STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

October 10, 2016

Mr. John Eaglesham, EMS Director
Santa Barbara County EMS Agency
300 North San Antonio Road
Santa Barbara, CA 93110

Dear Mr. Eaglesham:

This letter is in response to Santa Barbara County's 2016 EMS Plan Update submission to the EMS Authority on August 18, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Santa Barbara County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Santa Barbara County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2010 plan submission.

Historically, we have received EMS Plan submissions from Santa Barbara County for the following years:

- 1994
- 2005
- 2006
- 2010
- 2014

Health and Safety Code (HSC) § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Santa Barbara County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

   - Based on the documentation provided by Santa Barbara County, please find enclosed the EMS Authority's determination of the exclusivity of Santa Barbara County's EMS Agency's ambulance zones.

E.	☒	☐	Facilities/Critical Care

1. Standard 5.13

   - Your successes on the Stroke Critical Care System in Santa Barbara County and the new designation of a Stroke Receiving Center have been recognized.

F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Santa Barbara County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Santa Barbara County's next annual EMS Plan Update will be due on or before October 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Daniel R Smiley for

Howard Backer, MD, MPH, FACEP
Director

Enclosure

Approved Santa Barbara County Ambulance Zones

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Service Area 1		X	Non-Competitive	X				X							
Service Area 2	X														
Service Area 3		X	Non-Competitive	X				X							

Santa Barbara County
PUBLIC Health
DEPARTMENT

Emergency Medical Services Plan Annual Update

Submitted by the
Emergency Medical Services Agency

August 2016

EXECUTIVE SUMMARY

Santa Barbara County EMS Agency is pleased to submit the 2016 Annual EMS Plan Update for your review including updated Tables 1 through 11 and Progress/Objectives form. In addition, the Ambulance Zone Summary Forms are being re-submitted; however, there have been no changes to these documents from the last plan approval.

As identified in our 2014 EMS Plan, approved August 5, 2015, we are presenting the progress we have made on the following Standards:

5.10 The objectives of this short range goal have been met

5.13 The objectives of this short range goal have been met

6.02 The objectives of this short range goal have been met

6.04 Has been updated to a long range goal, our system has identified this as an area of intense focus for the coming years

The EMS system in Santa Barbara County has met some significant milestones in the current reporting period. In October of 2015 we reached our goal of having all EMS providers in the county documenting on a locally approved ePCR and we finalized an agreement for Richie fund distribution to further bolster our EMS for Children programs within the county. With the leadership of our Medical Director, Dr. Angelo Salvucci, we have implemented Stroke System designating Marian Regional Medical Center, Lompoc Valley Medical Center and Santa Barbara Cottage Hospital as Acute Stroke Centers. Furthermore, our ongoing work with our Cardiac Arrest Management Program has shown continued improvement to our cardiac arrest survival rates (Utstein Criteria) and our STEMI System was recognized with the Mission: Lifeline Gold award by the American Heart Association.

In the coming year Santa Barbara County EMS Agency will be upgrading our ePCR system to a NEMSIS 3.X compliant product and working towards integrating with our local community Health Information Exchange. Additionally, we are continuing to optimize our EMD and general dispatch processes to minimize delays in time to Pre-Arrival Instructions and response prioritization; as you know, this is a challenging process given current 911 routing issues for calls received from cell phones.

Please feel free to contact us at (805)681-5394 if any additional information is needed or if you have any questions.

John H. Eaglesham
Director, Emergency Medical Services
Santa Barbara County
Public Health Department

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X			
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X	X		

2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		N/A			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X			
4.13 Intercounty Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			

4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X			
5.14 Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Progress/Objectives

LEMSA: Santa Barbara County EMS Agency

Year: 2016

Standard	EMSA Requirement	Meets Minimum Req.	Short Range OR Long Range	Progress	Objective
5.10 Pediatric Design	FACILITIES / CRITICAL CARE	Yes	Short Range	Created distribution mechanism for Richie Funds to our local Pediatric Trauma Center to aid in the maintenance and improvement of EMS for Children services in the county	Our objectives for this standard have been met.
5.13 Specialty System Design	FACILITIES / CRITICAL CARE	Yes	Short Range	As of January 1, 2016 the LEMSA has Stroke System with designated Stroke Receiving Centers	Our objectives for this standard have been met.
6.02 Prehospital Records	DATA COLLECTION SYSTEM EVALUATION	Yes	Short Range	As of October 2015 all EMS providers in Santa Barbara County are documenting in a LEMSA approved ePCR system	Our objectives for this standard have been met.
6.04 Medical Dispatch	DATA COLLECTION SYSTEM EVALUATION	Yes	Short Range	LEMSA has made great progress in improving the dispatch process for EMS calls in the county. Currently non-EMD primary PSAPS are transferring critical calls for EMD processing.	As we continue to evaluate aspects of our local EMS system that can be improved we are conducting a critical assessment of how EMS calls are processed and dispatched within the county. As such, we are changing this to a Long Range goal.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

