

# Solano County Health & Social Services Department

Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services



Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

**Patrick O. Duterte, Director**

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## EMERGENCY MEDICAL SERVICES AGENCY

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Fairfield, Ca. 94533  
(707) 784-8155 FAX (707) 421-6682  
www.solanocounty.com

Richard C. Lotsch, D.O.  
EMS Agency Medical Director

Ted Selby  
EMS Agency Administrator

March 18, 2011

TO: Sandy Salaber  
California EMS Authority

From: Ted Selby   
EMS Administrator; Solano County EMS

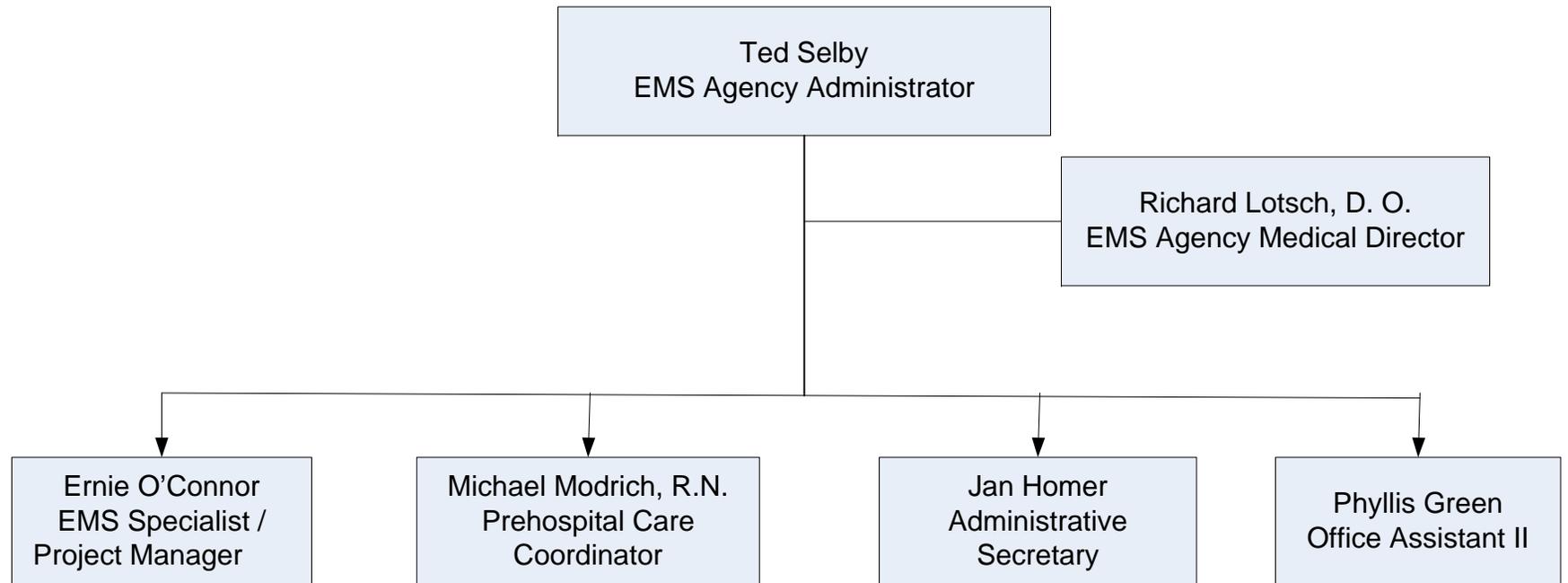
Subject: Annual System Status Plan, FY 09-10 Summary of Changes

Thank you for accepting Solano County's System Status Plan update for FY 09-10. We have undergone a number of changes and challenges through this reporting period. The following summarizes some of our key points.

