valley Emergency Medical Services Agency Board Report	G-1

Meeting Date:	October 10, 2025
Item Number:	G-1
Subject:	True North Behavioral Health Campus Project Proposal Letter of Support
Presenter:	John Poland, Regional Executive Director

Introduction:

The Regional Executive Director is requesting the JPA Board provide a letter of support for the True North Behavioral Health Campus project proposal to be submitted by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative.

Background & Relevant Information:

The California Department of Healthcare Services (DHCS) recently released the Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2 request for applications. Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative is applying to DHCS requesting funding for the True North Behavioral Health Campus project. Additional details related to this proposal are included in the attached True North Behavioral Health Campus Project Overview document. Shasta County Supervisor and JPA Board Member Matt Plummer has requested that the S-SV EMS Agency provide a letter of support for this project.

Recommendation:

Provide a letter of support for the True North Behavioral Health Campus proposed project to be submitted to DHCS by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative.

Fiscal Impact:

None anticipated. Although the approval of this project would require the S-SV EMS Agency to develop/ implement an EMS triage to alternate destination (TAD) program at a future time, other grant funding is currently available from the CARESTAR Foundation to offset LEMSA TAD program development/ implementation costs and current S-SV EMS staff have the expertise to manage a TAD program.

Attachments:

- True North Behavioral Health Campus Project Overview document.
- Letter of support for the True North Behavioral Health Campus Project Proposal to be submitted to DHCS by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative.

True North Behavioral Health Campus: Strengthening the Rural North's Crisis Continuum

The Vision

The True North Behavioral Health Campus is designed to be more than a facility; it is a turning point for the rural North State. The proposed model will bring together a comprehensive crisis continuum, ensuring that children, youth, and adults have access to safe, timely, and appropriate treatment much closer to home.

While specific licensure types are likely to evolve as a result of Proposition 1 transitioning California from the Mental Health Services Act to the Behavioral Health Services Act, the campus aims to provide the following services:

Adult Services

- Immediate triage and Crisis Stabilization Unit
- Short-Term Social Rehabilitation Facility (16 beds)
- Three 16-bed Psychiatric Hospital Facilities
- Intensive Outpatient & Partial Hospitalization Program

Children & Youth Services

- Immediate triage and Crisis Stabilization Unit
- Psychiatric Residential Treatment Program (PRTF) to divert youth from locked inpatient facilities or provide step-down care for those discharged from inpatient units (16 beds)
- Intensive Outpatient & Partial Hospitalization Program
  Note: we pivoted from the original plan for Youth PHF due to the Butte facility coming online, another incredible resource for our region.

Additional Services Provided

- Walk-in & dedicated mobile crisis, ambulance, law enforcement bay
- Medical detox integration
- On-site colocated partners & docking stations for mobile crisis, EMS, and law enforcement
- Coordinated return-to-county planning and regional transportation solutions

In addition to these services, the campus aims to be a catalyst for regional solutions to ensure children, adults, and elders can receive care much closer to home.

Building the Regional Ecosystem

- Regional resource mapping development
- Workforce development at all professional levels

- Return-to-county policies & procedures
- Transportation network development
- Administrative contracting and technical assistance
- Multi-disciplinary team protocols & on-site operational agreements
- Community awareness on project development & implementation

Why This Critical Moment Matters

California is in the midst of an unprecedented behavioral health transformation that will either compound the challenges rural counties already face or serve as a catalyst for lasting, regional solutions for individuals experiencing severe behavioral health crises.

Our emergency rooms are already holding patients in mental health crisis or those who are needing medical detox for days at a time while they await appropriate placement. Law enforcement officers are pulled from the streets to sit for hours at their side, and local jails are having to manage detox for individuals who often need treatment, not custody.

Children with complex needs are staying in county offices because there are simply no beds available, a crisis that is anticipated to increase due to the Foster Family Agency insurance crisis and Foster Care Rate Reform.

Each year, at a profound cost to rural counties, financially and in staffing capacity, hundreds of residents are sent south of Sacramento for services, often as far as Southern California, because no local options exist.

Meanwhile, Medicaid cuts have caused concern for rural critical access hospitals in our region which are often the first stop for many in behavioral health crises.

Beginning in January 2026, SB 43 will expand involuntary hold criteria to include substance use disorder, and Proposition 1 will soon require mental health–only facilities to treat patients needing SUD treatment. These changes will increase the strain on emergency rooms, law enforcement, mobile crisis teams, and overall bed availability. Given this impact, the State of California established SB 1238, which allows stand-alone facilities to receive patients who are gravely disabled to ease the burden on emergency rooms. The BHCIP bond was then created to build behavioral health facilities, especially the kind of integrated campus we have designed.

Shasta County: A Regional Hub

With Shasta County being home to the only Level II Trauma Center across a 35,000 square-mile radius and one of the few hospital-based inpatient psychiatric hospital units, we anticipate even greater strain on local emergency departments and existing inpatient beds in the coming months.

Shaped by the Rural North, Backed by Data

Since January 2025, Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative have engaged more than 100 stakeholders—providers, counties, law enforcement, physicians, Veterans Affairs, mobile crisis teams, and families of those with severe behavioral health needs—to shape the design of this campus.

Their input, paired with Arch's qualitative review of regional needs assessments, contracts, and provider availability, and a quantitative analysis of hospital and jail data, has identified the most urgent gaps in the crisis continuum. The result is a proposal grounded in both lived experience and data, positioned to take advantage of this once-in-a-generation opportunity through BHCIP Round 2: Unmet Needs (due October 28, 2025).

Signature Healthcare: A Committed Partner

Signature Healthcare, the project's lead applicant, is a recognized leader in high-acuity behavioral health care. With over twenty-five years of experience and more than 1,000 inpatient beds across California and more than 6,000 nationally, their services include inpatient psychiatric care in nine hospitals in California alone, as well as expertise in continuum-based care such as partial hospitalization, intensive outpatient programs, and return-to-competency treatment.

What makes their partnership extraordinary is not only their expertise but their commitment. They are contributing 25 percent of the required match, taking on the administrative complexity of multi-county, multi-licensure operations, and prioritizing workforce development from the outset. Their combination of experience, financial investment, and willingness to embrace the risks of bold innovation makes them an invaluable partner and strengthens every dimension of the True North vision.

Impact

- Keep children, youth, and adults closer to home and their families and communities at the times they need it most
- Provide timely, trauma-informed care for people in behavioral health crisis
- Reduce reliance on emergency rooms, jails, and out-of-county placements
- Catalyze regional transformation by aligning with statewide reform and directly addressing the highest unmet needs in Northern California's behavioral health continuum

The impact of this project is far more than a list of outcomes. It means no children sleeping in county offices, timely care delivered with dignity, and families able to stay near their loved ones in moments of crisis. It means fewer deputies sitting for hours in crowded ERs and fewer jail cells being used as treatment beds. Most of all, it means access to care here, at home, in the rural North State. It means turning crisis into care, and care into resilience.

**The application requires a title for the project. This is the current, working title of the campus, but is subject to change.*

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

October 10, 2025

Signature Healthcare, Inc.
2065 Compton Avenue
Corona, California 92881

Re: Letter of Support – BHCIP Round 2: “True North” Behavioral Health Campus Proposal

To Whom it May Concern:

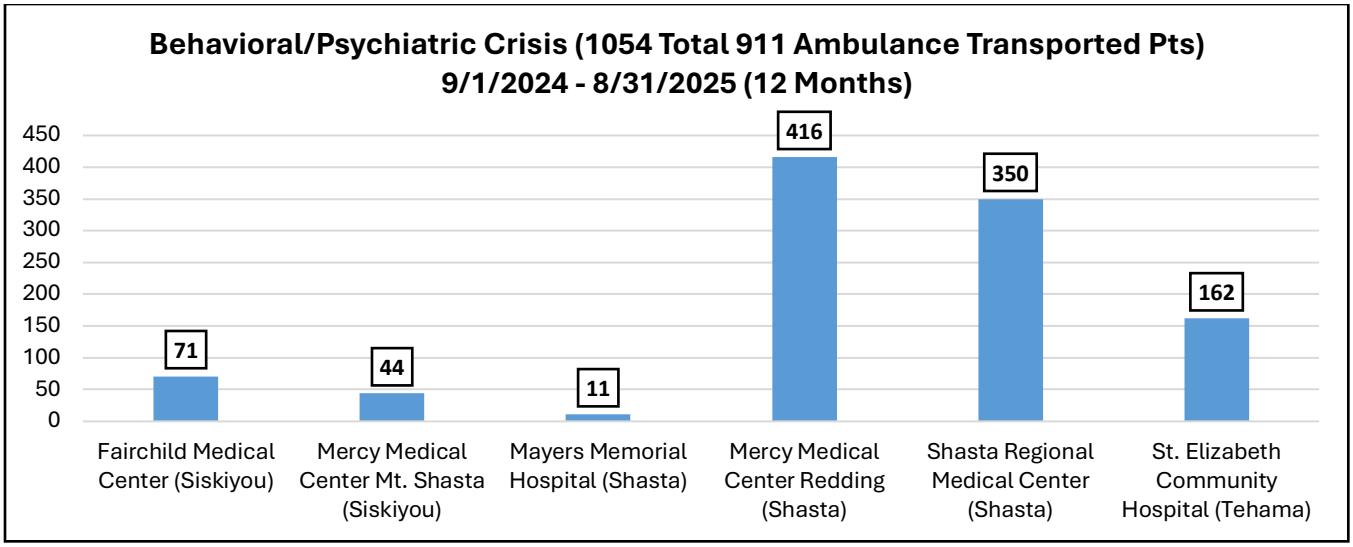
The Sierra – Sacramento Valley EMS Agency is the local EMS agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties. Pursuant to HSC § 1797 et. al., the Sierra – Sacramento Valley EMS Agency is responsible for the design, implementation and maintenance of EMS system functions within our jurisdictional region.

The Sierra – Sacramento Valley EMS Agency is pleased to express strong support for the “True North” Behavioral Health Campus proposal submitted by Signature Healthcare, in partnership with Arch Collaborative and the Shasta Health Assessment and Redesign Collaborative, for the Behavioral Health Continuum Infrastructure Program Bond Round 2: Unmet Needs.

On September 25, 2020, California’s governor signed AB 1544, a bill that authorizes LEMSAs to develop Triage to Alternate Destination (TAD) programs. On September 30, 2023, California’s governor signed AB 767, a bill that extended the ability of LEMSAs to utilize TAD programs until January 1, 2031. TAD programs authorized by applicable statutes (HSC § 1797.273, § 1815, § 1834, § 1836, § 1841, § 1842 and § 1857) and regulations (CCR Title 22, Div. 9, Ch. 5) allow EMS transport of eligible patients to authorized mental health facilities. The goal of the TAD program is to divert patients who can be treated safely and effectively at facilities other than acute care hospital emergency departments.

The proposed campus will address critical gaps in our region’s behavioral health continuum of care by reducing reliance on emergency rooms, jail beds, and out-of-county placements. This effort represents a vital and coordinated effort to strengthen behavioral health infrastructure across rural and frontier counties in Northern California. Rooted in extensive regional engagement and data analysis, the project is thoughtfully designed to meet our region’s most significant unmet needs in behavioral health crisis care. We especially support the emphasis on cross-county collaboration and service integration.

The following graph includes data for patients with an EMS provider primary impression of 'Behavioral/ Psychiatric Crisis' transported by 911 emergency ambulances to acute care hospital emergency departments in Shasta, Siskiyou and Tehama counties for the previous 12 months:



The proposed campus will provide triage and crisis stabilization, inpatient psychiatric care, residential treatment for children and youth, partial hospitalization, and social rehabilitation to ensure a lower level of care is available on-site while appropriate mid- and long-term placements are secured. Its design reflects California's behavioral health transformation and directly advances priorities outlined in SB 43, SB 1238, and Proposition 1. The applicant has expressed its commitment to providing Medi-Cal behavioral health services once the project is complete.

The Sierra – Sacramento Valley EMS Agency affirms its intent to develop and implement an EMS TAD Program to allow EMS transport of eligible patients to this proposed campus, in compliance with applicable statutes, regulations and local physician approved medical control policies/protocols.

The Sierra – Sacramento Valley EMS Agency strongly supports this proposal as an important step toward a more responsive, accessible behavioral health system for the rural and frontier North State.

Sincerely,

Susan Hoek
Sierra – Sacramento Valley EMS Agency JPA Governing Board of Directors Chairperson
Representing Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama & Yuba counties

OCTOBER JPA BOARD MEETING

Agenda Item G-2

Subject:
AMR Placer County 2-year EOA agreement

Recommended Action:
Approval needed.

	Sierra – Sacramento Valley Emergency Medical Services Agency Board Report	G-2

Meeting Date:	October 10, 2025
Item Number:	G-2
Subject:	AMR Placer County EOA Agreement
Presenter:	John Poland, Regional Executive Director

Introduction:

The Regional Executive Director is requesting the JPA Board approve a 2-year exclusive operating area (EOA) agreement with American Medical Response (AMR) for applicable areas of Placer County.

Background & Relevant Information:

On December 16, 2003, the Placer County Board of Supervisors adopted Resolution 2003-324, recommending that the Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) establish EOAs with qualifying emergency ground ambulance providers pursuant to their statutory authority under Health & Safety Code (HSC) Div. 2.5, Ch. 4, § 1797.85. Non-competitive EOAs with public and private emergency ground ambulance providers serving Placer County were subsequently established pursuant to the statutory provisions contained in HSC Division 2.5, Chapter 4, § 1797.224.

On December 16, 2005, S-SV EMS executed an initial non-competitive EOA agreement with AMR for applicable areas of Placer County. This EOA agreement has been renewed/revised several times since its initial execution, with the most recent agreement expiring on November 30, 2025.

S-SV EMS began preparations for the expiration of the AMR Placer County EOA agreement in early 2024, including the convening of meetings with EMS system participants/stakeholders and Placer County administration representatives. Although the initial intent was to negotiate a long-term renewal of this EOA agreement, it was subsequently determined that an alternative process would be in the best interest of Placer County for the following reasons:

- The Placer County population has grown approximately 45% and multiple additional statutes/ regulations/policies impacting the EMS system have been implemented in the 20 years since the AMR EOA was initially established.
- A comprehensive assessment of the Western Placer County EMS system has never been completed.

Pursuant to previous JPA Board action, S-SV EMS selected a consultant to assist in the development/ negotiation of a short-term non-competitive EOA agreement renewal with AMR for applicable areas of Placer County. This short-term renewal will allow time to complete a comprehensive assessment of the Western Placer County EMS system to help inform future EMS system contracting decisions/ processes. While this short-term renewal is not the appropriate mechanism to institute a substantial EMS system redesign, several system changes/improvements were included as part of this process.

The current EOA agreement with AMR expires on November 30, 2025. Without the execution of a replacement agreement, this area would automatically transition to a non-exclusive area and there would be no legal requirement for AMR to continue to provide emergency ground ambulance services to applicable areas of Placer County that they have serviced without interruption since prior to January 1, 1981.

Recommendation:

Approve a 2-year exclusive operating area (EOA) agreement with American Medical Response for applicable areas of Placer County.

Fiscal Impact:

The EOA agreement includes monitoring fee adjustments to reimburse S-SV EMS for the consultant costs related to contract development/negotiations as well as a requirement that AMR reimburse S-SV EMS for the actual costs related to the implementation/utilization of the new FirstWatch Online Compliance Utility (OCU) program.

Attachments:

- AMR Placer County EOA Agreement Renewal Overview.
- AMR Placer County EOA Agreement Summary of Changes.
- EOA Agreement with AMR for applicable areas of Placer County.

American Medical Response (AMR) Placer County Exclusive Operating Area (EOA) Agreement Short Term Renewal Overview

BACKGROUND:

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) recently completed negotiations with AMR on a 24-month renewal of their emergency ground ambulance EOA agreement for Placer County. This short term EOA agreement renewal will allow time to complete a comprehensive assessment of the Western Placer County EMS system to help inform future EMS system contracting decisions/processes. While this short-term EOA agreement renewal is not the appropriate mechanism to institute a substantial EMS system redesign, several system changes/improvements were included as part of this process.

OVERVIEW OF CHANGES/IMPROVEMENTS:

- ✓ Ambulance response time requirements were re-aligned for consistency with other areas of the S-SV EMS region and throughout California. Ambulance response time requirements were slightly extended in the cities of Rocklin and Roseville, which have First Responder ALS services, and slightly reduced in the City of Lincoln, which has First Responder BLS services only. Other sections of the agreement were also revised to ensure emergency ambulance response times and resources remain adequate, as follows:
  - ➢ Requirement to deploy a minimum number of weekly ALS unit hours, based on data from the most recent AMR Placer County emergency ambulance demand analysis completed in June 2025.
  - ➢ Requirement that every emergency ALS ambulance deployed by AMR in Placer County be based in Placer County and not temporarily moved from surrounding areas.
  - ➢ Allows for the optional addition of BLS ambulances, in addition to and not in place of the minimum required ALS unit hour deployment, to further support the Placer County EMS system as necessary.
  - ➢ Revisions to response time exemptions for consistency with similar EOA agreements, and an additional requirement to utilize the FirstWatch Online Compliance Utility (OCU) program for greater consistency/ accuracy of exemption data. These changes are expected to decrease the number of allowable/ authorized response time exemptions based on data from other similar sized EMS systems.
- ✓ New clinical performance standard requirements to further expand the monitoring/accountability of patient care related clinical matters.
- ✓ Additional financial penalties for failure to meet operational and/or clinical performance standards.
- ✓ Expanded expectations for adequate collaboration with other Placer County EMS system participants related to EMS training requirements.
- ✓ Revisions to the ‘Management and Supervision’ requirements of the Agreement to ensure a refocus and expansion of field supervision resources/oversight (including additional field supervisor coverage).
- ✓ Revisions to the ‘Continuous Quality Improvement Program’ requirements of the Agreement to ensure a continued/expanded focus on quality improvement (including expanded Medical Director expectations).
- ✓ Significantly increased performance security requirements to more accurately represent the size and complexity of the Placer County EMS system serviced by AMR.
- ✓ Continuation of the Placer County EMS Improvement Fund ($150,000 annual AMR contribution).
- ✓ Minimal ambulance rate increases, remaining comparable to other Placer County emergency ambulance providers and less than many other similar areas/systems throughout California.

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

Date: September 17, 2025

To: Placer County EMS System Participants & Stakeholders
Other Interested Parties

From: John Poland, Regional Executive Director, S-SV EMS Agency
Troy M. Falck, MD, FACEP, FAAEM, Medical Director, S-SV EMS Agency

Subject: AMR Placer County 24-Month Emergency Ground Ambulance Exclusive Operating Area (EOA) Agreement Renewal

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) contracted with Page Wolfberg & Wirth LLC, to assist in the development/negotiation of a 24-month renewal of the AMR Placer County emergency ground ambulance EOA agreement that expires November 30, 2025. This short-term EOA agreement renewal will allow time to complete a comprehensive assessment of the Western Placer County EMS system to help inform future EMS system contracting decisions/ processes for this area. A separate organization, Healthcare Strategists, is in the process of conducting the Western Placer County EMS system assessment, with an expected completion date of late 2025/ early 2026.

While this short-term EOA agreement renewal is not the appropriate mechanism to implement a substantial EMS system redesign, several system updates/improvements were included as part of this process. The primary goals in negotiating this EOA agreement renewal were to address provider issues/concerns, to the extent possible given the current healthcare system landscape, and to further improve the level of EMS services throughout Western Placer County.

S-SV EMS recently completed negotiations with AMR on this short-term EOA agreement renewal, a copy of which is attached. The attached EOA agreement will be scheduled for consideration during the October 10, 2025 S-SV EMS Agency JPA Governing Board of Directors meeting. The purpose of this document is to provide an overview/summary of the negotiated EOA agreement changes but may not cover every single EOA agreement modification.

Realignment of Ambulance Response Times, Exemptions & Deployment Requirements:

As indicated in the following table, ambulance response time requirements have been slightly extended in the cities of Rocklin and Roseville, which have full First Responder ALS (FRALS) services, and slightly reduced in the City of Lincoln, which has First Responder BLS (FRBLS) services only.

Current AMR Placer County EOA			AMR Placer County EOA Renewal		
Response Zone	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**	**Response Zone**	**Code 3 (MM:SS)**	**Code 2 (MM:SS)**
Auburn City	08:00	16:00	Auburn City	08:00	16:00
Roseville City	08:00	16:00	Roseville City	10:00	20:00
Rocklin City	08:00	16:00	Rocklin City	10:00	20:00
Lincoln City	10:00	16:00	Lincoln City	08:00	16:00
East of Auburn & Colfax	15:00	30:00	East of Auburn & Colfax	15:00	30:00
West of Auburn to Rocklin	15:00	30:00	West of Auburn to Rocklin	15:00	30:00
Placer Rural	20:00	40:00	Placer Rural	20:00	40:00
Placer Wilderness	ASAP	ASAP	Placer Wilderness	ASAP	ASAP

Ambulance response time requirements were re-aligned for consistency with other areas of the S-SV EMS region and throughout California, as indicated in the following two (2) tables:

S-SV EMS Region Code 3 Response Time Requirements			
Ambulance Response Zone	**Without FRALS (MM:SS)**	**With FRALS (MM:SS)**	**Notes**
City of Anderson	10:00	N/A	
City of Corning	10:00	N/A	
City of Chico	10:00	N/A	
City of Gridley	10:00	N/A	
City of Red Bluff	10:00	N/A	
City of Redding	10:00	N/A	
City of Orland	10:00	N/A	
City of Willows	10:00	N/A	
City of Colusa	10:00	N/A	
City of Williams	10:00	N/A	
City of Marysville	8:00	N/A	Provider requested to maintain 8-min & FRBLS
City of Yuba City	8:00	N/A	Provider requested to maintain 8-min & FRBLS
City of Oroville	10:00	N/A	
Town of Truckee	10:00	15:00	
Penn Valley FPD	10:00	15:00	
South Placer FPD	10:00	15:00	
City of Grass Valley	10:00	10:00	
City of Nevada City	10:00	10:00	
Kings Beach & Tahoe City	10:00	15:00	
Foresthill FPD	15:00	15:00	

Sample of Other California LEMSA Code 3 Response Time Requirements ('Urban', 'Metro', 'High Frequency' or Other Similarly Identified Ambulance Response Zones)			
LEMSA/County	**Without FRALS (MM:SS)**	**With FRALS (MM:SS)**	**Notes**
Alameda County	10:00	10:00	
Contra Costa County	10:00	10:00	
El Dorado County ('West Slope')	11:00 or 20:00*	11:00 or 20:00*	*<11-minute requirement 80% of the time <20-minute requirement 90% of the time
Monterey County	8:00 or 10:00*	8:00 or 10:00*	*8-minute or 10-minute requirement based on MPDS determinants ($5,388 ALS Base Rate)
Sacramento County	N/A	N/A	Sacramento County has no established ambulance response time standards
San Bernardino County	9:59	9:59	
San Diego County	10:00	10:00	
San Francisco County	10:00	N/A	
San Mateo County	N/A	12:59	
Santa Clara County	7:59	11:59	
Solano County	9:00	12:00	
Sonoma County	6:59	10:59	
Stanislaus County	7:59	11:59	
Yolo County	8:00	N/A	All urban response zones are FRBLS only ($3,707 ALS Base Rate)

Like many recent LEMSA emergency ground ambulance RFPs and resulting EOA agreements throughout California, one of the primary considerations of the AMR Placer County EOA agreement renewal was to begin the shift towards clinical performance standards while maintaining adequate ambulance response time requirements and expectations at an appropriate/sustainable cost. In addition to the inclusion of several new clinical performance standards and other clinical requirements ('Significant Occurrences', etc.), several other sections of the agreement were added or revised to ensure that emergency ambulance response times/resources remain adequate as follows:

- New language requiring AMR to deploy a minimum number of weekly ALS unit hours, based on data from their most recent demand analysis (completed June 2025), which resulted in additional ALS unit hours recently being added into the Placer County system.

