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# GLENN COUNTY BOARD OF SUPERVISORS, ORLAND CITY COUNCIL & WILLOWS CITY COUNCIL

# SPECIAL JOINT MEETING

## Monday, June 1, 2026 AT 5:30 PM

**Willows City Hall**
**201 N. Lassen St.**
**Willows, CA 95988**

**Call to Order – 5:30 PM**

**1) PLEDGE OF ALLEGIANCE**

**2) ROLL CALL**

3) **PUBLIC PARTICIPATION**

Members of the Public will be allowed to address only the items listed on the agenda. The law requires that business not appearing on the agenda may not be discussed at a special meeting.

**4) PRESENTATIONS**

a. **GLENN COUNTY EMERGENCY MEDICAL SERVICES SYSTEM ASSESSMENT –** Chief Nate Monck, Chief Justin Chaney, and Dr. Jared Garrison

Receive a presentation from Healthcare Strategists Senior Consultant Lou Meyer and Principal Bill Bullard regarding the Glenn County Emergency Medical Services System Assessment, including system findings, operational analysis, and potential recommendations related to EMS service delivery within Glenn County. No action will be taken.

**5) ADJOURNMENT**


# County of Glenn
# Emergency Medical Services
# System Assessment

**May 15, 2026**

***In cooperation with***
***the County of Glenn EMS Stakeholders***

**Developed by**
**Healthcare Strategists, Inc.**
**www.healthcarestrategists.com**

HEALTHCARE
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## EXECUTIVE SUMMARY

This report presents an independent assessment of the Glenn County (County) Emergency Medical Services (EMS) system, developed in cooperation with the Sierra-Sacramento Valley (S-SV) EMS Agency and system stakeholders. The assessment examined system governance and coordination, emergency medical dispatch (EMD), continuous quality improvement (CQI), first response integration, ambulance deployment, response performance, data integration and reporting, and overall operational and financial sustainability.

Overall conclusion. The County has a strong EMS foundation, including an Accredited Center of Excellence (ACE) accredited secondary public safety answering point (PSAP) using Medical Priority Dispatch System® (MPDS®). Structural issues require system-level action, including consideration for a single countywide ambulance provider to streamline services and improve efficiency.

**Key strengths observed**

- Coordinated County EMS system overseen by S-SV EMS
- Broad stakeholder network spanning dispatch, first response, ambulance transport, and receiving facilities
- Access to an ACE-accredited secondary PSAP using MPDS for transferred medical calls, which supports standardized call interrogation and consistent pre-arrival instructions
- EMS direction that aligns well with statewide and national priorities (including EMS Agenda 2050) that emphasize integration, reliability, and patient-centered system design.

**Primary challenges requiring action**

The assessment also identifies several systemwide challenges that require coordinated action.

- Clinical oversight and clinical quality improvement (CQI) participation and reporting are inconsistent across providers, with limited consistency in quality assurance processes and regional quality-forum participation (e.g., REMAC) and variable responsiveness to required reporting
- Glenn County faces ambulance response performance pressures typical of rural environments
- Emphasize the need to define realistic performance expectations by zone and to reduce preventable response-time outliers through deployment, dispatch, and operational improvements
- Fragmented data limits timely system monitoring, transparency, and shared accountability
- Financial sustainability risks persist, including declining transport volume following the Glenn Medical Center closure and limited availability of consistent, audit-ready financial reporting from one provider, complicating planning and subsidy justification

## INTRODUCTION

The County sits in the northern Sacramento Valley, where the flat, fertile agricultural plains meet the rising foothills of the Coast Ranges. The Sacramento River forms its eastern boundary, supporting more than half a million acres of farmland that dominate the county's economy. Rice, almonds, prunes, and livestock operations shape both the landscape and daily life, while portions of the Mendocino National Forest extend into the western side, adding rugged terrain and natural diversity. With roughly 1,314 square miles of land and very little water area, the County is defined by its expansive rural character and strong agricultural identity.

Home to just under 33,000 residents, the County remains a small and largely stable rural community. Its population has grown modestly in some years and dipped slightly in others, reflecting the slow changing nature of many agricultural regions. The median age sits in the mid-30s, with a sizable share of both young residents and older adults, and the County seat of Willows serves as its administrative and cultural hub. Overall, the County's demographic profile mirrors its geography: grounded, steady, and shaped by the rhythms of farming and open space.[1]

California law requires each County to establish a local EMS program and to create a local EMS agency (LEMSA) to oversee that program; the County has designated S-SV EMS. California LEMSAs exercise the most direct authority over EMS workplaces by planning, enforcing, and granting exclusive operating contracts with EMS provider organizations.

Throughout 2017 and 2018, EMS professionals, stakeholders, and public members shared ideas through collaborative encounters to update the National EMS Advisory (NEMSA) Council's "EMS Agenda for the Future," initially released in 1996. The new vision, "EMS Agenda 2050," aims to unite everyone with a role in EMS around a singular purpose: a people-centered EMS system.[2] EMS Agenda 2050 provides a framework and vision for the next generation of EMS Advancement. The EMS system of the future includes the following qualities:

- Adaptable & Innovative
- Inherently Safe & Effective
- Integrated & Seamless
- Reliable & Prepared
- Socially Equitable
- Sustainable & Efficient

In this visionary system, EMS professionals must be ready to take on a broader and more influential role in supporting both individual patient health and the overall wellbeing of the communities they serve. Achieving this vision will require intentional, coordinated action from stakeholders across every level of the EMS landscape—individual providers, agencies of all sizes

[1] glenn-county-presentation-2026-v2-a11y.pdf
[2] https://emsagenda2050.org

and service models, local and federal officials, and national organizations. It also demands bold collaboration with all partners: communities, local volunteers, payers, healthcare systems, social services, public health, and fellow public safety agencies.

A consortium made up of Glenn County, City of Orland and Willows Fire Department requested a comprehensive EMS system assessment to include:

1. Use of Communication systems including practices and configuration
2. Clinical oversight and performance measures
3. Deployment of ambulance response resources
4. Response Time Compliance
5. EMS system financial analysis, including
    a. Evaluation of incumbents' audited financials
    b. Payor mix
    c. Cost containment strategies
6. EMS Agency Overview

## Method of Assessment

EMS stakeholders from throughout the County participated in the assessment. All providers were open and engaging in sharing their agencies' demographics, strengths, and opportunities for improvement.

Interviews Completed

- EMS Medical Director
- Emergency Department Managers
- Orland Fire Department Leadership
- S-SV EMS Agency Leadership
- Westside Ambulance Leadership
- Willows Fire Department Leadership

## DISCUSSIONS, FINDINGS, AND RECOMMENDATIONS

### 1. Use of Communications System, including Practices and Configuration

Using an ACE-accredited center as the secondary PSAP is important because it provides verified, continuous quality emergency medical dispatch performance, including standardized call interrogation, accurate determinant coding, and consistent pre-arrival instructions (e.g., CPR and childbirth guidance). This helps reduce variability between PSAPs during call transfers, supports faster and safer resource matching (i.e., advanced vs. basic life support [ALS/BLS] ambulance, first responders, and response mode), and strengthens clinical oversight and accountability through routine case review and measurable compliance. In a rural environment such as this County, where a portion of calls involve longer response intervals, high-quality dispatcher-assisted care and reliable triage during the transfer window can meaningfully improve patient safety, outcomes, and public confidence.

**Finding**: Enloe Medical Center (part of Enloe Health) is under contract with Glenn County to serve as a secondary PSAP, is accredited by ACE, and uses MPDS protocols when handling transfers from primary PSAPs if medical services are required.

**Recommendation**: The County and S-SV EMS should formalize and require the use of an ACE-accredited secondary PSAP (e.g., Enloe Medical Center, through a written agreement and operational policy that defines roles, expectations, and performance measures for transferred medical calls. At a minimum, the agreement should require continued use of MPDS with dispatcher pre-arrival instructions, specify target transfer and call-processing timeframes, outline data-sharing and quality assurance processes (including regular case review and compliance reporting), and redundancy/contingency procedures to ensure uninterrupted EMD coverage during high volume events, staffing shortages, or technology failures.

**Finding**: Assembly Bill 645 mandates that by January 1, 2027, public safety agencies providing “911” call processing must offer prearrival instruction to callers requiring medical assistance.

**Recommendation**: To prepare for implementation of Assembly Bill 645 (AB 645) by January 1, 2027, all County public safety answering points (PSAPs) and partner EMS agencies should develop a coordinated implementation plan to ensure consistent delivery of prearrival medical instructions to callers requiring medical assistance.

At a minimum, the plan should define who provides prearrival instructions for each call type, adopt or standardize an evidence-based EMD protocol set (e.g., MPDS) under clear medical direction, and establish QA/QI processes for call review, coaching, and continuous improvement. The plan should also confirm staffing, training, and certification/recertification requirements for call takers, update CAD/phone workflows and SOPs to minimize transfer delays so instructions begin as early as possible, and set measurable performance targets (e.g., percentage of eligible calls receiving instructions, time-to-first instruction, protocol compliance) with regular reporting. Finally, agencies should align documentation, public communications, and risk-management/legal review so implementation is consistent across all dispatch centers.

## 2. Clinical Oversight and Performance

EMS protocols refer to the standardized clinical scope, procedures, and policies for delivering EMS care. These documents are written and promulgated by S-SV EMS under the direct authority of the EMS Medical Director as established by California Health & Safety Code § 1797.202. EMS clinical oversight and performance refer to the processes and systems in place to ensure that EMS providers deliver high-quality patient care and meet established performance standards, as detailed in EMS protocols, procedures, and policies.

Clinical oversight involves monitoring and evaluating EMS providers clinical performance, including adherence to protocols, guidelines, and best practices. This oversight ensures that EMS providers are delivering safe and effective care to patients in emergencies. It may involve reviewing patient care reports, conducting case reviews, and providing feedback and education to EMS providers.

Performance measurement and improvement are integral components of EMS clinical oversight. Performance metrics, such as response times, patient outcomes, and patient satisfaction, are regularly monitored to assess the effectiveness and efficiency of EMS services. This data is used to identify areas for improvement and implement strategies to enhance overall performance.

EMS clinical oversight and performance also involve CQI initiatives. They aim to enhance the quality and safety of EMS care by continually assessing, analyzing, and improving processes and practices. Quality improvement activities may include regular audits, training and education programs, and the implementation of evidence-based practices.

By implementing effective clinical oversight and performance management strategies, EMS agencies can ensure their providers deliver the highest standard of care to patients in emergencies. Ultimately, this process leads to improved patient outcomes and increased public trust in the EMS system.

**Finding**: Clinical/quality oversight is inconsistent, with reported weak or reactionary quality improvement processes, limited participation in regional quality forums (e.g., REMAC), and varying responsiveness to required reporting (including multi-casualty incident [MCI] feedback forms), particularly as it relates to Westside Ambulance Service.

**Recommendation**: Establish and enforce minimum CQI and reporting requirements across providers (including defined CQI roles, participation expectations for regional forums such as REMAC, and timely submission standards for required reports like MCI feedback forms), with monitoring and remedies for non-compliance.

