

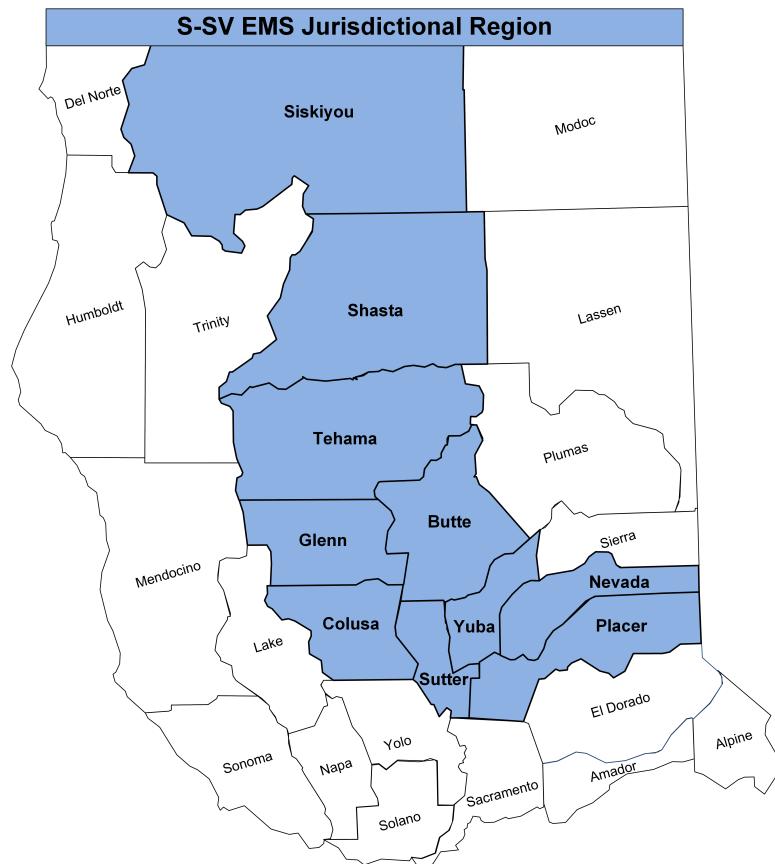


S-SV Emergency Medical Services Agency

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



Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) Overview (updated 01/2026)



S-SV EMS Office Telephone Number: (916) 625-1702



S-SV EMS Website: www.ssvems.com



S-SV EMS Email Address: info@ssvems.com



S-SV EMS 24/7 Duty Officer: (916) 625-1710



Region III RDMHC/S 24/7 Duty Officer: (916) 625-1709



About S-SV EMS

S-SV EMS serves as the local emergency medical services agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties, pursuant to California Health and Safety Code, Div. 2.5, § 1797.200. S-SV EMS was originally established in 1975 to provide EMS system oversight/coordination to multiple counties, and the initial S-SV EMS multi-county local government Joint Powers Authority (JPA) Agreement was executed in 1981. The S-SV EMS JPA Governing Board is comprised of publicly elected supervisors from each S-SV EMS member county.

The 10 county S-SV EMS region encompasses 22,000+ square miles, ranging from remote frontier/rural areas to large urban centers, and has a static population of approximately 1,250,000. The S-SV EMS region also experiences a significant influx of visitors throughout the year, estimated at 2,000,000+ annually.

Essential S-SV EMS LEMSA Functions

- Serving as an advocate for patients.
- Planning, implementing, evaluating, and continually improving local EMS systems, including all prehospital services and applicable hospital services.
- Establishing non-exclusive and exclusive operating areas for emergency ambulance service as appropriate and contracting for those services.
- Contracting with public and private entities to provide EMS services through the S-SV EMS region.
- Development, implementation, and maintenance of county/regional EMS system plans.
- Collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care.
- Coordinating activities and communications between various agencies that provide EMS system services so that care appears seamless to the patient.
- Mediating conflicts between various EMS system providers.
- Ensuring compliance with all local and state EMS ordinances, statutes, and regulations.
- Approval, review, and monitoring of EMS training programs.
- Certifying/accreditation, and enforcement activities for EMS personnel.
- Developing, approving, reviewing, and regularly updating medical policies and treatment protocols for EMS personnel.
- In collaboration with public health, developing local medical and health disaster plans and coordinating medical and health response to disasters.
- Designating/overseeing trauma, stroke, and STEMI (cardiac) hospital specialty receiving centers.
- Determining ambulance patient destinations based upon hospital resources.
- Establishing policies for hospital emergency department diversion and ambulance patient offload time (APOT) and implementing mitigation strategies to address excessive diversion and/or APOT.
- Assisting with community education programs regarding injury prevention, CPR, public, overdose prevention/response, etc.
- Collecting, analyzing, and reporting on EMS data and providing that data to local and statewide EMS system partners for various purposes.
- Providing leadership, coordination, and oversight for EMS quality improvement and quality assurance activities.
- Providing technical assistance to the California EMS Authority (EMSA).