- New language requiring that every emergency ALS ambulance deployed by AMR in Placer County has been S-SV EMS inspected/authorized, has an equipment/supply inventory that meets S-SV EMS requirements, and is staffed with at least one (1) S-SV EMS accredited paramedic.
- Allows for the optional addition of BLS ambulances (pursuant to PSAP utilization of MPDS and S-SV EMS approved MPDS call determinants) to further support the Placer County EMS system as necessary. The use of BLS ambulance resources would be in addition to and not in place of the minimum required ALS unit hour deployment described above. Implementation/ utilization of tiered ALS/BLS ambulance resources in other S-SV EMS counties and surrounding areas (Sacramento County, etc.) have been beneficial to those systems.
- Revisions to allowable response time exemptions for consistency with similar EOA agreements, and a new requirement to utilize the FirstWatch Online Compliance Utility (OCU) program for greater consistency/accuracy of response time exemption data. It is expected that these changes will decrease the number of allowable/authorized response time exemptions based on data from other similar sized EMS systems.

The following table includes a comparison of the average Code 3 ambulance response time data for several emergency ambulance response zones throughout the S-SV EMS region, including areas with current 10-minute response time compliance requirements, for informational/comparison purposes:

Average Non-Exempted Code 3 Ambulance Response Times by Zone (1/1/25 – 6/30/25)		
Emergency Ambulance Response Zone	**Emergency Ambulance Response Time Requirement**	**Average Code 3 Response Time**
City of Auburn (Placer)	8:00	05:35
City of Rocklin (Placer)	8:00	06:08
City of Roseville (Placer)	8:00	06:41
City of Lincoln (Placer)	10:00	07:48
City of Chico (Butte)	10:00	06:45
City of Oroville (Butte)	10:00	06:54
City of Redding (Shasta)	10:00	07:18

New Clinical Performance Standards & Significant Occurrences Provisions:

As previously noted, additional requirements related to Clinical Performance Standards and ‘Significant Occurrences’ have been added to Section 3.3 and Section 3.4 of the agreement. These additional requirements are intended to further expand the monitoring/accountability of patient care related clinical matters in addition to the operational performance requirements standard in these types of agreements.

Additional Financial Penalties:

The agreement includes expanded/additional financial penalties for failure to meet operational and/or clinical performance standards.

EMS Training Requirements:

Language in Section 3.15 of the agreement has been revised/expanded to clarify expectations for collaboration with other Placer County EMS system participants related to EMS training matters.

Personnel:

Significant revisions/additions were made to the 'Management and Supervision' requirements of the agreement (Section 4.1, Item D.) to ensure a refocus and expansion of field supervision resources and oversight. These changes include more descriptive language related to field supervisor requirements/ expectations and a requirement for an additional 12 hour/day field supervisor (BLS or ALS) to ensure that the primary AMR Paramedic Field Supervisor can focus on supporting field personnel and responding to emergency incidents as necessary/appropriate.

Quality/Performance:

Revisions/additions to the 'Continuous Quality Improvement Program' requirements of the agreement (Section 5.1) were made to ensure a continued/expanded focus on quality improvement processes/ activities. This includes expanded Contractor Medical Director commitment and expectations.

Placer County EMS Improvement Fund:

The agreement continues to maintain the Placer County EMS Improvement Fund with a required AMR annual contribution of $150,000. Due to legal reasons and the fact that a significant portion of the fund expenditures are currently processed through AMR to obtain better pricing, fund management will transition from S-SV EMS to AMR. S-SV EMS will continue to adequately track the fund revenues/ expenditures per current practice.

Performance Security:

The performance security requirements (Section 8.1) have been significantly increased from one million dollars ($1,000,000) to five million dollars ($5,000,000) to more accurately reflect the size and complexity of the Placer County EMS system serviced by AMR. This increased performance security requirement, and additional modifications to the material breach and takeover provisions language (Section 10.4), will provide better assurance of adequate continued emergency ambulance operations in the unlikely event that the implementation of such a default/takeover process is deemed necessary.

Ambulance Rates:

This EOA agreement includes minimal ambulance rate increases, remaining comparable to other Placer County emergency ambulance providers and less than many other similar areas/systems throughout California.

Placer County Emergency Medical Services
Ambulance Transport Provider Agreement

Sierra – Sacramento Valley EMS Agency And
American Medical Response West

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AGREEMENT WITH AMERICAN MEDICAL RESPONSE WEST A CALIFORNIA CORPORATION FOR EMERGENCY AMBULANCE SERVICE IN PLACER COUNTY

THIS AGREEMENT, entered into this 1st day of December 2025 and ending on November 30, 2027, by and between the SIERRA-SACRAMENTO VALLEY EMS AGENCY, hereinafter called "Agency" and AMERICAN MEDICAL RESPONSE WEST, a California corporation, hereinafter called "Contractor" collectively the “Parties;”

RECITALS OF AUTHORITY

Whereas, the California Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, California Health and Safety Code, Division 2.5, Sections 1797, et seq. at Section 1797.224 and Section 1797.85, allows the local EMS agency (LEMSA) to create Exclusive Operating Areas (EOAs) to restrict operations to one or more providers of emergency ambulance services and advanced life support (ALS) services in the development of a local plan through a competitive bid process or without a competitive bid process if the area has been served in the same scope and manner without interruption since January 1, 1981; and

Whereas, pursuant to California Health and Safety Code, Section 1797.200, Placer County has designated the Agency to be the LEMSA, and to develop a written agreement with any qualified paramedic service provider that wishes to participate in the ALS program in Placer County; subject to the rights of providers who are granted EOAs; and

Whereas, the California Code of Regulations, Title 22, Section 100096.01 (b)(4) requires paramedic service providers to have a written agreement with the LEMSA to provide ALS; and

Whereas, Contractor, a private ambulance company, and its predecessors in business, have continually rendered services as the sole providers of emergency ambulance transport within certain areas of operation within Placer County since before January 1, 1981; and

Whereas, Agency on December 16, 2005, originally granted Contractor the exclusive right to serve specific areas of operation within Placer County as the sole emergency ground ambulance provider pursuant to the “grandfathering provisions” of the California Health and Safety Code, Division 2.5, section 1797.224; and as indicated in the EMS Plan approved by the State of California Emergency Medical Services Authority; and

Whereas, Agency and Contractor wish to recognize their respective rights and obligations with respect to the provision of exclusive emergency ground ambulance services within certain areas of operation within Placer County, as shown in Exhibit A, hereto incorporated by reference; and

NOW, THEREFORE, THE PARTIES HERETO AGREE as follows:

DEFINITIONS

The terms that follow, when used in this Agreement, shall have the meanings indicated.

Advanced Life Support (ALS). As defined in California Health and Safety Code § 1797.52, "advanced life support" means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

ALS Ambulance. A ground ambulance which provides transport of the sick and injured and is staffed and equipped to provide ALS consistent with the California Health and Safety Code, Division 2.5, § 1797.52 and Agency policies and procedures.

Agency. Sierra-Sacramento Valley EMS Agency.

Agency Executive Director. Director of the Sierra-Sacramento Valley EMS Agency.

Agency Medical Director. Physician Medical Director of the Sierra-Sacramento Valley EMS Agency.

Agency Policies, Procedures and Protocols. All policy, procedure and protocol documents developed through the process described in Agency policies.

Authorized Ambulance Provider. An ambulance provider authorized by the Agency to provide ground ambulance services within Placer County.

Authorized EMS Dispatch Center. A dispatch center authorized by the Agency to dispatch ground ambulances within Placer County.

Basic Life Support (BLS). As defined in California Health and Safety Code § 1797.60, "basic life support" means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

BLS Ambulance. A ground ambulance which provides transport of the sick and injured and is staffed and equipped to provide BLS consistent with the California Health and Safety Code, Division 2.5, § 1797.60 and Agency policies and procedures.

Code 2 Response/Call. A Non-Life-Threatening Emergency requiring a response without lights and sirens.

Code 3 Response/Call. A Life-Threatening Emergency requiring a response with red lights and sirens.

Contractor Non-Transport ALS Resource. A non-transporting Contractor vehicle with personnel capable of providing ALS prehospital care.

Emergency. As defined in California Health and Safety Code § 1797.70, "emergency" means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical services personnel or a public safety agency.

Emergency Medical Dispatch (EMD). A nationally recognized set of standards used by specially trained dispatch personnel that focus upon four main functions: (1) To receive and process telephone calls; (2) To dispatch and coordinate EMS resources based upon prioritization principles that consider the level of the emergency and availability of local EMS resources; (3) To provide medical instruction to callers (pre-arrival instructions) and scene information to EMS crews (post- dispatch); and (4) To coordinate with other public safety agencies.

Emergency Medical Services (EMS). As defined in California Health and Safety Code § 1797.72, "Emergency medical services" means the services utilized in responding to a medical emergency.

EMS Personnel. All emergency medical dispatchers, first responders, EMTs, and paramedics functioning within the EMS system.

Emergency Medical Technician (EMT). As defined in California Health and Safety Code § 1797.80.

Exclusive Operating Area (EOA). An EMS area or sub area, as designated in the Agency's EMS Plan approved by the California EMS Authority, for which the Agency restricts operations to one provider of emergency ground ambulance services.

First Response Unit. A public safety vehicle staffed by personnel capable of providing appropriate prehospital care.

Ground Ambulance. A ground ambulance staffed and equipped in compliance with applicable Agency policies.

Hospital. As defined in California Health and Safety Code § 1797.88.

GPS Location System. Vehicle tracking devices authorized by the Agency that allow the Authorized EMS Dispatch Center to determine the location of ambulance vehicles via a computerized mapping system.

Life Threatening Emergency. The term used to denote a condition or situation in which an individual has a need for immediate medical attention requiring a Code 3 response based upon the patient's reported medical condition, or where the potential for such need is perceived by EMS personnel.

Medical Direction. Direction given to EMS personnel by a base/modified base hospital physician or Agency authorized mobile intensive care nurse (MICN), pursuant to applicable Agency policies and protocols.

Non-Emergency Medical Response. The term used to denote a condition or situation in which an individual has not experienced a sudden or unexpected change in their medical condition and does not meet the EMD protocol for a life threatening or non-life-threatening emergency, and where the potential for such need is not perceived by EMS personnel.

Non-Life-Threatening Emergency. The term used to denote a condition or situation in which an individual has a need for medical attention requiring a Code 2 response based upon the patient's reported medical condition, or where the potential for such need is not perceived by EMS personnel.

Paramedic. As defined in California Health and Safety Code Section 1797.84.

Quality Improvement Program. Methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

Placer County Ambulance Advisory Committee. A committee established by the Agency to provide input on Placer County EMS system matters within the Contractor's EOA. The committee shall consist of one representative from the Contractor and one representative from each fire department/district within the Contractor's EOA.

Shall. The term shall as used in this agreement means must or is mandatory.

Staging. The term used to denote that a Ground Ambulance is dispatched to respond to an area near a Life Threatening or Non-Life-Threatening Emergency until allowed to proceed to the site of the patient(s).

Standby. The term used to denote that an ALS Ground Ambulance or Provider ALS First Response Vehicle is staged near and available to an activity at the request of a public safety agency in which it is presumed there is a high likelihood that a Life Threatening or Non-Life-Threatening Emergency will occur.

System Status Plan. The plan followed by the Contractor and the Authorized EMS Dispatch Center that identifies, the strategic placement of ambulances based upon time of day and ambulance availability and the circumstances under which (a) Mutual Aid response would be requested on Contractor's behalf or (b) Contractor would be requested to perform Mutual Aid for another Contractor in a different Ambulance Response Zone or adjacent county.

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SECTION 1: ADMINISTRATION OF THE AGREEMENT AND TERMS

1.1 Contract Administration

A. The Agency Executive Director shall serve as the Contract Administrator and shall represent the Agency in all matters pertaining to this Agreement and shall administer this Agreement on behalf of the Agency. The Contract Administrator or their designee may:

1. Audit and inspect the Contractor's financial records, operational records and patient care records.

2. Monitor the Contractor's EMS service delivery for compliance with standard of care as defined through law, Agency policies, and medical protocols.

3. Provide technical guidance as the Contract Administrator deems appropriate.

1.2 Term of Agreement

A. The term of this Agreement shall commence at 0001 hours on December 1, 2025 (the "Commencement Date"), and terminate at 2400 hours on November 30, 2027, unless terminated earlier under the terms and conditions of this Agreement.

B. This Agreement may be renewed upon written agreement of the parties.

1.3 Contract Response Area

A. All requirements described in this Agreement apply to the Placer County EOA, as shown in Exhibit A.

B. All the following requests for emergency ground ambulance service originating in the areas shown in Exhibit A shall be exclusively referred to the Contractor, and the Contractor shall provide all emergency ground ambulance responses and transports as follows:

1. Contractor shall be the exclusive provider, not to include Agency authorized fire first response services, to respond to all EMS calls placed through the 911 system in Placer County within the EOA established in this Agreement.

2. Any other request for service requiring an emergency ground ambulance response, as defined by the Agency's policies and procedures.

C. In consideration for providing emergency ground ambulance services in accordance with the terms described herein, the Contractor is granted an EOA encompassing the ambulance response zone areas shown in Exhibit A. Within such EOA, the Contractor shall be entitled to be the exclusive provider of all emergency ground ambulance services during the period of this Agreement and any extensions of this Agreement.

D. The agency shall not enter into an ambulance provider Agreement with any other firm, agency, city, company, or governmental body other than the federal government to provide emergency ground ambulance services within the EOA described herein during the period of this Agreement or any extensions except as described herein, nor shall the

Agency knowingly permit any ambulance service provider to render such emergency services within the EOA except as provided in this Agreement.

E. This Agreement shall not preclude the use of EMS aircraft resources within the EOA of the Contractor as allowed pursuant to Agency policies, procedures, and protocols.

1.4 Notices

A. All notices, demands, requests, consents, approvals, waivers, or communications ("notices") that either party desires or is required to give to the other party or any other person shall be in writing and either sent via electronic mail (with delivery receipt), personally delivered or sent by prepaid postage, first class mail.

B. Notices shall be addressed as appears below for each party, provided that if either party gives notice of a change of name or address, notices to the giver of that notice shall thereafter be given as demanded in that notice.

Contractor:

Regional Director
American Medical Response
6101 Pacific Street
Rocklin, CA 95677

With copy to:

Law Department
Global Medical Response, Inc.
4400 State Highway 121, Suite 700
Lewisville, TX 75056

Agency:

Executive Director
Sierra – Sacramento Valley EMS Agency
535 Menlo Drive, Suite A
Rocklin, CA 95765
Email address info@ssvems.com

1.5 Paramedic Service Provider Agreement

A. This Agreement will also serve as the paramedic service provider agreement required under the California Code of Regulations, Title 22, Section 100096.01(b)(4).

1.6 Non-Exclusive Ambulance Service Authorization

A. In consideration for providing ambulance services in accordance with the terms described herein, the Contractor is also entitled to be a non-exclusive service provider for the following types of additional services throughout Placer County:

1. BLS and ALS non-emergency ground ambulance transport services.
2. BLS and ALS ground ambulance interfacility transport requests.
3. BLS and ALS special event standby services.

1.7 County Initiated Amendments and Termination Option.

A. The Contractor recognizes the Agency's regulatory oversight and authority over the emergency medical services system. The Contractor recognizes that the Agency may need to direct changes to the system to improve delivery or advance the system. This section describes the process when the Agency requests or initiates a change that has a significant financial impact on the Contractor, to performance, standards, response times, response time penalties, response zones, equipment, technology, vehicles, research, practices, or other any requirements reasonably construed to be significant as established at the inception of the Agreement. If a change to the system would have by reasonable standards a significant financial impact on Contractor, the Contractor may request the Agency meet and confer on the proposed change, the impact of the change and discuss the costs of the change, funding for the change, rate adjustment, a subsidy, operational changes or other considerations. If the Parties cannot negotiate a mutually acceptable resolution to the Agency requested change within thirty (30) days, either party may terminate this Agreement with two hundred seventy (270) days' written notice to the other and prior to implementation of the change. Nothing in this section shall be construed to limit or restrict the EMS Agency's statutory rights and obligations regarding medical control, as provided by applicable law.

1.8 Contractor Initiated Amendments.

A. At any time during the term of the Agreement, in the event of a significant change or potential significant change, by reasonable standards, that is beyond Contractor's control and that will affect the costs, revenue or delivery of Contractor's services, Contractor may send written notice to Agency to meet and confer on the impact of the change and discuss proposed amendments including, but not limited to a rate adjustment, a subsidy, operational changes or other changes. If the Parties cannot negotiate a mutually acceptable resolution to the Contractor requested change within thirty (30) days, either party may terminate this Agreement with two hundred seventy (270) days' written notice to the other. Significant changes may include significant decreases in Medi-Cal, Medicare or other third-party reimbursement, implementation of living or minimum wage legal requirements, or material changes in call volume. Nothing in this section shall be construed to limit or restrict the EMS Agency's statutory rights and obligations regarding medical control, as provided by applicable law.

SECTION 2: ROLES AND RESPONSIBILITIES

2.1 Agency's Functional Responsibilities

A. The Agency seeks to ensure that reliable, high-quality prehospital emergency medical care and transport services are provided on an uninterrupted basis. To accomplish this purpose, the Agency shall:

1. Oversee and enforce the Contractor's rights as the sole provider of emergency ground ambulance services within specified areas of operation within Placer County.
2. Oversee, monitor, and evaluate contract performance and compliance.
3. Provide medical direction and control of the EMS system.

2.2 Contractor's Functional Responsibilities

A. During the term of this Agreement, as defined in Section 1.2, the Contractor shall:

1. Provide prehospital emergency medical care and transport services in response to emergency medical calls within all areas shown in Exhibit A, twenty-four (24) hours each day, seven days a week, without regard to the patient's financial status.
2. Ambulance response times must meet the response time standards set forth herein, and every ambulance unit provided by the Contractor for emergency response must, at all times, except as authorized by the Agency, be equipped and staffed to operate at the ALS (paramedic) level.
3. Clinical performance must be consistent with approved medical standards, policies, performance standards and metrics outlined in this Agreement and attachments or exhibits thereto, and protocols.
4. The conduct and appearance of the Contractor's personnel must be professional and courteous at all times.
5. Patient transportation and disposition shall follow Agency's policies and protocols.
6. Services and care delivered must be evaluated by the Contractor's internal quality improvement program, and through the Agency's quality improvement program as necessary, to improve and maintain effective clinical performance, to detect and correct performance deficiencies and to continuously upgrade the performance and reliability of Contractor's services.
7. Clinical and response-time performance must be extremely reliable, with equipment failure and human error held to a minimum through constant attention to, policy, protocol and procedure performance monitoring/auditing, and prompt and definitive corrective action as appropriate.
8. This Agreement requires the highest levels of performance and reliability, and mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results.
9. If the Contractor fails to perform to the Agreement standards, the Contractor may be found to be in Material Breach of this Agreement in accordance with

the Agreement's terms and promptly replaced to protect the public health and safety.

B. Keep a current system status management plan on file with the Contract Administrator.

C. Provide all ambulances, as well as other vehicles and equipment necessary for the provision of services required under this Agreement.

D. Furnish equipment/supplies and replacements used by the Contractor's personnel.

E. Establish a recruitment, hiring, and retention system that ensures a quality workforce of clinically competent employees who are appropriately certified, licensed, and/or accredited.

F. Comply with all prehospital personnel training requirements established by the State of California and the Agency.

G. Comply with all Agency policies and protocols.

H. Maintain neat, clean, professional appearance of all personnel, facilities, and equipment.

I. Submit reports supported by documentation or other verifiable information as required by the Agency.

J. Respond to Agency inquiries about service complaints and reports of investigation in compliance with Agency policies.

K. Notify the Agency of all incidents in which the Contractor's personnel fail to comply with protocols and/or contractual requirements.

L. The Contractor assumes full responsibility for prehospital emergency medical response and transport provided by the Contractor's organization.

2.3 Transition Planning

A. The Contractor is aware that the Agency may initiate a competitive procurement process to award the Contractor's EOA. If this action is taken and Contractor is not judged to be the successful bidder, there would be a transition of contractors.

B. Contractor Responsibilities During Transition shall be:

1. To ensure continued performance consistent with the requirements in this Agreement through any such transition period, the Contractor shall:

i. Continue all operations and support services at the same level of effort and performance, and with substantially the same resources, as were in effect prior to the transition period.

ii. Not inflate costs with the improper intent that a new Contractor would be required to assume.

iii. Make no changes in methods of operation, other than those as have been customarily made during the Term of the Agreement in the normal course of operations, that actually reduce or could reasonably be considered to be aimed at reducing the Contractor's service and operating costs to maximize or affect a gain during the transition period.

iv. Make no changes to employee salaries during this period that could reasonably be considered to be aimed at increasing costs to the new Contractor. Regularly scheduled increases based on length of service or contained in pre-existing binding contracts or labor agreements will be allowed, as will any changes to compensation that may be required by law.

C. Treatment of Employees During Transition

1. During the transition period, the Contractor shall not penalize or bring personal hardship to bear upon any of its employees who apply for work on a contingent basis with the new provider and shall allow its employees to sign contingent employment agreements with the new provider at employees' discretion without penalty.

2. The Contractor acknowledges and agrees that supervisory personnel, EMTs, and paramedics working in the EMS system have a reasonable expectation of long-term employment in the Placer County system, even though contractors may change.

3. Notwithstanding the foregoing, the Contractor has a reasonable expectation of privacy in its trade secrets and proprietary information and may, consistent with law, prohibit its employees from assisting competing entities in preparing proposals or otherwise revealing confidential information regarding the Contractor or its business practices or operations.

SECTION 3: OPERATIONS

3.1 Deployment Requirements

A. The Contractor shall include a minimum of 2,304 weekly ALS ambulance unit hours dedicated to the Placer County EOA. The Contractor and the Agency understand that there may be some fluctuations in ALS ambulance unit hours that Contractor actually deploys due to reasons such as employee sick calls and unexpected staffing shortages. Notwithstanding such fluctuations and the number of ALS ambulance unit hours actually deployed, the Contractor shall meet the performance standards herein.

1. In the event of a declared Public Health Emergency, the Contractor and the Agency shall cooperate in good faith to adjust the minimum ALS ambulance unit hours as necessary to ensure the continued provision of services.
2. The 2,304 weekly unit hours shall be calculated using the average of the prior four (4) weeks (Sunday 12:00am to Saturday 11:59pm).