## 3. Deployment of Ambulance Response and Transport Resources

| Deployed ALS Ambulances by Provider Agency | | |
|---|---|---|
| **Provider** | **Minimum** | **Maximum** |
| Enloe | 1 | 1 |
| Westside Ambulance | 1 | 2 |

### Ambulance Response Times

Response times are the most visual and considerable influence on EMS system design. How long the ambulance takes to arrive is part of the patient experience and increases the first responder's on-scene commitment and overall task time. It is also the most substantial factor in the cost of designing an EMS system. Roughly 80% of ambulance expenses are related to field staffing. Shorter response times require more unit (i.e., ambulance) hours and employees.

While response time is a visible and important EMS performance metric, it is not the only measure of patient care quality. Patient outcomes are also influenced by call triage accuracy, dispatcher-assisted instructions, appropriate resource selection, clinical care on scene, transport decision-making, and coordination with receiving facilities. That said, prolonged response times can negatively affect outcomes in time-sensitive emergencies where minutes matter, including cardiac arrest, ST-elevation myocardial infarction (STEMI), and major trauma.

**Finding**: Prolonged ambulance response times, as seen within the Westside response time compliance data, could create a cascading system impact by delaying availability for other emergencies and degrading overall EMS performance.

**Recommendation**: Implement system status management practices to reduce outliers and protect coverage: enforce closest-unit dispatch, use predefined move-up/coverage plans when units are committed, and monitor dispatch-to-enroute/response-time performance with routine CQI review and corrective action.

### Response Time Compliance Findings

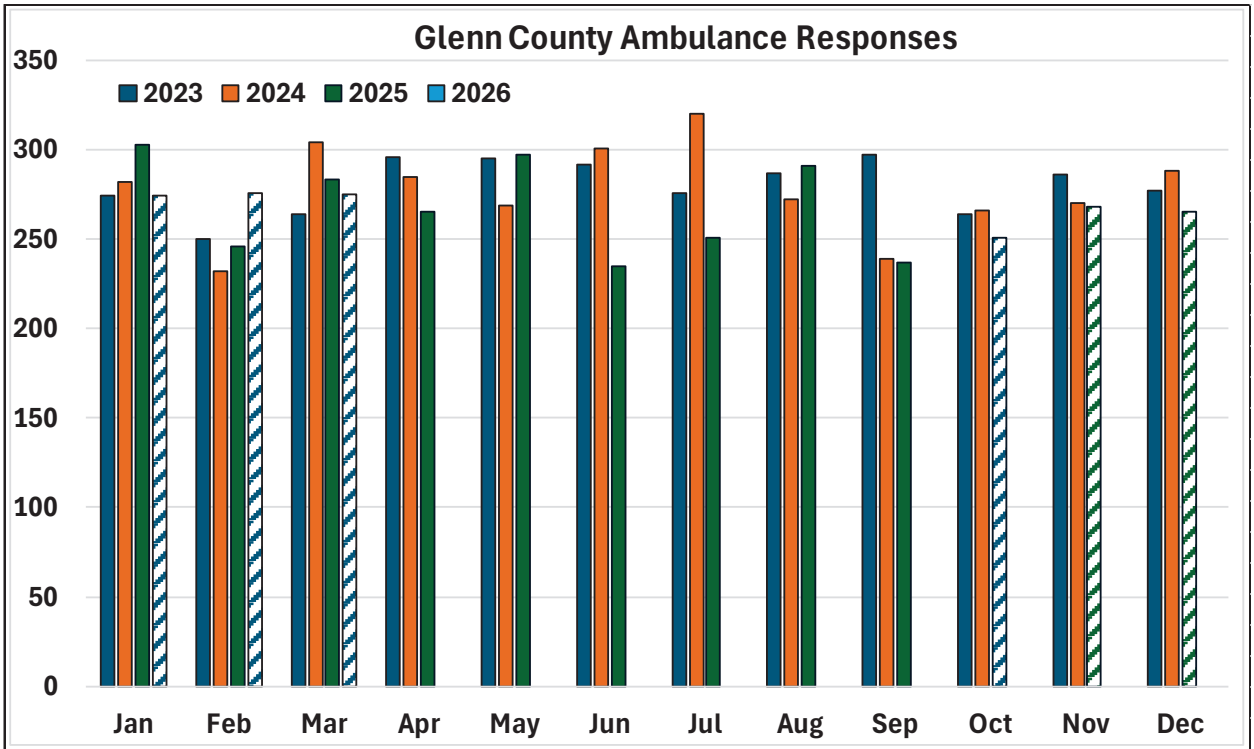
| Response Time Compliance (2025 – Feb 2026) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Zone/ Provider** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** |
| Orland/ Westside | 87% | 91% | 90% | 97% | 92% | 100% | 79% | 97% | 91% | 95% | 100% | 97% | 91% | 100% |
| Willows/ Enloe | 96% | 95% | 96% | 95% | 88% | 100% | 89% | 94% | 62% | 89% | 75% | 70% | 80% | 57% |
| County | 100% | 100% | 100% | 92% | 98% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% |

**Finding**: Based on the interviews and reviewing the performance difference gap between zones per month, the declining response time compliance in Willows was likely caused by the improper use of the 12-hour unit, as calls were being rotated rather than using the closest unit.

**Recommendation**: Implement closest-unit dispatch for Willows-zone calls and configure computer-aided dispatch/automatic vehicle location (CAD/AVL) so the 12-hour car is a designated coverage unit (i.e., not on rotation). Establish written posting/coverage rules, limit rotation to documented exceptions (e.g., equidistant units), add an escalation trigger when no unit is enroute within a defined time, and conduct CQI audits of dispatch-to-enroute times and unit selection with monthly reporting to S-SV EMS.

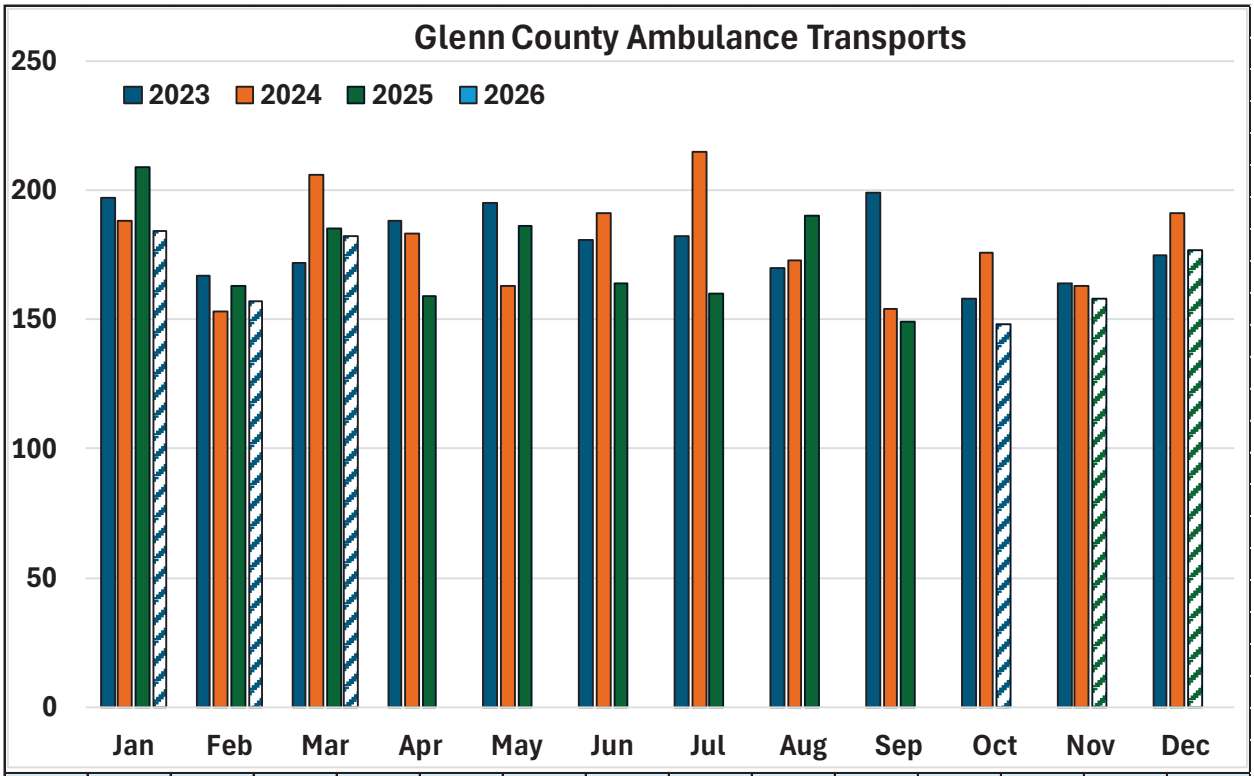
### Call Volume

With the closure of Glenn County Medical Center in October 2025, all transports are required to leave the County. This eliminates the need for inter-facility transports (IFT) from within this EMS system. Providers predicted a drop in monthly call volume to the loss of IFT.




| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2023** | 274 | 250 | 264 | 296 | 295 | 292 | 276 | 287 | 297 | 264 | 286 | 277 | 3,358 |
| **2024** | 282 | 232 | 304 | 285 | 269 | 301 | 320 | 272 | 239 | 266 | 270 | 288 | 3,328 |
| **2025** | 303 | 246 | 283 | 265 | 297 | 235 | 251 | 291 | 237 | 251 | 268 | 265 | 3,192 |
| **2026** | 274 | 276 | 275 | | | | | | | | | | 825 |

**Finding:** Reviewing the monthly call volume following the hospital closure did not identify the anticipated decrease in call volume. The six months of available data indicate a negligible change in call volume. Forecasting 2026 data shows 3,300 calls – a 1-2% decrease when compared to 2023 or 2024 and an increase of 3% over 2025.




| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | Tx Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2023** | 197 | 167 | 172 | 188 | 195 | 181 | 182 | 170 | 199 | 158 | 164 | 175 | 2,148 | 64% |
| **2024** | 188 | 153 | 206 | 183 | 163 | 191 | 215 | 173 | 154 | 176 | 163 | 191 | 2,156 | 65% |
| **2025** | 209 | 163 | 185 | 159 | 186 | 164 | 160 | 190 | 149 | 148 | 158 | 177 | 2,048 | 64% |
| **2026** | 184 | 157 | 182 | | | | | | | | | | 523 | 63% |

The transport volume was also reviewed for trends. Similar to responses, ambulance providers are transporting close to the same number of patients per month. There appears to be a 3% decline since 2023 or 2024, and a 2% increase over 2025 when projecting the first quarter of 2026. The transport rate appears stable at 63% for 2026 year-to-date, down 1-2% from the prior three years. This should be monitored to ensure residents are not using 911 as a triage tool for whether they are having an emergency since the loss of the convenient local hospital.

**Recommendation:** While response and transport volume do not show a significant or immediate impact, both metrics should be tracked monthly for future impacts. Even without a change in call volume, each transport takes longer to reach the hospital and a reciprocal time to return to the County. This increases the time-on-task for each provider; reducing ambulance availability.

As additional data becomes available (e.g., 12 months since hospital closure), the system may want to study how many times three or more concurrent calls occurred. This analysis would determine the return on investment for the 12-hour unit and whether it is prudent to continue to subsidize it.

## 4. EMS System Financial Analysis

The following findings and recommendations are intended to support improved financial clarity, operational sustainability, and stakeholder confidence.

Two ambulance providers service the County currently. Enloe and Westside provided financial statements for 2023-2025 (see Attachments A and B). Each provider supplied payor mix data for the periods reported (see Attachment C).