1. The Emergency Services Bureau, comprised of the Emergency Medical Services Agency and Emergency Preparedness and Response Program, was formed to provide more inclusive service to the citizens of Solano County.
2. Mr. Ted Selby was appointed as the Emergency Medical Services (EMS) Administrator, effective May 17, 2010.
3. Medic Ambulance was awarded the exclusive ambulance agreement to provide Advanced Life Support (ALS) service to Solano County effective May 1, 2010 (with the exception of the City of Vacaville).
4. The Public Private Partnership (PPP) Agreement between Medic Ambulance and the Cities of Benicia, Dixon, Fairfield, and Vallejo was executed May 1, 2010.
5. The EMS Agency Trauma Plan was approved in June 2010 pending finalization of any draft policies (this has been accomplished).
6. The STEMI Care Program was initiated in Solano County on April 1, 2010, with the objective of delivering state-of-the-art medical care to STEMI heart attack victims. NorthBay Medical Center is pursuing STEMI certification.

**SOLANO COUNTY EMERGENCY MEDICAL SERVICE (EMS)**

(3/17/2011)



Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The EMS Agency and the Emergency Preparedness & Response (EPR) programs have been combined into the Emergency Services Bureau (ESB). The Chief of ESB is the EMS Administrator.	Policy 1700 is in the process of being updated and will be included in the next annual report. Updated staff roster is included for reference.
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active committees in the Solano County EMS system include Pre-TAC, PCC/CQI, Physicians' Forum & STEMI. Additionally, we maintain a health consumer representative on the SEMSC Board of Directors	Completed
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solano County's Trauma Plan was approved pending finalization of any draft policies.	Policy 5900 (Solano County Trauma System) is in final coordination.
1.09		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solano County is in the process of transitioning from ReddiNet to EM Systems	work and will be addressed annually.
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solano County has finalized the Ambulance Agreement and Public Private Partnership (PPP) Agreements.	Completed
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current standing committees include: Pre-TAC, STEMI, PCC/CQI & Physicians' Forum.	Completed
1.24		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALS Agreements are in the process of being reaccomplished and updated.	On-going.
1.26		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Two hospitals in Solano County have indicated their interest in obtaining Level III Trauma Center designation. The EMS Agency is developing procedures to assist this process. Additionally, one hospital has expressed an interest in possible Level II designation at a future time.	On-going.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solano County awarded the contract to Medic Ambulance as sole ambulance provider (with exception of the City of Vacaville) in May 2010.	Completed
3.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solano County is in the process of transitioning from ReddiNet to EM Systems	On-going.



**A. SYSTEM ORGANIZATION AND MANAGEMENT**

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **FY 09-10 (Jul 1 2009 – Jun 30, 2010)**

**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%.)

County: **SOLANO COUNTY**

<b>A.</b> Basic Life Support (BLS)	<b><u>0%</u></b>
<b>B.</b> Limited Advanced Life Support (LALS)	<b><u>0%</u></b>
<b>C.</b> Advanced Life Support (ALS)	<b><u>100%</u></b>

2. Type of agency  
a - Public Health Department  
b - County Health Services Agency  
c - Other (non-health) County Department  
**d - Joint Powers Agency                      XX**  
e - Private Non-Profit Entity  
f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to: **A & C**  
a - Public Health Office  
b - Health Services Agency Director/Administrator  
c - Board of Directors  
d - Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A

**Table 2 - System Organization & Management (cont.)**

Continuing education	X
Personnel training	N/A
Operation of oversight of EMS dispatch center	N/A
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	N/A
Other: _____	
Other: _____	
Other: _____	

**5. EMS agency budget for FY 09-10 Actual EXPENSES**

Salaries and benefits (All but contract personnel)	\$550,992.00
Contract Services (e.g. medical director)	\$49,000.00
Operations (e.g. copying, postage, facilities)	\$90,781
Travel	\$2447.00
Fixed assets	N/A
Indirect expenses (overhead)	\$29,651.00
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	N/A
Dispatch center operations (non-staff)	N/A
Training program operations	N/A
Other: _____	N/A
Other: _____	N/A
Other: _____	N/A

**TOTAL EXPENSES** \$722,871.00

**Table 2 - System Organization & Management (cont.)**

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	N/A
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	N/A
Certification fees	\$9,786.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	N/A
Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	\$12,000**
Type: STEMI Center Applications (3)	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	N/A
Contributions (FINES)	\$500
EMS Fund (SB 12/612)	N/A
Other grants: _____	N/A
Other fees:	
Non-exclusive Ambulance Fees	\$12,000**
Intergovernmental Revenue	\$215,592
Other (specify): FRANCHISE	\$360,000**
<b>TOTAL REVENUE</b>	<b><u>\$597,378.00</u></b>

\*\* Budget Code 9854 (SEMISC)

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.

