Coastal Valleys
Emergency Medical Services Agency

Serving the counties of Mendocino & Sonoma

EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2025

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Coastal Valleys EMS System Plan 2025

Executive Summary

The Sonoma County Department of Health Services is the designated Local EMS Agency (Coastal Valleys Emergency Medical Services Agency-CVEMSA) for the counties of Mendocino and Sonoma. The two counties assign the responsibility for fulfilling the operational requirements of the LEMSA to CVEMSA. CVEMSA has served the two counties since 1993. The Agency's primary responsibility is to plan, implement, and evaluate an emergency medical services (EMS) system that meets the minimum standards developed by the California EMS Authority.

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management
- Staffing and training
- Communications
- Response & Transportation
- Facilities and critical care
- Data collection and evaluation
- Public information and education
- Disaster medical response

Although various disasters have impacted CVEMSA, we have continued ensuring high-quality emergency medical care delivery to those accessing the EMS system through 911 or the safety net of EMS providers, hospital emergency departments, and specialty care centers identified in this plan.

The process of assessing system needs and developing plan objectives revealed significant improvements in the EMS system. CVEMSA completed an EMS system assessment involving active participation with our system stakeholders. Several components of the EMS system remain target areas and opportunities for system improvements. The goals and the objectives listed in the Plan identify the areas system stakeholders agree to focus improvement activities for the coming year.

Public Information and Education

A. Prevention of illness and injury strategies are key components and have the greatest impact in reducing mortality and morbidity. CVEMSA works closely with hospitals, EMS providers, County departments and community organizations to coordinate injury and illness prevention programs throughout Sonoma and Mendocino Counties. These activities include:
   - Placement of public access Automatic external defibrillators (AED) devises,
   - Hands-only CPR classes,
   - Opioid overdose recognition and care,
   - Stop the Bleed classes, and
   - Public education activities include but are not limited to fall prevention, knowing the signs and symptoms of cardiac events and strokes, when and how to access 911.
   -

2. Communication

A. CVEMSA has approved two Emergency Medical Dispatch Centers (REDCOM and CALFIRE) that utilize EMD protocols approved by CVEMSA EMS Medical Director. The EMD centers use the Medical Priority Dispatch System that has been approved by CVEMSA and is compliant with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations ("CCR") 100170.

B. Radio communications systems are operational in Sonoma and Mendocino counties and provide for two-way communication between dispatch to field providers and field providers to hospitals. This includes aircraft providers as we are in compliance with Title 22 Article 5. § 100306.

Coastal Valleys EMS Agency

Accomplishments and Goals – 2025

Accomplishments (2025)

System Planning & Oversight

- Achieved California EMS Authority (EMSA) approval of the 2024 EMS Plan, including provider agreements.
- Completed an EMS system assessment with stakeholder input.
- Completed and published an ambulance rate survey of all system transport providers.
- Completed the transport provider permit policy aligned with existing ordinances.
- Executed agreement with Mendocino County to provide LEMSA services (ongoing).
- Completed an EMS fiscal analysis with DHS-retained consultant.

Provider Contracts & Monitoring

- Established contract and performance monitoring process for Sonoma County EOA 1 and 2 providers.
- Renewed hospital contracts (Receiving, Base, and Specialty Care).
- Extended data manager contract to improve internal processes and customer support.

Clinical & Quality Improvements

- Implemented Tiered Response with Medical Priority Dispatch, including quality oversight.
- Completed transition to NEMSIS v3.5 across provider agencies.
- Enhanced clinical quality program with system-wide performance measures.
- Implemented ambulance patient offload time (APOT) monitoring.
- Improved CQI processes with Base Hospitals and provider agencies.
- Developed an ImageTrend user group to standardize documentation and support partners.
- Implemented pediatric cardiac arrest management protocol for law/fire/EMS.
- Achieved full AB 40 compliance (turnover-of-care signatures).
- Implemented EMS Air auto launch in Sonoma and CAD integration in Mendocino.
- Updated field applications and LMS training modules.
- Added certification reminders for personnel and agencies.

Rural & Community Support

- Completed an assessment of rural Mendocino providers**.**
- Supported Mendocino County in providing ALS enhancement funds and alternate transport destination options
- Expanded CLSD EMT training programs into Laytonville and Covelo.
- Established appropriate destination designations (e.g., Covelo RVIHC).
- Supported transition from NFIRS to NERIS reporting.

Disaster Preparedness & Response

- Supported 17 MHOAC functions in disaster/health emergency response.
- Maintained readiness through Hazard Vulnerability Assessments, training, and exercises.

- Staffed EOC/DOC activations as MHOAC.
- Actively participated in Mendocino and Sonoma County Healthcare Coalitions (HCCs).
- Maintained and tested healthcare alert and warning systems.
- Coordinated with Public Health, OES, Behavioral Health, Law/Fire/EMS, and regional/state partners.

Goals & Objectives (2025)

System Oversight & Performance

- Monitor and enforce clinical performance standards system-wide.
- Expand use of data tools (FirstWatch/FirstPass, ImageTrend, CAD, CARES, R Studio, Biospatial) for transparent reporting.
- Provide public-facing performance reports on the CVEMSA website.
- Continue ambulance rate updates for all providers.
- Implement the transport provider permit policy under county ordinance.
- Revise and update LEMSA administrative policies.
- Communicate and advocate for provider agencies and efforts to deal with staffing and financial viability issues, these are system-wide issues that must be addressed
- Continue monitoring of key indicators to identify system weak points that pose challenges for overall system performance and develop strategies to address these points ... e.g., rendezvous transfers BLS to ALS where revenues are not shared
- Complete an update of all provider contacts within this plan (page 30).

Clinical Protocols & Education

- Update EMT and paramedic treatment protocols with stakeholder input.
- Expand oversight of continuing education providers.
- Launch provider education initiatives based on compliance metrics and performance.
- Continue supporting the ImageTrend user group.

Community & Equity

- Explore and expand community paramedicine and appropriate destination programs.
- Evaluate disparities in urban vs. rural EMS outcomes and identify improvements.
- Enhance EMS section on Community Health Dashboard, with added data transparency.

Technology & Data Integration

- Implement Health Information Exchange (HIE) for outcome data sharing with hospitals.
- Improve CQI data quality and cross-system consistency.
- Update the CVEMSA website for improved usability and public communication.
- Consider implementing satellite phones or low earth orbit satellite VOIP phones for maintaining communications.

Organizational Strength

- Execute recommendations from the EMS fiscal analysis completed by Wohlford Consulting.
- Improve staff recruitment and retention strategies.
- Maintain strong communication with EMSA to support expanded EMT scope of practice.

Summary of System Status: 2025

This section provides a summary of how the Coastal Valleys Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the current system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time frame the agency has established for either meeting the standard or revising the current status. A complete narrative description of each standard along with the objective for establishing compliance is included in the System Needs and Plan Objectives Section of this plan.

CVEMSA System Assessment Table

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		x	n/a	x	
1.02 LEMSA Mission		x	n/a		
1.03 Public Input		x	n/a	x	X
1.04 Medical Director		x	x		
Planning Activities:					
1.05 System Plan		x	n/a		
1.06 Annual Plan Update		x	n/a	x	
1.07 Trauma Planning		x	x		
1.08 ALS Planning		x	n/a		
1.09 Inventory of Resources		x	n/a	x	
1.10 Special Populations		x	x		
1.11 System Participants		x	x	x	
Regulatory Activities:					
1.12 Review & Monitoring		x	n/a	x	
1.13 Coordination		x	n/a		
1.14 Policy & Procedures Manual		x	n/a	x	
1.15 Compliance w/Policies		x	n/a	x	
System Finances:					

1.16	Funding Mechanism		x	n/a	x	
1.17	Medical Direction		x	n/a		
1.18	QA/QI		x	x	x	
1.19	PoliciesProcedures, Protocols		x	x		
1.20	DNR Policy		x	n/a		
1.21	Determination of Death		x	n/a		
1.22	Reporting of Abuse		x	n/a		
1.23	Interfacility Transfer		x	n/a		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		x	x		
1.25	On-Line Medical Direction		x	x		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		x	n/a		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		x	n/a		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		x	n/a	x	

A. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		x	n/a	x	x
2.02 Approval of Training		x	n/a		
2.03 Personnel		x	n/a	x	
Dispatchers:					
2.04 Dispatch Training		x	x	x	x
First Responders (non-transporting):					
2.05 First Responder Training		x	x		
2.06 Response		x	n/a		
2.07 Medical Control		x	n/a		
Transporting Personnel:					
2.08 EMT-I Training		x	x		
Hospital:					
2.09 CPR Training		x	n/a		
2.10 Advanced Life Support		x	x		
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		x	n/a		
2.12 Early Defibrillation		x	n/a		
2.13 Base Hospital Personnel		x	n/a		

B. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan		x	x		
3.02 Radios		x	x		
3.03 Interfacility Transfer		x	n/a		
3.04 Dispatch Center		x	n/a		
3.05 Hospitals		x	x		
3.06 MCI/Disasters		x	n/a		
Public Access:					
3.07 9-1-1 Planning/ Coordination		x	x		
3.08 9-1-1 Public Education		x	n/a		
Resource Management:					
3.09 Dispatch Triage		x	x		x
3.10 Integrated Dispatch		x	x		

C. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		x	x	x	x
4.02 Monitoring		x	x	x	
4.03 Classifying Medical Requests		x	n/a		x
4.04 Prescheduled Responses		x	n/a		
4.05 Response Time		x	x		
4.06 Staffing		x	n/a		
4.07 First Responder Agencies		x	n/a		