Both organizations generate revenue through fee-for-service billings to Medicare, Medi-Cal, private insurers, and patients. They also offer community membership programs that generate revenue.

| Year | 2023 | | 2024 | | 2025 | |
|---|---|---|---|---|---|---|
| Metric | Westside | Enloe | Westside | Enloe | Westside | Enloe |
| Transports | 1,111 | 999 | 1,097 | 1,012 | 1,202 | 862 |
| Net patient revenue | $1,078,999 | $781,380 | $1,026,145 | $888,514 | $1,222,773 | 958,934 |
| Net patient revenue per trip | $ 971 | $ 782 | $ 935 | $ 878 | $ 1,017 | $ 1,112 |
| Expenses | 1,191,046 | 940,921 | 1,181,149 | 989,801 | 1,702,950 | 944,435 |
| Expenses per trip | $ 1,072 | $ 942 | $ 1,077 | $ 978 | $ 1,417 | $ 1,096 |
| Deficit | (112,047) | (159,541) | (155,004) | (101,287) | (480,177) | 14,499 |

**Enloe (Willows Zone)**

Enloe Health provided financial statements for the periods of 2023 through 2025 (see Attachment A) as well as payor mix data for the same years. Enloe generates revenue through fee-for-service billings to Medicare, Medicaid, private insurers, and patients. It is breaking even

currently.

Transport volume began declining in 2025 and dropped further in 2026 after Glenn Medical Center closed in October 2025. Expenses remained flat or increased slightly in the years reported. Enloe projects 2026 revenues will decline 29% and expenses will increase 8%.

**Westside (Orland Zone)**

In December 2024, Westside was asked to add a 12-hour unit to improve ambulance coverage and decrease response times. The comparison below effectively shows before and after the addition of the new ambulance. 2024 includes one month of the new unit and 2025 reflects a full year. In 2025, Westside transports increased by 99, expenses increased $470,000, and net revenue increased by $143,000 compared to 2024. Subsidy in 2025 includes both the 24-hour unit and the 12-hour unit.

| Westside Financial Comparison | | | | |
|---|---|---|---|---|
| **Provider** | **2024** | **Per Trip** | **2025** | **Per Trip** |
| Transports | 1,103 | | 1,202 | |
| **Net Patient Revenue** | **$ 1,079,438** | **$ 979** | **$ 1,222,773** | **$ 1,017** |
| **Expenses** | | | | |
| Crew Wages | 659,295 | 598 | 952,344 | 792 |
| Other Wages | 220,522 | 200 | 278,052 | 231 |
| Employee Benefits and Relations | 74,917 | 68 | 109,175 | 91 |
| Professional Services | 38,657 | 35 | 47,992 | 40 |
| Supplies | 54,680 | 50 | 118,174 | 98 |
| Insurance, Gov. Fees & Licenses | 79,902 | 72 | 81,257 | 68 |
| Property and Utilities | 41,572 | 38 | 51,696 | 43 |
| Vehicles & Fuel | 41,903 | 38 | 52,234 | 43 |
| Bank & Refund | 16,832 | 15 | 11,681 | 10 |
| Other Expenses | 5,122 | 5 | 345 | 0 |
| **Total Expenses** | **1,233,402** | **1,118** | **1,702,950** | **1,417** |
| **Patient Revenue less Expense** | **(153,964)** | **(140)** | **(480,177)** | **(399)** |
| *Subsidy* | *204,000* | | *603,056* | |
| **Profit/(Loss)** | **50,036** | **45** | **122,879** | **102** |

Notes: 12-hour unit added in 2025

Subsidy is provided by Glenn County (12-hour unit) and City of Orland (both units)

**Finding**: The Westside Manager provided multiple sets of financials stating in the most recent submission that, "Upon further review, we acknowledged that earlier reports did not fully represent our financial position." The latest financial statements (see Attachment B) were reviewed and it was noted that revenue items did not tie to the summary report. The cost of goods sold section contains items that should be a reduction in revenue (e.g., Medicaid and Medi-Cal write-offs) that must have been deducted in the income section. The detail shows gross and net losses in the multiple millions, which is not accurate.

**Recommendation**: Since Westside is reliant on government subsidies, it should have an independent governmental audit of its financial statements and underlying accounting records to establish an audit-ready baseline and a reliable financial record for oversight purposes. The audit scope should, at minimum, reconcile reported revenue to billing and deposits, validate

contractual adjustments and write-offs, confirm cost of goods sold classifications, and reconcile cash, accounts receivable, and key balance sheet accounts. The audit report should identify material weaknesses and required corrective actions, and produce standardized, complete financial statements and supporting schedules for the Westside Board, City of Orland, and S-SV EMS. Pending completion of the audit, require quarterly submission of system generated financial reports with supporting schedules and source documentation in a format acceptable to the County and City of Orland.

**Finding**: The Westside Manager is carrying a broad set of responsibilities (i.e., accounts receivable [AR], human resources [HR], logistics, non-profit transition, general operations) and constantly working 10-hour days, with some assistance from a Billing Clerk and Chief Paramedic who is assigned to an ambulance.

**Recommendation**: Stabilize roles and delegate responsibilities to reduce key-person burnout risk. Define and document core processes (e.g., monthly close, AR, payroll, maintenance tracking, reporting package) with step-by-step procedures and named backups.

**Finding**: QuickBooks has had "many hands," causing reconciliation and reporting to be difficult, with key figures requiring manual entry (e.g., revenue inputs). This approach increases error risk and reduces auditability.

**Recommendation**: Address QuickBooks governance and data integrity by limiting access to trained users, implementing role-based permissions, changing control for posting, editing, and voiding transactions, creating vendors/items. Complete a one-time cleanup and reconciliation (e.g., bank, AR, accounts payable, payroll clearing, revenue accounts) with documented adjustments and approvals and engage a CPA or QuickBooks specialist to support configuration, training, and establishment of a standardized close process.

**Finding**: Accounts receivable and revenue tracking are fragmented as the separation of billing systems and non-integrated revenue feeds complicate AR and revenue reporting which require manual workarounds.

**Recommendation**: Integrate or standardize revenue and billing inputs by mapping billing system outputs to a standardized revenue recognition and deposit process, reducing manual entries through import templates or consistent monthly journal entries with supporting reports, and completing a monthly reconciliation of call volume and transport counts to billed runs and cash receipts to identify leakage and timing differences.

**Finding**: The Westside Board, County, and City of Orland should have clear documentation to support ongoing subsidies from the taxpayers; reviewers expressed difficulty validating data and concerns about the integrity of manual reports.

**Recommendation**: Formalize board reporting and subsidy documentation. Implement a standardized monthly (or quarterly) reporting package: P&L vs budget, balance sheet, cash summary, AR aging, call volume metrics, and key variances with explanations.

| Provider Financial Comparison, 2025 | | | | | |
|---|---|---|---|---|---|
| **Provider** | **Westside** | **Per Trip** | **Enloe** | **Per Trip** | **Combined** |
| Transports | 1,202 | | 862 | | 2,064 |
| **Net Patient Revenue** | **$1,222,773** | **$1,017** | **$ 958,934** | **$1,112** | **$2,181,707** |
| **Expenses** | | | | | |
| Wages | 1,230,396 | 1,024 | 526,107 | 610 | 1,756,503 |
| Employee Benefits and Relations | 109,175 | 91 | 266,050 | 309 | 375,225 |
| Professional Services | 47,992 | 40 | 41,154 | 48 | 89,146 |
| Supplies | 118,174 | 98 | 22,585 | 26 | 140,759 |
| Purchased Services | | | 28,025 | | 28,025 |
| Insurance, Gov. Fees & Licenses | 81,257 | 68 | 11,970 | 14 | 93,227 |
| Property and Utilities | 51,696 | 43 | | - | 51,696 |
| Vehicles & Fuel | 52,234 | 43 | | - | 52,234 |
| Bank & Refund | 11,681 | 10 | | - | 11,681 |
| Indirect Support Services | | | 48,419 | 56 | 48,419 |
| Other Expenses | 345 | 0 | 125 | 0 | 470 |
| **Total Expenses** | **1,702,950** | **1,417** | **944,435** | **1,096** | **2,647,385** |
| **Revenue less Expense** | **(480,177)** | **(399)** | **14,499** | **17** | **(465,678)** |

**Finding**: Current expenditure and staffing levels appear disproportionate to reviewed call volume, indicating potential misalignment between resources deployment and service demand.

**Recommendation**: Because call volume is low but the area to cover is large, staffing costs remain high. As a result, an ongoing subsidy is necessary to cover the cost gap.

**Finding**: When comparing the 2025 financial data for the two providers, there are some definite differences. The Westside supply costs are five times greater than Enloe, with only 40 percent more calls. During the interviews, Westside shared that Enloe had offered to provide supplies using their buying power but has not taken advantage of it. Due to the size of Enloe Health, its insurance expense is significantly less than Westside. The latter also has substantial bank expenses for the organization's size. All these factors combine to produce expenses per trip of $1,417 for Westside versus $1,096 with Enloe; a difference of $379 (29%) per trip.

**Recommendation**: There are immediate steps Westside can implement to reduce costs. It should consider accepting Enloe Health's offer to reduce supply costs. Westside could also benefit by researching new insurance carriers. Bank fees should be minimal, close to zero. Any expense savings is a direct benefit to the taxpayers in the County and the City of Orland.
**Finding**: The current two-provider model in the County is inefficient and not cost effective. It creates duplicative costs that are currently being funded by significant taxpayer subsidy. Moving to a single provider would reduce overhead expenses and possibly lead to cost savings in other areas. A rough estimate is a reduction of $220,000 in subsidy needs. If the ambulance service was provided by a public provider, it could increase net revenue and potentially eliminate the need for a subsidy.

**Recommendation**: Consider a single private provider or public provider(s). The proforma using 2025 data demonstrates that it would be less expensive with a single private provider. Should there be interest in a public provider, there is a significant increase in revenue.

| Proforma Models using 2025 Data | | | |
|---|---|---|---|
| | Current Providers | Single Provider | Public Provider(s) |
| **Transports (2025)** | 2,064 | 2,064 | 2,064 |
| | | | |
| **Net Patient Revenue** | $ 2,041,342 | $ 1,961,342 | $ 1,961,342 |
| Other Revenue | | | |
| Private GEMT (QAF) | $ 140,365 | $ 140,365 | $ - |
| Public GEMT2 | - | - | 820,667 |
| Other Revenue (Standby, etc) | | 30,000 | 30,000 |
| Membership Fees | | 50,000 | 50,000 |
| Total Revenue | $ 2,181,707 | $ 2,181,707 | $ 2,862,010 |
| | | | |
| **Direct Expenses** | | | |
| Crew Wages | $ 1,478,451 | $ 1,478,451 | $ 1,478,451 |
| Non-Crew Wages | 278,052 | 178,052 | 103,052 |
| Employee Benefits3 | 375,225 | 353,863 | 337,841 |
| Professional/Purchased Services | 117,171 | 117,171 | 117,171 |
| Indirect Support Services | 48,419 | 48,419 | 48,419 |
| Supplies | 140,759 | 54,078 | 54,078 |
| Vehicle Operating Expense | 52,234 | 52,234 | 52,234 |
| Insurance, Gov. Fees & Licenses | 32,562 | 20,000 | 15,000 |
| QAF and GEMT Fees | 60,665 | 60,665 | 385,714 |
| Property and Utilities | 51,696 | 51,696 | 51,696 |
| Other (uniforms, licenses, training, etc.) | 12,151 | 12,151 | 12,151 |
| Total Direct Expense | $ 2,647,385 | $ 2,426,780 | $ 2,655,807 |
| | | | |
| **Revenue Less Expenses** | **$ (465,678)** | **$ (245,073)** | **$ 206,202** |

Notes

1 uses actual 2025 financial statements

2 GEMT is not a guaranteed, long-term revenue stream, NO EMS system should be built assuming it is permanent

3 Employee Benefits would be greater for a public provider, unless part of an alliance model with a private provider

## 5. EMS Agency Overview

S-SV EMS is responsible to "plan, implement, and evaluate" the EMS system under Division 2.5 of the California H&SC. S-SV EMS administers agreements, operating permits, and designations. A large part of fulfilling this role consists of collecting and evaluating data for system improvement.