S-SV EMS Multiple Casualty Incident (MCI) & Disaster Preparedness/Response

As an integral part of the California disaster healthcare system, S-SV EMS staff work closely with multiple local, regional, state, and federal emergency management and medical/health system providers to prepare for and respond to MCI and disaster events.

S-SV EMS shares the 18 statutorily required disaster preparedness/response functions of the Medical Health Operational Area Coordinator (MHOAC) Program with member county public health departments.

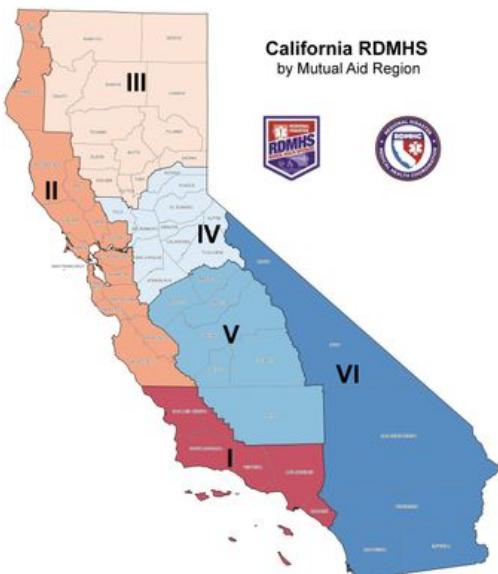
The S-SV EMS region has unfortunately experienced an unprecedented number of large, destructive, and deadly wildfire incidents over the past several years, many of which have required significant initial and ongoing EMS resource response/coordination (ambulance strike teams, medical facility evacuations, evacuation shelter medical support, etc.) to assist with the medical/health needs of medically fragile individuals and other vulnerable populations.



S-SV EMS staff review EMS related response, management, mitigation and recovery activities of all MCI and disaster events for quality assurance/quality improvement purposes. S-SV EMS's comprehensive MCI and disaster policies, protocols and plans are reviewed and updated on an ongoing basis, with input and assistance from EMS and medical/health system providers.

S-SV EMS Regional Disaster Management

S-SV EMS also manages the Regional Disaster Medical Health Coordination (RDMHC) Program for the 13 California OES Mutual Aid Region III counties (Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba). This program consists of the Regional Disaster Medical Health Coordinator (RDMHC) and Regional Disaster Medical Health Specialist (RDMHS) staff, who assist the RDMHC in fulfilling the scope of work required by the California Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH).



RDMHC/S staff work directly with the MHOAC in each California Mutual Aid Region III County to provide medical/health system assistance during any type of emergency response/disaster, or as dictated by EMSA or CDPH. This includes all CDPH licensed healthcare facilities, public health agencies, LEMSAAs, and any medical aspect of non-licensed healthcare facilities, such as evacuation shelters.

RDMHC/S staff act as the intermediary between the County and the State, as appropriate, for a variety of medical/health system needs, including development of regional medical preparedness/response plans, securing/overseeing regional emergency medical caches, medical resource requesting and fulfillment, coordinating EMS resources (ambulance strike teams, etc.), and other assistance requested by the MHOAC Programs.



S-SV EMS System Participants

S-SV EMS staff work collaboratively with public and private EMS system providers to ensure the ongoing coordinated provision of professional, competent, equitable, and person-centered EMS care for all residents and visitors throughout the S-SV EMS region and surrounding areas. A summary of S-SV EMS system providers is included below.



- **47** – Public Safety First Aid & Emergency Medical Responder Training Providers
- **12** – Emergency Medical Technician (EMT) training programs
- **2** – Advanced EMT (AEMT) training programs
- **4** – Paramedic training programs



- **22** – 911 Public Safety Answering Point (PSAP) dispatch centers
- **3** – Public (CAL FIRE) air ambulance coordination centers
- **7** – Private EMS provider ground and/or air ambulance dispatch centers



- Multiple law enforcement agencies, many providing S-SV EMS approved optional/enhanced EMS services (AED utilization for cardiac arrest patients, naloxone administration for opioid/narcotic overdose patients, tactical EMS, etc.)