4.08	Medical & Rescue Aircraft		x	n/a		
4.09	Air Dispatch Center		x	n/a		
4.10	Aircraft Availability		x	n/a		
4.11	Specialty Vehicles		x	x		
4.12	Disaster Response		x	n/a		
4.13	Intercounty Response		x	x		
4.14	Incident Command System		x	n/a		
4.15	MCI Plans		x	n/a		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		x	x		
4.17	ALS Equipment		x	n/a		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		x	n/a		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		x	n/a	x	
4.20	"Grandfathering"		x	n/a		
4.21	Compliance		x	n/a	x	
4.22	Evaluation		x	n/a	x	

D. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		x	x		
5.02	Triage & Transfer Protocols		x	n/a		
5.03	Transfer Guidelines		x	n/a		
5.04	Specialty Care Facilities		x	n/a		
5.05	Mass Casualty Management		x	x		
5.06	Hospital Evacuation		x	n/a		

Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		x	n/a		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		x	n/a		
5.09	Public Input		x	n/a		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		x	n/a		x
5.11	Emergency Departments		x	x		
5.12	Public Input		x	n/a		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		x	n/a		
5.14	Public Input		x	n/a		

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		x	x	x	
6.02 Prehospital Records		x	n/a		
6.03 Prehospital Care Audits		x	x	x	
6.04 Medical Dispatch		x	n/a		
6.05 Data Management System		x	x		
6.06 System Design Evaluation		x	n/a	x	
6.07 Provider Participation		x	n/a	x	
6.08 Reporting		x	n/a	x	
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		x	x		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		x	n/a		
6.11 Trauma Center Data		x	x		

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		x	x		
7.02 Injury Control		x	x		
7.03 Disaster Preparedness		x	x	x	x
7.04 First Aid & CPR Training		x	x		

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning		x	n/a	x	x
8.02 Response Plans		x	x	x	x
8.03 HazMat Training		x	n/a		
8.04 Incident Command System		x	x		
8.05 Distribution of Casualties		x	x		
8.06 Needs Assessment		x	x		
8.07 Disaster Communications		x	n/a		
8.08 Inventory of Resources		x	x		
8.09 DMAT Teams		x	x		
8.10 Mutual Aid Agreements		x	n/a		
8.11 CCP Designation		x	n/a		
8.12 Establishment of CCPs		x	n/a		
8.13 Disaster Medical Training		x	x		
8.14 Hospital Plans		x	x		
8.15 Interhospital Communications		x	n/a		
8.16 Prehospital Agency Plans		x	x		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		x	n/a		x
Specialty Care Systems:					
8.18 Specialty Center Roles		x	n/a		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		x	n/a		

System Organizations and Management

County: **Sonoma and Mendocino**

Reporting Year: **2025**

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

Level of Care	Sonoma	Mendocino
Basic Life Support (BLS)	0%	3%
Limited Advanced Life Support (LALS)	0%	0%
Advanced Life Support (ALS)	100%	97%

2. Type of agency:
- ☐ Public Health Department
- ☒ County Health Services Agency
- ☐ Other (non-health) County Department
- ☐ Joint Powers Agency
- ☐ Private Non-Profit Entity
- ☐ Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to:
- ☐ Public Health Officer
- ☒ Health Services Agency Director/ Administrator
- ☐ Board of Directors
- ☐ Other: _____

4. Indicate the non-required functions which are performed by the agency:
- ☒ Implementation of exclusive operating areas (ambulance franchising)
- ☒ Designation of trauma centers/trauma care system planning
- ☐ Designation/approval of pediatric facilities
- ☒ Designation of STEMI centers
- ☒ Designation of stroke centers
- ☐ Designation of other critical care centers
- ☒ Development of transfer agreements
- ☒ Enforcement of local ambulance ordinance
- ☒ Enforcement of ambulance service contracts
- ☐ Operation of ambulance service

☒ Continuing education
☒ Personnel training
☒ Operation of oversight of EMS dispatch center
☐ Non-medical disaster planning
☒ Administration of EMS Maddy and Richie Fund
☐ Other: _____

5. CVEMSA Budget

See Attachment 5 – Budget

6. Fee Structure

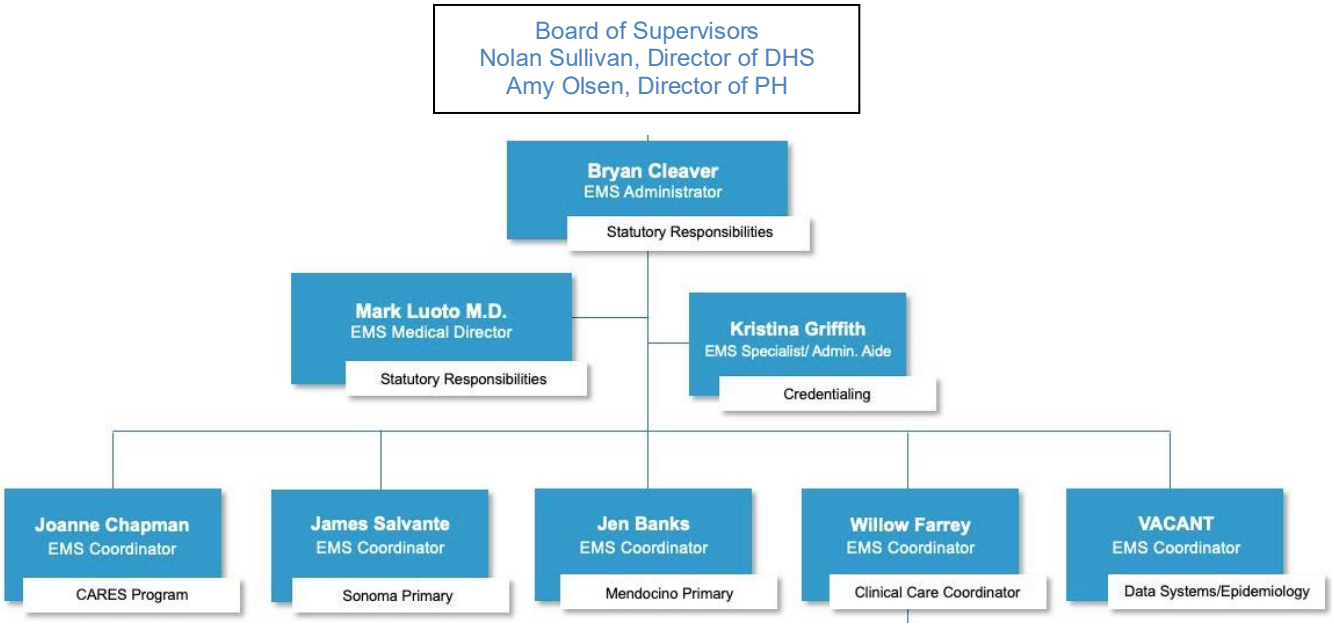
Sonoma and Mendocino	Amount
Emergency Medical Responder	$80.00
EMS dispatcher certification	0
EMT certification	$80.00 + state fees
EMT recertification	$80.00 + state fees
Advanced EMT certification	$80.00 + state fees
Advanced EMT recertification	$80.00 + state fees
Paramedic Accreditation	$200.00
Mobile Intensive Care Nurse (MICN) certification	0
MICN/ARN recertification	0
EMT Training program approval	0
Advanced EMT Training program approval	0
Paramedic training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation - Mendocino County	$13,455
Receiving hospital designation – Mendocino County	0
Base hospital designation – Sonoma County	$43,800
Receiving hospital designation – Sonoma County	$8,000
Trauma center application	$55,000
Trauma center designation Level II	$173,000
Trauma center designation Level III	0
Trauma center designation Level IV	$20,000
STEMI center designation	$25,000
Stroke Center designation	0
Pediatric facility approval	0

Pediatric facility designation	0
Ambulance service licence	0
Ambulance vehicle permits for providers without a primary service area - Mendocino County	$136.00
Ambulance Contract EOA 1 – Sonoma County	$550,000
Ambulance Contract EOA 2 – Sonoma County	$45,000
Air Ambulance authorization	$25,000
Other:	0

7. CVEMSA Staff Positions

Category	Actual Title	FTE Positions (EMS only)	Top Salary by hourly equivalent	Benefits (% of salary)	Comments
EMS Admin./Coord. /Director	EMS Administrator	1.0	See Attachment 5 - Budget		
Executive Secretary	Admin Aide	1.0			Credentialing
Program Coordinator/ Field Liaison	EMS Coordinator	3.0			Sonoma County Primary Mendocino County Primary
Specialty Care Coordinator	EMS Coordinator	1.0			CARES Coordinator
Medical Director	Regional EMS Med. Dir.	0.5			Contract position, no benefits
Data Evaluator/Analyst					Biostatistician
Disaster Medical Planner					

Coastal Valleys EMS Agency



Communications

County: **Sonoma**

Reporting Year: **2025**

1. Number of primary Public Service Answering Points (PSAP)	9
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	2
4. Number of EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies?	REDCOM
7. Who is your primary dispatch agency for a disaster?	REDCOM
8. Do you have an operational area disaster communication system?	Yes
a. Radio primary frequency:	155.265
b. Other methods:	CalCord, Cell, 2nd VHF (155.100), UHF Med-Net
c. Can all medical response units communicate on the same disaster communications system?	Yes
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	Yes
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	Yes
f. Within operational area, region, and the State	Yes