**Finding**: S-SV EMS is well positioned to sustain that momentum by setting clear performance expectations, consistent quality oversight, and transparent reporting.

**Recommendation**: S-SV EMS should continue its work in strengthening systemwide integration through standardized communications, joint training, and data-driven CQI. It should prioritize cross-agency coordination (e.g., dispatch, field providers, base hospitals, receiving facilities) and modernize data systems to enable routine multidisciplinary case review, timely feedback, and consistent protocol adherence.

## 6. Next Steps

The County should strongly consider a single provider to reduce expenses, eliminate duplication, and create a more efficient EMS system. The estimated cost savings is $100,000. If the County were to consider a public provider, it could take advantage of the Medi-Cal Public Ground Emergency Medical Transport (GEMT) Program supplemental funding. Based on estimates provided by EMS-MC, a leading billing company, the private to public GEMT increase is $446,520 (net increase). This could create a slightly profitable EMS system at the current operations staffing level.

However, there is a substantial caveat related to GEMT funding. The federal government has been investigating and auditing GEMT programs in other states; Texas saw a decrease in its funding last year. GEMT is likely to decline in future years. The County (and cities) should plan to subsidize the long-term needs of the EMS system or adjust the future ambulance staffing level based on available funding. While GEMT exists, it can defer using local dollars to pay for ambulance service.

It is possible through a public-private partnership (often referred to as an Alliance Model) to have a public agency as the provider of record for billing that contracts with a private ambulance company to provide the ambulance service. This model exists in Contra Costa, Sonoma, and San Joaquin counties.

**Projected Proforma Models for 2026**

| | Current Providers | Single Provider | Public Provider(s) |
|---|---|---|---|
| **Transports, Estimated (2026)** | 1,900 | 1,900 | 1,900 |
| **Net Patient Revenue** | $ 1,915,200 | $ 1,835,200 | $ 1,930,200 |
| Other Revenue | | | |
| Private GEMT (QAF) | $ 129,000 | $ 129,000 | $ - |
| Public GEMT1 | $ - | $ - | $ 842,490 |
| Other Revenue (Standby, etc) | | $ 30,000 | $ 30,000 |
| Membership Fees | | 50,000 | 50,000 |
| Total Revenue | $ 2,044,200 | $ 2,044,200 | $ 2,852,690 |
| **Direct Expenses** | | | |
| Crew Wages | $ 1,522,805 | $ 1,522,805 | $ 1,522,805 |
| Non Crew Wages | 106,144 | $ 106,144 | $ 106,144 |
| Employee Benefits2 | 347,977 | 347,977 | 347,977 |
| Professional/Purchased Services | 117,171 | 117,171 | 117,171 |
| Indirect Support Services | 48,419 | 48,419 | 48,419 |
| Supplies | 129,575 | 49,781 | 49,781 |
| Vehicle Operating Expense | 48,084 | 48,084 | 48,084 |
| Insurance, Gov. Fees & Licenses | 37,382 | 20,000 | 15,000 |
| QAF and GEMT Fees | 55,845 | 55,845 | 395,970 |
| Property and Utilities | 51,696 | 51,696 | 51,696 |
| Other (uniforms, licenses, training, etc.) | 12,151 | 12,151 | 12,151 |
| Total Direct Expense | $ 2,477,247 | $ 2,380,071 | $ 2,715,197 |
| **Revenue Less Expenses** | **$ (433,047)** | **$ (335,871)** | **$ 137,493** |

Notes

program has not been approved as of 4/7/2026

2 Employee Benefits would be greater for a public provider, unless part of an alliance model with a private provider

Reduced 2025 patient revenue, GEMT revenue, supplies, vehicle operating expeses by 8.9% due to drop in call volume

## CONCLUSION

This EMS system assessment finds that Glenn County has a dedicated EMS workforce and strong foundational capabilities, including an accredited dispatch center. These strengths create a solid base to build a more integrated, resilient, and patient-centered EMS system.

However, the assessment also identified systemwide issues with response-time performance, labor-intensive CQI, fragmented data, and limited contractual accountability that require coordinated action, including the use of a single ambulance provider. If not addressed, these issues increase risk to patient outcomes, provider safety, financial sustainability, and public trust.

The recommendations in this report provide an actionable roadmap:

1. Move to a single ambulance provider
2. Consider a public provider or Alliance Model to access GEMT funding
3. Modernize data and CQI infrastructure
4. Optimize deployment and tiered response
5. Integrate behavioral health crisis response
6. Prepare for emerging models (e.g., community paramedicine, alternate destinations)

Implemented together, these steps will improve care, strengthen accountability, and support long-term system sustainability.

## ATTACHMENTS

## Attachment A: Enloe Health Financial Statements

# ENLOE HEALTH

### WILLOWS AMBULANCE ANALYSIS

For The Twelve (12) Months Ending June 30, 2024.

| Year | 2022 | 2023 | 2024 |
|---|---|---|---|
| Transports | 1,041 | 999 | 1,012 |
| Avg. Daily Transports | 2.9 | 2.7 | 2.8 |
| | | | |
| Worked FTE | 8.5 | 8.5 | 8.3 |
| Total FTE | 9.2 | 9.1 | 9.2 |

| | | | |
|---|---|---|---|
| **Net Patient Revenue[1]** | **$ 832,052** | **$ 781,380** | **$ 888,514** |
| | | | |
| **EXPENSES** | | | |
| Salaries and Wages | $ 502,779 | $ 467,999 | $ 527,844 |
| Employee Benefits | 246,362 | 231,660 | 262,866 |
| Dispatch Services | 107,483 | 96,896 | 55,201 |
| Supplies | 44,713 | 48,323 | 41,600 |
| Purchased Services | 19,901 | 35,948 | 33,503 |
| Vehicle Insurance & Registration | 10,193 | 6,917 | 41,600 |
| Other Expenses[2] | 125 | 280 | 253 |
| **Total Direct Expense** | **$ 931,555** | **$ 888,023** | **$ 932,888** |
| | | | |
| **Contribution Margin** | **$ (99,503)** | **$ (106,643)** | **$ (44,374)** |
| Contribution Margin Percentage | -12.0% | -13.6% | -5.0% |
| | | | |
| Indirect Support Services[3] | $ 51,311 | $ 52,898 | $ 56,913 |
| | | | |
| **Net Contribution Margin** | **$ (150,814)** | **$ (159,527)** | **$ (101,287)** |
| Net Contribution Margin Percentage | -18.1% | -20.4% | -11.4% |

| CASE MIX[4] | 2022 | 2023 | 2024 |
|---|---|---|---|
| Medicare | 55.9% | 52.3% | 55.6% |
| Medi-Cal Trad | 4.6% | 2.8% | 3.0% |
| Medi-Cal Mgd | 21.3% | 21.2% | 21.5% |
| Blue Cross | 4.4% | 5.9% | 4.4% |
| Blue Shield | 2.8% | 2.6% | 2.3% |
| Self-Pay | 7.1% | 11.7% | 8.5% |
| Other | 4.0% | 3.6% | 4.7% |
| **TOTAL** | **100%** | **100%** | **100%** |

# ENLOE HEALTH

## WILLOWS AMBULANCE ANALYSIS

For The Twelve (12) Months Ending June 30, 2025.

**NOTES OF FINANCIAL DATA**

[1]Net Revenue is the total payments Enloe

[2]Other Expenses include Education and T

[3]Indirect Support Services include an alloc coding, and IT.

[4]The Case Mix is the percent of transport Supplies expense restocking is being done

| | 2023 (12 months) | 2024 (12 months) | 2025 (12 months) |
|---|---|---|---|
| Transports | 999 | 1,012 | 862 |
| Avg. Daily Transports | 2.7 | 2.8 | 2.4 |
| Worked FTE | 8.5 | 8.3 | 8.2 |
| Total FTE | 9.1 | 9.2 | 8.8 |
| **Net Patient Revenue[1]** | **$ 781,380** | **$ 888,514** | **$ 958,934** |
| **EXPENSES** | | | |
| Salaries and Wages | $ 467,999 | $ 527,844 | $ 526,107 |
| Employee Benefits | 231,660 | 262,866 | 266,050 |
| Dispatch Services | 96,896 | 55,201 | 41,154 |
| Supplies | 48,323 | 41,600 | 22,585 |
| Purchased Services | 35,948 | 33,503 | 28,025 |
| Vehicle Insurance & Registration | 6,917 | 11,621 | 11,970 |
| Other Expenses[2] | 280 | 253 | 125 |
| **Total Direct Expense** | **$ 888,023** | **$ 932,888** | **$ 896,015** |
| **Contribution Margin** | **$ (106,643)** | **$ (44,374)** | **$ 62,919** |
| Contribution Margin Percentage | -13.6% | -5.0% | 6.6% |
| Indirect Support Services[3] | $ 52,898 | $ 56,913 | $ 48,419 |
| **Net Contribution Margin** | **$ (159,527)** | **$ (101,287)** | **$ 14,501** |
| Net Contribution Margin Percentage | -20.4% | -11.4% | 1.5% |

| CASE MIX[4] | 2023 | 2024 | 2025 |
|---|---|---|---|
| Medicare | 52.3% | 55.6% | 51.5% |
| Medi-Cal Trad | 2.8% | 3.0% | 1.9% |
| Medi-Cal Mgd | 21.2% | 21.5% | 28.9% |
| Blue Cross | 5.9% | 4.4% | 3.5% |
| Blue Shield | 2.6% | 2.3% | 4.1% |
| Self-Pay | 11.7% | 8.5% | 5.6% |
| Other | 3.6% | 4.7% | 4.6% |
| **TOTAL** | **100%** | **100%** | **100%** |