B. The Contractor shall ensure that every ALS ambulance deployed has been inspected/authorized by the Agency, maintains an equipment/supply inventory sufficient to meet all federal, state, and Agency requirements, and is staffed with at least one (1) Agency accredited paramedic and one California certified EMT.

C. The Contractor may utilize additional BLS ambulance units for responses covered by this Agreement, when authorized by the Agency.

D. Contractor's response time obligations are performance based. The Contractor shall redeploy ambulances or add additional ambulance unit hours if response time performance standards are not met, unless the parties mutually agree otherwise in writing.

E. The Contractor shall provide reasonable EMS system standby, mutual aid, or coverage to other areas within the Agency's jurisdictional region, as requested by a public safety 911 dispatch center or Agency representative.

F. The Contractor shall enter into mutual/automatic aid agreements with providers, as recommended by the Agency, in nearby service areas inside or outside Placer County but within the Agency's jurisdictional region. The Contractor may enter into mutual/automatic aid agreements with providers upon approval of the Agency.

G. The Contractor's emergency ambulances may not be used for Non-Emergency Medical Response requests unless the Contractor's dispatch center has released the ambulance in accordance with their system status plan on file with the Agency.

H. The Contractor shall assist in servicing, for a period not to exceed ninety (90) calendar days, any other ambulance response zone within Placer County for which an emergency ground ambulance provider agreement has been suspended or terminated. Response time requirements for services provided in such geographic area(s) will be waived during this period.

I. The Contractor agrees to work in good faith with the Agency and other EMS system providers to address identified locations that present barriers to expedient access to patients (e.g., inadequate address markers, gated communities, and industrial complexes).

3.2 Response Time Standards

A. Response Time Performance – In consideration for being granted authorization to provide emergency ground ambulance services, the Contractor agrees to adhere to the

Response Time Performance Criteria outlined in Exhibit B, and further agrees to the following:

1. The Parties expressly agree that, in consultation with the Contractor, the Agency may modify the Response Time Performance Criteria set forth herein from time to time during the term of this Agreement, provided that such modifications do not result in the need for additional ambulances or unit hours of 110% or more of those in place on the Commencement Date. The Parties further agree that this is necessary as clinical research, evidence, and standards of care evolve. The Parties also agree and acknowledge that such future modifications, reclassifications, additions, or subtractions do not have to be made through amendments to this Agreement but may be implemented by the Agency through Agency Policies and Procedures after consultation with the Contractor. Each incident will be counted as a single response regardless of the number of units that respond and only the first arriving ambulance's time shall be applicable.
2. The Contractor shall use its best efforts to minimize variations or fluctuations in response time performance.
3. The Contractor shall, in the performance of work and provision of services pursuant to the requirements of this Agreement, comply with all federal, state and local laws, regulations, and codes, including the California Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, California Health and Safety Code, Division 2.5, Sections 1797 and 1798, California Code of Regulations, Title 13 and 22, Agency policies, procedures and protocols, and the Placer County Ambulance Ordinance (Placer County Code, Article 8.04 Ambulance Services) in the performance of this Agreement.
4. The Contractor shall utilize appropriately staffed and equipped ALS ambulances, except as authorized by the Agency, to provide services under this Agreement on a twenty-four (24) hour per day, seven days a week basis.
5. The Contractor shall capture and record, utilizing an Agency-approved Computer Aided Dispatch (CAD) system, all the following data elements for every emergency and non-emergency request for services provided under this Agreement:
    i. Requesting party
    ii. Incident location
    iii. Incident number
    iv. Ambulance response zone
    v. Nature of incident

vi. Medical Priority Dispatch System (MPDS) call determinant (if applicable)

vii. EMD performed (if applicable)

viii. Response priority (including upgrades and downgrades)

ix. Response unit(s) identifier(s)

x. Call receipt time

xi. Dispatch time

xii. Enroute time

xiii. At scene time (if applicable)

xiv. Patient transport time (if applicable)

xv. Arrive destination time (if applicable)

xvi. Available time

6. The Contractor shall be responsible for complying with the response time performance requirements as specified in this Section for all emergency ground ambulances which fall within Contractor's EOA, including calls in which Contractor fails to respond. Failure to respond includes instances where the Contractor responds to a call, but the call is canceled subsequent to an extended response time. An extended response time is defined as a cancellation occurring after a response exceeds the required response time for the applicable Ambulance Response Zone, as specified in Exhibit B, at the time the cancellation is communicated to Contractor by the dispatch center.

7. Response time measurements shall be calculated and reported monthly.

B. Response Time Standards for Code 3 Responses – The Contractor shall ensure that an ALS ambulance, except as authorized by the Agency, arrives at scene of every Code 3 emergency request as indicated in Exhibit B.

C. Response Time Standards for Code 2 Responses – The Contractor shall ensure that an ALS ambulance, except as authorized by the Agency, arrives at scene of every Code 2 emergency request as indicated in Exhibit B. Code 2 responses shall only be identified by Agency approved MPDS response determinants, the requesting public safety 911 dispatch center, or EMS personnel at scene of an emergency incident.

D. Response Time Calculations

1. Dispatch CAD data and FirstWatch On-line Compliance Utility ("OCU") will be utilized by the Agency to monitor Response Time Compliance. OCU will

calculate all Contractor Response Times. Response Time shall be measured in minutes and seconds and compliance determined on a fractile basis.

2. Response times shall be calculated from the time of receipt of all necessary emergency response caller data by the Contractor's dispatch center to the time of arrival on scene of a fully equipped and staffed ALS ambulance, or BLS ambulance when authorized by the Agency.

E. Applicable Calls

1. Response time standards shall apply to all emergency ambulance requests within the Contractor's EOA covered by this Agreement.

F. Response Time Compliance

1. Upon determination by the Agency that the Contractor has failed to meet response time compliance, liquidated damages will be assessed as outlined in Exhibit B of this Agreement.

2. For each response time compliance period in which the Contractor fails to meet the requirements, liquidated damages will automatically be assessed to the Contractor.

3. The Contractor agrees to pay liquidated damages, measured separately for each response zone for any response time compliance period when response time compliance is not met (Exhibit B).

4. For each month in which any of the requirements in this Section is not met, the Contractor shall meet with the Contract Administrator or their designee to develop a strategy and corrective action plan to address the response compliance problem.

G. Response Time Exemptions

1. In some cases, late responses will be excused from liquidated damages and from response time compliance reports. These exemptions will be as reasonably determined by the Agency using a reasonable person standard and shall not be unreasonably withheld, conditioned, or denied. The burden of proof that there is good cause for the exemption shall rest with the Contractor and the Contractor must have acted in good faith. The alleged good cause must be shown by the Contractor to have been a substantial factor in producing excessive response time directly preventing the responding unit from meeting required response times. The Contractor may request that a response be excluded from the calculation of the response time standards set forth in Exhibit B if that call meets the criteria defined below. The Contractor shall file a request for each desired response time exemption, as they occur, using OCU. No request for response time exemptions will be accepted greater than ten business days after the date of the incident. Such requests shall list

the date, time, the specific circumstances causing the delayed response, and evidence supporting the requested exemption. The Contract Administrator, or their designee, shall grant or deny exemptions to performance standards and shall advise the Contractor of the decision utilizing the OCU. The Contractor must respond within ten business days to any requests from the Agency for additional supporting evidence or clarifications to the requested exemption. Failure to respond to the request for information within ten business days will result in denial of the requested correction or exception. Without limiting the Agency's discretion as set forth herein, examples of such exemptions include but are not limited to:

i. The wrong address or location provided by the requesting party, or no patient is found at reported address or location and unit arrived at reported location within required response time.

ii. Incomplete, or materially inaccurate location information relayed from the requesting public safety 911 dispatch center to the Contractor's dispatch center.

iii. An unavoidable delay caused by road construction, or other unforeseeable roadway obstruction, including train delays, along response route. Contractor is expected to make good faith efforts to modify staffing schedules, posting plans, and response routes to mitigate impacts of known road construction and roadway obstructions.

iv. An unavoidable delay caused by incident related traffic delays or roadway obstruction. Contractor is expected to make good faith efforts to respond alternate units to avoid incident related obstructions.

v. Restricted location access: when closed gates, excessive parking lot traffic hazards or speed limiting obstacles, or incomplete location information prevent timely response to incident location and response was compliant with the response time standards to the location of restricted access. Contractor is expected to maintain updated mapping software, detailed location maps, and gate codes as available to plan response routes around areas with restricted access. Restricted location access shall be considered grounds for an exemption only if Contractor could not reasonably achieve access in a timely manner (e.g., with gate codes made available to contractor, detailed location maps, or known alternate access routes to location).

vi. Weather conditions that impair visibility or create other unsafe driving conditions for the responding unit.

vii. Activation of the Agency's Multi-Casualty Incident (MCI) Plan with ≥20% of deployed ambulances in the Contractor's approved System Status Plan being requested to respond to the incident.

viii. The responding ambulance is involved in a traffic collision, and the Contractor is determined not to be at fault by law enforcement.

ix. Unusual System Overload (USO): defined as 175 percent of the average demand for the day of the week and hour of day. The average demand for each day and hour is to be calculated on an annual basis using the prior calendar year's actual run volume. Each one of Contractor's emergency ambulance's experiencing an Ambulance Patient Offload Time (APOT) delay exceeding the Agency established standard at the time of call receipt will be considered an active incident for USO calculation purposes.

H. All other exemption requests shall be made on a case-by-case basis for good cause only, as determined by the Agency in its sole discretion. It is understood that the Agency wishes to minimize the number of undefined good cause exemptions, and such exemptions shall only be granted upon extraordinary circumstances.

I. The Contract Administrator or their designee shall review each exemption request individually and determine whether to accept or reject each response time exemption request submitted by the Contractor. The decision of the Contract Administrator or their designee to accept or reject any or all response time exemption requests shall be final.

3.3 Clinical Performance Standards

A. Clinical Performance Standards – In consideration for being granted authorization to provide emergency ground ambulance services and starting with the date that is ninety (90) days after the Commencement Date, the Contractor agrees to adhere to the Clinical Performance Standards outlined in Exhibit C, and further agrees to the following: The Parties expressly agree that, in consultation with the Contractor, the Agency may modify the Clinical Performance Standards set forth herein from time to time during the term of this Agreement, provided that such modifications do not result in the need for additional ambulances or unit hours of 100% or more beyond those in place on the Commencement Date. The Parties further agree that this is a necessity as clinical research, evidence and standards of care evolve. The Parties also agree and acknowledge that such future modifications do not have to be made through amendments to this Agreement but may be implemented by the Agency through Agency Policies and Procedures after consultation with the Contractor.

1. The Contractor shall be responsible for complying with the Clinical Performance Standards as specified in this Section for all Emergency Ground Ambulance Services.

B. Clinical Performance Standards Measurement

1. The measurement period for Clinical Performance Standards shall be quarterly.

2. If the minimum number of applicable encounters identified in Exhibit C has not been met, the measurement period shall constitute the next regular measurement period interval after the minimum number of applicable encounters are met.

C. Clinical Performance Standards Calculations

1. Starting with the date that is ninety(90) days after the Commencement Date of this Agreement, the Contractor shall achieve Clinical Performance Standards compliance identified in Exhibit C for the term of this Agreement.

D. Applicable Calls

1. Clinical Performance Standards shall apply to all emergency ground ambulance Services.

E. Clinical Performance Standards Compliance

1. Upon determination by the Agency that the Contractor has failed to meet Clinical Performance Standards compliance for a quarter, liquidated damages will be assessed as set forth in Exhibit C.

2. For each Clinical Performance Standards period in which the Contractor fails to meet the requirements, liquidated damages will automatically be assessed to the Contractor.

3. The Contractor agrees to pay liquidated damages, measured separately for each Clinical Performance Standard for any Clinical Performance Standards period when Clinical Performance Standards compliance is not met.

4. For each quarter in which any of the requirements in this Section is not met, the Contractor shall meet with the Contract Administrator or their designee to develop a strategy and corrective action plan to address the Clinical Performance Standards compliance problem.

F. Clinical Performance Standards Exemptions

1. In some cases, failure to meet Clinical Performance Standards will be excused from financial liquidated damages. Exemption requests shall be for good cause only, as determined by the Contract Administration or their designee. The burden of proof that there is good cause for an exemption shall rest with the Contractor, and the Contractor must have acted in good faith. The alleged good cause must have been a substantial factor in producing the failure to meet the Clinical Performance Standards. Notwithstanding, the Contractor

shall not be responsible for Clinical Performance Standards related to the acts or omissions of third parties and there shall be an automatic exemption for the acts or omissions of third-parties. The Agency shall have the sole and exclusive authority, in its reasonable discretion, to determine third-party responsibility pursuant to this section.

2. The Contractor shall submit exemption requests to the Contract Administrator or their designee with the submission of the quarterly clinical performance standards report required in Exhibit D Any exception request submitted past this required timeframe will be automatically denied.

3. The Contract Administrator or their designee shall review each exemption request individually and determine whether to accept or reject each Clinical Performance Standards exemption request submitted by the Contractor. The decision of the Contract Administrator or their designee to accept or reject any or all Clinical Performance Standards exemption requests shall be final. The decision of the Contract Administrator or their designee shall use a reasonable person standard and shall not be unreasonably withhold, condition, or deny an exemption request.

3.4 Significant Occurrences

A. In consideration for being granted authorization to provide emergency ground ambulance services, the Contractor agrees to the following:

1. Exhibit C, Table 2 identifies specific, objective, and readily identifiable events (Significant Occurrences) that the Agency has determined should never occur in the Contractor's performance of Services under this Agreement.

2. The occurrence of a Significant Occurrence is reportable to the Agency within 24 hours, including weekends and holidays. Note that failure to report a Significant Occurrence in the required time and manner is itself a Significant Occurrence.

3. The measurement period for Significant Occurrences shall be continuous and daily.

4. For each Significant Occurrence that occurs, liquidated damages will be assessed as outlined in Exhibit C of this Agreement.

5. For each Significant Occurrence, liquidated damages will automatically be assessed to the Contractor.

6. The Contractor agrees to pay liquidated damages, measured separately for each Significant Occurrence (Exhibit C).

7. For each Significant Occurrence that occurs, the Contractor shall meet with the Contract Administrator or their designee to develop a strategy and corrective action plan to address the Significant Occurrence.

3.5 Dispatch and Communications Requirements

A. The Contractor shall participate in creating/maintaining interoperability links with 911 dispatch centers in Placer County as is reasonable/appropriate.

B. The Contractor shall maintain an Agency-authorized EMS dispatch center to provide dispatch services for emergency and non-emergency ground ambulance requests on a twenty-four (24) hour per day, seven days a week, during the term of this Agreement.

C. The Contractor shall ensure that all requests for non-emergency and interfacility transports are processed through an EMD dispatch center that meets the requirements of Agency policies.

D. The Contractor shall establish policies that ensure that upon receipt of a private request for emergency ambulance services, pertinent information, including callback number, location, and nature of the incident, is ascertained and transferred to the applicable 911 public safety dispatch center.

E. The Contractor shall ensure that the agency-authorized emergency ambulance, which is available and geographically closest and has the shortest ETA to the scene, is dispatched to any Code 2 or Code 3 emergency request.

F. The Contractor shall ensure that a record of calls, as defined in California Code of Regulations, Title 13, Section 1100.7 is maintained. In addition, Contractor shall maintain a record of all requests for ambulance service.

G. The Contractor shall obtain, install and maintain in Contractor's ambulances all such communications equipment as is determined by the Agency policies to be necessary for the effective and efficient dispatch of ambulances.

H. For those ambulances that will be responding to 911 calls, GPS location systems are required. GPS location system equipment failures shall not result in an ambulance being "out of service," and the Contractor shall make reasonable efforts to immediately seek repair of malfunctioning GPS location system equipment.

I. Subject to applicable laws and the permission of the relevant agencies, the equipment shall allow effective and efficient communication with allied public safety agencies, and EMS aircraft service providers.

J. The Contractor shall obtain, install, and maintain in the Contractor's ambulances all such communications equipment as is determined by Agency policies to be necessary for medical control and patient reporting voice communications with Agency-designated base/modified base hospitals.

K. The Contractor shall be financially responsible for installation, purchase/rental and maintenance of communication equipment required by this Agreement.

3.6 System Status Plan Compliance

A. The Contractor shall establish and maintain a system status plan compliance program, including a system to identify response time performance problems in order to identify underlying causes and to mitigate them. The posting plan, ambulance schedules, and the number of hours deployed shall be reviewed and adjusted as needed.

B. The Contractor agrees to abide by the current version of the system status plan on file with the Agency and shall provide the Agency with any adjustments as promptly as practicable.

C. The system status plan shall respect the integrity of the Contractor's EOA boundaries and shall not be designed or implemented in a way that jeopardizes the continuation of the EOA.

D. No provider shall be permitted to post in another provider's EOA or Non-EOA designated emergency ambulance response zone(s) unless requested to do so by the applicable provider's EMS dispatch center or Agency representative.

3.7 EMS Aircraft Services

A. Nothing in this Agreement shall prohibit EMS aircraft providers from operating in the County of Placer, including within the EOA, for the purpose of providing EMS aircraft transportation services.

B. The Contractor shall comply with Agency policies and procedures regarding the use of EMS aircraft services.

3.8 Standbys

A. When requested by a public safety agency, the Contractor shall furnish standby coverage at emergency incidents at the request of the on-scene Incident Commander (IC), if in the opinion of the IC, the situation poses significant potential danger to the personnel of the requesting agency or to the general public.

B. Standby requests shall be reported monthly by the Contractor to the Agency and monitored for proper utilization and impact on response times.

C. The Agency may relieve the Contractor of this requirement if the requests are deemed to be unduly burdensome or unnecessary.

3.9 Special Events

A. The Contractor shall adhere to Agency special event policies when providing ALS or BLS coverage for a special event.

3.10 Outside Work

A. The Contractor shall not be precluded from performing other outside work, such as non-emergency medical transfers.

3.11 Equipment and Supplies

A. Ambulances

1. All ambulance vehicles shall, at a minimum, meet all standards of the California Code of Regulations, Title 13.

2. Primary ambulances shall not be kept in service, except to be used as reserve ambulances, when the vehicle mileage exceeds two hundred fifty thousand (250,000) miles without the approval of the Agency. Reserve ambulances must be replaced when the odometer reads three hundred thousand (300,000) miles.

3. The Contractor shall maintain, and provide to the Contract Administrator, a complete listing of all ambulances (including reserve ambulances) to be used in the performance of the Agreement, including their license and vehicle identification numbers, and the name and address of the lien holder, if any.

B. Vehicle Maintenance Program

1. The Contractor shall develop and maintain a fleet management plan, maintain a record of the preventative maintenance, repairs and strategic replacement of vehicles and shall make such plans and records available to the Agency upon request.

2. The Contractor's vehicle maintenance program shall be designed and conducted so as to achieve the highest standards of reliability appropriate to a modern emergency service.

3. The Contractor shall maintain all ambulances in excellent working condition at all times. Any ambulance with any deficiency that compromises, or may compromise, its performance shall be immediately removed from service.

4. The interior and exterior appearance of vehicles shall be clean and operational. Contractor shall remove damaged ambulances from service and repair all damage to ambulances in a timely manner

5. In each instance of an emergency ambulance vehicle failure on a call resulting in the inability to continue the response to or transport of the patient, the Contractor shall submit a Vehicle Failure Report which at a minimum shall include: how long it took for another emergency ambulance to respond to the same call; which emergency ambulance provider responded; the reason or suspected reason(s) for vehicle failure and/or malfunction, and actions Contractor has taken to prevent similar failures.

C. Ambulance Equipment and Supplies

1. The Contractor shall be responsible for providing all required durable and expendable medical supplies and equipment.
2. Each ambulance shall, at all times, maintain an equipment and supply inventory sufficient to meet federal, State, and Agency policy requirements.
3. Equipment and supplies shall be maintained in clean, sanitary, and safe mechanical conditions at all times.
4. The Contractor shall maintain, within the EOA, a surplus of all required supplies sufficient to sustain operations for a minimum of five (5) days.
5. The Contractor shall have controlled substance policies and procedures, consistent with Drug Enforcement Administration (DEA) and California Code of Regulations, Title 22, Chapter 3.3 requirements governing the storage, inventory, accountability, restocking, disposal of expired medications and procurement of controlled drugs and substances permitted by the Agency to be carried and utilized in the provisions of ALS by paramedics. Any incident of non-compliance with controlled substance policies and procedures shall be reported immediately to the Contract Administrator.
6. The Contractor shall maintain a record of the preventative maintenance, repairs and strategic replacement of medical equipment, as appropriate and required by Agency policies, and shall make such records available to the Agency upon request.

D. Inspections

1. The Contract Administrator or their designee may at any time, without prior notice, inspect the Contractor's ambulances in order to verify compliance with this Agreement.
2. An inspection may be postponed if it is shown that the inspection would unduly delay an ambulance from responding to an emergency incident.
3. A report of the inspection specifying any deficiencies, date of inspection, ambulance number, and names of the participating crew shall be provided to the Contractor.
4. The Contractor must show proof of correction for any deficiencies noted in the inspection report as specified by the Agency.
5. A deficient ambulance may be immediately removed from service if, in the opinion of the Contract Administrator or their designee, the deficiencies are a danger to the health and safety of the public or if the deficiencies in a previously issued inspection report have not been corrected in the time

specified. The agency agrees to place any unit that has been removed from service back in service immediately following the documented correction of the defined deficiency.

3.12 Disaster Preparedness

A. Disaster Plan

1. The Contractor shall have a plan for the immediate recall of personnel to staff units during multi-casualty situations or declared disaster situations. This plan shall include the ability of the Contractor to page and alert off-duty personnel.

2. The Contractor shall participate in training programs and exercises designed to upgrade, evaluate, and maintain readiness of the system's disaster and multi- casualty response system.

B. Mutual Aid

1. To the extent that the Contractor has units available, but consistent with its primary responsibility to provide emergency ambulance services in the EOA, the Contractor, shall render "mutual aid" to those providers of emergency medical services operating within adjacent areas of the Agency's jurisdictional regions to ensure that timely emergency medical services are rendered to persons in need of such services within those areas.

C. Disaster Planning

1. The Contractor shall actively participate with Agency and Placer County in disaster planning.

2. The Contractor shall designate a representative who shall regularly attend meetings and shall be the liaison for disaster activities with Agency and with other agencies.

D. Disaster Response

1. At the scene of a Multi-Casualty Incident (MCI), the Contractor's personnel shall perform as part of the Incident Command System (ICS) structure and in accordance with the Standardized Emergency Management System (SEMS) in accordance with Agency policies and procedures.