County: **Mendocino**

Reporting Year: **2025**

1. Number of primary Public Service Answering Points (PSAP)	3
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	1
4. Number of EMS dispatch agencies utilizing EMD guidelines	1
5. Number of designated dispatch centers for EMS Aircraft	1
6. Who is your primary dispatch agency for day-to-day emergencies?	CAL FIRE Howard Forrest (HFECC)
7. Who is your primary dispatch agency for a disaster?	HFECC & REDCOM
8. Do you have an operational area disaster communication system?	Yes
a. Radio primary frequency:	155.985
b. Other methods:	Cell, Numerous VHF, UHF Med-Net
c. Can all medical response units communicate on the same disaster communications system?	Yes
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	Yes
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	Yes
f. Within operational area, region, and the State	Yes

Response Time Requirements

Reporting Year: **2025**

Enter the response times in the appropriate boxes:

Category	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	See chart below	See Chart below	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	See Chart below	See chart below	As quickly as possible

Response Time Requirements

ALS Response: Ambulance, FRALS or QRV	
Urban Response 90% of Calls Each Month	
Charlie, Delta, and Echo	6:59
Alpha & Bravo	11:59
Semi-Rural Response 90 percent of calls each month	
Charlie, Delta, and Echo	13:59
Alpha & Bravo	17:59
Rural Response 90 percent of calls each month	
Charlie, Delta, and Echo	28:59
Alpha & Bravo	32:59
Wilderness Response	
Charlie, Delta, and Echo	ASAP – audit each call
Alpha & Bravo	ASAP – audit each call

ALS Ambulance with QRV Response or FRALS Agreement	
Urban Response Transport Unite 90% of Calls Each Month	
Delta, and Echo	10:59
Alpha, Bravo & Charlie	15:59
Semi-Rural Response Transport unit 90 percent of calls each month	
Delta, and Echo	17:59
Alpha, Bravo & Charlie	21:59
Rural Response Transport unit 90 percent of calls each month	
Delta, and Echo	32:59
Alpha, Bravo & Charlie	37:59
Wilderness Response	
Charlie, Delta, and Echo	ASAP – audit each call
Alpha & Bravo	ASAP – audit each call

CVEMSA has established various response times in the system based on the medical needs of the caller utilizing CVEMSA approved EMD policies and population density based on State recommendations, that best meet the needs of the communities served. The table above represents the majority of the population served with CVEMS system.

Facilities and Critical Care

Reporting Year: **2025**

County: **Sonoma and Mendocino**

Sonoma County has seven hospitals, one is designated as a base hospital providing medical direction to EMS in the field. Redwood Coast Medical Services is a clinic providing medical services in the rural and remote areas of the county and has been authorized by the State and CVEMSA as an ambulance receiving facility pursuant to H & S Code 1798.101. Mendocino County has three hospitals, all three are designated as base hospitals providing medical direction to EMS in the field. CVEMSA has written agreements with all hospitals. All hospital specialty care data is uploaded to the CEMSIS database.

Hospitals	Emergency Department Level	Base Hospital	Burn Center	Pediatric Critical Care	Trauma Center	STEMI Center	Stroke Center
Santa Rosa Memorial Hospital 1165 Montgomery Dr. Santa Rosa, CA 95402 707.525.5207	Basic	X			Level II	X	X
Sutter Medical Center – Santa Rosa 3325 Chanate Rd. Santa Rosa, CA 95404 707.576.4000	Basic					X	X
Petaluma Valley Hospital 400 North McDowell Blvd. Petaluma, CA 94952 707.778.1111	Basic						X
Sonoma Valley Hospital 347 Andrieux Street Sonoma, CA 95476 707.935.5000	Basic						X
Healdsburg District Hospital 1375 University Ave. Healdsburg, CA 95448 707.431.6500	Standby						X
Kaiser Permanente-Santa Rosa 401 Bicentennial Way Santa Rosa, CA 95403 707.571.4800	Basic						X
Redwood Coast Medical Services 46900 Ocean Dr. Gualala, CA 95445 707.884.4005	Referral						

Adventist Health Ukiah Valley Medical Center 275 Hospital Drive Ukiah, CA 95482 707.463.7535	Basic	X			Level IV		X
Adventist Health Howard Memorial Hospital 1 Marcela Dr. Willits, CA 95490 707.459.6801	Basic	X			Level IV		X
Adventist Health Mendocino Coast District Hospital 700 River Dr. Fort Bragg, CA 95437 707.961.1234	Basic	X					X

Disaster Medical

Reporting Year: **2025**

County: **Sonoma**

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)

a. Where are your CCPs located?	Veterans buildings and schools.
b. How are they staffed?	MRC, Red Cross, PH and EMS
c. Do you have a supply system for supporting them 72-hours?	Yes

2. CISD

a. Do you have a CISD provider with 24-hour capability?	Yes

3. Medical Response Team

a. Do you have any team medical response capability?	Yes
b. For each team, are they incorporated into your local response plan?	Yes
c. Are they available for statewide response?	Yes
d. Are they part of a formal out-of-state response system?	Yes

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?	Yes
b. At what HazMat level are they?	n/a
c. Do you have the ability to do decontamination in an emergency room?	Yes
d. Do you have the ability to do decontamination in the field?	Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporated a form of Incident Command System (ICS) structure?	Yes
2. What is the maximum number of local jurisdictions EOC's you will need to interact with in a disaster?	10
3. Have you tested your MCI Plan this year in a:	
a. exercise?	Yes
b. real event?	Yes
4. List all counties with which you have a written medical mutual aid agreement.	Region II
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	Yes

6. Do you have a formal agreement(s) with community clinics in your operational areas to participate in disaster planning and response?	Yes
7. Are you part of a multi-county EMS system for disaster response?	Yes
8. Are you a separate department or agency?	No
9. If not, to whom do you report?	Department. of Health Services
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	n/a

Reporting Year: **2025**

County: **Mendocino**

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)	
a. Where are your CCPs located?	Veterans buildings and schools.
b. How are they staff?	MRC, Red Cross, PH and EMS
c. Do you have a supply system for supporting them 72-hours?	Yes
2. CISD	
a. Do you have a CISD provider with 24-hour capability?	Yes
3. Medical Response Team	
a. Do you have any team medical response capability?	Yes
b. For each team, are they incorporated into your local response plan?	n/a
c. Are they available for statewide response?	n/a
d. Are they part of a formal out-of-state response system?	n/a
4. Hazardous Materials	
a. Do you have any HazMat trained medical response teams?	Yes
b. At what HazMat level are they?	n/a
c. Do you have the ability to do decontamination in an emergency room?	Yes
d. Do you have the ability to do decontamination in the field?	Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporated a form of Incident Command System (ICS) structure?	Yes
2. What is the maximum number of local jurisdictions EOC's you will need to interact with in a disaster?	4
3. Have you tested your MCI Plan this year in a:	
a. exercise?	Yes
b. real event?	Yes
4. List all counties with which you have a written medical mutual aid agreement.	Region II
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	Yes
6. Do you have a formal agreement(s) with community clinics in your operational areas to participate in disaster planning and response?	Yes

7. Are you part of a multi-county EMS system for disaster response?	Yes
8. Are you a separate department or agency?	No
9. If not, to whom do you report?	Department. of Health Services
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	n/a

Resource Directory

Approved Training Programs

Reporting Year: **2025**

County: **Sonoma and Mendocino**

CVEMSA approved and certified through 2026.

Training Institution	Emergency Medical Responder	Emergency Medical Technician	Paramedic
Santa Rosa Junior College 5743 Skylane Blvd. Windsor CA, 95492 707-836-2917	X	X	X
Mendocino College 1000 Hensley Creek Road Ukiah, CA 95482 707.468.3000		X	
Coast Life Support District 38901 Ocean Drive Gualala, CA 95445 707.884.1829		X	

Dispatch Agencies

Reporting Year: **2025**

County: **Sonoma and Mendocino**

CVEMSA approved and certified through 2026.

Agency	EMD Trained Personnel	Public	Written Contract with CVEMSA
REDCOM 2796 Ventura Ave. Santa Rosa, CA 95403 Evonne Stevens 707-568-5992	30	JPA	YES
CAL FIRE Sonoma/Lake/Napa Unit ECC 2796 Ventura Ave. Santa Rosa, CA 95403 Ben Nichols 707-568-5992	30	FIRE	NO
CAL FIRE Mendocino Unit (Howard Forest) ECC 17501 N. Highway 101, Willits, CA 95490 Jennifer Scales 707- 459-7403	21	FIRE	YES