## Attachment B: Westside Ambulance Financial Statements

1:17PM
03/25/26
Accrual Basis

**Westside Ambulance**
**Profit & Loss by Class**
**January through December 2024**

| | 12H Ambulance | 24H Ambulance | Clerical | Unclassified | TOTAL |
|---|---|---|---|---|---|
| **Ordinary Income/Expense** | | | | | |
| **Income** | | | | | |
| **11500 • Account Receivable 12-HR** | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **31500 • Reimbursement** | 34,416.38 | 0.00 | 0.00 | 0.00 | 34,416.38 |
| 40000 • M.e.dJcaJ T.ransport Inc.o me | 3,500.99 | 1,075,937.,Y | 0.00 | 0.00 | 1,079,438.43 |
| 40200 • Membership dues | 0.00 | 6,215.00 | 0.00 | 0.00 | 6,215.00 |
| 40300 • Other Income | 0.00 | 13,377.25 | 0.00 | 0.00 | 13,377.25 |
| 40400 • Collections Income | 0.00 | 3,871.67 | 0.00 | 0.00 | 3,871.67 |
| 41000 • Interest income | 0.00 | 3,924.54 | 0.00 | 0.00 | 3,924.54 |
| **Total Income** | 37,917.37 | 1,103,325.90 | 0.00 | 0.00 | 1,141,243.27 |
| Cost of Goods Sold | | | | | |
| **50000 • Hardship Write-Off** | 0.00 | 9,469.07 | 0.00 | 0.00 | 9,469.07 |
| **50002 • Insurance Adjustment** | 0.00 | 13,706.56 | 0.00 | 0.00 | 13,706.56 |
| **50003 • Medicare .Write-off** | 27,269.08 | 2,684,802.32 | 0.00 | 0.00 | 2,712,071.40 |
| **50004 • Medi.Cal Write-off** | 597.51 | 1,909,660.14 | 0.00 | 0.00 | 1,910,257.65 |
| **50005 • Member Discounts** | 0.00 | 552.37 | 0.00 | 0.00 | 552.37 |
| **50006- Write-offs-Workefs Comp** | 0.00 | 29,470.35 | 0.00 | 0.00 | 29,470.35 |
| **50007 • Refunds** | 0.00 | -9,905.51 | 0.00 | 0.00 | -9,905.51 |
| **50008 • Bad Debt Write-off** | 0.00 | 86,370.00 | 0.00 | 0.00 | 86,370.00 |
| **50009 • Write Off Military** | 187.77 | 25,559.83 | 0.00 | 0.00 | 25,747.60 |
| **50010 • Write Off • Collection Expense** | 0.00 | 136,011.81 | 0.00 | 0.00 | 136,011.81 |
| **50011 • Write Off • Deceased** | 0.00 | 455.90 | 0.00 | 0.00 | 455.90 |
| **50012 • Returned Checks** | 0.00 | 802.25 | 0.00 | 0.00 | 802.25 |
| **50016 • AB 7◆6 Adjuatment** | 0.00 | 21,380.98 | 0.00 | 0.00 | 21,380.98 |
| **Total COGS** | 28,054.36 | 4,908,336.07 | 0.00 | 0.00 | 4,936,390.43 |
| **Gross Profit** | 9,863.01 | -3,805,010.17 | 000 | 0.00 | -3,795,147.16 |
| **Expense** | | | | | |
| **50098 • Employee Relations** | 0.00 | 2,587.65 | 0.00 | 0.00 | 2,587.65 |
| **56201 • Purchases. Medical supplies** | 104.51 | 40,504.24 | 0.00 | 0.00 | 40,608.75 |
| **60000 • Accrued Payroll Taxes** | 2,488.02 | 56,264.05 | 11,889.02 | 0.00 | 70,641.09 |
| **60010 • Advertising** | 0.00 | 876.23 | 0.00 | 0.00 | 876.23 |
| 60099 • Meals & Entertainment | 0.00 | 1,688.54 | 0.00 | 0.00 | 1,688.54 |
| 60100 • Charitable Contributions | 0.00 | 30.00 | 0.00 | 0.00 | 30.00 |
| **60200 • Payroll Expenses** | 0.00 | -1,280.52 | 0.00 | 0.00 | -1,280.52 |
| **60300 • Miscellaneous Expense** | 0.00 | 4,994.74 | 0.00 | 0.00 | 4,994.74 |
| **60600 • Computer Expenses** | 1,089.24 | 6,467.88 | 0.00 | 0.00 | 7,557.12 |
| **61000 • Dispatch Svs** | 0.00 | 18,000.00 | 0.00 | 0.00 | 18,000.00 |
| **61111 • Bank Service Charge** | 0.00 | 4,061.98 | 0.00 | 0.00 | 4,061.98 |
| 61300 • Dues & Subscriptions | 0.00 | 3,793.85 | 0.00 | 0.00 | 3,793.85 |
| **61400 •** Fuel | 114.22 | 27,732.42 | 0.00 | 0.00 | 27,846.64 |
| **61510 • Refund Expense** | 0.00 | 12,770.19 | 0.00 | 0.00 | 12,770.19 |
| **61600 • Vehicle Licenses • Prog Srv** | 0.00 | 2,200.00 | 0.00 | 0.00 | 2,200.00 |
| **61601 • Govt Fees & Licenses** | 0.00 | 41,649.53 | 0.00 | 0.00 | 41,649.53 |
| **61900 • Insurance** | 0.00 | 38,252.04 | 0.00 | 0.00 | 38,252.04 |
| **62100 • Insurance. Health • Mgmt** | 0.00 | 81,289.12 | -2,269.41 | 0.00 | 79,019.71 |
| **62200 • Legal and Accounting** | 0.00 | 1,525.00 | 0.00 | 0.00 | 1,525.00 |
| **62600 • Office Supplies** | 45.03 | 4,460.78 | 0.00 | 0.00 | 4,505.81 |
| **62610 • Rent 612 4th Street** | 9,600.00 | 0.00 | 0.00 | 0.00 | 9,600.00 |
| **63000 • Postage** | 0.00 | 1,534.66 | 0.00 | 0.00 | 1,534.66 |
| **63200 • Property Taxes** | 0.00 | 2,276.70 | 0.00 | 0.00 | 2,276.70 |
| **63601 • Repair & Main/Crew Qtrs** | 848.76 | 4,823.18 | 0.00 | 0.00 | 5,671.94 |
| **63602 • Repair & Main/Equip,** Fum | 1,366.01 | 1,450.11 | 0.00 | 0.00 | 2,816.12 |
| **63603 • Repair & Main/Med** Equip | 0.00 | 2,551.21 | 0.00 | 0.00 | 2,551.21 |
| **63604 - Repair & Main/Office Bldg** | 0.00 | 171.25 | 0.00 | 0.00 | 171.25 |
| **63606 • Repair & MainNehicle** | | | | | |
| **63607 • WS 1 (2016) Vehicle Maintenance** | 0.00 | 6,970.62 | 0.00 | 0.00 | 6,970.62 |
| **63608 • WS 2 (2019) Vehicle Maintenance** | 0.00 | 2,934.85 | 0.00 | 0.00 | 2,934.85 |
| **63609 • WS 3 Vehicle Maintenance** | 1,950.70 | 0.00 | 0.00 | 0.00 | 1,950.70 |
| Total **63606 • Repair & MainNehicle** | 1,950.70 | 9,905.47 | 0.00 | 0.00 | 11,856.17 |
| **61000** • T!!lephone | 1,1.§9.98 | 10,546.3.§ | 0.00 | 0.00 | 11,696.32 |
| **64100** • Small Equipment | 3,001.24 | 1,691.96 | 0.00 | 0.00 | 4,693.20 |
| **64200** • Tranlng **Expense** | 0.00 | 1,366.75 | 0.00 | 0.00 | 1,366.75 |
| **64400 • Uniforms** | 1,560.45 | 1,778.38 | 0.00 | 0.00 | 3,338.83 |
| **64800 • Utilities** | 0.00 | 12,327.12 | 0.00 | 0.00 | 12,327.12 |
| **65000 • Wages-Ambulance** | 3,567.B0 ◆ | 632,351.74 | 0.00 | 0.00 | 635,919.34 |
| **65001 • 12-Hour Ambulance Wages** | 17,184.05 | ◆t:i,192.43 | 0.00 | 0.00 | 23,376.48 |
| **65100 • Wages-Office** | 0.00 | 0.00 | 142,784.37 | 0.00 | 142,784.37 |
| **65110 • Mlieage for Reimbursement** | 0.00 | 0.00 | 93.60 | 0.00 | 93.60 |
| **67000 • Depreciation Expense** | 0.00 | 35,867.00 | 0.00 | 0.00 | 35,867.00 |
| **Total Expense** | 44,069.81 | 1,072,702.02 | 152,497.58 | 0.00 | 1,269,269.41 |
| **Net Ordinary Income** | -34,206.80 | -4,877,712.19 | -152,497.58 | 0.00 | -5,064,416.57 |
| **Net Income** | **-34,206.80** | **-4,877,712.19** | **-152,497.58** | **0.00** | **-5,064,416.57** |