**Table 2 - System Organization & Management (cont.)**

Fee structure for FY 09-10

\_\_\_\_\_ We do not charge any fees

**X - Our fee structure is:**

First responder certification	\$N/A
EMS dispatcher certification	N/A
EMT-I certification	\$30.00
EMT-I recertification	\$30.00
<b>EMT-defibrillation certification</b>	N/A
EMT-defibrillation recertification	N/A
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	\$55.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	N/A
EMT-II training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	N/A
Trauma center designation	N/A
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: STEMI Center	\$4,000.00
Other critical care center designation Type: N/A	
Ambulance service license -initial	\$1,500.00
Ambulance service license - renewal	\$1,000.00
Ambulance vehicle permits	N/A
Other: _____	N/A
Other: _____	N/A

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **FY 09-10**.

**Table 2 - System Organization & Management (cont.)**

EMS System: SOLANO COUNTY EMS AGENCY

Reporting year FY 09-10

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	ADMINISTRATOR	1.0	N/A	N/A	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	PRE-HOSPITAL CARE COORDINATOR	1.0	N/A	N/A	
Program Coordinator/ Field Liaison (Non-clinical)	PROJECT MANAGER	1.0	N/A	N/A	
Trauma Coordinator					
Medical Director	MEDICAL DIRECTOR	0.2	N/A	N/A	Contract
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**Table 2 - System Organization & Management (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	ADMINISTRATIVE SECRETARY	1.0	N/A	N/A	
Other Clerical	OFFICE ASSISTANT II	1.0	N/A	N/A	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **FY 09-10**

Please note that numbers provided in the table below are estimates.

**NOTE:** Table 3 is to be reported by agency.

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	450		250	
Number newly certified this year	120		35	
Number recertified this year	225		40	
Total number of accredited personnel on July 1 of the reporting year	795		325	
Number of certification reviews resulting in:				
a) formal investigations	0		0	
b) probation	0		0	
c) suspensions	0		0	
d) revocations	0		0	
e) denials	0		0	
f) denials of renewal	0		0	
g) no action taken	0		0	

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2

2. Early defibrillation:

a) Number of EMT=I (defib) certified 795

b) Number of public safety (defib) certified (non-EMT-I) N/A

3. Do you have a first responder training program  yes x no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: **SOLANO COUNTY EMS**

County: **SOLANO COUNTY**

Reporting Year: **FY 09-10**

**Note:** Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? **Yes**
  - a. Radio primary frequency: **PROPRIETARY**
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
**Yes XX** No \_\_\_\_\_
  - d. Do you participate in OASIS? **Yes XX** No \_\_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
**Yes XX** No \_\_\_\_\_
    - 1) Within the operational area? **Yes XX** No \_\_\_\_\_
    - 2) Between the operational area and the region and/or state? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies? **N/A**
7. Who is your primary dispatch agency for a disaster? **SOLANO SHERIFF'S OFFICE**  
\_\_\_\_\_

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **FY 09-10**

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers **5**

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	7 minutes	7 minutes	N/A	N/A
Advanced life support responder	7 minutes	7 minutes	N/A	N/A
Transport Ambulance	9 minutes	9 minutes	15 minutes	90 minutes

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS  
Facilities/Critical Care**

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **FY 09-10**

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	394
b) Number of major trauma victims transported directly to a trauma center by ambulance	394
c) Number of major trauma patients transferred to a trauma center	394
d) Number of patients meeting triage criteria who weren't treated at a trauma center	0

**Emergency Departments**

Total number of emergency departments	5
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	5
d) Number of comprehensive emergency services	0

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	1
2. Number of base hospitals with written agreements	5



3. Have you tested your MCI Plan this year in a:
- a. real event? yes \_\_\_\_\_ no \_\_\_\_\_
- b. exercise? yes \_\_\_\_\_ no \_\_\_\_\_
4. List all counties with which you have a written medical mutual aid agreement.  
**(NONE)**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **yes XX** no \_\_\_\_\_
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_\_\_ **no XX**
7. Are you part of a multi-county EMS system for disaster response? **yes XX** no \_\_\_\_\_
8. Are you a separate department or agency? yes \_\_\_\_\_ **no XX**
9. If not, to whom do you report? **SOLANO COUNTY PUBLIC HEALTH.**
8. 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)** yes \_\_\_\_\_ no \_\_\_\_\_