EMS Providers

Reporting Year: **2025**

County: **Sonoma and Mendocino**

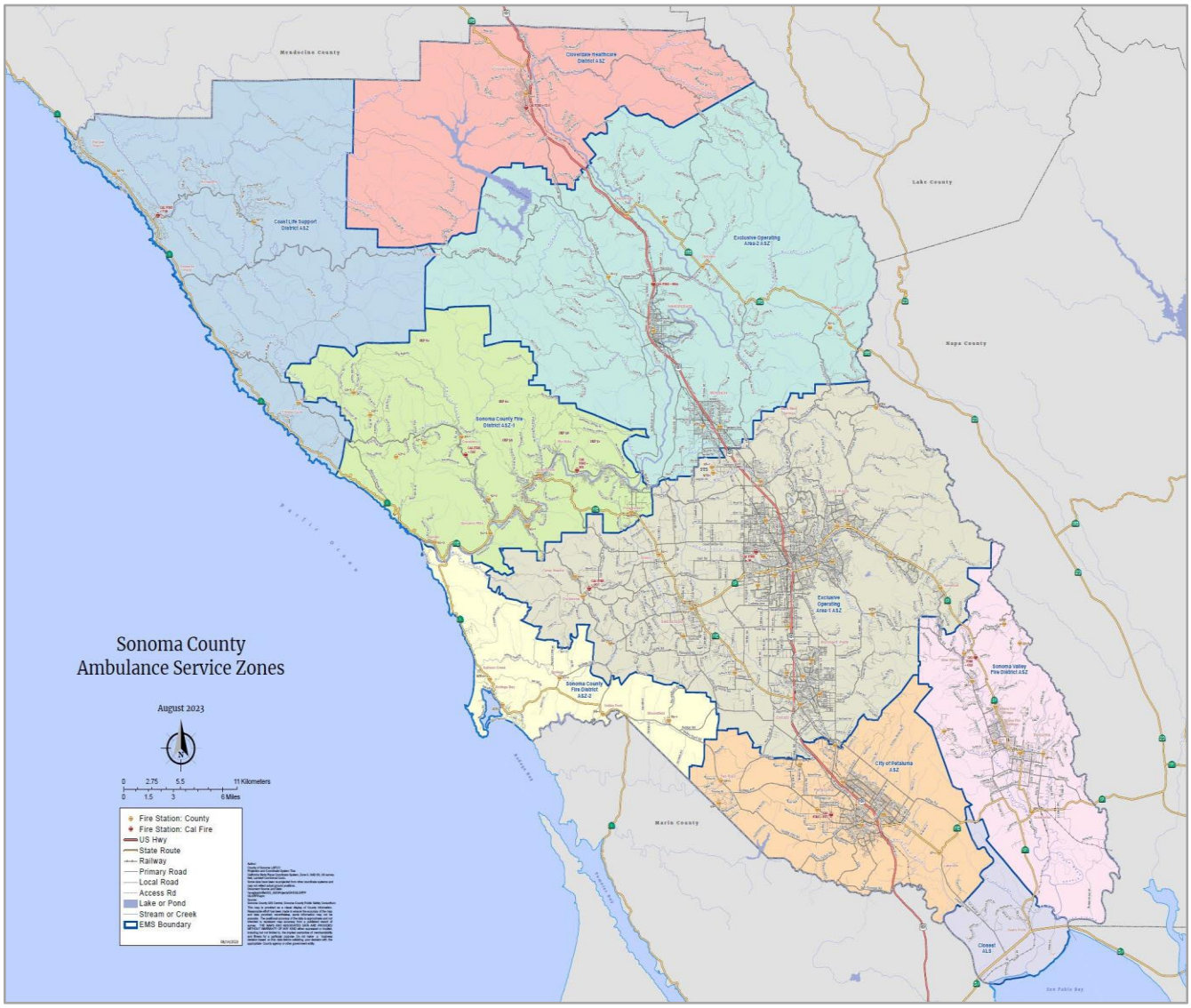
As reported in CEMSIS Data Base

Agency Name	Agency Organizational Type	Level	Non-Trans	Trans	24 Hour	Agreement
Adventist Health Mendocino Coast 700 River Drive, Fort Braggs, CA 95437 707-961-1234	Private	ALS		X	Yes	Yes
AMR/Sonoma Life Support 930 South A Street, Santa Rosa, CA 95430 707-536-0400	Private	ALS		X	Yes	Yes
Anderson Valley CSD 14281 Hwy 128, Boonville, CA 95415 707-895-2020	Public	BLS		X	Yes	No
Bell's Healdsburg Ambulance Service 438 Powell Ave. Healdsburg, CA 95448 707-433-1408	Private	ALS		X	Yes	Yes
California Highway Patrol 3500 Airport Rd. Napa, CA 94558 707-699-6270	Public	ALS		X	Yes	No
Cloverdale Health Care District Ambulance 209 N. Main Street, Cloverdale, CA 95425 707-894-5862	Public	ALS		X	Yes	Yes
Coast Life Support District Ambulance 38901 Ocean Dr. Gualala, CA 95445 707-884-1829	Public	ALS		X	Yes	Yes
Covelo Fire FPD 75900 Covelo Rd, Covelo, CA, 95428 707-272-3099	Public	BLS		X	Yes	No

Dry Creek Band (Rancheria) 3250 Hwy 128, Healdsburg, CA 95441 707-565-1152	Public	BLS	X		Yes	No
Elk Community Services District Po Box 151 Elk, CA 95432 707-977-3558	Public	BLS		X	Yes	No
Gold Ridge Fire Protection District 7618 Valley Ford Rd, Petaluma, CA 94952 707-832-1084	Public	BLS	X		Yes	No
Graton Fire Protection District 3750 HWY 116 N. Graton, CA 95472 707-823-8400	Public	BLS	X		Yes	No
Healdsburg Fire Department 601 Healdsburg Ave, Healdsburg, CA 95448 707-431-3360	Public	BLS	X		Yes	No
Kenwood Fire Protection District 9045 Sonoma Hwy, Kenwood CA 94552 707-833-2042	Public	BLS	X		Yes	No
Laytonville FD 44950 Willis Ave, Willis California, 95454	Public	ALS		X	Yes	Yes
LIFEwest 2180 South McDowell Blvd. Petaluma, CA 94952 800-222-8669	Private	ALS		X	Yes	Yes
MedStar Ambulance of Mendocino County 3 Lewis Ln, Ukiah, CA, 95482 707-462-3808	Private	ALS		X	Yes	Yes
Monte Rio Fire Protection District 9870 Main St, Monte Rio, CA 95462 707-823-1085	Public	BLS	X		Yes	No
Northern Sonoma County FPD 20975 Geyserville Ave, Geyserville CA, 95441 707-857-3535	Public	BLS	X		Yes	No

Petaluma Fire Department 198 D Street, Petaluma CA, 94952 707-778-4390	Public	ALS		X	Yes	Yes
Rancho Adobe Fire Protection District 11000 Main Street, Penngrove, CA 94951 707-795-6011	Public	BLS	X		Yes	No
REACH Air Ambulance 451 Aviation Blvd. Santa Rosa, CA 95403 707-324-2400	Private	ALS CCT IFT		X	Yes	Yes
Rohnert Park Department of Public Safety 500 City Center Drive, Rohnert Park CA, 94928 707-584-2650	Public	BLS	X		Yes	No
Santa Rosa Fire Department 2373 Circadian Way, Santa Rosa, CA, 95407 707-543-3500	Public	ALS	X		Yes	Yes
Sonoma County Fire District 8200 Old Redwood Hwy, Windsor CA, 95492 707-828-1170	Public	ALS		X	Yes	Yes
Sonoma County Regional Parks 2300 County Center Dr. Suite A120, Santa Rosa, CA 95403 707-565-2041	Public	BLS	X		Yes	No
Sonoma County Sheriff Department 600 Administration Dr. Santa Rosa CA 95403 707-565-7195	Public	ALS	X		Yes	Yes
Sonoma Valley Fire District 630 2nd Street West, Sonoma CA, 95476 707-996-2102	Public	ALS		X	Yes	Yes
Ukiah Valley Fire Authority 300 Seminary Ave, Ukiah, CA, 95482 707-462-6570	Public	ALS		X	Yes	Yes

Sonoma County Ambulance Zone Map



Sonoma County Ambulance Zone Summary Forms

AMBULANCE ZONE SUMMARY FORM – EOA 1

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma

Area or subarea (Zone) Name or Title: EOA 1

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Sonoma County Fire District has served as the exclusive provider since January 16, 2024

Area or subarea (Zone) Geographic Description: From Larkffield to the north, Kenwood to the east, Sebastopol and Occidental to the west and Cotati to the south.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Exclusive, effective 2024. Exclusivity was established through a competitive RFP process consistent with 1797.224. A competitive RFP was released in the Spring of 2023 and a contract was awarded and signed with Sonoma County Fire District.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity is Emergency Ambulance Service
(1) emergency ambulance response to 9-1-1 calls; (2) emergency ambulance response to 10-digit calls; (3) emergency ambulance transport from the scene of an emergency to a general acute care hospital at the ALS, including BLS, level of care; and (4) emergency standby and standby services with transport.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EOA-1 and contract awarded following a competitive RFP process in compliance with 1797.224.

- The Sonoma County Board of Supervisors approved RFP on October 18, 2022.
- EMSA approved RFP on November 1, 2022.
- Two proposers submitted proposals by March 1, 2023, deadline.
- An Independent Proposal Review Committee (PRC) comprised of five subject matter experts reviewed and scored proposals; the PRC recommended the Sonoma County Fire District because it submitted the highest scoring proposal.
- On April 24, 2023, County issued Notice of Intent to Award to Sonoma County Fire District
- On May 26, 2023, County denied bid protests from the other proposer and a non-proposer.
- Contract intent to award was approved by the Sonoma County Board of Supervisors on June 6, 2023, with the contract fully executed on October 27,2023.
- SCFD began service to EOA 1 January 16, 2024

AMBULANCE ZONE SUMMARY FORM – EOA 2

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma

Area or subarea (Zone) Name or Title: EOA 2

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Bell's Healdsburg Ambulance Service, Inc.

Area or subarea (Zone) Geographic Description: 101 corridor from Larkfield in the south to Geyserville in the north. Napa County line to the east and mid-point to the coast in the west.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Exclusive Ambulance Services Agreement authorized by the Sonoma County Board of Supervisors recognizing Bells Ambulance Services qualifying as a "grandfathered" 1797.224 ambulance provider.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

(1) emergency ambulance response to all calls requiring emergency ambulance service (9-1-1 and 10 digit); (2) emergency ambulance transport from the scene of an emergency to a general acute care hospital at the ALS and BLS level of care

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Bells Ambulance service has operated since the 1950's and has provided emergency BLS and ALS since prior to January 1, 1981. The County of Sonoma entered into a 1797.224 agreement with Bells Ambulance Service on August 15, 2022.