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03/25/26
Accrual Basis

## Westside Ambulance
## Profit & Loss by Class
### January through December 2025

| | 12H Ambulance | 24H Ambulance | Clerical | Unclassified | TOTAL |
|---|---|---|---|---|---|
| **Ordinary Income/Expense Income** | | | | | |
| **11500 • Account Receivable 12-HR** | 0.00 | 0.00 | 0.00 | 0.00 | 000 |
| **31500 • Reimbursement** | 403,987.60 | 204,000.00 | 0.00 | 0.00 | 607,987.60 |
| **40000 • Medical Transport Income** | 450,455.59 | 818,785.52 | 000 | 000 | 1,269,241.11 |
| 40200 • Membership dues | 0.00 | 5,994.81 | 0.00 | 0.00 | 5,994.81 |
| 40300 • Other income | 0.00 | 8,213.03 | 0.00 | 0.00 | 8,213.03 |
| 40400 • Collections income | 0.00 | 3,422.54 | 0.00 | 0.00 | 3,422.54 |
| 41000 • Interest income | 0.00 | 2,955.91 | 0.00 | 0.00 | 2,955.91 |
| Total Income | 854,443.19 | 1,043,371.81 | 0.00 | 0.00 | 1,897,815.00 |
| **Cost of Goods Sold** | | | | | |
| **50000 • Hardship Write-Off** | 0.00 | 4,572.66 | 0.00 | 0.00 | 4,572.66 |
| **50002 • Insurance Adjustment** | -327.02 | 4,096.14 | 0.00 | 0.00 | 3,769.12 |
| **50003 • Medicare Wri✓off** | 1,446,317.62 | 2,069,672.89 | 0.00 | 0.00 | 3,515,990.51 |
| **50004 • Medi-Cal Write-off** | 667,462.21 | 1,233,749.18 | 0.00 | 0.00 | 1,901,211.39 |
| **50005 • Member Discounts** | 42.75 | 66.60 | 0.00 | 0.00 | 109.35 |
| **50006 • Write-offs-Worker's** Comp | 0.00 | 9,491.92 | 0.00 | 0.00 | 9,491.92 |
| **50007** • Refunds | -875.18 | -916.18 | 0.00 | 0.00 | -1,791.36 |
| **50008** • Bad **Debt Write-off** | 134.14 | 8,826.61 | 0.00 | 0.00 | 8,960.75 |
| **50009** • Write Off **Military** | 979.80 | 14,073.84 | 0.00 | 0.00 | 15,053.64 |
| 50010 • **Write** Off - Collection Expense | 3,648.89 | 63,340.95 | 0.00 | 0.00 | 66,989.84 |
| 50011 • Write Off - Deceased | 407.47 | 4,283.83 | 0.00 | 0.00 | 4,691.30 |
| 50016 • AB 716 Adjustment | 21,251.38 | 102,532.21 | 0.00 | 0.00 | 123,783.59 |
| 50017 • Write Off - Public **Assisi** | 21,360.00 | 33,468.50 | 0.00 | 0.00 | 54,848.50 |
| Total COGS | 2,160,402.06 | 3,547,279.15 | 0.00 | 0.00 | 5,707,661.21 |
| **Gross Profit** | -1,305,958.87 | -2,503,907.34 | 0.00 | 0.00 | -3,809,866.21 |
| **Expense** | | | | | |
| **50098 • Employee Relations** | 0.00 | 3,300.17 | 0.00 | 0.00 | 3,300.17 |
| **56201 • Purchases - Medical supplies** | 41,180.15 | 44,191.96 | 0.00 | 0.00 | 85,372.11 |
| **60000 • Accrued Payroll Taxes** | 25,436.56 | 51,977.52 | 13,587.19 | 0.00 | 91,001.27 |
| **60099 • Meals & Entertainment** | 726.60 | 3,303.89 | 0.00 | 0.00 | 4,030.69 |
| 60100 • Charitable Contributions | 0.00 | 92.83 | 0.00 | 0.00 | 92.83 |
| **60200 • Payroll Expenses** | 2,969.50 | 4,053.03 | 0.00 | 0.00 | 7,022.53 |
| **60600 • Computer Expenses** | 7,674.07 | 7,475.15 | 0.00 | 0.00 | 15,149.22 |
| **61000 • Dispatch Svs** | 5,999.55 | 12,000.45 | 0.00 | 0.00 | 18,000.00 |
| **61111 • Bank Service Charge** | **1,142.49** | 5,925.67 | 0.00 | 0.00 | 7,068.16 |
| **61300 • Dues & Subscriptions** | **0.00** | 9,747.47 | 0.00 | 0.00 | 9,747.47 |
| 61400 • Fuel | **9,158.60** | 19,107.25 | **0.00** | 0.00 | 28,265.85 |
| 61510 • Refund Expense | 875.18 | 3,737.39 | 0.00 | 0.00 | 4,612.57 |
| 61600 • Vehicle Licenses - Prog Srv | 0.00 | 2,055.00 | 0.00 | 0.00 | 2,055.00 |
| 61501 • Govt Fees & Licenses | **1,342.54** | 37,785.81 | 0.00 | 0.00 | 39,128.35 |
| 61900 • Insurance | 10,547.18 | 31,581.48 | 0.00 | 0.00 | 42,128.66 |
| 62100 • Insurance - Health - Mgmt | 7,576.72 | 85,727.27 | -2,235.12 | 0.00 | 91,068.87 |
| 62200 • Legal and Accounting | 0.00 | 1,625.00 | 0.00 | 0.00 | 1,625.00 |
| **62600 • Office Supplies** | 436.21 | 5,636.90 | 0.00 | 0.00 | 6,073.11 |
| **62610 • Rent 612 4th Street** | 19,200.00 | 0.00 | 0.00 | 0.00 | 19,200.00 |
| **63000 • Postage** | 793.08 | 1,782.96 | 0.00 | 0.00 | 2,576.04 |
| **63200 • Property Taxes** | 0.00 | 2,682.38 | 0.00 | 0.00 | 2,682.38 |
| **63601 • Repair & Main/Crew Qtrs** | 1,549.63 | 9,669.79 | 0.00 | 0.00 | 11,219.42 |
| **63603 • Repair & Main/Med** Equip | 600.00 | 2,870.17 | 0.00 | 0.00 | 3,470.17 |
| **63606 • Repair & Main/Vehicle** | | | | | |
| **63607 • \IVS-1 (2016) Vehicle Maintenance** | 0.00 | 10,992.91 | 0.00 | 0.00 | 10,992.91 |
| **63608 • WS 2 (2019) Vehicle Maintenance** | 0.00 | 9,548.79 | 0.00 | 0.00 | 9,548.79 |
| **63609 • WS 3 Vehicle Maintenance** | 1,371.31 | 0.00 | 0.00 | 0.00 | 1,371.31 |
| **Total 63606 • Repair & Main/Vehicle** | 1,371.31 | 20,541.70 | 0.00 | 0.00 | 21,913.01 |
| **64000 • Telephone** | 2,591.29 | 10,135.91 | 0.00 | 0.00 | 12,727.20 |
| **64100 • Small Equipment** | 6,497.06 | 6,436.59 | 0.00 | 0.00 | 12,933.65 |
| **64200 • Tranlng Expense** | 0.00 | 1,575.00 | 0.00 | 0.00 | 1,575.00 |
| **64400 • Uniforms** | 3,537.64 | 5,663.04 | 0.00 | 0.00 | 9,200.68 |
| **64800 • Utilities** | 5,453.53 | 11,633.06 | 0.00 | 0.00 | 17,086.59 |
| **65000 • Wages-Ambulance** | 19,490.56 | 11,026.66 | 0.00 | 0.00 | 630,517.22 |
| **65001 • 12-Hour Ambulance Wages** | 285,839.83 | 5,987.19 | 0.00 | 0.00 | 321,827.02 |
| **65100 • Wages-Office** | 7,506.38 | 0.00 | 172,521.71 | 0.00 | 180,026.09 |
| **65110 • Mileage for Reimbursement** | 0.00 | 0.00 | 252.59 | 0.00 | 252.59 |
| **Total Expense** | 469,495.86 | 1,049,328.69 | 184,126.37 | 0.00 | 1,702,950.92 |
| **Net Ordinary Income** | -1,775,454.73 | -3,553,236.03 | -184,126.37 | 0.00 | -5,512,817.13 |
| **NetIncome** | **-1,775,454.73** | **-3,553,236.03** | **-184,126.37** | **0.00** | **-5,512,817.13** |

## Attachment C: Payor Mix

### Enloe Health

| Enloe Payor Mix | | | | |
|---|---|---|---|---|
| **Payor** | **2023** | **2024** | **2025** | **2026YTD** |
| Medicare | 52.3% | 55.6% | 51.5% | 49.4% |
| Medi-Cal Traditional | 2.8% | 3.0% | 1.9% | 2.2% |
| Medi-Cal Managed | 21.2% | 21.5% | 28.9% | 29.1% |
| Blue Cross | 5.9% | 4.4% | 3.5% | 5.3% |
| Blue Shield | 2.6% | 2.3% | 4.1% | 2.2% |
| Self-Pay | 11.7% | 8.5% | 5.6% | 3.4% |
| Other | 3.6% | 4.7% | 4.6% | 8.4% |
| **TOTAL** | **100%** | **100%** | **100%** | **100%** |

### Westside

| Westside Payor Mix | | | |
|---|---|---|---|
| **Payor** | **2023** | **2024** | **Jan-Jun 2025** |
| Medicare | 58.9% | 57.4% | 58.8% |
| Medi-Cal Traditional | 3.6% | 1.7% | 0.5% |
| Medi-Cal Managed | 24.3% | 28.2% | 28.0% |
| Blue Cross | 3.1% | 3.6% | 4.9% |
| Blue Shield | 2.9% | 2.6% | 3.0% |
| Self-Pay | 4.7% | 3.0% | 4.3% |
| Other | 2.6% | 3.6% | 0.6% |
| **TOTAL** | **100%** | **100%** | **100%** |

## Attachment D: Acronyms

| | |
|---|---|
| AB | Assembly Bill |
| ACE | Accredited Center of Excellence |
| ALS | Advanced Life Support |
| BLS | Basic Life Support |
| CAD | Computer-Aided Dispatch |
| CPR | Cardiopulmonary Resuscitation |
| CQI | Continuous Quality Improvement |
| ED | Emergency Department |
| EMD | Emergency Medical Dispatch |
| EMS | Emergency Medical Services |
| H&SC | Health and Safety Code |
| IFT | Inter-Facility Transports |
| LEMSA | Local EMS Agency |
| MPDS | Medical Priority Dispatch System® |
| NEMSA | National EMS Advisory Council |
| PCR | Patient Care Report |
| PSAP | Public Safety Answering Point |

# GLENN COUNTY
# EMERGENCY MEDICAL SERVICES
## FISCAL ASSESSMENT

*Presented by*
*Healthcare Strategists*
*June 2026*

HEALTHCARE STRATEGISTS

# Introduction

- **Goal: A comprehensive financial EMS system assessment of the County EMS system.**

- **Healthcare Strategists: Consultants represent EMS, fire, fiscal, and clinical experts, each with at least 40 years of industry experience.**

# Assessment Process

- **Interviews: Ambulance provider, EMS agency, and fire department leadership.**
- **Data Analysis: Historical financial statements, call volume, performance, agreements, and other materials reviewed.**
- **Support: The stakeholders were open and engaged in sharing their agencies' information; however, one ambulance provider shared multiple financial statements for the same fiscal year.**

# EMS System Highlights

- A coordinated EMS system overseen by the EMS Agency (S-SV EMS).
- Broad stakeholder network spanning dispatch, first response, ambulance transport, and receiving facilities.
- Access to a nationally accredited secondary public safety answering point (PSAP) using emergency medical dispatch (i.e., MPDS) for transferred medical calls, which supports standardized call interrogation and consistent pre-arrival instructions.
- EMS direction that aligns well with statewide and national priorities (including EMS Agenda 2050) that emphasize integration, reliability, and patient-centered system design.

# EMS System Challenges

- Clinical oversight and clinical quality improvement (CQI) participation and reporting are inconsistent across providers, with limited consistency in quality assurance processes and regional quality-forum participation (e.g., REMAC) and variable responsiveness to required reporting.
- Glenn County faces ambulance response performance pressures typical of rural environments.
- Emphasize the need to define realistic performance expectations by zone and to reduce preventable response-time outliers through deployment, dispatch, and operational improvements.
- Fragmented data limits timely system monitoring, transparency, and shared accountability.
- Longer transport times following the Glenn Medical Center closure and possible decline in transport volume and revenue.
- Financial sustainability risks persist with limited availability of consistent, audit-ready financial reporting from one provider, complicating planning and subsidy justification.

# DISCUSSIONS, FINDINGS, AND RECOMMENDATIONS

HEALTHCARE STRATEGISTS

# Preface

- Findings and recommendations are based on best practices, industry trends, and service innovation.
- Recommendations may need to be part of an EOA bid, new provider contract(s), or other process.
- Recommendations do not consider external factors such as financial resources, provider interest, or political support to implement.
- Key Findings/Recommendations are indicated in red.

# 1.

# Use of Medical Priority Dispatch System (MPDS®)

**Finding:** **Enloe is under contract with Glenn County to serve as a secondary PSAP, is accredited by ACE, and uses MPDS protocols when handling transfers from primary PSAPs if medical services are required.**

**Recommendation:** **The County and S-SV EMS should formalize and require the use of an ACE-accredited secondary PSAP. This will be mandatory by 2027 (AB645).**

# 2.

# Clinical Oversight and Performance

**Finding:** Clinical/quality oversight is inconsistent, with reported weak or reactionary quality improvement processes, limited participation in regional quality forums (e.g., REMAC), and varying responsiveness to required reporting (including MCI feedback forms), particularly as it relates to Westside Ambulance.

**Recommendation:** Establish and enforce minimum CQI and reporting requirements across providers (including defined CQI roles, participation expectations for regional forums such as REMAC, and timely submission standards for required reports like MCI feedback forms), with monitoring and remedies for non-compliance.