2. Disaster shall mean war, civil unrest, natural disaster, wildfire, flood, labor dispute, acts or regulations of public authorities, declarations of emergency by public authorities, disease epidemic, pandemic, national or global health crisis, hurricane, tornado, earthquake, acts of terrorism or other manmade disaster. If a disaster occurs, the Agency Medical Director or their designee will suspend normal operations unless such suspension would not be in the best interests of the Agency and/or Placer County. After any such suspension, the Contractor shall respond in accordance with the disaster plan/policies. The

following provisions may apply, as determined by the Contract Administrator, during and after a disaster:

i. During such periods, the Contractor may be released, at the discretion of the Contract Administrator, from response time performance requirements for all responses, including response time liquidated damages.

ii. At the scene of such disasters, Contractor personnel shall perform in accordance with the Agency's disaster plan/policies.

iii. When disaster response has been terminated, the Contractor shall resume normal operations as rapidly as is practical considering exhaustion of personnel, need for restocking, and other relevant considerations, and shall keep the Contract Administrator informed of factors that limit the Contractor's ability to resume normal operations.

iv. During the course of a disaster, Contractor shall use its best efforts to maintain emergency service and shall suspend or ration non-emergency transport work as necessary.

3.13 System Committee Participation

A. The Contractor shall designate appropriate personnel to participate in committees that have a direct impact on EMS in the County of Placer.

3.14 Community Education/Prevention

A. The Contractor shall offer a variety of public education programs within Placer County.

B. The Contractor shall work collaboratively with the Agency, the County of Placer, other healthcare organizations, and other public safety and EMS related groups to plan and provide public education programs.

C. As part of the quarterly clinical reports required in Exhibit D, the Contractor shall provide the Agency information outlining all community education activities for the preceding quarter.

3.15 EMS Training Programs

A. The Contractor shall participate in training programs with fire departments/districts and other first responder organizations within Placer County. These may include, but not be limited to, joint training exercises, providing of instructors/evaluators for training courses and first responder testing, and similar activities.

B. The Contractor shall provide field internship opportunities for EMT, AEMT and paramedic students from agency-approved training programs.

C. The Contractor shall collaboratively work with system stakeholders to conduct a minimum of six (6) EMS classes per calendar year within the Contractor's EOA and make these classes available for all Placer County EMS system participants.

1. The Contractor shall ensure that all EMS classes are conducted by qualified instructors and that the content is relevant, up-to-date, and aligned with recognized EMS standards and guidelines.

2. EMS classes may focus on either of the following:

i. Run Review Sessions: Prehospital care focused education of recorded or written patient care records for the purpose of reviewing team performance during EMS responses, aimed at identifying areas for improvement and to ensure that Agency policies and protocols were effectively followed.

ii. Educational Sessions: Classes that address EMS trends, emerging technologies, or identified clinical deficiencies based on assessments, evaluations, or feedback from EMS personnel. These sessions must aim to enhance knowledge, skills, and competencies in line with best practices in EMS.

D. As part of the quarterly clinical reports required in Exhibit D, the Contractor shall provide the Agency information outlining all completed EMS classes, including attendance records and topics covered.

SECTION 4: PERSONNEL

4.1 Clinical and Staffing Standards

A. The Agency expects that the provision of emergency ambulance services shall conform to the highest professional standards and shall comply with all applicable State laws and regulations and Agency policies, procedures and field treatment guidelines. All persons employed by the Contractor in the performance of work under this Agreement shall be competent and shall hold appropriate and current valid certificates/licenses/accreditations as established by the State of California and the Agency for their level of certification/licensure. The Contractor shall be held accountable for its employees' credentials, performance, and actions.

B. The Contractor shall provide the Agency with the Contractor's current personnel policy and procedure manual(s) upon request which shall address, at a minimum, staffing and shift scheduling, avoidance of crew fatigue, crew quarters, conduct at a scene, conduct in relation to first responder personnel, conduct during patient care management, contact with base hospital(s), use of safety apparel, appearance, identification, driver training and company orientation.

C. The Contractor's ALS ambulances shall be staffed, at a minimum, with one California licensed and Agency accredited paramedic in good standing and one California certified EMT in good standing. BLS ambulances used for 911 emergency responses when permitted by the Agency shall be staffed, at a minimum, with two California certified EMTs.

1. The Contractor shall have a policy that prohibits the Contractor's employees from performing any services as contemplated herein while under the influence of any alcoholic beverage, illegal drug, or narcotic. In addition, said policy shall prohibit the Contractor's employees from performing such services under the influence of any other substances, including prescription or non-prescription medications, which impairs their physical or mental performance.
2. The Contractor shall maintain a current list of EMS personnel including their addresses, phone numbers, qualifications, certificates, and licenses with expiration dates and provide it to the Agency upon request.
3. The Contractor shall ensure that all EMS personnel wear appropriate uniform attire and comply with the Contractor's standards for grooming.
4. The Contractor shall have in place policies which require that EMS personnel follow all Agency policies, procedures and protocols.
5. The Contractor shall require that patient care records be completed by the Contractor's EMS personnel per Agency policies.
6. The Contractor shall require that all EMS personnel successfully complete all required courses in compliance with Agency policies.
7. The Contractor's EMS personnel may be required to obtain any other specialized training mutually agreed upon by the Contractor and Agency.
8. The Contractor may dispatch BLS ambulances in accordance with the Agency Medical Director's approved MPDS determinants.
    i. The Agency shall take all reasonable steps within ninety (90) days of the Commencement Date to approve MPDS determinants related to the dispatching of BLS ambulances; however, Contractor recognizes that such implementation is also subject to applicable PSAP policies and practices.

D. Management and Supervision:

1. The Contractor shall designate a full-time EMS Operations Manager responsible for ensuring the safe, effective, and compliant delivery of EMS operations within the EOA. The Operations Manager shall serve as the key leader for daily field performance, coordination with

external partners, and the implementation of policies and procedures. This position is critical to maintaining accountability, clinical excellence, and operational readiness.

2. The Contractor shall provide EMS supervisor personnel for the duration of this Agreement as follows:

    i. One (1) California licensed and Agency accredited Paramedic Field Supervisor on a twenty-four (24) hour per day, seven days a week basis.
    ii. One (1) California licensed and Agency accredited Paramedic or California certified EMT Field Supervisor on a twelve (12) hour per day, seven days a week basis (scheduled hours to be determined by the Contractor based on operational needs).
    iii. One (1) California licensed and Agency accredited Paramedic Administrative Supervisor Monday through Friday during peak demand times.

3. The Contractor's EMS supervisors shall serve as on-duty operational leaders responsible for maintaining EMS system readiness, unit availability, and real-time response coordination. The Contractor's EMS supervisors shall exercise the authority necessary to ensure timely response to emergency incidents and uninterrupted delivery of EMS services. The Contractor's Paramedic Field Supervisor personnel shall not be regularly tasked or assigned to perform administrative duties except for addressing unforeseen immediate staffing needs, when the Contractor's other EMS supervisors are not on duty. In addition to responding to the needs of the Contractor's personnel, Contractor's EMS supervisors shall immediately respond to any request by the Agency or public safety personnel within the EOA and shall be authorized to act on behalf of the Contractor. EMS supervisor duties shall include, but are not limited to, the following:

    i. Operational Oversight

        a. Actively monitor EMS system status, response times, and field unit availability through dispatch communications and field observation.
        b. Intervene in real time to mitigate delays in hospital offload, scene time, or other operational inefficiencies.
        c. Issue directives to field crews to expedite hospital clearance or return to service when patient care is complete and the system status requires it.

d. Reassign units, adjust deployment locations, or request additional resources in coordination with dispatch to preserve adequate geographic coverage.

ii. System Performance Management

a. Ensure adherence to performance standards, including but not limited to:
    i. Response time compliance.
    ii. Hospital turnaround time thresholds.
    iii. Unit distribution and coverage metrics.
b. Conduct proactive field inspections to verify ambulance and equipment readiness.
c. Collaborate with dispatch personnel to maintain situational awareness and facilitate timely responses to incoming calls.

iii. Supervisory Authority and Escalation

a. Exercise supervisory authority to direct crews, reallocate resources, or escalate to EMS command in the event of system strain, critical incidents, or resource shortages.

iv. Personnel Support and Field Presence

a. Serve as the immediate field contact for on-duty EMS crews, providing leadership, logistical support, and operational guidance.
b. Liaise regularly with hospital staff, dispatch centers, mutual aid agencies, and EMS leadership within the service area.
c. Respond to high-priority incidents or complex scenes to provide coordination, resource management, or command-level decision-making.
d. Maintain a visible and accessible presence in the field during assigned duty periods.

v. Documentation and Reporting

a. Maintain a reporting system to track supervisory actions, operational issues, delays, unit movements, and system performance metrics.

vi. Readiness and Equipment

a. Ensure the Supervisor's assigned vehicle is equipped, maintained, and operational for immediate field deployment.
b. Be available during scheduled duty hours to respond to operational needs, system strain, or special events.

E. The Contractor shall ensure that EMS personnel are oriented adequately before being assigned to respond to emergency medical requests. The orientation shall include, at a minimum, an EMS system overview; EMS policies and procedures, including patient destination, trauma triage, and patient treatment protocols; radio communications with and between the ambulance, base hospital, receiving facilities, and dispatch center; map reading skills, including key landmarks, routes to hospitals and other major receiving facilities; emergency response areas; and ambulance equipment utilization and maintenance, in addition to the Contractor's policies and procedures. The Contractor shall be responsible for ensuring that this standard is met.

1. The Contractor shall implement a program, to train EMT personnel to assist paramedics in the provision of ALS patient care and to function independently on a BLS emergency ambulance when applicable.
2. The Contractor shall maintain an on-going emergency vehicle operations course for ambulance personnel.
3. The Contractor shall provide training in diversity awareness, conflict resolution, and assaultive behavior management.
4. The Contractor shall provide patient care documentation education during initial orientation and as needed thereafter.
5. The Contractor shall be responsible for providing the pre-accreditation field evaluation phase of the Agency paramedic accreditation process for its ambulance personnel.
6. The Contractor shall notify the Contract Administrator in writing of any changes made to the new employee orientation program.

F. The Contractor shall ensure that paramedic personnel are proficient in the Agency's ALS scope of practice prior to performing these skills on patients in the field setting. The Contractor shall be responsible for ensuring that paramedics assigned to ALS ambulances comply with Agency policies on maintenance of skill competency.

G. The Contractor shall ensure that all ambulance personnel/supervisory staff are trained and prepared to assume their respective roles and responsibilities as

defined in Agency policies, protocols and the Regional Multi-Casualty Medical Incident (MCI) Plan.

4.2 Compensation/Working Conditions for Ambulance Personnel

A. Work Schedules and Conditions

1. The Contractor shall utilize reasonable work schedules and shift assignments to provide reasonable working conditions for ambulance personnel.
2. The Contractor shall ensure that ambulance personnel working extended shifts, other jobs, and/or voluntary or mandatory overtime are not fatigued to an extent that might impair their judgment or motor skills. The Contractor shall not knowingly schedule any ambulance personnel to work less than eight (8) hours after completing a previous shift or assignment, or a shift or assignment at an outside employer.
3. The Contractor shall establish a fatigue policy, approved by the Agency, which shall include the prohibition of the Contractor's ambulance personnel sleeping on duty while at post or while participating in the system status plan unless specifically authorized by the Contractor.
4. The Contractor agrees to maintain a crew quarters at any location where ambulance crews and student/trainees are normally scheduled to work shifts exceeding twelve (12) hours.
5. Ambulance crew quarters, at locations where ambulance crews are normally scheduled to work shifts exceeding twelve (12) hours, shall include shower, toilet, kitchen, day room, sleeping facilities and shall be maintained in a safe and clean condition.
6. The Contractor shall make available appropriate lactation accommodations for employees as required by California law.
7. The Contractor shall make available to all personnel all notices and bulletins from the Agency directed to field personnel. In addition, the Contractor agrees to ensure that all current Agency policies, procedures and protocols are readily accessible to all personnel.

B. Compensation/Fringe Benefits

1. The Agency expects the Contractor to provide reasonable compensation and benefits in order to attract and retain experienced and highly qualified personnel.
2. The Agency encourages the Contractor to establish creative programs that result in successful recruitment and retention of personnel.

3. The Contractor shall demonstrate, initially and throughout the term of the Agreement, that the compensation program provides the incentive to attract and retain skilled and motivated employees.

4.3 Safety and Infection Control

A. The Contractor shall provide personnel with training, equipment, and immunizations necessary to ensure protection from illness or injury when responding to an emergency medical request. Such equipment shall be consistent with Cal/OSHA requirements.

B. The Contractor shall notify the Agency within five (5) business days of any Cal/OSHA (Division of Occupational Safety and Health) major enforcement actions, and of any litigation, or other legal or regulatory proceedings in progress or being brought against Contractor's Placer County operations.

C. The Contractor shall, upon request, furnish documentation satisfactory to Placer County's Health Officer, of the absence of tuberculosis disease for any employee or volunteer who provides services under this Agreement.

D. The Contractor shall have a Communicable Disease Policy that complies with all Occupational Safety and Health Administration (OSHA) requirements and other regulations related to prevention, reporting of exposure, and disposal of medical waste. All Contractor prehospital personnel shall be trained in prevention and universal precautions.

SECTION 5: QUALITY/PERFORMANCE

5.1 Continuous Quality Improvement Program

A. The Contractor shall establish a comprehensive emergency medical services system quality improvement (QI) program meeting the requirements of 22 C.C.R. Division 9, Chapter 10 (Data and Quality Assurance) and related guidelines and approved by the Agency.

1. The program shall be designed to interface with the Agency's quality improvement program, including participation in system related quality improvement activities. The program shall be an organized, coordinated, multidisciplinary approach to the assessment of prehospital emergency medical response and patient care for the purpose of improving patient care service and outcome. The program shall adhere to Agency Quality Improvement Program Policy. Contractor shall designate a Paramedic or Registered Nurse approved by the Agency to function as a Liaison between the Contractor and the Agency to perform internal quality assurance per Agency Policies Procedures and Protocols, assist in the investigation of unusual occurrences as identified by the Agency, and attend scheduled Liaison meetings as required by the Agency.

2. In addition, the Contractor shall:

    i. Review its QI program a minimum of annually for appropriateness to the Contractor's operation and revise as needed;

    ii. Participate in the Agency's QI programs;

    iii. Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the QI program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the Contractor's Medical Director and the Agency's Medical Director or their designee;

    iv. The Contractor shall submit an annual update on the Contractor's QI program as required by Agency policy.

        a. The Contractor agrees to pay liquidated damages (Exhibit B) for failure to submit quality assurance data/reports, within the required timelines.

        b. The Contractor may appeal, to the Agency, the assessment of liquidated damages for failure to meet these requirements. The burden of proof to waive the liquidated damages shall rest with the Contractor.

B. The Contractor shall employ or enter into a contract with a Medical Director (0.3 FTE or greater) who shall be a board-certified emergency physician in the State of California. The Contractor's Medical Director plays a vital role in shaping the clinical practices of the Contractor, ensuring high standards of patient care, and promoting the professional development of Contractor's EMS personnel. The duties of the Contractor's Medical Director shall include, but not be limited to, the following:

    1. Clinical Oversight: Provide clinical leadership and oversight, ensuring that Contractor's EMS personnel adhere to Agency policies/protocols and EMS standards of care.

    2. Training and Education: Oversight of the training and continuing education of Contractor's EMS personnel.

    3. Quality Assurance and Improvement: Oversight of quality assurance and quality improvement programs to evaluate the effectiveness of care provided by Contractor's EMS personnel, including run reviews and performance assessments.

    4. Medical Advisory: Serve as a resource for EMS personnel, providing medical guidance and addressing clinical questions or concerns.

5. Clinical Investigations: Work collaboratively with Contractor's internal clinical and risk management personnel or external investigators to provide guidance and support through the clinical investigation process.
6. Data Analysis: In coordination with the Contractor's clinical personnel, analyze clinical data to identify trends and assess performance.
7. Healthcare Facilities Collaboration: Act as a liaison with hospitals, specialty care centers, and other healthcare providers as needed to ensure quality of clinical care.
8. Statutory/Regulatory Compliance: Ensure that the Contractor complies with all relevant local, state, and federal EMS statutes/regulations.
9. Advocacy: Represent the Contractor in discussions with local government, healthcare organizations, and other stakeholders as needed to assure/improve emergency medical services.

C. The Contractor shall employ a full-time Clinical and Education Services (CES) Manager. The Contractor agrees that the appointment of Contractor's CES Manager requires the continued approval of the Agency.
    1. CES Manager Minimum Qualifications:
        i. Licensure/Certification:
            a. Current licensure in California as a Paramedic, Registered Nurse, or Physician Assistant.
            b. Instructor certification in BLS, ACLS, and PALS (or equivalents) required.
            c. Additional instructor credentials (e.g., ITLS, PEPP, EMS educator certification) preferred.
        ii. Experience:
            a. Minimum of five (5) years of EMS or clinical experience, including at least two (2) years in a supervisory, educational, or clinical leadership role.
            b. Demonstrated experience in PCR review, clinical training development, and conducting or supporting clinical investigations.
        iii. Education:
            a. Associate's, Bachelor's, or higher degree preferred.

b. Formal training in adult education or instructional design desirable.

iv. Knowledge, Skills, and Abilities:

a. Strong knowledge of EMS systems, scope of practice, and clinical protocols.

b. Expertise in adult learning principles, education program design, and clinical documentation standards.

c. Ability to conduct objective clinical investigations, synthesize findings, and present results professionally.

d. Proficiency with EMS documentation systems, data analysis tools, and learning management platforms.

2. CES Manager Essential Duties and Responsibilities:

i. Develop and Manage Clinical Education Programs

a. Design, implement, and evaluate education and training programs, including continuing education, skills refreshers, protocol updates, new employee orientation, and specialty certifications.

ii. Oversight of PCR Review and Data-Driven Education

a. Supervise the review of Patient Care Reports (PCRs) for accuracy, Agency policy/protocol compliance, documentation quality, and clinical performance.

b. Identify clinical deficiencies, deviations, and system trends, and develop targeted education and remediation strategies based on findings.

c. Collaborate with internal and external Quality Improvement system participants to ensure alignment with system-wide improvement goals.

iii. Clinical Investigations

a. Serve as the primary lead for clinical investigations involving concerns related to patient care, protocol violations, or clinical performance issues.

b. Coordinate case reviews, gather documentation, conduct interviews, and prepare reports with recommended actions.

c. Consult with the Contractor Medical Director, work closely with Agency leadership and provider organizations to implement remediation, counseling, or disciplinary actions when necessary.

iv. Instructor and Training Oversight

a. Supervise and evaluate instructors and field training officers to maintain quality and consistency in training delivery.

b. Develop and mentor instructional staff and preceptors to support ongoing professional development.

v. Coordination of Training Activities

a. Schedule and organize training programs for EMS personnel across agencies and disciplines.

b. Ensure adequate instructional resources, facilities, and materials are available to support training needs.

vi. Regulatory Compliance and Documentation

a. Ensure all training programs meet California EMS Authority requirements, local EMS agency policies, and applicable national guidelines.

b. Maintain detailed records of educational activities, certifications, training logs, and participant performance.

vii. Interagency Collaboration and Representation

a. Act as a clinical education liaison with the Agency and other EMS system participants within Contractor's EOA.

b. Represent the Contractor at local, regional, or state EMS committees and working groups, as appropriate.

viii. Innovation and Continuous Improvement

a. Incorporate current research, simulation, and adult learning strategies into clinical education practices.

b. Continuously evaluate and refine education methods and content to improve engagement and learning outcomes.

D. The Contractor shall employ a full-time CES Specialist. The Contractor's CES Specialist shall assist in planning and conducting clinical quality assurance/improvement activities under the direction of the Contractor's CES Manager.

5.2 Inquiries and Complaints

A. The Contractor shall provide prompt response and follow-up to inquiries and complaints. Such responses shall be subject to the limitations imposed by patient confidentiality restrictions.

5.3 Unusual Occurrences and Complaints

A. The Contractor shall complete incident or unusual occurrence reports in accordance with Agency policies.

SECTION 6: DATA AND REPORTING

6.1 Data System Hardware and Software

A. The Contractor shall continually comply with the Agency's EMS Documentation Policy.

B. The Contractor shall also provide additional information and reports as the Agency may require for monitoring the performance of the Contractor under this Agreement.

C. Failure to provide data, information, or records in compliance with the requirements listed in this section of the agreement will result in a liquidated damages payable by the Contractor to the Agency as outlined in Exhibit B. Nothing herein shall be construed to require the Contractor to violate any applicable state or federal law governing patient confidentiality, and, in the event of any conflict between this Agreement and any such law, applicable law shall control.

6.2 Use and Reporting Responsibilities

A. The Contractor shall provide computer-aided dispatch (CAD) data to the Agency, in an electronic format acceptable to the Agency or the Agency's designee on a monthly basis. CAD data shall include, as a minimum, records for all emergency ambulance requests received at the Contractor's dispatch center.

B. The EMS data system shall be used for documentation of patient medical records, continuous quality improvement, and reporting aggregate data as required by the Agency. The EMS data system shall contain all EMS responses and patient records. These patient records shall contain a unique identifier for each patient (e.g., PCR number), automated dispatch system information for the response, prehospital personnel for the response, patient name, address, payer source, patient history and physical findings, treatment rendered, and disposition. The

Contractor shall comply with the requirements for the PCR as identified in Agency policy.

C. Contractor shall use an EMS data system approved by the Agency with respect to data structures, code sets (i.e. pick list values), and data export capabilities.

6.3 Other Reporting Responsibilities

A. The Contractor shall maintain current records related to EMT and Paramedic accreditation, certification, and continuing education.

1. Upon request, the Contractor shall provide the Agency with a list of EMTs currently employed by the Contractor. Information shall include, but not be limited to, name and EMT certification number.

2. Upon request, the Contractor shall provide the Agency with a list of Paramedics currently employed by the Contractor. Information shall include, but not be limited to, name and Paramedic license number.

B. The Contractor shall complete, maintain, and provide to the Agency the reports listed in Exhibit D.

6.4 First Watch Online Compliance Utility (OCU)

A. The Contractor will supply all requested data to First Watch OCU as directed by the Agency. The Contractor agrees to reimburse the Agency for any First Watch OCU program costs. The current estimated cost of the First Watch OCU is a start-up cost of fifty-two thousand, three hundred fifty dollars ($52,350.00) and a year 2 cost of eight thousand, six hundred and sixty-two dollars and fifty cents ($8,662.50). The Agency warrants and represents that the payments made by the Contractor to the Agency shall be less than or equal to the Agency's actual costs to provide those Agency Services.

6.5 Audits and Inspections

A. The Contractor shall retain and make available for inspection by the Agency during the term of the Agreement and for at least a three-year period from expiration of the Agreement all documents and records required and described herein.

B. At any time during normal business hours, and as often as may reasonably be deemed necessary, Agency's representatives may observe the Contractor's operations. Additionally, the Contractor shall make available for Agency examination and audit, all contracts (including union contracts), invoices, materials, payrolls, inventory records, records of personnel (with the exception of confidential personnel records), daily logs, conditions of employment, and other data related to all matters covered by the Agreement.

C. Agency representatives may, at any time, and without notification, directly observe and inspect the Contractor's operation, ride as "third person" on any of the Contractor's ambulance units, provided however, that in exercising this right to inspection and observation, such representatives shall conduct themselves in a professional and courteous manner, shall not interfere in any way with the Contractor's employees in the performance of their duties, and shall, at all times, be respectful of the Contractor's employer/employee relationship.