AMBULANCE ZONE SUMMARY FORM – Closest ALS – Sonoma Raceway Ambulance Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma

Area or subarea (Zone) Name or Title: Closest ALS - Sonoma Raceway Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Petaluma Fire Department - The Petaluma Fire Department has provided ambulance services continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone since 1942. The city upgraded its ambulance services from basic life support services to advanced life support services on September 1, 1981. The Petaluma Fire Department has provided advanced life support ambulance services continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone for approximately 42 years.

Sonoma Valley – The Sonoma Valley Fire District, successor to the Valley of the Moon Fire Protection District, Glen Ellen Fire Protection District, and the Mayacamas Volunteer Fire Company, has operated continuously in the Closest ALS - Sonoma Raceway Ambulance Service Zone for more than 43 years. The Sonoma Valley Fire District was formed through a consolidation of the Valley of the Moon and Glen Ellen Fire Protection Districts as well as the Mayacamas Volunteer Fire Company service area on July 1, 2020. The Valley of the Moon and Glen Ellen Fire Protection Districts, along with the City of Sonoma and Schell Vista Fire Protection District, have been providing fire protection, emergency medical services, and pre-hospital emergency medical services, including advanced life support, basic life support, and limited advanced life support continuously within the Closest ALS - Sonoma Raceway Ambulance Service Zone since before June 1, 1980, and continuously thereafter.

LIFEwest – LIFEwest has provided advanced life support ambulance services in the Closest ALS - Sonoma Raceway Ambulance Service continuously since January 1, 2020.

Area or subarea (Zone) Geographic Description: Sonoma Raceway in the southeast portion of the County including Highway 37 to the Napa County line and Lakeville Highway up to the Petaluma Ambulance Response Zone.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

CVEMSA has not taken any action pursuant to 1797.224, for this zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Cloverdale Ambulance Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma
Area or subarea (Zone) Name or Title: Cloverdale Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cloverdale Healthcare District Ambulance
Area or subarea (Zone) Geographic Description: Northern portion of Sonoma County from Geyserville in the south to the Sonoma Mendocino County line in the north.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Coast Life Support District (CLSD)

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma
Area or subarea (Zone) Name or Title: Coast Life Support Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Coast Life Support District (CLSD)
Area or subarea (Zone) Geographic Description: Sonoma's northern half of the county on the coast.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Petaluma Ambulance Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma

Area or subarea (Zone) Name or Title: Petaluma Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Petaluma Fire Department

The Petaluma Fire Department has operated continuously in the Petaluma Ambulance Service Zone for approximately 166 years, since 1857. The Petaluma Fire Department has provided ambulance services continuously in the Petaluma Ambulance Service Zone for approximately 81 years, since 1942. The city acquired its first ambulance in 1942 and began providing ambulance transport services at that time. The city upgraded its ambulance services from basic life support services to advanced life support services on September 1, 1981. The Petaluma Fire Department has provided advanced life support ambulance services continuously in the Petaluma Ambulance Service Zone for approximately 42 years.

Area or subarea (Zone) Geographic Description:

Southern portion of Sonoma County, Sonoma Marin County line in the south to Penngrove in the north.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

CVEMSA has not taken any action pursuant to 1797.224, for this zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Sonoma County Fire District Ambulance Service Zone 1

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma
Area or subarea (Zone) Name or Title: Sonoma County Fire District Ambulance Service Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sonoma County Fire District
Area or subarea (Zone) Geographic Description: Forestville extending west to the coast.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Sonoma County Fire District Ambulance Service Zone 2

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma
Area or subarea (Zone) Name or Title: Sonoma County Fire District Ambulance Service Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Sonoma County Fire District
Area or subarea (Zone) Geographic Description: Southern half of Sonoma County on the coast, extending east along Sonoma Marin County line to Bloomfield.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Sonoma Valley Fire District Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Sonoma

Area or subarea (Zone) Name or Title: Sonoma Valley Fire District Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Sonoma Valley Fire District

The Sonoma Valley Fire District, successor to the Valley of the Moon Fire Protection District, Glen Ellen Fire Protection District, and the Mayacamas Volunteer Fire Company, for more than 43 years. The Sonoma Valley Fire District was formed through a consolidation of the Valley of the Moon and Glen Ellen Fire Protection Districts as well as the Mayacamas Volunteer Fire Company service area on July 1, 2020. The Valley of the Moon and Glen Ellen Fire Protection Districts, along with the City of Sonoma and Schell Vista Fire Protection District, have been providing fire protection, emergency medical services, and pre-hospital emergency medical services, including advanced life support, basic life support, and limited advanced life support continuously within their respective jurisdictions, which together constitute the Sonoma Valley Fire District Zone since before June 1, 1980 and continuously thereafter.

Area or subarea (Zone) Geographic Description:

Southeast portion of Sonoma County from San Pablo Bay and the Napa County line up Highway 12 to Kenwood to the top of the Sonoma Mountain range to the west.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

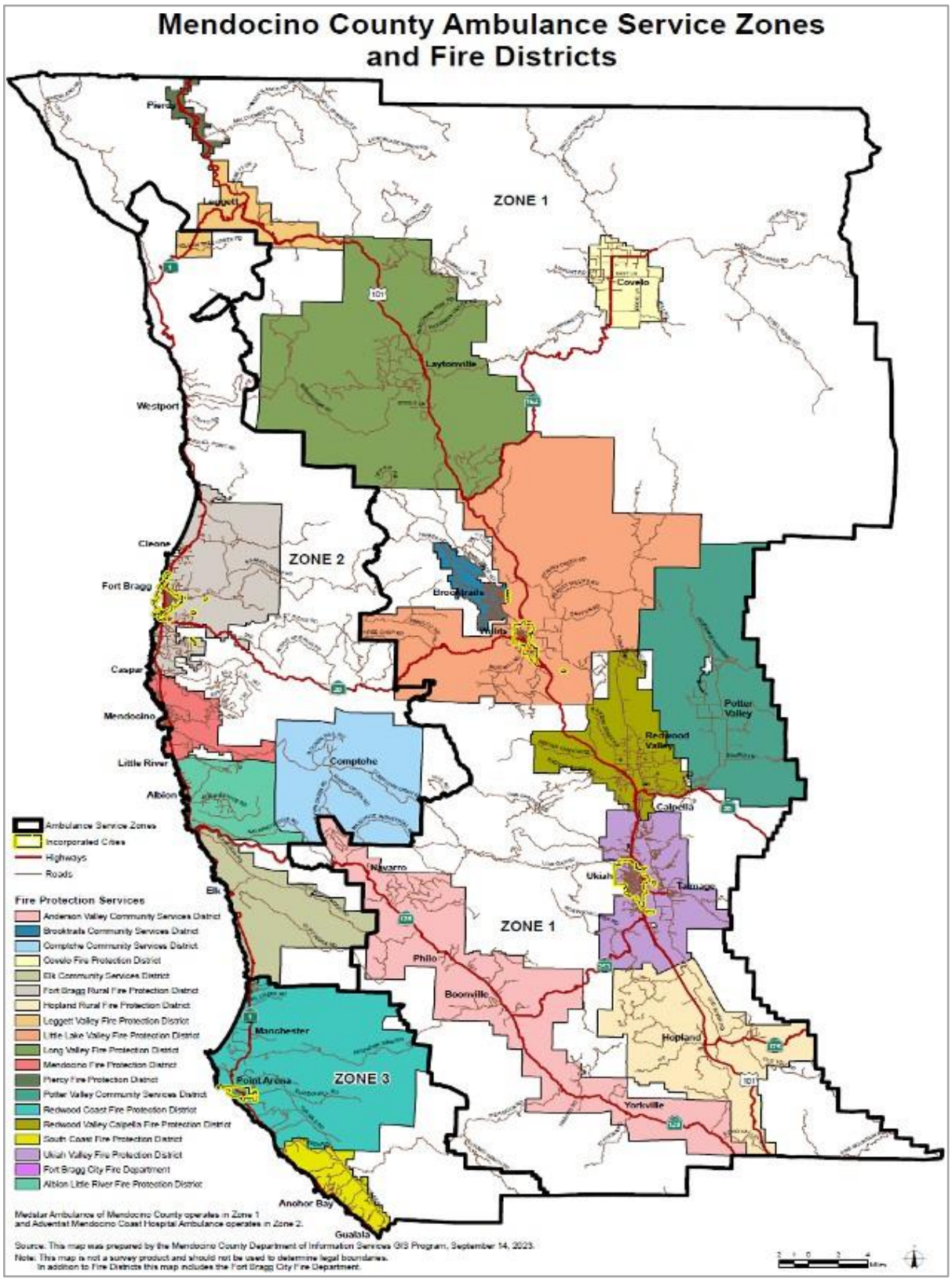
CVEMSA has not taken any action pursuant to 1797.224, for this zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Mendocino County Ambulance Zone Map



Mendocino County Ambulance Zone Summary Forms

AMBULANCE ZONE SUMMARY FORM – Zone 1 – Inland County Ambulance Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino

Area or subarea (Zone) Name or Title: Zone 1 – Inland County Ambulance Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Medstar Ambulance of Mendocino County.

Covelo Fire Protection District Ambulance – Covelo Fire Protection District, formed in 1951 to provide Fire and EMS/Ambulance services. The first ambulance was purchased in 1967 and has continued to provide at least BLS ambulance service since then.