- **100** – Basic life support (BLS), limited advanced life support (LALS), and/or advanced life support (ALS) fire department first responder organizations, many providing S-SV EMS approved optional/enhanced EMS services



- **23** – 911 ground ambulance providers (9 public, 14 private)
- **15** – Interfacility, medical transport, special event ground ambulance providers
- **375** – Ground ambulance vehicles



- **5** – Air ambulance providers (8 total helicopter aircraft/bases)
- **1** – ALS air rescue provider (2 total helicopter aircraft/bases)
- **2** – BLS air rescue providers (2 total helicopter aircraft/bases)

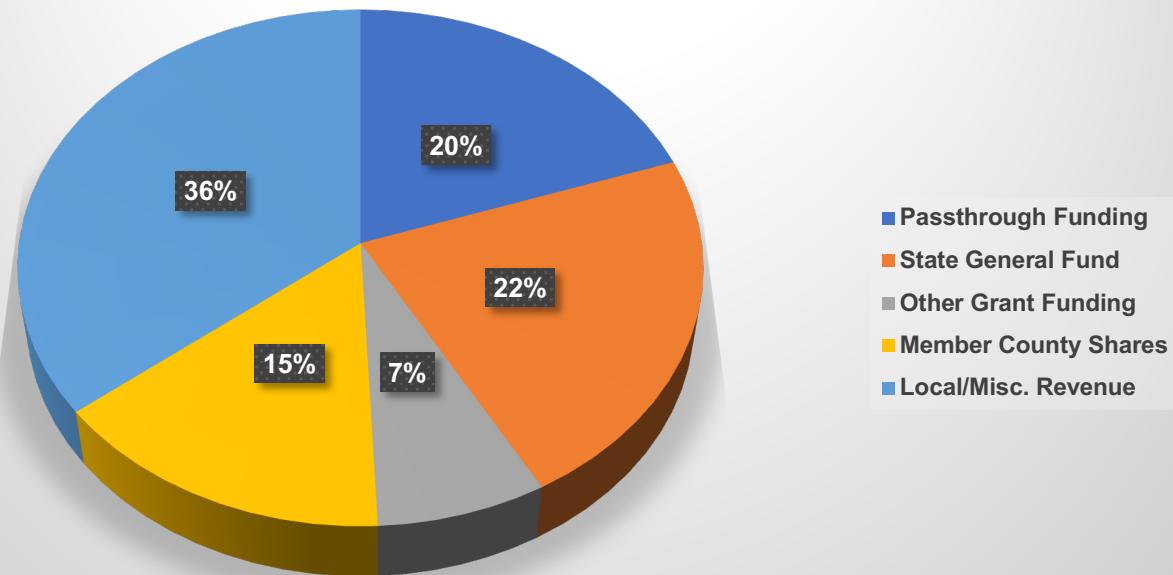


- **16** – Acute care hospitals (including 6 - critical access hospitals, 6 - S-SV EMS designated STEMI receiving centers, 13 - S-SV EMS designated stroke receiving centers, and 8 - S-SV EMS designated Level 2, 3 & 4 trauma centers)

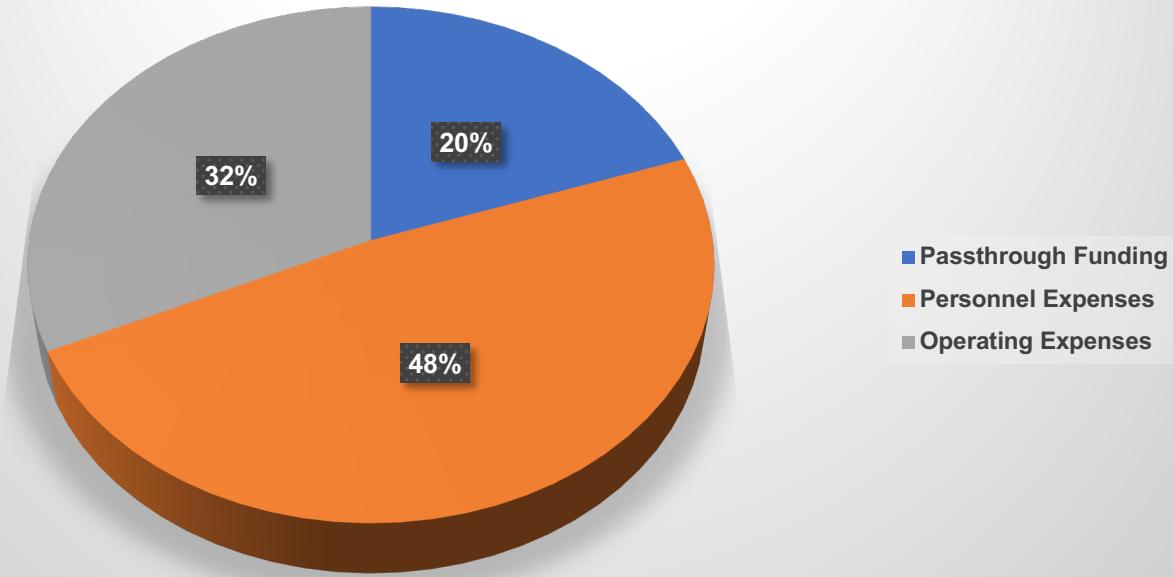


S-SV EMS Budget Summary

S-SV EMS Agency Revenue Sources (FY 2025/2026 budget)