# 3.

# Deployment of Ambulance Resources

## Ambulance Response Times

| Deployed ALS Ambulances by Provider Agency | | |
|---|---|---|
| **Provider** | **Minimum** | **Maximum** |
| **Enloe** | 1 | 1 |
| **Westside Ambulance** | 1 | 2 |

**Finding:** **Prolonged ambulance response times, as seen within the response time compliance data, could create a cascading system impact by delaying availability for other emergencies and degrading overall EMS performance.**

**Recommendation:** **Implement system status management practices to reduce outliers and protect coverage: enforce closest-unit dispatch, use predefined move-up/coverage plans when units are committed, and monitor dispatch-to-enroute/response-time performance with routine CQI review and corrective action.**

# 3.

# Deployment of Ambulance Resources

## Response Time Compliance Findings

| Response Time Compliance (2025 – Feb 2026) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Zone/ Provider | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
| Orland/ Westside | 87% | 91% | 90% | 97% | 92% | 100% | 79% | 97% | 91% | 95% | 100% | 97% | 91% | 100% |
| Willows/ Enloe | 96% | 95% | 96% | 95% | 88% | 100% | 89% | 94% | 62% | 89% | 75% | 70% | 80% | 57% |
| County | 100% | 100% | 100% | 92% | 98% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% |

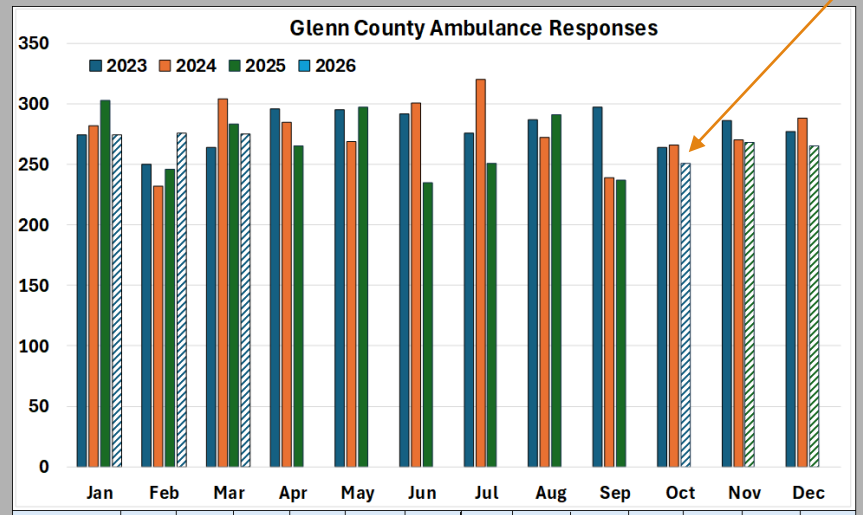
**Finding:** Based on the interviews and a review of the monthly performance gap between zones, the declining response-time compliance in Willows was likely caused by improper use of the 12-hour unit, as calls were being rotated rather than routed to the closest unit.

**Recommendation:** Implement closest-unit dispatch for Willows-zone calls by configuring dispatch software and utilizing the automatic vehicle location system to use the 12-hour car as a cover unit (i.e., not on rotation).

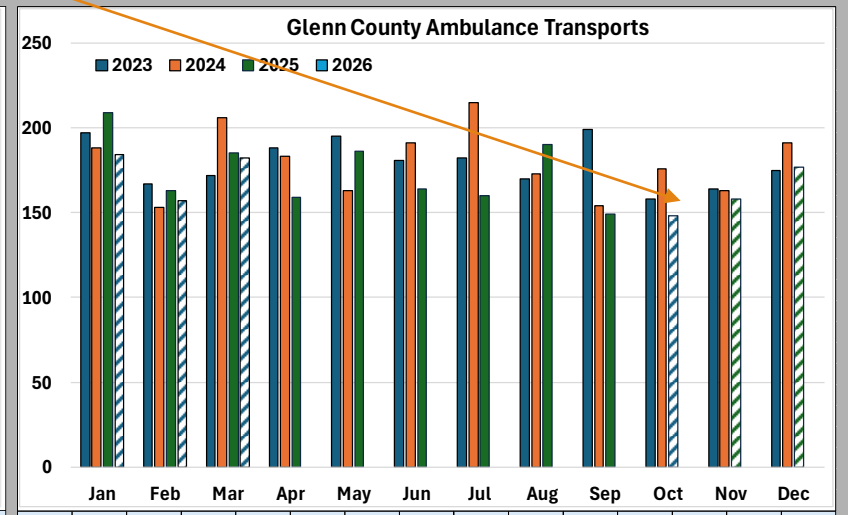
# 4.

# Call Volume Trends

Hospital Closure




| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023 | 274 | 250 | 264 | 296 | 295 | 292 | 276 | 287 | 297 | 264 | 286 | 277 | 3,358 |
| 2024 | 282 | 232 | 304 | 285 | 269 | 301 | 320 | 272 | 239 | 266 | 270 | 288 | 3,328 |
| 2025 | 303 | 246 | 283 | 265 | 297 | 235 | 251 | 291 | 237 | 251 | 268 | 265 | 3,192 |
| 2026 | 274 | 276 | 275 | | | | | | | | | | 825 |




| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | Tx Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023 | 197 | 167 | 172 | 188 | 195 | 181 | 182 | 170 | 199 | 158 | 164 | 175 | 2,148 | 64% |
| 2024 | 188 | 153 | 206 | 183 | 163 | 191 | 215 | 173 | 154 | 176 | 163 | 191 | 2,156 | 65% |
| 2025 | 209 | 163 | 185 | 159 | 186 | 164 | 160 | 190 | 149 | 148 | 158 | 177 | 2,048 | 64% |
| 2026 | 184 | 157 | 182 | | | | | | | | | | 523 | 63% |

**Finding:** Reviewing the monthly call volume following the hospital closure did not identify the anticipated decrease in call volume.

**Recommendation:** While response and transport volume do not show a significant or immediate impact, both metrics should be tracked monthly for future impacts.

# 5.

# EMS System Financial Analysis

## Financial History

| Year | 2023 | | 2024 | | 2025 | |
|---|---|---|---|---|---|---|
| **Metric** | **Westside** | **Enloe** | **Westside** | **Enloe** | **Westside** | **Enloe** |
| Transports | 1,111 | 999 | 1,097 | 1,012 | 1,202 | 862 |
| Net patient revenue | $1,078,999 | $781,380 | $1,026,145 | $888,514 | $1,222,773 | 958,934 |
| Net patient revenue per trip | $ 971 | $ 782 | $ 935 | $ 878 | $ 1,017 | $ 1,112 |
| Expenses | 1,191,046 | 940,921 | 1,181,149 | 989,801 | 1,702,950 | 944,435 |
| Expenses per trip | $ 1,072 | $ 942 | $ 1,077 | $ 978 | $ 1,417 | $ 1,096 |
| Deficit | (112,047) | (159,541) | (155,004) | (101,287) | (480,177) | 14,499 |

**Finding:** **Neither service is breaking even.**

**Recommendation:** **Consider other EMS system designs to improve the financial position.**

# 5.

# EMS System Financial Analysis
## (Enloe)

## Enloe Health Ambulance Service

**Finding:** Financials and payor mix data were formal and professionally produced. This enabled an effective and confident evaluation of its financials.

**Recommendation:** Continue to require annual reporting for the County to track fiscal viability long-term.

# 5.

# EMS System Financial Analysis (Westside)

## Westside Ambulance Service

| Westside Financial Comparison | | | | |
|---|---|---|---|---|
| **Provider** | **2024** | **Per Trip** | **2025** | **Per Trip** |
| Transports | 1,103 | | 1,202 | |
| **Net Patient Revenue** | **$ 1,079,438** | **$ 979** | **$ 1,222,773** | **$ 1,017** |
| **Expenses** | | | | |
| Crew Wages | 659,295 | 598 | 952,344 | 792 |
| Other Wages | 220,522 | 200 | 278,052 | 231 |
| Employee Benefits and Relations | 74,917 | 68 | 109,175 | 91 |
| Professional Services | 38,657 | 35 | 47,992 | 40 |
| Supplies | 54,680 | 50 | 118,174 | 98 |
| Purchased Services | - | | - | |
| Insurance, Gov. Fees & Licenses | 79,902 | 72 | 81,257 | 68 |
| Property and Utilities | 41,572 | 38 | 51,696 | 43 |
| Vehicles & Fuel | 41,903 | 38 | 52,234 | 43 |
| Bank & Refund | 16,832 | 15 | 11,681 | 10 |
| Indirect Support Services | - | - | - | - |
| Other Expenses | 5,122 | 5 | 345 | 0 |
| **Total Expenses** | **1,233,402** | **1,118** | **1,702,950** | **1,417** |
| **Patient Revenue less Expense** | **(153,964)** | **(140)** | **(480,177)** | **(399)** |
| *Subsidy* | *204,000* | | *643,052* | |
| **Profit/(Loss)** | **50,036** | **45** | **162,875** | **136** |

**Notes**

1. Subsidy is provided by Glenn County (12-hour unit) and City of Orland (both units)
2. 2024 subsidy for 24-hour unit only (the 12-hour unit was added in December 2024)
3. 2025 subsidy covers 12 and 24-hour units; December subsidy amount estimated based on prior months

**Finding:** **Multiple sets of financials; the latest noted revenue items that did not tie to the summary report. The cost of goods sold section includes items that should be deducted from revenue (e.g., Medicaid and Medi-Cal write-offs) and must have been removed in the income section. The detail shows gross and net losses in the millions, which is inaccurate.**

**Recommendation:** **Since Westside is reliant on government subsidies, it should have an independent governmental audit of its financial statements and underlying accounting records to establish an audit-ready baseline and a reliable financial record for oversight purposes.**

# 5.

# EMS System Financial Analysis (Westside)

## Westside Ambulance Service

**Finding:** The Westside Manager is carrying a broad set of responsibilities (i.e., accounts receivable, human resources, logistics, non-profit transition, general operations).

**Recommendation:** Stabilize roles and delegate responsibilities to reduce key-person burnout risk. Define and document core processes with step-by-step procedures and named backups.

**Finding:** QuickBooks has had "many hands," making reconciliation and reporting difficult.

**Recommendation:** Address QuickBooks governance and data integrity by limiting access to trained users, implementing role-based permissions.

**Finding:** Accounts receivable (AR) and revenue tracking are fragmented, as the separation of billing systems and non-integrated revenue feeds complicates reporting and requires manual workarounds.

**Recommendation:** Integrate or standardize revenue and billing inputs by mapping billing system outputs to a standardized revenue recognition and deposit process.

**Finding:** The Westside Board, County, and City of Orland should have clear documentation to support ongoing subsidies from the taxpayers.

**Recommendation:** Formalize board reporting and subsidy documentation; implement a standardized monthly (or quarterly) reporting package.

**Finding:** Current expenditure and staffing levels appear disproportionate to the reviewed call volume, indicating potential misalignment between resource deployment and service demand.

**Recommendation:** Because call volume is low but the area to cover is large, staffing costs remain high. As a result, an ongoing subsidy is necessary to cover the cost gap using the current model.