Laytonville Fire Department: Laytonville Fire Dept. was officially started in 1954 when the Long Valley Fire Protection District was legally formed with Mendocino County. From its conception it has responded to all risk types of incidents. In the 1970's we began providing medical transport and have continually provided emergency medical services. Laytonville also provides ambulance services to a good portion of the community of Leggett to the north and Covelo to the east of our district.

Ukiah Valley Fire Authority; Anderson Valley Community Services District.

Area or subarea (Zone) Geographic Description: The 101 corridors from the Sonoma - Mendocino County line in the south and Mendocino – Humboldt County line in the North.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

CVEMSA has not taken any action pursuant to 1797.224, for this zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Zone 2 – Adventist Health Mendocino Coast and Elk Community Services District Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino

Area or subarea (Zone) Name or Title: Zone 2 – Adventist Health Mendocino Coast and Elk Community Services District Service Zone

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Adventist Health Mendocino Coast Ambulance.

Elk Community Services District Ambulance - Elk Community Services District, formed in 1990 for Fire and EMS/Ambulance services, subsumed and without interruption provided basic life support (BLS) ambulance services staffed by Elk Volunteer Fire Department personnel since before June 1, 1980, and continuously thereafter. Upon formation, the Elk CSD was successor to the Elk County Water District's authority under which the Elk Volunteer Fire Department and ambulance had functioned. For more than 50+ years, BLS ambulance services have been provided by the "Elk Ambulance" in the subarea of zone 2 south of the Navarro River shown on Mendocino County's 2023 Ambulance Zone map.

Area or subarea (Zone) Geographic Description: Mendocino's northern half of the county on the coast.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

CVEMSA has not taken any action pursuant to 1797.224, for this zone.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

AMBULANCE ZONE SUMMARY FORM – Zone 3 – South Coast Ambulance Service Zone

Local EMS Agency or County Name: Coastal Valleys EMS Agency – Mendocino
Area or subarea (Zone) Name or Title: Zone 3 – South Coast Ambulance Service Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Coast Life e Support District (CLSD)
Area or subarea (Zone) Geographic Description: Mendocino's southern half of the county on the coast.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. CVEMSA has not taken any action pursuant to 1797.224, for this zone.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Attachments 1 – Trauma System Plan

Attachments 2 – STEMI System Plan

Attachments 2 – STEMI System Plan

Attachments 3 – Stroke System Plan

Attachments 4 – CQI Plan

Attachments 5 – Budget

Coastal Valleys EMS Agency Trauma System Plan

I. Trauma System Overview

The Coastal Valleys Emergency Medical Services Agency (CVEMSA) is a two-county EMS system comprised of Sonoma County and Mendocino County. Established in 1993, the system serves a diverse geographic region that includes urban, suburban, rural, and frontier environments. The service area covers approximately 5,100 square miles and serves a population of approximately 575,000 residents.

The regional trauma system was initially developed in the 1980s, prior to formation of the multi-county EMS agency. In 2024, designated trauma centers within the CVEMSA region received approximately 2,350 trauma alert patients.

Sonoma County: Providence Santa Rosa Memorial Hospital is designated as a Level II Adult Trauma Center serving Sonoma, Mendocino, Marin, Napa, Lake, Humboldt, and Del Norte counties. The hospital successfully completed American College of Surgeons (ACS) re-verification in April 2025 and was re-designated by CVEMSA in 2025.

Mendocino County: Adventist Health Ukiah Valley and Adventist Health Howard Memorial are designated Level IV Trauma Centers. Both facilities will undergo a Level IV Trauma Center review within the next 12 months, conducted by EMS Agency staff and external trauma system experts. Adventist Health Ukiah Valley is actively pursuing Level III designation, with ACS consultation anticipated in Summer 2026.

II. Trauma Policies and Procedures

CVEMSA trauma policies and treatment guidelines are available online for EMS responders to ensure rapid access and operational consistency.

- Trauma Triage Criteria – Policy #7001
- Trauma Center Point of Entry – Policy #8005
- Trauma Center Bypass – Policy #8006
- Prehospital Treatment Guidelines for Traumatic Injuries – Policies #7802–7805

III. Trauma Center Designation

Trauma center designation and compliance with applicable statutes and regulations are defined within the Trauma Center Conditions of Designation Agreements between CVEMSA and each designated facility. Copies of current agreements will be provided to the California EMS Authority and accompany this plan.

IV. Designated Trauma Centers

1. Providence Santa Rosa Memorial Hospital – Level II Adult Trauma Center
2. Adventist Health Ukiah Valley – Level IV Trauma Center (pursuing Level III designation)
3. Adventist Health Howard Memorial – Level IV Trauma Center

V. Trauma System Goals and Objectives

A. Regional Trauma Audit Committee (TAC)

The Coastal Valleys Regional Trauma Audit Committee meets quarterly and includes stakeholders from all counties within the region, including Lake County. The committee's mission is to optimize trauma patient outcomes and reduce injury-related morbidity and mortality through confidential case review, education, data analysis, and regional system evaluation.

A pre-TAC meeting is conducted at the Level II Trauma Center approximately two to three weeks prior to each TAC meeting to review selected cases that deviate from established standards of care or demonstrate educational value.

B. Trauma Registry and Data Management

CVEMSA maintains a comprehensive trauma registry to collect, validate, and submit trauma data to the California Trauma Data System. Aggregate data are shared with EMS committees for system-wide analysis. Registry data are utilized to identify injury trends, benchmark performance, support quality improvement

initiatives, and guide injury prevention strategies.
CVEMSA is exploring bi-directional data sharing to allow trauma outcomes to be shared with prehospital providers, leveraging the ImageTrend platform currently utilized by both hospitals and EMS providers.

C. Expansion of Trauma Resources

CVEMSA continues to evaluate regional trauma resource needs. Adventist Health Ukiah Valley is actively preparing for ACS consultation in Summer 2026 as part of its pursuit of Level III designation. EMS Agency staff actively participate in planning and readiness meetings.

D. Regional Collaboration

CVEMSA participates in the North Regional Trauma Coordinating Committee (RTCC) and regularly engages with neighboring EMS agencies to strengthen regional trauma coordination and continuous quality improvement efforts.

E. Continuous Quality Improvement (CQI)

CVEMSA maintains a system-wide CQI program to monitor and evaluate prehospital trauma care. Routine audits assess trauma triage decisions, transport destinations, scene times, and cases transported to non-trauma centers. Findings are being made to improve system performance and prevent delays in definitive care.

VI. Trauma Center Fees

The County of Sonoma recovers the reasonable costs associated with trauma center designation including planning, implementation, and oversight of the trauma centers. The fees include staff salary/benefits, service/supplies, and technology costs related to the trauma registry.

Coastal Valleys EMS Agency
STEMI Plan

STEMI System Summary

The Coastal Valleys EMS Agency (CVEMSA) region is comprised of Sonoma and Mendocino Counties. CVEMSA system began in 1993-94. The EMS system is a blend of urban, suburban, rural and frontier environments containing a population base of approximately 575,000 people living in a 5,100 square mile area. CVEMSA developed our STEMI system in 2006 and in 2024 there were 323 STEMI cases. Santa Rosa Memorial Hospital and Sutter Medical Center are both located in the city of Santa Rosa in Sonoma County and are designated STEMI centers. There are currently no STEMI designated centers in Mendocino County.

STEMI System Specialty Care Staff

- EMS Coordinator- Willow Farey
- Medical Director- Mark Luoto, MD
- Epidemiologist- Lucinda Hammond

STEMI Plan

STEMI Identification:
STEMI patients are identified in the prehospital setting according to CVEMSA Policy # 7101 "Suspected Acute Coronary Syndrome (ACS). CVEMSA Policies & Procedures may be found online by going to:

2025 CVEMSA Treatment Guidelines (CoastalValleysEMS.org)

STEMI Center Point of Entry:
STEMI patient destination is defined in the CVEMSA Point of Entry Policy # 8005.

STEMI Center Designation:
STEMI Center designation and compliance with Statute and Regulations is defined within the STEMI Center Conditions of Designation Agreements between CVEMSA and our designated centers. Copies of current agreements are attached as Exhibit A.

STEMI System Goals and Objectives

1) Continue to lead the regional STEMI Audit Committee within the Coastal Valleys STEMI System.

   The Coastal Valleys Regional STEMI Audit Committee now meets biannually with stakeholders from all counties in our region, including Lake County. The agenda includes updates and data from STEMI centers as well as updates from the EMS Agency. Progress on current goals and CQI projects is reported and followed up with case review. The meeting remains well attended

by participants from all facilities in our region

2) Develop linkages between the prehospital data and STEMI registry data.

In 2024, significant strides were made in data collection by getting our STEMI centers onto ImageTrend Patient Registry for direct entry, which assists with state reporting efforts. Some work remains in 2025 to improve connections to the Health Information Exchange (HIE). 3) Implement clinical performance standards for ALS field providers. These standards have been established, and education is ongoing with all system providers to meet the benchmarks.

3) Implement clinical performance standards for ALS field providers.

The EOA 1 and EOA 2 ambulance agreements require clinical performance standards. These clinical standards have been developed through a collaborative process. Although only the EOA 1 and EOA 2 ambulance providers are required by contract to meet these standards, it is the goal of CVEMSA to include all field care providers in the region to implement and participate in the new clinical performance standards for STEMI. These standards have been established, and education is ongoing with all system providers to meet the benchmarks.

4) Develop inter-county STEMI Center transfer agreements with neighboring EMS Agencies.

This remains in process for 2025. Efforts continue to review STEMI patient catchment patterns and determine the flow of patients into CVEMSA STEMI centers. Work is ongoing with neighboring counties to develop memoranda of understanding to ensure access to STEMI care.