D. The Agency's right to observe and inspect the Contractor's business office operations or records shall be restricted to normal business hours, except as provided above.

E. Annual Financial Review – Contractor shall complete financial records in an auditable form and content according to Generally Accepted Accounting Principles. Financial records shall include all costs, expenses, expenditures, revenues, accounts receivable, and billings pertinent to performance of this Agreement and shall be provided to the Agency. The Agency shall protect the financial records and any information taken there from as confidential and shall not disclose such records or information except as required by law.

F. Upon written request of the Agency, Contractor shall prepare and submit written reports on any incident arising out of services provided under this Agreement. Agency recognizes that any report generated pursuant to this paragraph is confidential in nature and shall not be released, duplicated, or made public without the written permission of Contractor or upon request to Agency by a subpoena or other legal order compelling disclosure.

G. Contractor's records shall not be made available to parties or persons outside the Agency without Contractor's prior written consent, unless disclosure is required by a subpoena or other legal order compelling disclosure.

6.6 Health Insurance Portability and Accountability Act of 1996

A. The Contractor shall protect patient privacy and confidentiality protected in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws related to privacy. Employees shall not disclose patient medical information to any person not providing medical care to the patient or otherwise as prohibited by HIPAA.

SECTION 7: RELATIONSHIPS AND ACCOUNTABILITY

7.1 Relationships and Accountability

A. First Responder Relationships

1. The Contractor shall restock disposable medical supplies (excluding controlled substances), if such supplies are normally carried on

Contractor's ambulances, on a one-for-one basis for actual patient utilizations on calls by first responder agencies within the Contractor's EOA.

2. As is reasonable, the Contractor shall exchange any dated EMS cache which is approaching six (6) months expiration date with the fire department.

3. To the extent permitted by pre-existing contract relationships and as may be permitted by laws, the Contractor may make medical equipment and supplies purchasing opportunities available to Placer County fire departments/districts to allow for more competitive pricing.

4. The Contractor shall ensure that its personnel work professionally and collaboratively with the fire first responders in the transition of patient care at the scene.

5. The Agency has established a Placer County EMS Improvement Fund (Fund) to improve prehospital EMS and patient care. Contractor shall reserve thirty-seven thousand, five hundred dollars ($37,500) on its books for utilization by the Fund on a quarterly basis, by the 45th day of the end of each calendar quarter, for a total annual contribution of one hundred and fifty thousand dollars ($150,000) per year. The Fund shall be administered by the Agency for the purposes of improving patient clinical care through Placer County EMS System Improvements within Contractor's EOA. The Agency shall not utilize any of the Fund for Agency expenses. Expenditures from the Fund shall be requested from the Contractor by the Agency with input from the Placer County Ambulance Advisory Committee for the benefit of Contractor, patients and/or the emergency medical services system of Placer County. The Contractor shall remit any requested expenditures from the Fund within fifteen (15) calendar days of the Agency's request. The Contractor further agrees that the total Fund, in the amount of three hundred thousand ($300,000), shall be fully expended no later than the expiration date of this Agreement. The Agency shall keep detailed records on expenditures and provide said records to the Contractor or other Placer County EMS system participants within the Contractor's EOA upon request.

B. Subcontracts

1. The Contractor is responsible for the comprehensive services necessary for medical emergency response and transport. To the extent supportive services are desired from others such as fire entities in order to provide medical response and transport, written subcontracts must be entered into advance and requires prior approval of the Agency Contract Administrator,

which consent shall not be unreasonably withheld, conditioned, or delayed.

2. The Contractor shall provide clear evidence that the scope of service designed for the Subcontractor(s) will enhance system performance capability and provide a cost savings for the EMS System.
3. If the subcontract(s) and associated scope of service is approved, the Contractor shall be accountable for the performance of the Subcontractor(s).
4. The inability or failure of any Subcontractor to perform any duty or deliver contracted performance will not excuse the primary Contractor from any responsibility under this Agreement.
5. The Contractor shall designate a management liaison to work with the Agency in monitoring compliance of Subcontractors with contractual and system standards.

7.2 General Subcontracting Provisions

A. All subcontracts of Contractor for provision of services under this Agreement shall be notified of Contractor's relationship to Agency.

B. The Contractor has legal responsibility for performance of all Agreement terms including those subcontracted.

C. Nothing in the Agreement, or in any Subcontract, shall preclude the Agency from monitoring the EMS activity of any Subcontractor.

D. There shall be a section in each subcontract requiring prior approval from the Agency before any subcontract may be modified.

E. The Contractor shall assure that the Subcontractors cooperate fully with the Agency.

F. In the event discrepancies or disputes arise between this Agreement and the subcontracts, the terms of this Agreement shall prevail in all cases.

7.3 Performance Criteria

A. All Subcontractors will be held to the same performance criteria as the primary Contractor, with respect to quality improvement activities, medical control, continuing education, and response time compliance.

B. The Contractor is responsible for subcontractor's performance for the services provided under this Agreement and shall pay liquidated damages for late response times according to the terms of this Agreement as described in Exhibit B.

C. Subcontracts shall provide that paramedic and EMT first responders shall work cooperatively and supportively in the provision of care by the Contractor on-

scene, and shall, if requested by Contractor personnel, assist in providing care enroute to the receiving facility.

SECTION 8: ADMINISTRATIVE REQUIREMENTS

8.1 Performance Security

A. The Contractor must obtain and maintain in full force and effect, throughout the term of the Agreement, performance security in the amount of five million dollars ($5,000,000) in one of the following forms:

1. A performance bond issued by a bonding company, which is an Admitted Surety Insurer under the provisions of Title 14, Chapter 2, Article 6 of the Code of Civil Procedure, commencing with Section 995.610 et seq., and licensed to conduct the business of insurance in the State of California. Such performance bond, including the bonding company issuing the bond, shall be acceptable in form and content to the Agency. In addition, such performance bond shall:

    i. Be payable to Sierra-Sacramento Valley EMS Agency;

    ii. Be for a term of at least two (2) years, and any extension(s) of the term of such bond shall be for terms of at least one (1) year each;

        a. Secure the full and faithful performance of all of Contractor's obligations under the Agreement; and

        b. Specifically recite and accept the Agreement's requirements that the bonding company shall immediately release performance security funds to the Agency upon the Agency's presentation of documentary evidence that the Sierra-Sacramento Valley JPA Governing Board of Directors made the determination that the Contractor is in Material Breach pursuant to provisions set forth in section 10.2, and the Contractor's Material Breach is due to Contractor's voluntarily ceasing to provide Emergency Ground Ambulance Services as required by this Agreement, and Contractor fails to cooperate fully with Agency to affect an immediate takeover by Agency of Contractor's equipment as required in Section 10.4.

2. An irrevocable standby letter of credit issued pursuant to this Section. Such irrevocable standby letter of credit, including the bank issuing the letter of credit, shall be acceptable in form and content to the Agency. In addition, such irrevocable standby letter of credit shall:

    i. Be payable to the Sierra-Sacramento Valley EMS Agency;

ii. Be issued by a bank doing business in California;

iii. Be for a term of at least two (2) years, and any extension(s) of the term of such letter of credit shall be for terms of at least one (1) year each;

a. Specifically recite and accept the Agreement's requirements that the bank shall immediately release performance security funds to the Agency upon the Agency's presentation of documentary evidence that the JPA Governing Board of Directors made the determination that Contractor is in Material Breach pursuant to provisions set forth in section 10.2, and the Contractor's Material Breach is due to Contractor's voluntarily ceasing to provide Emergency Ground Ambulance Services as required by this Agreement, and Contractor fails to cooperate fully with Agency to affect an immediate takeover by Agency of Contractor's equipment as required in Section 10.4; and

b. There shall be no reimbursement from the Agency for services provided pursuant to this Agreement except as provided pursuant to separate agreements.

3. The following shall be the conditions present before the Agency may draw on the performance security: (i) the Agency declares Contractor in Material Breach; (ii) the Contractor fails to cure the Material Breach within thirty (30) days; and (iii) the Agency provides notice of termination, and the Agreement terminates.

8.2 Insurance

A. The Contractor , at its sole cost and expense, shall obtain, maintain, and comply with all Agency insurance coverage and requirements. Such insurance shall be occurrence based or claims made with tail coverage or shall be in a form and format acceptable to Placer County Counsel and Placer County Risk Management and shall be primary coverage as respects Agency.

B. Insurance and Indemnification

1. Without limiting the County of Placer or the Agency's right to obtain indemnification from the Contractor or any third parties, subject to the Contractor's right to seek subrogation for indemnification paid to the County of Placer and Agency under the Agreement and to the extent such indemnification is paid pursuant to this paragraph, the Contractor, at its/their sole expense, shall maintain or cause to be maintained in full force and effect the following insurance throughout the term of the Agreement:

i. For the Contractor's local operation in Placer County - combined public liability, general liability, bodily injury and property damage liability insurance in amount of not less than five million dollars ($5,000,000) in coverage for each occurrence;

ii. Medical liability insurance and automobile liability insurance, in an amount of not less than one million dollars ($1,000,000) in coverage for any injury or death arising out of each claim, and each of said insurance coverage shall have an annual aggregate limitation of not less than two million dollars ($2,000,000).

iii. Worker's compensation insurance providing full statutory coverage, in accordance with the California Labor Code, for any and all of the Contractor's personnel who will be assigned to the performance of the Agreement by the Contractor in accordance with the California Labor Code.

2. Such insurance policies shall name the County of Placer, its officers, agents, and employees, and the Agency, its officers, agents and employees, as an additional insured (except for worker's compensation insurance). Such coverage for said additional insured shall be primary insurance and any other insurance, or self-insurance, maintained by the County of Placer, its officer, agents, and employees, the Agency, its officers, agents and employees, shall be secondary and excess only and not contributing with insurance provided under the Contractor's policies herein. This insurance shall not be canceled or changed to restrict coverage without a minimum of thirty (30) calendar day's written notice given to the Agency and the County Risk Management Division by the Contractor. For Workers' Compensation Insurance, the insurance carrier shall agree to waive all rights of subrogation against the Agency, the County, and their respective officers, officials and employees for losses arising from the performance of or the omission to perform any term or condition of this Agreement by the Contractor.

3. The Contractor shall provide certificates of insurance on the foregoing policies as required herein to the Agency annually, which state or show that such insurance coverage has been obtained and is in full force and effect.

4. The Contractor shall exonerate, indemnify, defend, and hold harmless Agency or Placer County from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs including litigation costs and attorney's fees arising out of, result from any negligent or wrongful act or omission of Contractor or its agents, officers, or employees in connection with the performance of this Agreement.

5. The Contractor shall save and hold harmless Agency and the County of Placer and their officers, employees and agents, from any and all liability for damages, including, but not limited to, monetary loss, judgments, orders of a court, and any other detriment or liability that may arise from any injury to a person or persons, and for damages to property, arising from or out of any negligent or wrongful act or omission of Contractor or its agents, officers, or employees in the performance of the Agreement.

6. The Contractor's obligation to defend, indemnify, and hold the Agency and the County of Placer, and their agents, officers, and employees harmless under the provisions of the paragraphs in this section is not limited to or restricted by any requirement in this Agreement for Contractor to procure and maintain a policy of insurance.

7. The Agency agrees to defend, indemnify, save and hold harmless the Contractor and it's officers, employees and agents, from any and all claims, damages, losses, judgments, liabilities, expenses, and other costs including litigation costs and attorney's fees arising out of, resulting from, any negligent or wrongful act or omission of Agency or its agents, officers, or employees in connection with the performance of this Agreement by Agency or Agency's agents, officers, or employees.

8. The Agency, at its sole expense, shall maintain or cause to be maintained in full force and effect, general liability insurance in an amount of not less than one million dollars ($1,000,000) in coverage for each occurrence and an annual aggregate limitation of not less than two million dollars ($2,000,000). Agency shall provide Contractor, upon Contractor's request, a certificate of insurance stating that such insurance coverage has been obtained and is in full force and effect.

8.3 Business Office, Billing and Collection System

A. Local Office – The Contractor shall maintain a local business office within Placer County for billing assistance and other customer inquiries.

B. Telephone access – The Contractor shall provide a toll-free telephone number that allows patients to speak to a customer service representative at the Contractor's billing office.

C. Billing and collections system – The Contractor shall utilize a billing and collections system that is well-documented and easy to audit, which minimizes the effort required to obtain reimbursement from third-party sources for which they may be eligible, and is capable of electronically filing Medicare and Medi-Cal billing claims.

D. Agency and Contractor shall abide by all Federal and State non-discrimination laws regarding governmental agency contracts and sub-contracts.

SECTION 9: FISCAL REQUIREMENTS

9.1 General Provisions

A. As compensation for services, labor, equipment, supplies and materials furnished under this Agreement, Contractor shall collect revenues as permitted in this section.

B. All financial reports provided by the Contractor shall be in accordance with Generally Accepted Accounting Principles and be based on an accrual system.

C. Fiscal year for reporting purposes of this Agreement will be the Contractor's fiscal year.

D. The Contractor shall maintain copies of all financial statements, records and receipts that support and identify operations for a minimum of five (5) years from the end of the reporting period to which they pertain. The Contractor will provide the Agency or its designee access to all records for analytical purposes.

9.2 Billing and Collections

A. Rates – The Contractor shall adhere to the rates in Exhibit E, which may be adjusted periodically as set forth herein. In accordance with California law on rates and balance billing, i.e., AB 716, the Agency finds that regulating ambulance service fees is necessary to ensure the availability, sustainability, and adequacy of ambulance services in the County. The fees set forth in this Agreement are established and approved by the Agency exercising sound legislative judgment and shall be the only fees to be charged and collected in the County for Emergency Ground Ambulance Services provided under this Agreement. Except for those patients eligible for financial hardship consideration pursuant to the policy described by the Contractor, the rates set forth in this Agreement shall be the mandated rates for all transport services for the Contractor's services, and the Contractor shall charge and collect these fees. For the sake of clarity, the Agency may establish a separate fee schedule or schedules of rates for ambulance services not included in the EOA or that are furnished by non-EOA providers, such as BLS interfacility transports, critical care transports, etc.

B. Rate Increases.

1. The Agency will automatically approve annual increases to patient charges by an amount equal to the greater of:

   i. 5%, or,

   ii. The amount of the most recent Ambulance Inflation Factor (AIF), as published annually by the Centers for Medicare and Medicaid Services, plus 3%.

2. Rate Increase for Cause – The Contract Administrator may approve a rate increase for cause to the rates if determined to be reasonable for any of the following reasons:

    i. The Contractor demonstrates actual or reasonably projected, substantial financial hardship as a result of factors beyond its reasonable control; or

    ii. Changes in governmental third-party payor programs result in significant reduction in revenues for services rendered.

3. Rate Increase for Expendable Supplies – The Contract Administrator may approve charges for expendable supplies when said supplies are newly required by EMS protocols adopted during the term of this Agreement or when the Contract Administrator approves new items to be stocked on ambulances.

C. Medical Assistance Program and Correctional Health Services – The Contractor shall accept reimbursement at Medi-Cal rates for all transports of patients enrolled in the County's Medical Assistance Program (MAP). The Contractor shall accept reimbursement at Medi-Cal rates for all inmates and jail detainees for whom the County is financially responsible. For purposes of this provision, Medi-Cal rates shall mean and include any supplementary payments or add-ons that may be in effect from time to time, e.g., Medi-Cal quality assurance fee for emergency transports.

9.3 Liquidated Damages for Performance Deficiencies

A. The Contractor shall be liable for all liquidated damages provided in this Agreement (Exhibit B).

B. All liquidated damages generated for non-compliance issues will be assessed automatically to the Contractor by the Agency.

C. The Agency will make final liquidated damages determinations and invoice the Contractor. The Contractor shall pay the Agency according to the timelines listed in Exhibit B.

D. If the Contractor disputes the Agency's response time calculation, or the imposition of any other liquidated damages, the Contractor may appeal to the Agency in writing within ten (10) calendar days of receipt of notice of liquidated damages. The written appeal shall describe the problem and an explanation of the reasons why such liquidated damages should not be assessed. Agency staff shall review all appeals and shall issue a recommendation regarding the ruling as to the issues at hand and determination regarding the imposition, waiver, or suspension of liquidated damages in writing to the Agency Executive Director within fifteen (15) calendar days of receipt of such requests. The Agency's Executive Director shall make a determination of such review and issue a final decision to the

Contractor within thirty (30) calendar days. The decision of the Agency Executive Director regarding such matters shall be final.

SECTION 10: GENERAL AGREEMENT REQUIREMENTS

10.1 Terms of Agreement

A. This Agreement is by and between Agency and Contractor and is not intended to and shall not be construed to create the relationship of agency, servant, employee, partnership, joint venture or association.

1. Amendments or modifications to the provisions of this Agreement may be initiated by any party hereto and may only be incorporated into this Agreement upon the mutual consent of all Parties and must be in writing.
2. The failure of any party hereto to insist upon strict performance of any of the terms, covenants or conditions of this Agreement in any one or more instances shall not be construed as a waiver or relinquishment for the future of any such terms, covenants or conditions, but all of the same shall be and remain in full force and effect.
3. This Agreement shall not be deemed to have been made for the implied benefit of any person who is not a party hereto.
4. Contractor agrees to keep the Agency advised at all times of the name and location of the Contractor's parent company, if any.
5. The Contractor shall notify Agency with in fifteen (15) calendar days from notice of any threatened labor action or strike that would adversely affect its performance under this Agreement. The Contractor shall provide the Agency and other affected public or private entities with a written plan of proposed actions in the event of any threatened workforce action or strike.
6. Neither Agency nor Contractor shall assign this Agreement to another party without obtaining the prior written consent of all other parties to this Agreement.
7. The terms of this Agreement shall be in full force and effect for a period of two (2) years beginning on the date first stated above, unless otherwise terminated or modified pursuant to the terms of the Agreement.

10.2 Termination for Cause

A. Either party may terminate this Agreement at any time for cause or for Material Breach of its provisions consistent with the provisions herein.

B. Certain conditions and circumstances shall, as determined by Contract Administrator, constitute a Material Breach of this Agreement by the Contractor, these conditions and circumstances include:

1. Failure of Contractor to operate its ambulances and emergency medical services program in a manner which enables Agency and Contractor to remain in substantial compliance with the requirements of federal, State, and local laws, rules and regulations;

2. Willful falsification of information supplied by Contractor during the consideration, implementation, and subsequent operation of its ambulance and emergency medical services program, including, but not limited to, dispatch data, patient reporting data, and response time performance data, as relates to this Agreement;

3. Documented persistent failure of Contractor's employees to conduct themselves in a professional and courteous manner where reasonable remedial action has not been taken by Contractor;

4. Failure to comply with response time performance standards required by this Agreement systemwide for three (3) consecutive calendar months in a calendar year;

5. Repetitive and material patterns of failures to perform in accordance with Section 3.3 Clinical Performance Standards, which go uncorrected after detection and the establishment of a corrective action plan.

    i. For this Section repetitive is defined as three (3) consecutive occurrences of failure to perform for the same standard outlined in this Section within any twelve (12)-month period.

6. Repetitive and material patterns of Significant Occurrences, which go uncorrected after detection and the establishment of a corrective action plan.

    i. For this Section, repetitive is defined as four (4) or more Significant Occurrences in any six (6)-month period.

7. Failure to substantially and consistently meet or exceed the various clinical standards required herein;

8. Failure to participate in the established Continuous Quality Improvement program of the Agency, including, but not limited to investigation of incidents and implementing prescribed corrective actions;

9. Failure to maintain equipment or vehicles in accordance with good maintenance practices, or to replace equipment or vehicles in accordance with Contractor's submitted and accepted Equipment Replacement Policy, except as extended use of such equipment is approved by Agency as provided for herein;

10. Chronic or persistent failure to comply with conditions stipulated by Agency to correct any Material Breach conditions;

11. Failure of Contractor to cooperate and assist Agency in the investigation or correction of any Material Breach of the terms of this Agreement;

12. Failure by Contractor to cooperate with and assist Agency in its takeover or replacement of Contractor's operations after a Material Breach has been declared by Agency, as provided for herein, even if it is later determined that such default never occurred or that the cause of such default was beyond Contractor's reasonable control;

13. Failure to assist in the orderly transition, or scaling down of services upon the end of the Exclusive Operating Area (EOA) Agreement if a subsequent EOA Agreement with Contractor is not awarded;

14. Failure to comply with required payment of liquidated damages within thirty (30) calendar days of written notice of the imposition of such liquidated damages;

15. Failure to maintain in force throughout the term of this Agreement, including any extensions thereof, the insurance coverage required herein;

16. Failure to maintain in force throughout the term of this Agreement, including any extensions thereof, the performance security requirements as specified herein;

17. Any willful attempts by the Contractor to intimidate or otherwise punish or dissuade personnel in cooperating with or reporting concerns, deficiencies, etc., to the Agency or other oversight agency;

18. Any other willful acts or omissions of Contractor that endanger the public health and safety; and

19. Failure to timely prepare and submit the required monthly and annual report.

10.3 Opportunity to Cure

A. Prior to a Declaration of Material Breach by the Contract Administrator, the Contract Administrator shall provide the Contractor with no less than thirty (30) calendar days advance written notice citing, with specificity, the basis for the Material Breach. In the event the Contractor shall have cured the Material Breach within such thirty (30) calendar day period, or such longer period as may be specified in the advance written notice, this Agreement shall remain in full force and effect. In the event the Contract Administrator reasonably deems the Contractor to remain in Material Breach as of the end of the notice period specified in the advance written notice, the Contract Administrator may provide

the Contractor with a notice of termination, setting for the specific reasons the Contract Administrator believes the Contractor remains in Material Breach and the effective date of termination, which shall be no less than thirty (30) calendar days from the date of the termination notice.

10.4 Declaration of Material Breach and Takeover/Replacement Service

A. If Material Breach has been declared by the Contract Administrator and the Agreement terminates, because the Contractor fails to provide ambulance service as required in this Agreement or the Agency Medical Director has determined that the general health and safety of the public at-large would be endangered by allowing the Contractor to continue its operations, the Contractor shall cooperate fully with the Agency to affect an immediate takeover by the Agency of Contractor's equipment and vehicles as described in this Agreement.

B. All Contractor's vehicles and related property, including, but not limited to, dispatch and medical equipment, supplies and facilities necessary for the performance of services utilized in the performance of this Agreement, shall be deemed assigned to the Agency during the takeover period and leased to the Agency at the rate of $1.00 per month. The Contractor shall promptly deliver to the Agency all vehicles and equipment utilized in the performance of this Agreement including, but not limited to, ambulances, quick response vehicles, supervisor vehicles, sites used to house equipment, vehicles and staff, maintenance facilities and communications equipment, including dispatch computer hardware and the right to utilize software. The Contractor's assignment to the Agency shall include the number of vehicles used by the Contractor's System Status Plan for the peak hour of the day, peak day of the week, for Emergency Ground Ambulance Services under the terms of this Agreement. Each vehicle shall be equipped at a level in accordance with its utilization in the Contractor's System Status Plan and in accordance with EMS Agency Policies, Procedures, and Protocols, including all supplies necessary for minimum stocking levels of such vehicles.