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: SOLANO COUNTY EMS

County: Solano County Reporting Year: FY 09-10

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	Solano Community College	<b>Contact Person telephone no.</b>	Marie Morinec
<b>Address</b>	4000 Suisun Valley Rd., Fairfield, CA 94534		707-864-7108

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic \$20 per unit Refresher \$20 per unit plus associated fees	<b>**Program Level: __</b> Number of students completing training per year: Initial training: <u>200 (approx)</u> Refresher: <u>90 (approx)</u> Cont. Education <u>0</u> Expiration Date: <u>9/30/2013</u>  Number of courses: _____ Initial training: <u>2 per semester</u> Refresher: <u>3 per semester</u> Cont. Education: <u>none</u>
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<b>Training Institution Name</b>	Nat'l Institute for Health Care Education	<b>Contact Person telephone no.</b>	Linneu Stonebraker, RN, PhD Program Director
<b>Address</b>	231 E. Alessandro Blvd., A-135 Riverside, CA 92508		

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic \$1,070.00  Refresher \$250.00	<b>**Program Level: __</b> Number of students completing training per year: Initial training: <u>60 (est)</u> Refresher: <u>30 (est)</u> Cont. Education <u>0</u> Expiration Date: <u>12/31/2011</u>  Number of courses: _ Initial training: 2 Refresher: 1 Cont. Education: <u>0</u>
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- Open to general public or restricted to certain personnel only.
- \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

**(NOT APPLICABLE TO SOLANO COUNTY)**

**EMS System:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Reporting Year:** \_\_\_\_\_

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training    _____ EMT-D    _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ -	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training    _____ EMT-D    _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ -	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Solano County EMS Cooperative (SEMSC)

**Area or subarea (Zone) Name or Title:**

Exclusive Operating Area (EOA)

**Name of Current Provider(s):**

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

Medic Ambulance Service. Inc.

**Area or subarea (Zone) Geographic Description:**

For 9-1-1 responses, all of Solano County with the exception of the City of Vacaville and Zone C (see attached). Also included are portions of Sacramento County which include the City of Isleton, and the Delta, River Delta Fire Protection Districts, and Gordon Valley Fire District.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

By action of the SEMSC Board of Directors, the above EOA was created through a competitive process in 1998.

**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.).

Exclusivity is for emergency and non-emergency ALS.

**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.

The SEMSC conducted a competitive process via a Request for Proposals (RFP).

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

**Local EMS Agency or County Name:**

Solano County EMS Cooperative (SEMSC)

**Area or subarea (Zone) Name or Title:**

City of Vacaville and Zone C

**Name of Current Provider(s):**

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

Vacaville Fire Department

**Area or subarea (Zone) Geographic Description:**

For 911 response, all of the City of Vacaville, plus that area known as Zone C. The boundaries of Zone C are approximately: the area including Interstate 80 westbound up to but not including the North Texas Street overcrossing. The intersections of Meridian Road and Hay Road, Lewis Road and Hay Road, Interstate 80 and Midway Road, all of Lewis Road, and all of O'Day Road. Nunes Road north of O'Day Road through the East-West segment. The intersections of Meridian Road and Allendale Road, and Robert Road and Sweeny Road are in this zone as is Interstate 505 and the frontage road east of Interstate 505 north to and including Wolfskill Road overcrossing. Putah Creek Road west of but not including the intersection with Yolo County Road 89 is included in Zone C.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

By action of the SEMSC Board of Directors, the above Zone was created by the SEMSC Board through a "grandfather" process (1797.224).

**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.).

Exclusivity is for emergency ALS.

**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.

The Vacaville Fire Department has been providing emergency ALS First Response and transport since approximately 1976. To the Agency's knowledge, no other entity has provided this service in the territory described above. The City is recognized as a "201 entity" under 1797.201. that portion of Zone C outside the City limits is considered grandfathered in accordance with 1797.224.