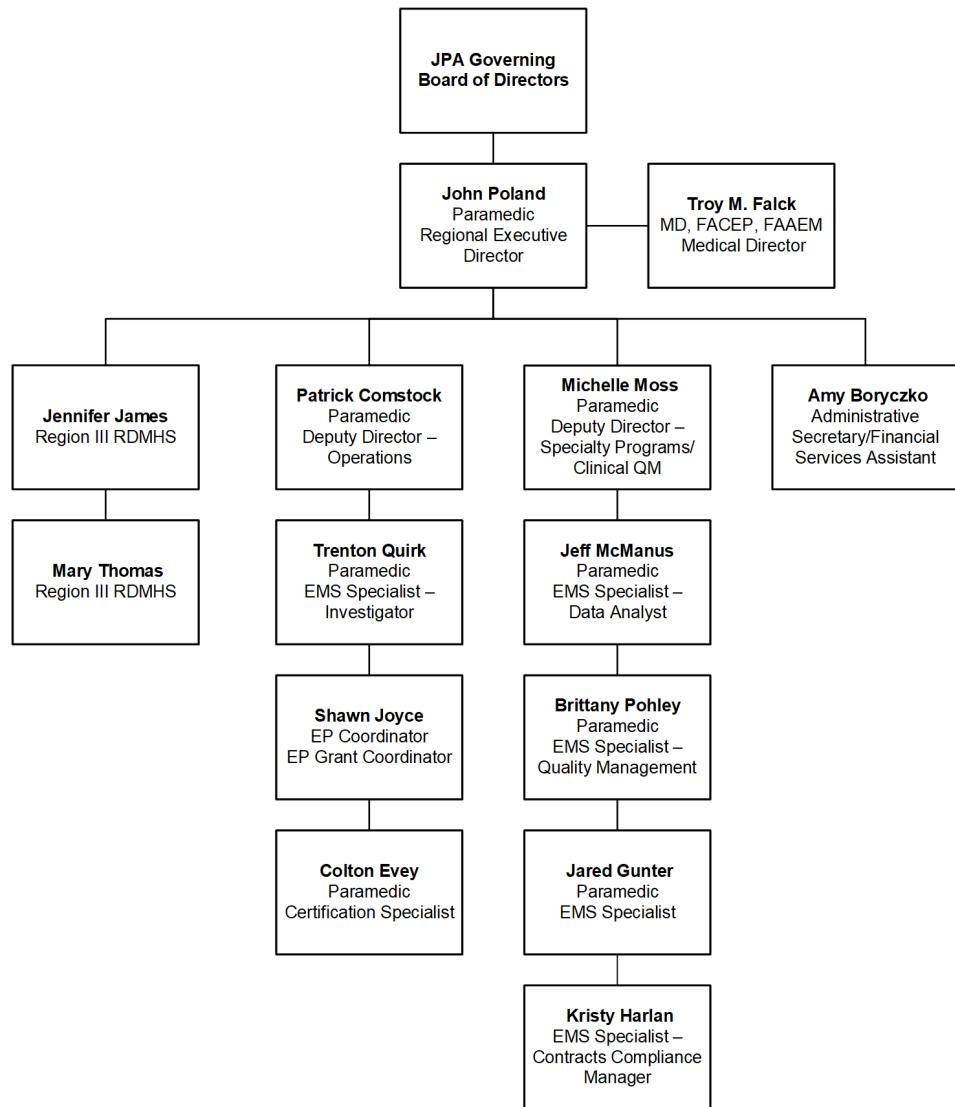
S-SV EMS Agency Expenditures (FY 2025/2026 budget)





S-SV EMS Overview (Updated January 2026)

S-SV EMS Organizational Chart & Leadership Staff Responsibilities



- **Regional Executive Director:** Responsible for overall administration, including the discharge of all LEMSA responsibilities pursuant to applicable EMS laws, regulations, policies, and procedures.
- **Medical Director:** Responsible for medical control, direction and oversight of the EMS system and all EMS personnel within the S-SV EMS region. Assists in the development/approval of all S-SV EMS policies and treatment protocols.
- **Deputy Director – Operations:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS operational activities/responsibilities.
- **Deputy Director – Specialty Programs/Clinical QM:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS specialty programs (helicopter EMS, STEMI, stroke, trauma) and clinical quality management activities/responsibilities.