C. The Contractor shall be required to deliver the above delineated vehicles and equipment to the Agency in mitigation of any damages to Agency resulting from Contractor's breach. Except as otherwise set forth herein, the Contractor's delivery to the Agency of all items listed in this section shall be provided by the Contractor at no cost to the Agency. The Agency shall return all equipment listed in this section to the Contractor within ninety (90) calendar days of completion of the Takeover Period or the date in which such equipment is replaced or no longer needed by the Agency whichever is longer.

D. Consistent with the above provisions, the Contractor shall cooperate completely and immediately with the Agency to affect an immediate takeover by the Agency of the Contractor's operations. Such takeover shall be effective immediately or within not more than seventy-two (72) hours, after such finding of Material

Breach. The Agency shall attempt to keep whole the existing staff and operations until such time as either a Request for Proposal can be issued and a new Agreement secured or another alternative method of ensuring the continuation of services can be affected. The Contractor shall not be prevented from disputing any such finding of Material Breach through litigation, provided, however that such litigation shall not have the effect of delaying, in any way, the immediate takeover of operations by the Agency.

E. These provisions are specifically stipulated and agreed to by both Parties as being reasonable and necessary for the protection of the public health and safety, and any legal dispute concerning the finding that a Material Breach has occurred shall be initiated and shall take place only after the emergency takeover has been completed, and shall not under any circumstances, delay the process of the Agency's access to the performance security funds or to Contractor's equipment.

F. The Contractor's cooperation with and full support of such emergency takeover shall not be construed as acceptance by the Contractor of the finding of Material Breach and shall not in any way jeopardize Contractor's right to recovery should a court later find that declaration of Major Breach was made in error.

G. Notwithstanding anything to the contrary, the Agency shall return Contractor's equipment and other instruments of production to Contractor no later than nine (9) months after the start of the emergency takeover.

10.5 Dispute After Takeover/Replacement

A. The Contractor shall not be prohibited from disputing any finding of Material Breach through litigation, provided, however, that such litigation shall not have the effect of delaying, in any way, the immediate takeover/replacement of operations by Agency. Neither shall such dispute by Contractor delay Agency's access to Contractor's performance security.

B. Any legal dispute concerning the finding of Material breach shall be initiated only after the emergency takeover/replacement has been completed. Contractor's cooperation with, and full support of, such emergency takeover/replacement process, as well as the immediate release of performance security funds to Agency, shall not be construed as acceptance by Contractor of the finding of Material Breach, and shall not in any way jeopardize Contractor's right to recovery should a court later determine that the declaration of Material Breach was in error. However, failure on the part of Contractor to cooperate fully with Agency to affect a safe and orderly takeover/replacement of services shall constitute a Material Breach under this ordinance, even if it is later determined that the original declaration of Material Breach was made in error.

10.6 Liquidated Damages In the Event of Material Breach

A. The unique nature of the services that are the subject of this Agreement requires that, in the event of a Material Breach of a type that endangers the public health and safety, Agency must restore services immediately, and Contractor must cooperate fully to affect the most orderly possible takeover/replacement of operations. In the event of such a takeover/replacement of Contractor's operations by Agency, it would be difficult or impossible to ascertain the cost to Agency of effecting the takeover/replacement, the cost of correcting the default, the excess operating cost to Agency during an interim period, and the cost of recruiting a replacement for Contractor from the normal cost to Agency that would have occurred even if the Material Breach had not occurred. Similarly, if takeover/replacement costs and interim operating costs are high, it would be impossible to determine the extent to which such higher costs were the result of Contractor's default from faulty management or Agency's costs during takeover and interim operations.

B. Therefore, in the event of such a declared Material Breach, takeover/replacement by the Agency of Contractor's services and the termination of the Agreement, the Contractor shall pay the Agency liquidated damages in the amount of five million dollars ($5,000,000). In satisfaction of liquidated damages, the performance security set forth in Section 8.1 shall be due and payable in strict accordance with Section 8.1.

C. The liquidated damages set forth herein do not constitute a limitation on the Agency's damages in the event of a default for Material Breach.

10.7 Agency Responsibilities

A. In the event of termination, the Agency shall be responsible for complying with all laws, if any, respecting the reduction or termination of prehospital medical services.

10.8 Indemnification for Damages, Taxes and Contributions

A. The Contractor shall exonerate, indemnify, defend, and hold harmless the Agency or Placer County from and against any and all federal, State and local taxes, charges, fees, or contributions required to be paid with respect to Contractor and Contractor's officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, and social security and payroll tax withholding).

10.9 Equal Employment Opportunity

A. During and in relation to the performance of this Agreement, the Contractor agrees as follows:

1. The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry,

physical or mental disability, medical condition (cancer related), marital status, sexual orientation, age (over 18 or over 40), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to the following: recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The Contractor agrees to post notice in conspicuous places, available to employees and applicants for employment, setting forth the provisions of this non-discrimination clause.

2. The Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition (cancer related), marital status, sex, sexual orientation, age, veteran status, or any other non-merit factor unrelated to job duties.

3. In the event of Contractor's non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders, the Contractor may be declared ineligible for further agreements with Agency.

4. Contractor shall cause the foregoing provisions of this section to be inserted in all subcontracts for any work covered under this Agreement by a Subcontractor compensated more than fifty thousand dollars ($50,000) and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

10.10 Independent Contractor Status

A. The Contractor is an independent Contractor and not an employee of the Agency or Placer County. The Contractor is responsible for all insurance (workers' compensation, unemployment, etc.) and all payroll related taxes. The Contractor is not entitled to any employee benefits. The Agency agrees that the Contractor shall have the right to control the manner and means of accomplishing the result contracted for herein.

10.11 Non-assignment and Non-delegation

A. The Contractor shall not assign or delegate this Agreement without the prior written consent of the Agency.

10.12 Monitoring Costs

A. The Agency will incur costs associated with oversight of the Contactor's operational and clinical performance under this Agreement. The Contractor shall pay the Agency for monitoring costs providing such oversight in the amount of one hundred and seventy-five thousand dollars ($175,000) the first year of this agreement and one hundred and seventy-five thousand dollars ($175,000) the second year of this agreement. The Agency warrants and represents that the payments made by Contractor to Agency shall be less than or equal to the Agency's actual costs to provide those Agency Services. No funds shall be used by the Agency in a manner that may violate 42 U.S.C. Section 1320a-7b, the federal Anti-Kickback Statute.

10.13 Entire Agreement

A. This Agreement and the exhibits attached hereto constitute the entire Agreement between Agency and Contractor and supersede all prior discussions and negotiations, whether oral or written. Any amendment to this Agreement, including an oral modification supported by new consideration, must be reduced to writing and signed by authorized representatives of both parties before it will be effective.

10.14 Binding on Successors

A. This Agreement ensures to the benefit of, and is binding on, the parties and their respective heirs, personal representatives, successors and assigns.

10.15 Captions

A. The captions heading the various sections of this Agreement are for the convenience and shall not be considered to limit, expand or define the contents of the respective sections. Masculine, feminine or neuter gender, and the singular and the plural number shall each be considered to include the other whenever the context so requires.

10.16 Controlling Law

A. This Agreement shall be interpreted under California law and according to it fair meaning and not in favor of or against any party.

10.17 Miscellaneous

A. There shall be no reimbursement from the Agency or Placer County for services provided pursuant to this Agreement except as provided pursuant to separate agreements.

B. Should there be a change in the Agency's EMS Plan that results in the need to make amendments to this Agreement, the Parties agree to negotiate in good faith to make such changes as are mutually deemed to be necessary.

C. Agency agrees that all Agency Policies, Procedures and Protocols adopted by it shall be consistent with applicable state and federal laws.

D. Contractor and Agency agree to facilitate open discussions in regards to possible future changes in the distribution of medical care in the prehospital setting due to the Affordable Care Act (ACA) or implementation of paramedicine regulations. These discussions will occur on an annual basis.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above:

SIERRA SACRAMENTO VALLEY EMS AGENCY

BY:_____
Chair, S-S V EMS Board of Directors

_____

Date: _____

ATTEST

BY:_____
Clerk, S-S V EMS Board of Directors

_____

Date: _____

APPROVED

BY:_____

_____
Executive Director, S-S V EMS
Board of Directors

Date: _____

AMERICAN MEDICAL RESPONSE WEST

BY:_____
Sean Russell, Region President

Date: _____

SECTION 11: EXHIBITS

EXHIBIT A EOA Zone Map

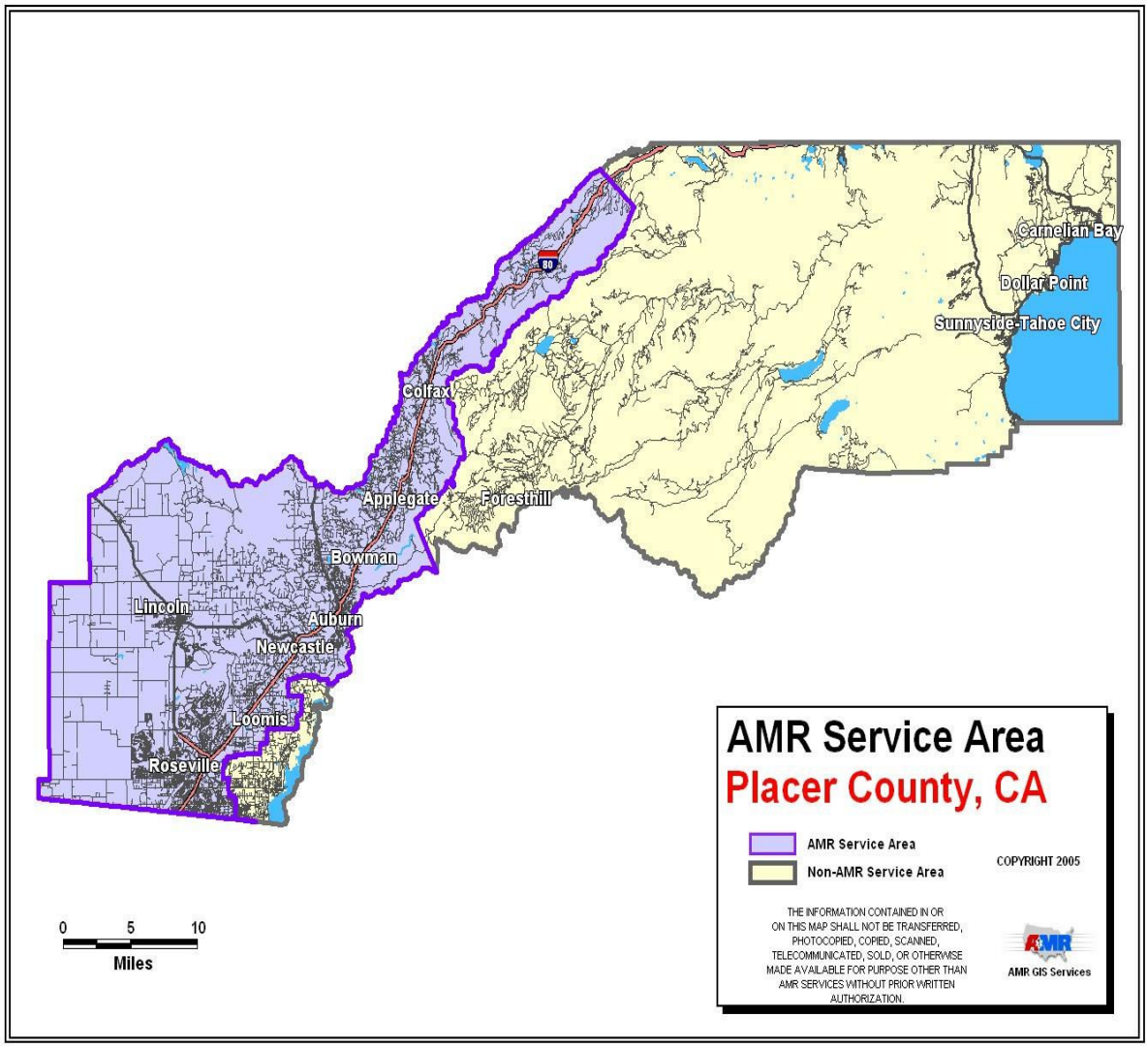

EXHIBIT B Response Time Criteria and Liquidated Damages

Note that the response time criteria set forth in the Table below may subsequently be modified by Agency Policies and Procedures pursuant to Section 3.2 of this Agreement.

Ambulance Response Zone	Compliance Requirement	Code 3 (MM:SS)*	Code 2 (MM:SS)*
Auburn – City Limits	90%	08:00	16:00
Roseville – City Limits	90%	10:00	20:00
Rocklin – City Limits	90%	10:00	20:00
Lincoln – City Limits	90%	08:00	16:00
East of Auburn, including Colfax	90%	15:00	30:00
West of Auburn to Rocklin	90%	15:00	30:00
AMR Placer County Rural	90%	20:00	40:00
Placer County Wilderness	N/A	ASAP	N/A

*For clarity and to avoid doubt, :01 is late for each response time in the table above, e.g., 08:01 is late for the Auburn – City limits response time.

If a Contractor Non-Transport ALS Resource arrives at scene within the applicable response time requirement, the ambulance response time may be extended a maximum of five minutes zero seconds (5:00) for response time compliance purposes.

1. Code 2 Response Time Non-Compliance liquidated damages:

The following liquidated damages will be assessed if the Contractor falls below 90% compliance during a response time compliance period (defined as any complete month or accumulation of complete months in which the total numbers of calls, in a response area, equals or exceeds 100 or a twelve-month period whichever is first).

Compliance %	Fine
89 to 89.99%	$2,500.00
88 to 88.99%	$5,000.00
< 88%	$7,500.00

2. Code 3 Response Time Non-Compliance liquidated damages:

The following liquidated damages will be assessed if the Contractor falls below 90% compliance during a response time compliance period (defined as any complete month or accumulation of complete months in which the total numbers of calls, in a response area, equals or exceeds 100 or a twelve-month period whichever is first).

Compliance %	Fine
89 to 89.99%	$4,000.00
88 to 88.99%	$8,000.00
< 88%	$12,000.00

3. Outlier Responses:

An 'Outlier Response' is defined as a response that is excessive for the dispatched priority/zone, such that it represents a potential threat to the public health and safety. The following liquidated damages will be assessed for any response for which the actual response time equals or exceeds 200% of the required response time for the dispatched priority/zone (i.e. a Code 3 response time ≥16 minutes in an 8-minute response zone):

Priority	Fine Per Occurrences
Code 2	$1,000.00
Code 3	$1,500.00

4. A fine of $5,000.00 per incident will be assessed where Contractor's employees are found to willfully and knowingly encourage or allow the false reporting of any time used to measure response time compliance either to the Contractor's dispatch center or to the Agency.

5. A fine of $5,000.00 per incident will be assessed if Contractor fails to respond to any request as indicated in the following sections of this Agreement:
    a. 1.3 – Emergency requests within the EOA
    b. 3.8 – Incident Commander initiated Standby requests within the EOA
    c. 3.12 (B) – Mutual Aid requests within the Agency's jurisdiction

6. Failure to provide PCR data in compliance with this Agreement will result in a fine of $500.00 for each calendar day until the data is received by Agency.

7. Failure to Provide Timely Reports:
    a. A fine of $100 per day will be assessed for any report received after the required due date required by this Agreement or by Agency policies.
    b. A fine of $100 per day will be assessed for all other Agency documentation requests received later than five (5) business days from the date of request (unless a later date is mutually agreed to by Contractor and Agency).

8. Invoicing and Payment of Assessed liquidated damages
    a. Agency shall invoice Contractor for any liquidated damages under this Agreement within thirty (30) calendar days following Agency's receipt of Contractor's monthly performance reports (Response Time Non-Compliance liquidated damages) or Agency's determination that a fine should be assessed (other applicable liquidated damages).
    b. Contractor shall pay Agency within thirty (30) calendar days following receipt of the invoice.
    c. The parties shall make a good faith effort to resolve any disputes regarding an invoiced amount within this 30-day period. If the parties are unable to mutually

resolve the dispute within that 30-day period, the invoice shall be paid in full and subsequent invoices shall be adjusted to reflect the subsequent resolution of the dispute.

d. Failure by the Agency to assess or impose any liquidated damages at any point, for any reason, does not impact Agency's right to do so in the future; however, Agency may not impose liquidated damages retroactively greater than 90 days.
e. Payment of any fine does not release Contractor from any other liability related to the breach that resulted in fine imposition.

EXHIBIT C Clinical Performance Standards

TABLE 1 – CLINICAL PERFORMANCE STANDARDS			
Clinical Performance Measure	**Minimum Applicable Encounters**	**Compliance Standard**	**Liquidated Damages (Per Qtr.)**
TRAUMA			
Average Scene time for patients meeting Field Trauma Triage Criteria (Agency Protocol T-1)	100	≤12 minutes	$1500.00
Appropriate management of hypoxia, hypovolemia and hyperventilation for Moderate/Severe TBI patients (Agency Protocol T-3)	25	80%	$1500.00
STEMI			
Average scene time for STEMI patients	10	≤12 minutes	$1500.00
Patient contact to 12-lead ECG ≤5 minutes for STEMI patients	10	80%	$1500.00
Destination alert ≤10 minutes for STEMI patients	10	80%	$1500.00
STROKE			
Average scene time for stroke patients	100	≤12 minutes	$1500.00
Last known well (LKW) time documented for stroke patients	100	90%	$1500.00
Blood glucose documented for stroke patients	100	90%	$1500.00
MEDICAL			
Successful 1st pass advanced airway (LMA/ETT) placement success rate	25	80%	$1500.00
Waveform capnography and capnometry values documented for patients with advanced airway (LMA/ETT)	25	90%	$1500.00
Weight calculation/weight-based medication dosing accuracy for pediatric patients	25	90%	$1500.00

TABLE 2 – SIGNIFICANT OCCURRENCES	
Significant Occurrence	**Liquidated Damages (Per Occurrence)**
Failure to respond to an emergency request with the minimum required equipment/supplies required by applicable agency policy	$10,000.00
Unrecognized endotracheal tube misplacement	$5,000.00
Failure to report death or serious adverse consequence associated with: • Improper use or failure of a medical device or equipment. • A protocol deviation that directly contributed to a patient's death or serious adverse consequence. • Patient elopement from vehicle or custody.	$10,000.00
Failure to report a Significant Occurrence within 24 hours of learning of the Significant Occurrence in the manner required by Agency policy	$10,000.00

EXHIBIT D Ongoing Reporting Requirements

MONTHLY OPERATIONAL REPORTS

The Contractor shall submit the following data/information to the Agency on a monthly basis, no later than the 15th calendar day of each month for the previous month:

1. Unit status and staffing data, including:
   a. Number of fully staffed/deployed BLS ambulance unit hours by each day of the month.
   b. Number of fully staffed/deployed ALS ambulance unit hours by each day of the month.
2. A listing of public safety standby incidents including the following information for each incident:
   a. Incident date.
   b. Incident type (structure fire, law enforcement incident, etc.).
   c. Requesting agency.
   d. Type of resource assigned (ALS Ambulance, BLS Ambulance, Field Supervisor, etc.).
   e. Total time resource committed.
3. Number of emergency calls responded to by the Contractor's Paramedic Field Supervisors.
4. A listing of service complaints received, including disposition/resolution.
5. Other data/information as mutually agreed to by the Contractor and the Agency.

QUARTERLY CLINICAL REPORTS

The Contractor shall submit the following data/information to the Agency on a quarterly basis (every 3 months), no later than the 15th calendar day of the month following the applicable quarter:

1. Clinical Performance Standards Reports.
2. Listing of community education provided.
3. Listing of EMS classes conducted, including attendance records and topics covered.

ANNUAL REPORT

Please submit the annual report to S-SV EMS (Attention: Executive Director) by the 31st of January for each contractual year.