# 5.

# EMS System Financial Analysis
## (Enloe & Westside)

| Provider Financial Comparison, 2025 | | | | | |
|---|---|---|---|---|---|
| **Provider** | **Westside** | **Per Trip** | **Enloe** | **Per Trip** | **Combined** |
| Transports | 1,202 | | 862 | | 2,064 |
| **Net Patient Revenue** | **$1,222,773** | **$1,017** | **$ 958,934** | **$1,112** | **$2,181,707** |
| **Expenses** | | | | | |
| Wages | 1,230,396 | 1,024 | 526,107 | 610 | 1,756,503 |
| Employee Benefits and Relations | 109,175 | 91 | 266,050 | 309 | 375,225 |
| Professional Services | 47,992 | 40 | 41,154 | 48 | 89,146 |
| Supplies | 118,174 | 98 | 22,585 | 26 | 140,759 |
| Purchased Services | | | 28,025 | | 28,025 |
| Insurance, Gov. Fees & Licenses | 81,257 | 68 | 11,970 | 14 | 93,227 |
| Property and Utilities | 51,696 | 43 | | - | 51,696 |
| Vehicles & Fuel | 52,234 | 43 | | - | 52,234 |
| Bank & Refund | 11,681 | 10 | | - | 11,681 |
| Indirect Support Services | | | 48,419 | 56 | 48,419 |
| Other Expenses | 345 | 0 | 125 | 0 | 470 |
| **Total Expenses** | **1,702,950** | **1,417** | **944,435** | **1,096** | **2,647,385** |
| **Revenue less Expense** | **(480,177)** | **(399)** | **14,499** | **17** | **(465,678)** |

**Finding:** **Westside supply costs are five times greater than Enloe, higher insurance expense, and substantial bank expenses.**

**Recommendation:** **Westside should consider ordering supplies through Enloe to reduce supply costs, research new insurance carriers, and minimize bank fees.**

# 5.

# EMS System Financial Analysis
## (2025 Proforma)

| Proforma Models using 2025 Data | Current Providers | Single Provider | Public Provider(s) |
|---|---|---|---|
| **Transports (2025)** | 2,064 | 2,064 | 2,064 |
| **Net Patient Revenue** | $ 2,041,342 | $ 1,961,342 | $ 1,961,342 |
| Other Revenue | | | |
| Private GEMT (QAF) | $ 140,365 | $ 140,365 | $ - |
| Public GEMT2 | - | - | 820,667 |
| Other Revenue (Standby, etc) | | 30,000 | 30,000 |
| Membership Fees | | 50,000 | 50,000 |
| Total Revenue | $ 2,181,707 | $ 2,181,707 | $ 2,862,010 |
| **Direct Expenses** | | | |
| Crew Wages | $ 1,478,451 | $ 1,478,451 | $ 1,478,451 |
| Non-Crew Wages | 278,052 | 178,052 | 103,052 |
| Employee Benefits3 | 375,225 | 353,863 | 337,841 |
| Professional/Purchased Services | 117,171 | 117,171 | 117,171 |
| Indirect Support Services | 48,419 | 48,419 | 48,419 |
| Supplies | 140,759 | 54,078 | 54,078 |
| Vehicle Operating Expense | 52,234 | 52,234 | 52,234 |
| Insurance, Gov. Fees & Licenses | 32,562 | 20,000 | 15,000 |
| QAF and GEMT Fees | 60,665 | 60,665 | 385,714 |
| Property and Utilities | 51,696 | 51,696 | 51,696 |
| Other (uniforms, licenses, training, etc.) | 12,151 | 12,151 | 12,151 |
| Total Direct Expense | $ 2,647,385 | $ 2,426,780 | $ 2,655,807 |
| **Revenue Less Expenses** | **$ (465,678)** | **$ (245,073)** | **$ 206,202** |

Notes

1 uses actual 2025 financial statements

2 GEMT is not a guaranteed, long-term revenue stream, NO EMS system should be built assuming it is permanent

3 Employee Benefits would be greater for a public provider, unless part of an alliance model with a private provider

**Finding:** **The current two-provider model in the County is inefficient and not cost effective.**

**Recommendation:** **Consider a single private provider or public provider(s).**

# 6.

# Next Steps

| Projected Proforma Models for 2026 | Current Providers | Single Provider | Public Provider(s) |
|---|---|---|---|
| **Transports, Estimated (2026)** | 1,900 | 1,900 | 1,900 |
| **Net Patient Revenue** | $ 1,915,200 | $ 1,835,200 | $ 1,930,200 |
| Other Revenue | | | |
| Private GEMT (QAF) | $ 129,000 | $ 129,000 | $ - |
| Public GEMT[1] | $ - | $ - | $ 842,490 |
| Other Revenue (Standby, etc) | | $ 30,000 | $ 30,000 |
| Membership Fees | | 50,000 | 50,000 |
| Total Revenue | $ 2,044,200 | $ 2,044,200 | $ 2,852,690 |
| **Direct Expenses** | | | |
| Crew Wages | $ 1,522,805 | $ 1,522,805 | $ 1,522,805 |
| Non Crew Wages | 106,144 | $ 106,144 | $ 106,144 |
| Employee Benefits[2] | 347,977 | 347,977 | 347,977 |
| Professional/Purchased Services | 117,171 | 117,171 | 117,171 |
| Indirect Support Services | 48,419 | 48,419 | 48,419 |
| Supplies | 129,575 | 49,781 | 49,781 |
| Vehicle Operating Expense | 48,084 | 48,084 | 48,084 |
| Insurance, Gov. Fees & Licenses | 37,382 | 20,000 | 15,000 |
| QAF and GEMT Fees | 55,845 | 55,845 | 395,970 |
| Property and Utilities | 51,696 | 51,696 | 51,696 |
| Other (uniforms, licenses, training, etc.) | 12,151 | 12,151 | 12,151 |
| Total Direct Expense | $ 2,477,247 | $ 2,380,071 | $ 2,715,197 |
| **Revenue Less Expenses** | **$ (433,047)** | **$ (335,871)** | **$ 137,493** |

Notes

[1] GEMT is not a guaranteed, long-term revenue stream, NO EMS system should be built assuming it is permanent. 2026 program has not been approved as of 4/7/2026

[2] Employee Benefits would be greater for a public provider, unless part of an alliance model with a private provider

Reduced 2025 patient revenue, GEMT revenue, supplies, vehicle operating expeses by 8.9% due to drop in call volume

1) **A single provider EMS system will reduce expenses, eliminate duplication, and improve efficiency.**

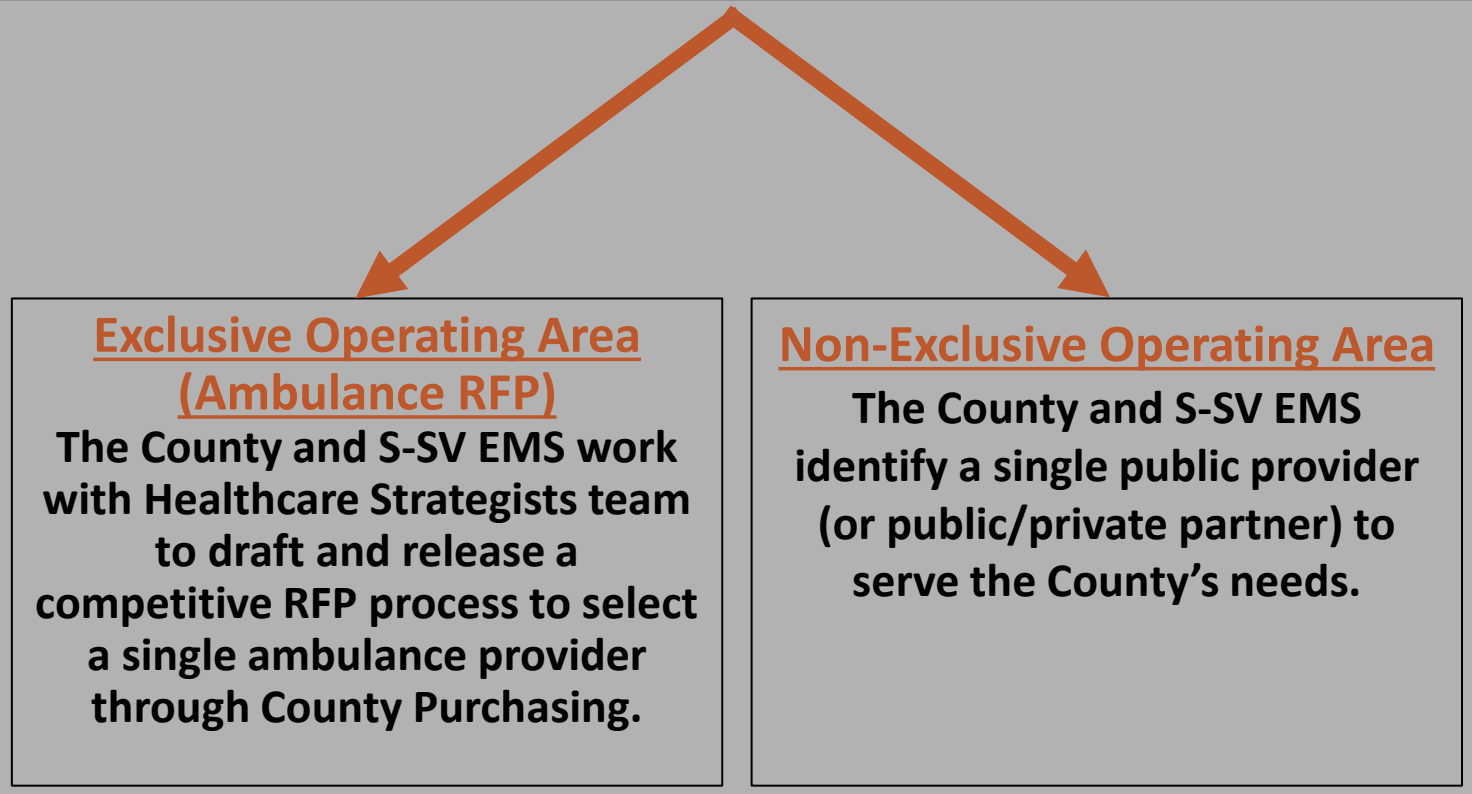
2) **Consider a public provider (or public/private partnership) to improve revenue.**

# 7.

# Conclusion

- **Dedicated EMS workforce and strong foundational capabilities, including an accredited dispatch center. Solid base to build a more integrated, resilient, and patient-centered EMS system.**
- **Systemwide issues with response-time performance, labor-intensive CQI, fragmented data, and limited contractual accountability that can increase risk to patient outcomes, provider safety, financial sustainability, and public trust.**
- **Recommendations**
  1. **Move to a single ambulance provider**
  2. **Consider a public provider or Alliance Model to access GEMT funding**
  3. **Modernize data and CQI infrastructure**
  4. **Optimize deployment and tiered response**
  5. **Integrate behavioral health crisis response**
  6. **Prepare for emerging models (e.g., community paramedicine, alternate destinations)**

# Next Steps


Exclusive Operating Area (Ambulance RFP)
The County and S-SV EMS work with Healthcare Strategists team to draft and release a competitive RFP process to select a single ambulance provider through County Purchasing.
Non-Exclusive Operating Area
The County and S-SV EMS identify a single public provider (or public/private partner) to serve the County's needs.

# GLENN COUNTY
# EMERGENCY MEDICAL SERVICES
# ASSESSMENT

## *Questions & Answers*

HEALTHCARE STRATEGISTS