Coastal Valleys EMS Agency
Stroke Plan

Coastal Valley EMS Agency

The Coastal Valleys EMS Agency (CVEMSA) region is comprised of Sonoma and Mendocino Counties. CVEMSA system began in 1993-94. The EMS system is a blend of urban, suburban, rural and frontier environments containing a population base of approximately 575,000 people living in a 5,100 square mile area. In 2024, the region had 1056 stroke alerts from the 911 system.

Stroke System Summary

The California Emergency Medical Service Authority (EMSA) developed stroke system of care regulations for California with the goal to reduce morbidity and mortality from acute cerebrovascular accidents by improving the delivery of emergency medical care within local communities in California. CVEMSA has developed a Stroke Critical Care System Plan in accordance with the California Code of Regulations. The primary focus of the plan is to provide guidelines to facilitate the early recognition of patients suffering from an acute stroke, and to expedite their transport to a center able to provide definitive care within an appropriate time window.

CVEMSA Stroke Critical Care System is based on current evidence-based guidelines, best of practices, and a shared commitment to excellence. A system approach to stroke care begins in the prehospital setting with rapid identification of stroke symptoms by EMS providers, continues into the Emergency Department (ED) of a stroke receiving center with rapid treatment, and throughout the patient's hospital stay and rehabilitation. Committed participation in the Stroke Critical Care System by all stakeholders is a key component to optimizing and improving patient outcomes.

This Stroke Critical Care System Plan seeks to identify and promote efforts of effective communication and collaboration, provide an inclusive organized approach to identifying performance measures, and create a consistent standard of high-quality patient care and continued performance improvements.

The table below identifies the Primary Stroke Centers in Sonoma and Mendocino County region.

Hospital	Emergency Department Level	Primary Stroke Center
Providence Santa Rosa Memorial Hospital	Basic	YES
Sutter Regional Medical Center – Santa Rosa	Basic	YES
Providence Petaluma Valley Hospital	Basic	YES
Sonoma Valley Hospital	Basic	YES
Providence Healdsburg District Hospital	Standby	YES
Kaiser Permanente- Santa Rosa	Basic	YES
Adventist Health Howard Memorial Hospital	Standby	NO

Adventist Health Ukiah Valley Medical Center	Basic	YES
Adventist Health Mendocino Coast Hospital	Basic	NO

Stroke Specialty Care Staff

EMS Coordinator- Willow Farey
Epidemiologist- Lucinda Hammond
EMS Medical Director- Mark Luoto, MD

Stroke Plan

Stroke Identification:

Stroke patients are identified in the prehospital setting according to CVEMSA Policy # 7401 Suspected Acute Cerebrovascular Accident (Stroke). CVEMSA Policies & Procedures may be found online by going to:

2025 CVEMSA Treatment Guidelines (coastalvalleyems.org)

Stroke Center Point of Entry:

Stroke patient destination is defined in the CVEMSA Point of Entry Policy # 8005.

Stroke Center Designation:

Stroke Center designation and compliance with Statute and Regulations is defined within the Receiving Hospital agreements between CVEMSA and our designated centers. Copies of current agreements are attached as Exhibit A.

Stroke System Goals and Objectives

1) **Continue to lead the regional Stroke Committee within the Coastal Valleys Stroke System**.

   The Coastal Valleys Regional Stroke Committee meets on a Biannual basis with stakeholders from all counties in our region including Lake County. Our meeting agenda consists of updates and data from our Stroke centers as well as any updates from the EMS agency. Progress on our current goals and CQI projects are reported and followed up with case review. This meeting is well attended by participants from all facilities in our region.

2) **Collect data for prehospital "Stroke Alert" that supports accurate notification to a Stroke Receiving Center.**

   EMS personnel provide advanced notice to hospitals of suspected Stroke may reduce the time to

receiving diagnostics and therapy upon arrival to a primary stroke center. Data will be collected annually and submitted as part of CVEMSA submittal of Core Measures.

3) **Implement Stroke assessment clinical performance standards for ALS field providers**.

The EOA 1 and EOA 2 ambulance agreements require clinical performance standards. These clinical standards have been developed, and measures established through a collaborative process. Although only the EOA 1 & 2 ambulance providers are required by contract to meet these standards, it is the goal of CVEMSA to include all field care providers in the regions to implement and participate in the new clinical performance standards for Stroke. These metrics have been developed and ongoing education is being provided to meet the benchmarks set forth.

4) **Develop inter-county Stroke Center transfer agreements with neighboring EMS Agencies.**

Review and Identify Stroke patient catchment patterns and determine the flow of Stroke patients into CVEMSA Stroke centers and work with Counties in neighboring jurisdictions to develop memorandum of understanding to ensure access to Stroke care. This is an ongoing project for 2025

5) **Work with our system partners to facilitate Stroke training and educations with EMS Providers.**

Our designated Primary Stroke centers have an obligation to provide outside education and we assist with that education to prehospital providers facilitating classes and connecting stroke programs with EMTs and Paramedics for updates in best practices.

Continuous Quality Improvement Plan
Coastal Valleys EMS Agency

I. Executive Summary

Overview

The Coastal Valleys EMS Agency's Continuous Quality Improvement (CQI) plan for 2025 emphasizes refining and sustaining system improvements achieved in 2024. Notable accomplishments included expanding STEMI center use of the ImageTrend registry, enhancing committee engagement, and early progress toward HIE integration. For 2025, the focus shifts to advancing bi-directional data exchange, expanding bundle education, and operationalizing performance dashboards.

II. Introduction

Background

Recognizing the evolving landscape of emergency medical services, this CQI plan establishes a strategic and modernized approach to address current challenges and opportunities.

Purpose and Objectives

The plan's purpose is to create a systematic framework for continuous improvement, with objectives including the integration of future-focused EMS strategies, the continued application of the Deming model for improvement, and the utilization of FirstWatch/FirstPass and ImageTrend CQI modules.

CVEMSA Staff

The EMS Agency is staffed with seven (7) full-time equivalent positions assigned to specific focus areas to meet the mission of coordinating system-wide EMS oversight and quality management. The following is a description of each role and associated responsibilities:

- *EMS Agency Administrator* - responsible for the overall leadership and management of the Agency.
- *EMS Medical Director* – an emergency physician contracted by the CVEMSA to provide system-wide medical oversight including off-line medical control and clinical consultation.
- *EMS Coordinators* – staff responsible for the operational components of the County portion of the EMS system. Coordinators focus areas include maintaining relationships with the local EMS stakeholders and providing a local point of contact for system participants, oversight and review of the ambulance providers, coordination of inter-agency communication within the county EMS provider community, special projects, region wide disaster medical preparedness and communications-dispatch oversight.
- *Trauma Coordinator - oversees the one Level II trauma center in Sonoma County and two Level IV trauma centers in Mendocino County. The coordinator manages the development of the regional trauma system, which also includes working on the QI team as the primary contact for hospital stakeholders.*
- *Agency Clerical staff - provides support services for the EMS Agency office including certification processing, office management and administrative support.*

Under the authority of the EMS Administrator and clinical oversight of the EMS Agency Medical Director, CVEMSA facilitates and supervises the delivery of emergency medical services for the Counties of Sonoma and Mendocino, through several processes, including, but not limited to:

A. Accreditation of EMS providers,
B. Approval of EMS training programs,
C. Development and approval of medical treatment protocols and policies,
D. Designation of base/receiving hospitals and specialty care centers,

E. Oversight of contracts and agreements with provider agencies,
F. Collection, review, and submission of EMS data to the California EMSA for system evaluation,
G. Surveillance and evaluation of EMS service quality, including CQI activities.

III. Framework and Models

EMS Agenda for the Future 2050

Integration of the EMS agenda for the future 2050 remains a priority, emphasizing adaptability, technology integration, community engagement, and a patient-centered approach. The six key goals of the EMS Agenda for the Future 2050 are:

1. **Integration of EMS into the Healthcare System:** Enhance collaboration between EMS and other healthcare providers to provide seamless, patient-centered care.
2. **Community Paramedicine/Public Health:** Develop and expand community paramedicine programs to address public health needs and preventive care.
3. **Data-Driven Performance Improvement:** Leverage data for continuous improvement, ensuring evidence-based practices and enhanced patient outcomes.
4. **Operational Excellence:** Optimize operational efficiency and resource management to deliver timely and effective emergency medical services.
5. **Provider Safety and Resilience:** Prioritize the safety and well-being of EMS providers through comprehensive training, support, and mental health resources.
6. **Innovation and Technology:** Embrace technological advancements and innovation to improve response times, communication, and overall service quality.

IV. Data Collection and Analysis

FirstWatch/FirstPass Software

Real-time data collection, monitoring, and analysis will be facilitated through FirstWatch/FirstPass software, ensuring a timely and data-driven approach to quality improvement.

ImageTrend CQI Module

The ImageTrend CQI module will provide a comprehensive tool for tracking and analyzing data related to patient care, incident response, and overall system performance.

Data Sources

Data from patient feedback, unusual occurrence reports, and base hospital and stakeholder involvement will offer a comprehensive view of EMS service quality.

V. Performance Metrics

Key Performance Indicators (KPIs)

In 2024, CVEMSA advanced its ability to measure system performance through expanded use of the ImageTrend registry, improved FirstWatch/FirstPass flagging workflows, and stronger alignment with national standards. For 2025 and beyond, the focus is on adapting KPIs to track both patient outcomes and process timeliness, including feedback loops back to providers. Key measures will be drawn from NEMSQA 2025 core metrics, with an emphasis on stroke recognition, sepsis bundle compliance, STEMI first medical contact-to-balloon times, and cardiac arrest survival.