The Contractor shall submit the following data/information to the Agency on an annual basis, no later than 60 calendar days following the completion of the Contractor's fiscal year:

1. Year End Financials to include:
    - Operating Revenue
    - Operating Expenses
    - Accounts Receivables
    - Payer Mix
    - Collection Rate

UPON OCCURRENCE REPORTS

1. Significant Occurrences Report

EXHIBIT E American Medical Response Transport Rates Placer County

Effective 12/1/25

ALS Emergency/Non-Emergency	$ 2,652.97
BLS Emergency	$ 2,652.97
BLS Non-Emergency	$ 3,381.25
ALS / BLS Non-Emergency Mileage (per mile)	$ 101.90
ALS / BLS Emergency Mileage (per mile)	$ 63.34
Non-Medical Billing Fee	$ 70.38
Non-Medical Transport Fee	$ 418.13
Non-Medical Mileage (per mile)	$ 13.93
Night Charge	$ 455.16

Medical Supplies and other Rates

1264 - NEONATAL RATE	$ 13,866.52
13300 - SCT RATE	$ 13,866.52
2152 - SCT AND NEONATAL MILEAGE (per mile)	$ 63.34
299A - ALS NON COVERED EXCESS MILEAGE (per mile)	$ 63.34
299B - BLS NON COVERED EXCESS MILEAGE (per mile)	$ 101.90
3001 - OXYGEN	$ 309.55
3002 - AIRWAY/NASAL	$ 71.37
3003 - AIRWAY /ORAL	$ 71.37
3004 - COLD/HOT PACK	$ 37.55
3006 - DEFIB ELECTRODES	$ 129.30
3007 - DRESSING - MAJOR	$ 75.36
3008 - DRESSING - MINOR	$ 36.69
3010 - INTUBATION SUPPLIES	$ 241.14
3011 - IO SUPPLIES	$ 648.29
3012 - IRRIGATION FLUID	$ 37.55
3013 - IV DRIP SUPPLIES	$ 142.53
3017 - O2 SUPPLIES/NEBULIZER	$ 37.62
3018 - OB PACK	$ 71.47
3021 - SPLINT EXT DISP	$ 25.98
3025 - C02 DETECTION SUPPLY	$ 93.49
3028 - BURN SHEET	$ 67.21

3029 - SUPRAGLOTIC AIRWAY	$ 682.85
3030 - COMPRESSED AIR	$ 309.55
3033 - BURN PACK	$ 104.87
3047 - BED PAN	$ 23.98
3048 - EMESIS BASIN	$ 12.13
3049 - URINAL	$ 23.98
3050 - PERSONAL CARE SUPPLIES	$ 18.35
3055 - DISPOSABLE LINEN	$ 38.37
3058 - ACE WRAP	$ 37.55
3061 - BAG VALVE MASK	$ 135.33
3062 - BANDAGES ROLLER	$ 37.55
3063 - BANDAGES TRIANGULAR	$ 37.55
3064 - BLANKET, DISPOSABLE	$ 48.44
3076 - INFUSION SET BLOOD SET WITH PU	$ 71.37
3080 - INTRAOSSEOUS NEEDLE	$ 544.68
3081 - IV TUBING	$ 71.37
3090 - PETROLEUM GAUZE PADS	$ 37.55
3092 - RESTRAINTS DISPOSABLE	$ 185.72
3139 - CAPNOGRAPH	$ 41.23
3197 - CHUX PAD	$ 17.67
3200 - ASPIRIN	$ 18.35
3217 - DISPOSABLE PULSE OX SENSOR	$ 111.44
3506 - CATHETER FOLEY CCT	$ 185.72
3509 - IV CASSETTES CCT	$ 185.72
3510 - IV DIAL A FLOW CCT	$ 37.55
3517 - TRANSDUCERS DISPOSABLE CCT	$ 185.72
3519 - BURN DRESSING CCT	$ 37.55
3521 - BI-PAP MASK CCT	$ 185.72
3522 - MULTI FUNCTION PADS CCT	$ 185.72
4001 - ALBUTEROL NEBULIZER	$ 23.69
4003 - ATROPINE	$ 30.95
4004 - BENADRYL	$ 26.15
4006 - CALCIUM CHLORIDE	$ 50.16
4007 - DEXTROSE 50%	$ 71.37
4008 - DOPAMINE DRIP	$ 100.49
4010 - GLUCAGON	$ 471.28
40120 - ACETAMINOPHEN	$ 255.40

4013 – LASIX	$ 26.15
4015 - LIDOCAINE DRIP	$ 37.55
4017 - MORPHINE	$ 37.07
4018 - NARCAN	$ 45.43
4019 - NITROSPRAY	$ 11.19
4022 - SODIUM BICARB	$ 84.46
4023 - VALIUM	$ 37.55
4025 - AMINOPHYLINE	$ 37.55
4030 - ADENOSINE	$ 367.32
4032 - IPECAC	$ 20.17
4040 - ROMAZICON	$ 649.44
4042 - PHENERGAN	$ 37.55
40450 - DEXTROSE 10%	$ 73.67
4048 - TERBUTALINE	$ 71.37
4052 - ACTIVATED CHARCOAL	$ 67.73
4053 - DOBUTAMINE	$ 37.55
4058 - INDERAL 1MG	$ 71.37
4059 - POTASSIUM CHLORIDE	$ 37.55
4063 - SOLU-MEDROL 1 GM	$ 37.55
4066 - STERILE WATER	$ 16.16
4078 - EPINEPHRINE	$ 34.90
4082 - BURETROL	$ 71.37
40820 - KETOROLAC TROMETHAMINE/TORADOL	$ 80.02
4083 - D5W IV SOLUTION 100	$ 94.96
4085 - DEXTROSE 25%	$ 94.96
4088 - GLUCOSE	$ 28.75
4089 - ISUPREL	$ 71.37
4090 - LACTATED RINGERS	$ 71.37
4092 - LIDOCAINE JELLY	$ 37.55
4093 - LIDOCAINE PRELOAD	$ 41.25
4101 - NORMAL SALINE INFUSION	$ 71.37
4118 - AMIODARONE	$ 77.13
4130 - ATROVENT	$ 37.55
4131 - AMYL NITRATE	$ 37.55
4132 - ZOFRAN/ONDANSETRON	$ 59.70
41770 - KETAMINE	$ 73.32
4523 - NEOSYNEPHRINE	$ 37.55

4524 - VERSED 10MG	$ 93.53
4528 - FENTANYL CCT	$ 71.37
4529 - HYDRALAZINE CCT	$ 149.99
4530 - NIPRIDE CCT	$ 71.37
4531 - NOREPINEPHRINE CCT	$ 37.55
4532 - PROCAINAMIDE CCT	$ 37.55
4533 - TRIDIL CCT	$ 37.55
4534 - HEPERIN 10,000 U PER CC CCT	$ 37.55
4536 - VECURONIUM CCT	$ 341.77
4537 - PORTA WARMER CCT	$ 149.99
4540 - MAGNESIUM SULFATE CCT	$ 37.55
4541 - PITOCIN (OXYTOCIN) CCT	$ 37.55
4542 - INAPSINE CCT	$ 37.55
4543 - LOPRESSOR CCT	$ 71.37
4544 - VERAPAMIL CCT	$ 37.55
4545 - DILANTIN CCT	$ 37.55
4546 - DIGOXIN CCT	$ 37.55
4547 - MANNITOL CCT	$ 37.55
4548 - LABETALOL	$ 37.55
4549 - CALCIUM GLUCONATE	$ 37.55
4550 - DILAUDID	$ 37.55
5005 - CRICO/CREST PROC	$ 619.10
5006 - DEFIBRILLATION	$ 619.10
5009 - GLUCOMETER USE	$ 186.98
5018 - OB DELIVERY	$ 1,435.36
5021 - SPLINTING (EXTREM)	$ 37.55
5023 - SUCTIONING	$ 57.24
5027 - PULSE OXIMETRY	$ 122.82
5029 - EKG MONITOR 4 LEAD	$ 309.55
5030 - EKG MONITOR 12 LEAD	$ 203.28
5032 - NEEDLE CHEST DECOMP	$ 251.60
5042 - ISOL/DECONTAMINATION	$ 62.84
5044 - SPINAL INMOBILIZATIO	$ 107.54
5046 - BLOOD GLUCOSE TEST	$ 185.72
5057 - NEONATAL TRANSPORT CHARGE	$ 1,435.36
5079 - CPAP PROCEDURE/SUPPLIES	$ 586.97
5502 - IABP TRANSPORT CCT	$ 4,551.61

5507 - CHEST TUBE MONITORING CCT	$ 185.72
5513 - ELECTRONIC BP CUFF CCT	$ 136.55
5514 - EXTERNAL PACEMAKER CCT	$ 1,857.26
5515 - HD DOPPLER CCT	$ 309.55
5517 - HIGH LEVEL ACUITY NURSING CCT	$ 9,467.34
5520 - INTUBATION CCT	$ 1,435.36
5521 - INVASIVE MONITOR PER LINE CCT	$ 371.47
5524 - IV START	$ 273.10
5527 - PEDIATRIC CARE CCT	$ 1,435.36
5529 - PULSE OXIMETER USE CCT	$ 185.72
5533 - VENTALATOR CIRCUIT CCT	$ 111.44
5535 - VENTILATOR USE CCT	$ 1,435.36
5536 - WAIT TIME PER QUARTER HOUR CCT	$ 619.10
5537 - HIGH RISK OB CCT	$ 1,435.36
5538 - NG PLACEMENT CCT	$ 273.10
6020 - ADDITIONAL ATTEND CCT	$ 619.10
6025 - BRIDGE TOLL (AS CHARGED)	$ 11.78
6029 - EXTRA ATTENDANT	$ 619.10
6031 - WAIT TIME FOR TREAT/RELEASE	$ 44.80
6036 - BARIATRIC	$ 910.32
6060 - NIGHT CHARGE	$ 455.16
6072 - ALS DRY RUN	$ 140.45
6073 - BLS DRY RUN	$ 140.45

OCTOBER JPA BOARD MEETING

Agenda Item G-3

Subject:
First Watch Online Compliance Utility (OCU) agreement

Recommended Action:
Approval needed.

	Sierra – Sacramento Valley Emergency Medical Services Agency Board Report	**G-3**

Meeting Date:	October 10, 2025
Item Number:	G-3
Subject:	First Watch Online Compliance Utility (OCU) Agreement
Presenter:	John Poland, Regional Executive Director

Introduction:

The Regional Executive Director is requesting the JPA Board approve an agreement with FirstWatch to utilize their Online Compliance Utility (OCU) for the applicable Placer County emergency ground ambulance exclusive operating area (EOA) serviced by American Medical Response (AMR).

Background & Relevant Information:

The EOA agreement negotiated with AMR for applicable areas of Placer County requires the utilization of the FirstWatch OCU. The First Watch OCU is a real-time web enabled tool for use by Providers and Authorities to simplify and manage contractual compliance. The web-based FirstWatch tool provides interactive queues with consistent look and feel for both the provider and authority, which allows for an on-line review of late runs based on business rules. OCU is capable of capturing late response analysis, evaluating complex business logic, supporting documentation attachments and auto generated reporting output. The FirstWatch OCU will improve the accuracy/consistency of emergency ground ambulance response time compliance data related to the AMR Placer County EOA agreement.

Recommendation:

Approve an agreement with FirstWatch to utilize their Online Compliance Utility (OCU) for the applicable Placer County emergency ground ambulance exclusive operating area (EOA) serviced by American Medical Response (AMR).

Fiscal Impact:

The AMR Placer County EOA agreement requires AMR to reimburse the Sierra – Sacramento Valley Emergency Medical Services Agency for the actual cost of utilizing the FirstWatch OCU, specifically:

- Design, Implementation & Year-1 Support & Maintenance Costs: $52,350.00
- Year-2 Annual Support & Maintenance Costs: $8,662.50

Attachments:

- FirstWatch OCU Agreement

FIRST WATCH®

Helping the Helpers

FIRSTWATCH SOLUTIONS, INC. SOFTWARE LICENSE AGREEMENT

1. Parties; Effective Date. This Software License Agreement ("Agreement") is between FirstWatch Solutions, Inc., 2035 Corte del Nogal, Suite 101, Carlsbad, California 92011 ("FirstWatch") and the undersigned software user ("Client" or "Agency"). This Agreement is effective on the date last signed ("Effective Date").

2. Purpose of Agreement. FirstWatch is a provider of data monitoring and biosurveillance software and related services to organizations and agencies in the fields of public health and public safety. Client desires a license to use the FirstWatch software identified on Schedule A ("Software") according to the terms of this Agreement.

3. *Grant of License.* FirstWatch grants Client a license to load and execute the Software on a computer located at the Site identified on Schedule A for use by its employees and staff in connection with its syndromic surveillance system. Client may make backup and archival copies of the Software.

4. *License Term; Maintenance Services.* The term of the Software license shall commence on the Effective Date and shall continue in full force and effect until the third (3rd) anniversary of the Effective Date, unless earlier terminated in accordance with the provisions of this Agreement. However, Client shall be entitled to Software updates, upgrades, enhancements, new versions, bug fixes, other improvements to the Software and access to the FirstWatch Subscriber Site, and to technical assistance relating to the Software, for the term(s) described in Schedule A of this Software License Agreement and with payment in full for the maintenance portion of the agreement. The term of Software Maintenance and Support commences upon the date of Software Acceptance.

5. *FirstWatch Intellectual Property Rights.* The license is nontransferable and nonassignable without the prior, written permission of FirstWatch. Client may not modify, enhance, or create derivative works, decompile, disassemble, or reverse engineer the Software, or make copies other than as authorized in Section 3. All rights not licensed are reserved to FirstWatch and no rights may be implied. FirstWatch retains all intellectual property rights in the Software, and Client agrees to implement software protection measures designed to prevent unauthorized use and copying of the Software.

6. *Delivery, Installation, and Testing.* Client is responsible for acquiring all hardware, equipment, and other software; for preparing the site (including physical and electrical requirements); for properly configuring the computing environment on which the Software will reside, and for installing the Software in accordance with Schedule A and any other requirements provided by FirstWatch in writing. Client shall test the Software within ten (10) days after FirstWatch has enabled Client's access to the Software.

7. *Acceptance.* The Software is Accepted upon the earlier of when (a) Client determines that the Software performs in accordance with the criteria set forth in the Acceptance Test Plan ("ATP"), set forth in Schedule C, or (b) the Software has been installed for thirty (30) days and Client has not advised FirstWatch that the Software fails to materially conform to the ATP. If the Software does not so perform for reasons inherent in the Software (and not, for example, third party hardware, software, equipment, or system configuration), FirstWatch will promptly replace the Software with materially conforming Software. Client shall test the revised Software and, unless the parties agree otherwise, Client may either (1) Accept the Software as conforming, (2) Accept the Software AS IS, or (3) reject the Software. If Client rejects the Software, it shall delete the Software from its computing system, shall certify in writing such deletion, and FirstWatch shall refund all Software license fees paid by Client. Client shall have thirty (30) days after initial delivery to finally Accept or reject the Software. The foregoing is the sole remedy available in the event of nonconforming Software.

8. *Client Satisfaction.* FirstWatch desires that Client is fully satisfied with the Software and Services. If, within ninety (90) days after acceptance, for any reason, Client is not satisfied with the Software, Client may elect to return the Software and receive a full refund of all Software license fees paid to FirstWatch.

9. Fees and Payments. Client shall pay all fees according to the terms of Schedule A, and to pay a late fee of one and a half percent (1.5%) interest per month on all overdue amounts for any fees due and payable under the Agreement. Client shall pay for all travel-related expenses (*e.g.,* ground transportation, accommodations, food) incurred by FirstWatch at the request of Client and approved by Client in writing, for Software-related services such as on-site installation, training, customization, integration, support, and maintenance. Such additional services will be pursuant to a separate written agreement. Client is responsible for payment of all sales and/or use taxes arising out of its use of the Software.

10. *Limited Warranties; Exclusions.* FirstWatch warrants that during the Acceptance testing period, and while Client is receiving covered Maintenance Services per section 4 of this Agreement, the Software will perform in substantial conformance with the ATP, provided

that the Software has been used as specified by FirstWatch. FirstWatch will use its best efforts to correct any material nonconformance within ten (10) business days after receipt of written notice of such nonconformance and Client's provision of any data, output, or other documentation or description of the nonconformance.

The limited software warranty applies only to Software used in accordance with the Agreement and does not apply if the Software media or Software code has been subject to accident, misuse, or modification by a party other than FirstWatch or as authorized by FirstWatch.

FirstWatch does not warrant that the functions contained in the Software will meet Client's specific needs, industry requirements, be error-free, or operate without interruption. The remedies in this Section 10 are the sole and exclusive remedies provided by FirstWatch relating to the Software.

THESE LIMITED WARRANTIES ARE IN LIEU OF, AND CLIENT HEREBY WAIVES, ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

11. *Limitation of Liability*. Neither party shall be liable for indirect, incidental, consequential, special, punitive or exemplary damages, or for lost profits or business interruption losses, in connection with the Software or this Agreement, regardless of whether it has been made aware of their possibility. Other than amounts due to a party pursuant to Sections 9 or 13, or the breach of Sections 4, 5, or 14, in no event shall either party be liable to the other, under any theory of recovery, including contract, negligence, strict liability, warranty or products liability, in an amount in excess of the amount Client paid to FirstWatch for products and services. Any claims relating to this Agreement shall be brought within two (2) years after the occurrence of the event giving rise to the cause of action.

12. *Termination.* Client may terminate this Agreement for any reason by providing FirstWatch with at least sixty (60) days prior written notice of its intent to terminate. Upon termination of this Agreement, Client shall promptly discontinue using the Software and return to FirstWatch, or certify in writing, the destruction of all Software, Documentation, and FirstWatch training materials.

13. *Indemnification.* FirstWatch agrees to defend, and hereby indemnifies, Client, from all damages, losses, fees, and expenses awarded by a court of competent jurisdiction, or reached through a settlement, arising out of Client's use of the Software or Documentation when such claim is based upon a third party claim that the Software infringes a U.S. patent, trademark, copyright or trade secret; provided that (a) Client promptly notifies FirstWatch in writing of such claim; (b) FirstWatch has sole control over the investigation, litigation and negotiation of such claim; (c) Client is current in its payments and in compliance with its obligations under this Agreement; and (d) Client reasonably cooperate, at the expense of FirstWatch, in the defense or settlement of such claim. This indemnification applies only to the Software delivered by FirstWatch and shall not apply if the Software has been modified by party other than FirstWatch, or if the Software has been combined with (or used in connection with) other products and used as a part of an infringing process or method which, but for the combination, would not infringe the intellectual property rights of such third party.

If the Software becomes, or in the opinion of FirstWatch is likely to become, the subject of such a claim, then FirstWatch may either (a) procure (at its expense) Client's right to continue using the Software, or (b) replace or modify the Software to avoid the claim of infringement. If neither of the foregoing alternatives is reasonably available to FirstWatch, then FirstWatch may terminate this license and refund to Client the license fees paid for the Software on a straight-line three-year depreciation basis. This agreement states the entire liability of FirstWatch with respect to third party claims of intellectual property infringement.

14. *Confidentiality*. FirstWatch and Client may have access to information that the other considers to be confidential, private, or a trade secret. This information may include, but is not limited to, patient or other data, the Software, technical know-how, technical specifications, software code, manners of conducting business and operations, strategic business plans, systems, results of testing, financial information, and third-party information ("Information").

Each party shall use the other's Information only to perform its obligations under, and for the purposes of, the Agreement. Neither party shall use the Information of the other for the benefit of a third party. Each party shall maintain the confidentiality of all Information in the same manner in which it protects its own information of like kind, but in no event shall either party take less than reasonable precautions to prevent the unauthorized disclosure or use of the Information.

Upon termination of the Agreement, or upon a party's request, each party shall return to the other all Information of the other in its possession. All provisions of the Agreement relating to confidentiality, ownership, and limitations of liability shall survive the termination of the Agreement.

15. *Ownership of Data.* The parties acknowledge and agree that all Client data ("Data"), is and shall remain the exclusive property of Client. FirstWatch acknowledges that in performing its obligations under the Agreement it may have access to Client networks and Data. FirstWatch will use and access such Data only as necessary for the purpose of providing the services and supporting the Software as agreed.

16. *HIPAA*. With respect to any protected health information ("PHI") and to the extent FirstWatch is subject to the provisions of the Health Insurance

Portability and Accountability Act as a Business Associate, FirstWatch shall (a) not use or disclose PHI other than as permitted or required by any agreement between FirstWatch and Client, or as required by law, (b) use appropriate safeguards to prevent use or disclosure of the PHI, (c) report to Client any unauthorized use or disclosure of the PHI of which it becomes aware, (d) ensure that any agent or subcontractor that accesses PHI in order to assist FirstWatch in providing the Services will be bound by the provisions of this Section, (e) reasonably cooperate with Client to make its internal practices, books, and records, including policies and procedures relating to the use and disclosure of PHI available to a governmental agency in the event a governmental agency requests such information, (f) document all its disclosures of PHI and information related to such disclosures, and notify Client of such disclosures, (g) return or destroy all PHI upon termination of the Services under this Agreement. If the parties enter into a separate agreement regarding the use of protected health information, the terms of that separate agreement shall take precedence and control over the terms of this Section 16.

17. *Cooperative Purchasing.* If agreed to by Client and FirstWatch, another public body may utilize this contract. FirstWatch shall deal directly with any public body authorized to use the contract. Client, its officials and staff are not responsible for placement of orders, invoicing, payments, contractual disputes, or any other transactions between FirstWatch and any other public bodies, and in no event shall Client, its officials or staff be responsible for any costs, damages or injury resulting to any party from use of a Client Contract. Client assumes no responsibility for any notification of the availability of the contract for use by other public bodies, but FirstWatch may conduct such notification.

18. *General.*

All required communications shall be in writing and addressed to the recipient party at its address set forth in this Agreement, addressed to the person who signed the Agreement on behalf of such party, or to such address and person as may be designated by such party in writing. All communications are deemed given when hand-delivered; or if mailed, by registered mail with verification of receipt, upon date of mailing; or if by electronic mail or facsimile, when received (with verification of transmission sent promptly to the receiving party along with a hard copy of the communication).

Any part of the Agreement held to be invalid or unenforceable, shall be revised so as to make it valid and enforceable, consistent with the intent of the parties expressed in that provision. All other provisions of the Agreement will remain in full force and effect. The remedies accorded FirstWatch are cumulative and in addition to those provided by law.

The Agreement, all Schedules (A-C), and any amendments thereto constitute the entire understanding of the parties with respect to the subject matter of the Agreement and replaces all prior and contemporaneous written and oral communications, promises, or understandings. The Agreement shall be governed by the laws of the State of California and may be amended only by a writing signed on behalf of both parties. Electronic mail shall not be deemed to constitute a signed writing for purposes of this modification provision unless expressly identified as an amendment. No waiver of any right or remedy will be effective unless given in writing and signed on behalf of the party making such waiver. No purchase order or other administrative document will amend the Agreement unless signed by a representative of both parties and identified as an amendment to the Agreement, even if accepted by the receiving party without objection.

The Parties may not assign any rights or delegate any duties under the Agreement without the prior, written consent of the other Party, which will not be unreasonably withheld, and any attempt to do so without consent will be void. However, no consent shall be required in the case of a Party's transfer of all or substantially all of its business or assets by merger, asset sale, or other similar transaction. The Agreement is binding upon the parties' successors and permitted assigns.

AGREED AND ACCEPTED:

FirstWatch Solutions, Inc.

Date: 09/16/2025

By: _____

Name: Todd Stout, President

Client Name and Address:

Sierra-Sacramento Valley
Emergency Medical Services Agency
535 Menlo Drive, Suite A
Rocklin, California 95765

Date: _____

By: _____

Name: _____

Title: _____

Schedule A:

Project Services, Pricing & Payment Schedule, Contact Information & Technical Specifications

- If needed, single license of FirstWatch Thin-Client (Remote Data Gathering) Software installed on Client's dedicated FirstWatch PC/Server

    - All data integrated with Client's Data Source/System will be integrated via:
        - Connectivity to a data source via ODBC or similar means;
        - or Text or XML ***file*** output for each incident from a Client-provided process (one or more files for each incident) that provides files on the dedicated FirstWatch PC/Server;
        - or client provided web services interface allowing FirstWatch to securely access, query and receive necessary data via a non-dedicated internet connection. Client provided web services interface will include the ability to encrypt and decrypt data and options to query live and historical data.

    - If needed, Data Shuttle, remote connectivity and other software and processes on Client's dedicated FirstWatch PC which work together to reliably and securely transmit data to the FirstWatch Data Center, and allow for remote support, using Client-provided, always-on Internet connectivity.

    - Linking of data sources requires, at a minimum, a unique key that exists within each data source in a useable format.

- Modify centrally located FirstWatch server-based processes, software and database as necessary to receive Client's data, import into FirstWatch database, and monitor for statistically-significant increases in volume or geographic clusters of calls which meet user-defined criteria.

- Provide up to fifty (50) Client-specific user login(s) and password(s) to allow up to fifty (50) simultaneous users on the FirstWatch subscriber Internet site. (Access by additional users may be purchased, and access via FirstWatch to other, 3rd-party services or tools, may be licensed separately.)

- Provide the ability for the Client to define all system included and client purchased "trigger sets" for monitoring by FirstWatch.

- Provide the Client the ability to completely replace each Trigger up to twice per Trigger per year and refinements and adjustments to existing triggers as the Client reasonably requires per any twelve (12) month period during the term.

- Provide the ability for the Client to define up to fifty (50) alert recipients for each trigger, via a combination of email, text messaging, fax, or compatible paging system.

- Provide a default "All Events" trigger with monitoring and alerts to demonstrate complete functionality of system.

Pricing and Payment Schedule:

Client Pricing				
#	**Description**	**Qty.**	**Unit**	**Extended**
1	DS1 – AMR SacComm CAD (existing feed)	1	$0.00	$0.00
2	DS1 – Training/Trigger Consultation	1	$5,500.00	$0.00
3	Custom Report Development for OCU	20	$225.00	$4,500.00
4	Custom Report Development Annual Support & Maintenance	1	$49.50	$990.00
5	Online Compliance Utility (OCU) Module	1	$33,000.00	$33,000.00
6	OCU Annual Support & Maintenance	1	$7,260.00	$7,260.00
7	OCU – Training/Consulting	1	$3,300.00	$3,300.00
8	OCU – Project Management	1	$3,300.00	$3,300.00
9			**Total Price**	**$52,350.00**

Client Payment Schedule	
Project Initiation Payment: 50% >Invoiced for at Contract Execution	$26,675.00
FirstWatch System Acceptance Payment: 50% >Invoiced for at System Acceptance	$26,675.00

Maintenance fees beyond the Term (3 Years) of this Agreement will recur and reflect the current FirstWatch maintenance and support rates unless otherwise agreed on by both parties. Annual Support Fee increase is projected (for budget purposes) at 5% per year.

Estimated Annual Support & Maintenance for Year 2	$8,662.50
Estimated Annual Support & Maintenance for Year 3	$9,095.63

Switching Data Sources against a "LIVE" OCU and/or Customized Report Developments: Timing and Financial Considerations

At least a 90-day notice of a proposed data source change for the FirstWatch OCU Module and Customized Reports is highly recommended as it will allow both parties an opportunity to better prepare to be ready. Should less notice be given, FirstWatch will do its best to manage the required changes, but that may mean it may not be ready when needed.

***OCU Module**

When customers have FirstWatch OCU enhancement module LIVE and switch to new CAD system; A Data Source Re-Configuration Fee of up to $12,000 will be required to modify and validate OCU compliance tests and automated queue-based processes as well as OCU reports against customers' new CAD system data. This is in addition to a $7,500 new Data Source Interface fee for the base FirstWatch system (for total of $19,500), When customer has OCU live under one response time compliance contract, and their response time compliance contract requirements are changed such that the OCU must be changed, there will be a Contract Re-Configuration Fee of up to $6,000.

***Customized Report Development**

When customer has FirstWatch Customized Reports and switches to new CAD, ePCR, RMS (or other data system); a quote will be provided for the required Report Re-Configuration. This is in addition to a $7,500 fee for each new Data Source Interface required (one each for new CAD, ePCR, RMS, etc.). Report Re-Configuration and data mapping, testing & validation is needed to confirm that all FirstWatch Report generation processes are functioning correctly against all new data sources.

Contact Information:

Licensor Contact Tax ID No: **05-0544884**	Todd Stout, President FirstWatch® 2035 Corte del Nogal, Suite 101 Carlsbad, California, 92011	Email : admin@firstwatch.net Phone : 760-943-9123 Fax : 760-942-8329
Client Contact	John Poland, Regional Executive Director Sierra-Sacramento Valley Emergency Medical Services Agency 535 Menlo Drive, Suite A Rocklin, California, 95765	Email : john.poland@ssvems.com Phone : 916-625-1719

Technical Specifications, if applicable:

FirstWatch Hardware Requirements:

Minimum (only if using existing equipment)	**Preferred** (required/minimum if new equipment)
Dedicated PC or Virtual Machine used exclusively for FirstWatch purpose	Dedicated Server or Virtual Machine used exclusively for FirstWatch purposes
Core i3 (Dual core or better)	Core i5 (Quad core or better)
4GB RAM or better	8GB RAM or better
256 GB Disc (Partition as appropriate)	500GB Disc (Partition as appropriate.)
1 GB Ethernet Card	1 GB Ethernet Card
Any recent generation Graphic card	Any recent generation Graphic card
Keyboard/Mouse/Monitor/KVM/Virtual Machine Access	Keyboard/Mouse/Monitor/KVM/Virtual Machine Access

FirstWatch Software Requirements:

Minimum	**Preferred**
Microsoft Windows Server 2020 or Windows 10 Professional including all the latest updates.	Microsoft Windows Server 2022 (64bit) including all the latest updates.
If the database to be monitored is MS SQL Server, SQL Server Management Studio needs to be installed. **NOTE:** For general installations, we do not need an instance of MS SQL Server installed on the server—just management studio tools.	If the database to be monitored is MS SQL Server, SQL Server Management Studio needs to be installed. **NOTE:** For general installations, we do not need an instance of MS SQL Server Database Engine installed on the server—just management studio tools.
Current ODBC driver or other licensed and approved connectivity to underlying database	Current ODBC driver or other licensed and approved connectivity to underlying database
Virus Protection Software of customer's choosing	Virus Protection Software of customer's choosing
WinZip or compatible software - Not Required if functionality included in Windows OS	WinZip or compatible software - Not Required if functionality included in Windows OS
Microsoft .NET Framework Version 4.0. (installed with local FirstWatch Thin Client Software)	Microsoft .NET Framework Version 4.0 or greater (installed with local FirstWatch Thin Client Software)
Automated Time synchronization software or process of clients choosing. MS Windows OS feature is fine.	Automated Time synchronization software or process of clients choosing. MS Windows OS feature is fine.

Remote-Client Technical Specifications Continued

Connectivity, Firewall & Environment:
Always-on, high speed broadband Internet connectivity under customer specified and controlled security settings; Recommend static IP address with hardware firewall.
Read-only/db_DataReader Network access to database(s) being monitored.
Outbound only access for **HTTPS (port 443) with access to *.firstwatch.net. IP Addresses for outbound whitelisting will be provided.**
For agencies using FirstWatch provided Cisco WebEx Remote Access Agent service for installation and support, it may be necessary to create an exception list for WebEx sites on the firewall or proxy to properly use WebEx services. In most cases, the IP Range that can be used to add an exception for the firewall or proxy is 64.68.96.0 - 64.68.127.255 and ports 80, 443 and 1280.
Local (not domain) server **administrator** account with access to specifications above.
To maximize system availability FirstWatch recommends remote-client hardware be located with other critical systems and when possible include UPS, back-up generator, monitored data circuits) and HVAC controlled secure environment.

Support:

Minimum
Allow FirstWatch access to the dedicated machine via WebEx Remote Access client services (or authorized substitute, including VPN). WebEx Remote Access client software provided with FirstWatch under maintenance and service agreement. If VPN or other connection requires additional hardware or software on client or support side, it will be the responsibility of the customer to supply it. FirstWatch understands that some agencies require attended remote access sessions and are fine with this approach when required.

Disclaimer: Although FirstWatch requires a dedicated machine for our applications, some clients have requested running the FirstWatch applications on a server that is shared with other applications. We have successfully deployed in a combination of these configurations and are willing to attempt an install in this environment if the client understands that there is risk involved. The risk is that if another process or application on the same machine renders the machine unresponsive, it could potentially stop the processing of the FirstWatch applications. Conversely, the FirstWatch applications may affect the other applications. Therefore, if the client decides to move forward in this manner and results in ongoing issues with FirstWatch applications, we will respectfully request that our system be transferred to a dedicated machine for the purpose of running the FirstWatch applications. FirstWatch staff will be happy to assist the client with reconfiguring the FirstWatch system on a new machine.

Schedule B:

FirstWatch Solutions, Inc.
Business Associate Agreement
Between FirstWatch Solutions, Inc. and
Sierra-Sacramento Valley Emergency Medical Services Agency

This Business Associate Agreement ("Agreement") between FirstWatch Solutions, Inc. (Business Associate) and Sierra-Sacramento Valley Emergency Medical Services Agency (Covered Entity) is executed to ensure that Business Associate will appropriately safeguard protected health information ("PHI") that is created, received, maintained, or transmitted on behalf of Covered Entity in compliance with the applicable provisions of Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq*., as amended ("HIPAA"), and with Public Law 111-5 of February 17, 2009, known as the American Recovery and Reinvestment Act of 2009, Title XII, Subtitle D – Privacy, Sections 13400, *et seq.*, the Health Information Technology and Clinical Health Act, as amended (the "HITECH Act").

A. General Provisions

1. **Meaning of Terms.** The terms used in this Agreement shall have the same meaning as those terms defined in HIPAA.

2. **Regulatory References**. Any reference in this Agreement to a regulatory section means the section currently in effect or as amended.

3. **Interpretation**. Any ambiguity in this Agreement shall be interpreted to permit compliance with HIPAA.

B. Obligations of Business Associate

Business Associate will:

1. Not use or further disclose PHI other than as permitted or required by this Agreement or as required by law;

2. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic protected health information ("e-PHI") and implement appropriate physical, technical and administrative safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;

3. Report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any security incident (as defined in the HIPAA Security Rule) and any breaches of unsecured PHI as required by 45 CFR §164.410. Breaches of unsecured PHI shall be reported to Covered Entity without unreasonable delay but in no case later than 60 days after discovery of the breach;

4. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of Business

Associate agree to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information;

5. Make PHI in a designated record set available to Covered Entity and to an individual who has a right of access in a manner that satisfies Covered Entity's obligations to provide access to PHI in accordance with 45 CFR §164.524 within 30 days of a request;

6. Make any amendment(s) to PHI in a designated record set as directed by Covered Entity, or take other measures necessary to satisfy Covered Entity's obligations under 45 CFR §164.526;

7. Maintain and make available information required to provide an accounting of disclosures to Covered Entity or an individual who has a right to an accounting within 60 days and as necessary to satisfy Covered Entity's obligations under 45 CFR §164.528;

8. To the extent that Business Associate is to carry out any of Covered Entity's obligations under the HIPAA Privacy Rule, Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity when it carries out that obligation;

9. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of the Department of Health and Human Services for purposes of determining Business Associate's compliance with HIPAA and the HITECH Act;

10. Restrict the use or disclosure of PHI if Covered Entity notifies Business Associate of any restriction on the use or disclosure of PHI that Covered Entity has agreed to or is required to abide by under 45 CFR §164.522; and

11. If Covered Entity is subject to the Red Flags Rule (found at 16 CFR §681.1 *et seq.*), Business Associate agrees to assist Covered Entity in complying with its Red Flags Rule obligations by: (a) implementing policies and procedures to detect relevant Red Flags (as defined under 16 C.F.R. §681.2); (b) taking all steps necessary to comply with the policies and procedures of Covered Entity's Identity Theft Prevention Program; (c) ensuring that any agent or third party who performs services on its behalf in connection with covered accounts of Covered Entity agrees to implement reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft; and (d) alerting Covered Entity of any Red Flag incident (as defined by the Red Flag Rules) of which it becomes aware, the steps it has taken to mitigate any potential harm that may have occurred, and provide a report to Covered Entity of any threat of identity theft as a result of the incident.

C. Permitted Uses and Disclosures by Business Associate

The specific uses and disclosures of PHI that may be made by Business Associate on behalf of Covered Entity include uses or disclosures of PHI as permitted by HIPAA necessary to

perform the services that Business Associate has been engaged to perform on behalf of Covered Entity.

D. Termination

1. Covered Entity may terminate this Agreement if Covered Entity determines that Business Associate has violated a material term of the Agreement.

2. If either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of the other party's obligations under this Agreement, that party shall take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, terminate the Agreement if feasible.

3. Upon termination of this Agreement for any reason, Business Associate shall return to Covered Entity or destroy all PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form. Business Associate shall retain no copies of the PHI. If return or destruction is infeasible, the protections of this Agreement will extend to such PHI.

Agreed to this _____ day of _____, 20___.

FirstWatch Solutions, Inc.	Sierra-Sacramento Valley Emergency Medical Services Agency
Signature: 	Signature: _____
Name: Todd Stout	Name: _____
Title: President	Title: _____
Date: 09/16/2025	Date: _____

Schedule C:

Acceptance Test Plan

Introduction

The FirstWatch Acceptance Test Plan (ATP) is designed to confirm with you, our Client, that FirstWatch data integration has been completed. It is also the tool by which you will be guided through the verification process of FirstWatch Base System Acceptance. Some features and functions may vary depending on data system and type. Each commonly used functionality of the product is provided an expected result for each "test" executed. These tests assume that the data made available to FirstWatch contains the information necessary to provide the functionality to test. An example would be if the underlying data available to FirstWatch does NOT contain patient destination for an ambulance call, then FirstWatch cannot make it available for the user to view or test.

No.	Test	Expected Result	Pass = Y Fail = N	Comment
1	Navigate to the FirstWatch Subscriber Site subscriber.firstwatch.net	FirstWatch Subscriber Site displays	***Yes / No***	
2	Enter a Username and Password provided to you by FirstWatch.	Successfully log into Status Page showing a quick-view of one or more triggers	***Yes / No***	
3	Launch your All Calls Trigger	New window opens showing the Event List summary page	***Yes / No***	
4	Click a hyperlink field from one of the events in the line listing.	Page displays a drill-down of data related to incident/event selected.	***Yes / No***	
5	Click the View Alert Config link from the top right of the page.	Separate windows displays criteria for which this trigger will alert, or "This trigger is currently not configured for any alerts."	***Yes / No***	
6	Set Refresh Rate to 1 minute.	Page will reload every 1 minute. Prior to reloading a green "Reloading" bar will appear near the top left section of the page. Reset Refresh Rate to 20 minutes after page reloads so reloads to not interfere with ATP.	***Yes / No***	
7	Click the Graphs link from the top of the page	The GraphIt Summary page will display	***Yes / No***	
8	Check the Hide Min/Max Events box above the Actual Events Graph.	Shaded area (if present) along Actual Events line will disappear.	***Yes / No***	
9	Check the Hide Hourly Events box above the Actual Events Graph.	Green bars along bottom axis will disappear	***Yes / No***	
10	Click the Maps link from the top of the page. The Map link is only present for data sets that include geo-data	Click on the filter icon and select a sub-category in the Group By dropdown. Click an incident on the map and click the Incident Detail hyperlink to launch the incident drilldown.	***Yes / No***	
11	Click the Layers icon and click the Top 10 Problems category	A multi-colored list of the Top 10 Problems will appear	***Yes / No***	
12	Click the Destination link from the top of the page. (Only present for data sets which include patient transport destination data)	Page displays a line listing of events separated by transport destination.	***Yes / No***	

13	Click the Analysis Tool link from the top of the page.	Page displays interactive tool for retrospective analysis.	***Yes / No***	
14	Specify a Start Date/Time and Stop Data/Time of the last 7 to 10 days. (Default date range will include the last 7 days). Click Event List link.	After calculations are complete, trigger will display line listing of all events for date/time range selected.	***Yes / No***	
15	Click GraphIt link	Graphit summary for date/time range selected will display	***Yes / No***	
16	Click Maps link	Page displays MapShot of all activity for date/time range selected.	***Yes / No***	
17	Click the Go-Back to real-time link.	Page returns to Event list view.	***Yes / No***	
18	Press the Log Out button on the top right corner of this trigger.	User will be logged out and redirected to FirstWatch Subscriber site.		

Acceptance: *Test Plan Passed Successfully, Test Plan Conditionally Accepted or Test Plan Did Not Pass*

Notes:

If Conditional or Rejected please specify the reason(s) in detail

Name:

Title:

Agency:

Signature:

Date:

When completed, please email this form to support@firstwatch.net

OCTOBER JPA BOARD MEETING

Agenda Item G-4

Subject:
Principal Financial Group Inc. Common Stock Asset Sell Request

Recommended Action:
Approval required.

	Sierra – Sacramento Valley Emergency Medical Services Agency Board Report	G-4

Meeting Date:	October 10, 2025
Item Number:	G-4
Subject:	Principal Financial Group Inc. Common Stock Asset Sell Request
Presenter:	John Poland, Regional Executive Director

Introduction:

The Regional Executive Director is requesting the JPA Board approve the sell of 1265 shares of Principal Financial Group Inc. common stock that has been maintained by the Agency since 2001.

Background & Relevant Information:

The Agency recently received a third-party notification of a 'Cash offer to purchase shares in Principal Financial Group Inc. (Principal)'. Agency staff were previously unaware that the Agency held these stock assets. Following additional investigation, it was verified that the Agency does in fact have 1265 shares of Principal Financial Group Inc. common stock. The Agency utilizes Principal Financial Group Inc. for certain employee fringe benefits. It appears that there was a "demutualization" process in 2001 where policy holders at that time, including the Agency, received stock. The company had previously been a mutual insurance company, owned by policy holders, and in 2001 became a stock company and they gave stock to the current policyholders. Agency staff confirmed that company stock ownership has no effect on the Agency's ability to continue to utilize Principal Financial Group Inc. for employee benefits and has any impact on the Agency's premiums for these benefits.

Following consultation with the Placer County Treasurer-Tax Collector's Office and Placer County Office of the Auditor-Controller as it relates to applicable public agency financial statutes/regulations, it was recommended that the Agency sell this stock and deposit the proceeds as 'investment income' into the Agency's Placer County financial account. It was further confirmed by the Agency's auditor, who prepares the Agency's annual financial statements, that there would be no tax implications to the Agency resulting from selling these stock assets.

Recommendation:

Approve the Regional Executive Director to sell 1265 shares of Principal Financial Group Inc. common stock and deposit the proceeds into the Agency's Placer County financial account.

Fiscal Impact:

The current stock asset valuation as of 9/30/2025 is $104,881.15. The exact amount of proceeds from these stock assets will fluctuate slightly based on the timing they are sold. A FY 25/26 budget adjustment will be placed the next JPA Board meeting agenda to account for this additional revenue.

Attachments:

- Computershare Investor Center Total Portfolio Value statement as of 9/30/2025.

Date: 10/1/2025

SACRAMENTO EMS SIERRA
535 MENLO DR
STE A
ROCKLIN
CA 95765-6300
UNITED STATES

Dear Sir/Madam,

Thank you for your enquiry and below is the account balance(s) of your portfolio as at: 10/1/2025

Total Portfolio Value: $104,881.15

PRINCIPAL FINANCIAL GROUP INC.
PFG COMMON STOCK

As of 9/30/2025 Price: $82.91

Name	Share Type	Quantity	Value
SACRAMENTO EMS SIERRA C******2413	Book	1265	$104,881.15
	Total	**1265**	**$104,881.15**

Total Portfolio Value: $104,881.15

Sincerely,

Computershare

Only Computershare managed holdings are listed.

OCTOBER JPA BOARD MEETING

Agenda Item I-1

Subject:
EMS legislation/regulations update (attachment & verbal report)

Recommended Action:
Information only, no action required.

	Sierra – Sacramento Valley Emergency Medical Services Agency Board Report	I-1

Meeting Date:	October 10, 2025
Item Number:	I-1
Subject:	EMS Legislation/Regulations Updates
Presenter:	John Poland, Regional Executive Director

EMS Legislation Updates:

- **AB 310**
    - Existing law requires a youth sports organization to ensure, by January 1, 2027, that its athletes have access to an automated external defibrillator (AED) during any practice or match. Existing law requires the AED to be administered by a medical professional or other certified and qualified person designated by a youth sports organization. This bill delays the requirement to have access to an AED until January 1, 2028, removes the requirement that it be administered by a medical professional, and requires, by January 1, 2027, a youth sports organization to ensure that its coaches are certified to perform cardiopulmonary resuscitation and to operate an AED. The bill requires, by January 1, 2027, a youth sports organization to have a written emergency response plan that includes certain information, including the location and procedures to be followed during a sudden cardiac event. The bill requires, by January 1, 2028, a youth sports organization to properly maintain/test its AED.
- **AB 365**
    - This bill requires each utility, which is defined to mean an electrical corporation, electrical cooperative, or local publicly owned electric utility, and an independent contractor or subcontractor of the utility, to have an AED available at every worksite where 2 or more electrical utility workers are performing work on transmission or distribution lines of 601 volts or more. The bill requires the utility, and the independent contractor or subcontractor of the utility, to adopt specified written policies and procedures, and to comply with placement, notification, maintenance, testing, inspection, and recordkeeping requirements. This bill provides that the exemption from civil liability applies to a person who renders, in good faith and not for compensation, emergency care and treatment by use of an AED. The bill also applies that exemption to a utility, and an independent contractor or subcontractor of the utility, that acquires an AED for emergency use, makes reasonable efforts to comply with the AED and policy requirements, and complies with the placement, notification, maintenance, testing, inspection and recordkeeping requirements. The bill does not apply the civil liability exemption in case of gross negligence or willful or wanton misconduct by the person rendering emergency care or treatment using an AED.

- **AB 463**

  - This bill authorizes a person who operates ambulances, to transport a police canine or a search and rescue dog 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 requires an ambulance operator 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 requires these policies to be submitted to, and approved by, the LEMSA. This bill authorizes an emergency responder to provide basic first aid to a police canine or search and rescue dog that is injured in the line of duty while the police canine or search and rescue dog is being transported to a veterinary clinic or similar facility, and exempts that person from civil or criminal liability if they act in good faith and not for compensation to provide basic first aid to an injured police canine or search and rescue dog while the police canine or search and rescue dog is being transported to a veterinary clinic or similar facility.

- **AB 645**

  - This bill requires, by January 1, 2027, a public safety agency that provides 911 call processing services for EMS response to provide prearrival medical instructions to 911 callers requiring medical assistance, including, at a minimum, all the following:
    (1) Airway and choking medical instructions for infants, children, and adults.
    (2) AED and CPR instructions for children and adults.
    (3) Childbirth.
    (4) Bleeding control and hemorrhage.
    (5) Administration of epinephrine by auto-injector for suspected anaphylaxis.
    (6) Administration of naloxone for suspected narcotics overdoses.
    A public safety agency may satisfy these requirements by contracting with another public safety agency that provides prearrival medical instructions. Prearrival medical instructions shall be approved by the LEMSA medical director and implemented consistent with the medical protocols and procedures adopted by the public safety agency. This bill does not require a public safety agency to update its policies and procedures if the public safety agency already provides prearrival medical instructions through emergency medical dispatch or other means and those instructions have been approved by the LEMSA medical director. A public safety agency dispatching peace officers only shall not constitute call processing services for emergency medical response. This bill does not alter, modify, abridge, diminish, enlarge, or constrain the California EMS Authority's ability to adopt guidelines or regulations for emergency medical dispatch, including dispatcher training.

- **SB 582**

  - This bill requires skilled nursing facilities to review their disaster and mass casualty plan at least once per year and to seek input from county or regional and local planning offices, including the MHOAC. This bill requires skilled nursing facilities to provide a copy of their disaster and mass casualty plan to the MHOAC. This bill also "encourages" a residential care facility for the elderly to provide a copy of its emergency and disaster plan to the MHOAC.

EMS Regulations Updates:

- **Chapter 1 (EMS Administration)**
    - The emergency Medical Services Authority (EMSA) is working through feedback provided by partners and expects the formal OAL rulemaking process to begin in early 2026. EMSA's goal is to have final Chapter 1 regulations implemented by January 2027.
- **Chapter 3 (Professional Standards – EMT, EMT-A, Paramedics)**
    - EMSA is reviewing current regulations to identify areas that need updating.
- **Chapter 4 (EMS Personnel Discipline)**
    - EMSA is reviewing current regulations to identify areas that need updating.
- **Chapter 5 (Community Paramedicine/Triage to Alternate Destination)**
    - EMSA is reviewing current regulations to identify areas that need updating.
- **Chapter 6 (Trauma, STEMI, Stroke, EMS-C)**
    - EMSA is currently reviewing and addressing the comments received following the close of the second public comment and expects to conduct at least one additional 2-week public comment period.

OCTOBER JPA BOARD MEETING

Agenda Item J

Subject:
S-SV EMS Agency Medical Director's Report

Recommended Action:
Information only, no action required.

OCTOBER JPA BOARD MEETING

Agenda Item K

Subject:
Next JPA Governing Board Meeting & Adjournment

Friday, December 12, 2025, 1:00 pm