Benchmarks

Benchmarking against national standards and best practices provides a basis for evaluating and improving performance metrics.

VI. Improvement Strategies

Quality Improvement Initiatives
In addition to targeted initiatives, the plan incorporates the Deming model for improvement, emphasizing the continuous improvement cycle of Plan-Do-Study-Act to drive sustained excellence.
Training and Education
Monthly Advanced Life Support Update Class for Paramedics
To enhance the skills of Paramedics, a monthly Advanced Life Support update class will be continued. This class covers the latest advancements in ALS procedures, technologies, and best practices, ensuring Paramedics stay current with industry standards.

VII. Communication and Collaboration

Stakeholder Engagement
Stakeholders, including EMS providers, staff, and the broader community are actively engaged in the improvement process through regular communication and collaboration. Some of these opportunities include.
1) Emergency Medical Care Committee- Quarterly
2) Medical Advisory Committee- Quarterly
3) Trauma Advisory Committee- Quarterly
4) CQI Committee- Quarterly
5) Policy Advisory Committee- Quarterly
6) STEMI Advisory Committee- Biannually
7) Stroke Advisory Committee- Biannually

Feedback Mechanisms
Established feedback mechanisms enable continuous input from both internal and external sources, ensuring a dynamic and responsive approach to improvement.

VIII. Monitoring and Evaluation

Monitoring Process
The Coastal Valleys EMS Agency is committed to implementing a robust monitoring process designed to comprehensively assess the effectiveness of improvement initiatives and ensure continuous optimization of emergency medical services. The monitoring process involves a multi-faceted approach that encompasses several key components:

1. **Real-Time Performance Monitoring:**
    - Technology Integration: Leveraging advanced monitoring tools and technologies, our agency conducts real-time performance monitoring to track key performance indicators (KPIs), response times, and other critical metrics.
    - FirstWatch/FirstPass Software: The integration of FirstWatch/FirstPass software enables instant access to critical data, allowing for immediate identification of potential issues and prompt response to emerging trends.
2. **Data Analysis and Trend Identification:**
    - Data Analytics Team: A dedicated data analytics team is responsible for conducting in-depth analysis of collected data. This team will identify trends, patterns, and potential areas for improvement, contributing to evidence-based decision-making.
    - Regular Data Review Meetings: Regular meetings are scheduled to review data findings and discuss actionable insights. This collaborative approach ensures that all stakeholders are involved in the monitoring process.
3. **Performance Dashboards and Reports**:

- Customized Dashboards: In 2024, development began on performance dashboards. Moving forward, the priority is to transition these dashboards into regular use across advisory committees, providing real-time visual data to support decision-making.
- Regular Reporting: Periodic reports are generated to communicate key findings, progress, and challenges to internal and external stakeholders. These reports facilitate transparency and accountability.

4. **Benchmarking and Comparative Analysis:**
    - National Benchmarks: Coastal Valleys EMS Agency will regularly benchmark its performance against national standards (NEMSQA) and best practices. Comparative analysis will provide valuable insights into how our agency compares to industry benchmarks and where improvements can be made.
5. **Feedback Integration:**
    - Stakeholder Feedback: Continuous feedback from EMS providers, staff, and other stakeholders is integrated into the monitoring process. This feedback loop ensures that the experiences and insights of those directly involved in service delivery are considered in the evaluation.
6. **Adaptive Metrics and Key Performance Indicators:**
    - Dynamic Metrics Selection: The agency will maintain an adaptive approach to metrics selection, ensuring that the monitoring process remains aligned with the evolving needs of the EMS landscape.
    - Key Performance Indicator Adjustments: If required, adjustments to key performance indicators will be made based on industry advancements, changes in regulations, or emerging best practices.
7. **Reporting**
    - *Internal Reports*
    - Regular internal reports communicate progress, challenges, and outcomes of CQI activities, fostering transparency and accountability within the organization.
    - *External Reports*
    - In 2024, external reporting emphasized registry adoption and baseline benchmarking across STEMI and trauma programs. Moving forward, the emphasis will be on outcome-driven reporting and ensuring that hospitals and EMS providers receive comparative dashboards that highlight system-wide trends. This shift is intended to move the system from simple compliance reporting toward collaborative learning.
    - *NEMSQA Measures*
    - Building on 2024's initial adoption of NEMSQA reporting, EMS providers will now be encouraged to submit biannual data tied directly to national measures, with CVEMSA providing comparative dashboards in return. This two-way exchange will allow providers to see how their performance aligns regionally and nationally, supporting targeted education and improvement.
8. **Continuous Review and Revision**
    - *Periodic Review*
    - The CQI plan will undergo periodic reviews to ensure its relevance and effectiveness in addressing emerging challenges and opportunities.

9. Conclusion

- *Summary*
- The Coastal Valleys EMS Agency's updated 2025 CQI plan reflects a shift from building infrastructure to sustaining measurable improvements. Building on progress in registry adoption and education, this plan prioritizes outcome-driven metrics, provider resilience, and hospital-EMS data integration. By aligning with the EMS Agenda for the Future 2050 and embedding Just Culture principles, CVEMSA reaffirms its commitment to continuous improvement, innovation, and community well-being.

	S&B/EXPENSES FY 25/26			FY25-26 Budget		MENDOCINO					
ACCOUNT	Current Salary and Benefits (w/equity adj)		FTE	Annual Salary & Benefits	Cost to budget			Max Increase for 25/26	Max Increse for 26/27	8.00%	25/26 Mendo
50***	Credentialing (Admin Aide)	Kristina Griffith	1.00	152,602	152,602	0.20	30,520			2,441.60	32,961.60
	CQI (ALS Coordinator)	Carly Sullivan	0.40	209,495	83,798	0.20	16,760			1,340.80	18,100.80
	CARES (EMS Coord)	Joanne Chapman	1.00	231,221	231,221	-	-			-	-
	Primary Sonoma (EMS Coord)	James Salvante	1.00	222,085	222,085	0.20	44,417			3,553.36	47,970.36
	Primary Mendo (EMS Coord)	Jen Banks	1.00	212,250	212,250	0.40	84,900			6,792.00	91,692.00
	Administrator (EMS Mgr)	Bryan Cleaver	1.00	257,681	257,681	0.20	51,536			4,122.88	55,658.88
	EMS Coordinator (FoPH)	Willow Farey	1.00	218,603	218,603		-			-	-
	EMS Coordinator (FoPH)	VACANT	0.40	69,832	27,933		-			-	-
	Data Systems (Epidemiologist)	Lucinda Gardner	0.33	219,396	72,401	0.10	7,240			579.20	7,819.20
	Deputy Health Officer	VACANT	-				-			-	-
	Extra Help Staffing	NONE					-			-	-
							-			-	-
51226	Medical Director (Contract)	Dr Mark Luoto		100,000	100,000	0.20	20,000			1,600.00	21,600.00
51803	Eric Polen (Contract)			49,400	49,400	0.20	9,880			790.40	10,670.40
	Total		**6.80**	**1,942,565**	**1,627,973**		**265,253**			**21,220.24**	**286,473.24**
	Services (Less Dr. Luoto, Legal & Rent)			645,657	645,657	0.20	129,131			10,330.48	139,461.48
52***	Supplies			17,194	17,194	0.20	3,439			275.12	3,714.12
51421	Rent			42,299	42,299	0.20	8,460			676.80	9,136.80
519**	Admin (HR, Privacy, Compliance, facilities, insurance, risk)			162,483	162,483	0.20	32,497			2,599.76	35,096.76
	Admin in Mendo (Rent, and admin support services only)						-				-
51507	PH Program Support- Special dept services			10,161	10,161	0.20	2,032			162.56	2,194.56
	Legal Services external			-	0		-				-
51209	Image Trend total cost (50 50 split Mendo Sonoma/Bryan propose 80/20 split			99,603	99,603	0.20	19,921			1,593.68	21,514.80
	Total			**977,397**	**977,397**		**195,480**			**15,638.40**	**211,118.52**
	Total Program Costs			**2,919,962**	**2,605,370**		**460,733**				**497,591.76**
43201	Pre-Hosp Care (43201) - fines forfeitures and penalties - [Expected			-			-				
41144	Certifications (41144)			92,804	92,804	0.20	18,561			1,484.88	20,049.88
45301	Trauma (Memorial designation of the trauma center)[Providence] (45301) Adventist Willis and			247,290	247,290	0.20	49,458			3,956.64	53,414.64
45301	Aircraft (REACH and CALStar) GMR (application fees) 45301?			31,474	31,474	0.20	6,295			503.60	6,798.60
45301	Base & Receiving Hospitals pay for monitoring we provide) (45301) (45 % Sonoma, 55% Mendo)			107,907	107,907	0.55	59,349			4,747.92	64,096.92
45301	STEMI (Sutter and Memorial is local care provided for cardiac events) (45301)			62,945	62,945	0.20	12,589			1,007.12	13,596.12
41109	Franchise			61,178	61,178		-			-	-
42610	CARES SoCo CA coordinator for Cardiac arrest registry			165,062	165,062		-			-	-
42627	SCFD EOA1			729,100	729,100						
51209 1/2 of above	Sonoma Preparedness Funding for ImageTrend			49,802	49,802		-				-

Maddy Admin Fee 10%		47,771	47,771		-				-
Maddy 17%		63,314	63,314		-				-
FOPH		246,536	246,536		-				-
Total Revenue			1,905,182		146,252			11,700.16	157,952.16
Net Cost			*700,188*		314,481	448,023	483,865		339,639.60
Contract from Mendo			314,481						
Net Cost to Program			385,707						