EMS System: Santa Barbara County EMS Agency
Reporting Year: 2016

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: Santa Barbara

A.Basic Life Support (BLS)	100%
B.Limited Advanced Life Support (LALS)	0%
C.Advanced Life Support (ALS)	100%

2. Type of agency
   a) Public Health Department [X]
   b) County Health Services Agency
   c) Other (non-health) County Department
   d) Joint Powers Agency
   e) Private Non-Profit Entity
   f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to D
   a) Public Health Officer
   b) Health Services Agency Director/Administrator
   c) Board of Directors
   d) Other: Public Health Deputy Director/Community Health

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	_____
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	_____
Continuing education	X

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	$1,354,873
Contract Services (e.g. medical director)	63,654
Operations (e.g. copying, postage, facilities)	469,330
Travel	11,290
Fixed assets	N/A
Indirect expenses (overhead)	83,202
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$1,982,349

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$_____

Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	73,979
County general fund	82,591
Other local tax funds (EMS Agency Fund)	26,928
County contracts (e.g. multi-county agencies)	_____
Certification fees	24,634
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	215,000
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	30,000
Type: STEMI	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	569,523
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: Federal (Bioterrorism,HPP, Ebola	649,599

Other fees:	EPCR	143,700
Other (specify):	AMR Image Trend, Maddy	166,395
TOTAL REVENUE		$1,982,349

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

7. **Fee structure**

_____ We do not charge any fees
__X__ Our fee structure is:

First responder certification	$_____
EMS dispatcher certification	_____
EMT-I certification	89.00
EMT-I recertification	252.00
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	209.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____

Pediatric facility approval _____

Pediatric facility designation _____

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service licence _____

Ambulance vehicle permits _____

Other: _____ _____

Other: _____ _____

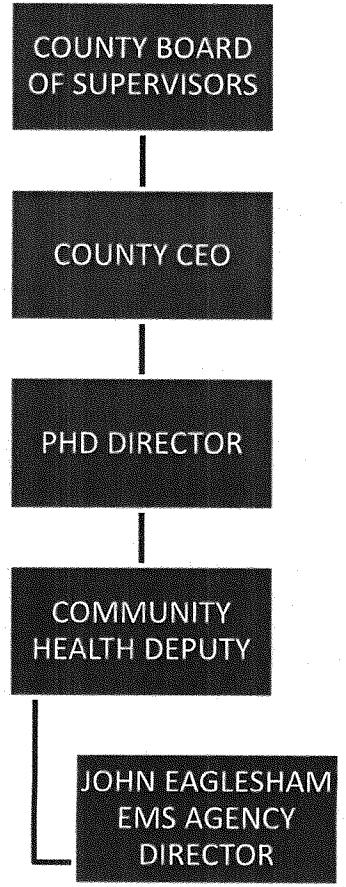
Other: _____ _____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	$51.31	51	
Asst. Admin./Admin.Asst./Admin. Mgr.	Performance Improvement Coordinator	1	$47.55	51	
ALS/Trng./Trauma/QA/QI Coordinator	Performance Improvement Coordinator	1	$47.55	51	
Program Coordinator/Field Liaison (Non-clinical)	Disaster Preparedness Program Manager	1	$48.22	51	
Medical Director	EMS Medical Director	0.3	Contract Position	N/A	Approx. $94.40/hr
Data Evaluator/Analyst	Epidemiologist	0.5	$39.73	51	
Executive Secretary	Office Professional II	1	$24.66	51	
Specialty Care Coordinator	Staff Nurse Sr	1	$43.04	51	
Other	Emerg Svcs Planner	1	$31.43	51	
Other	Emerg Svcs Planner	1	$31.43	51	

ATTACHMENT A

SANTA BARBARA COUNTY ORGANIZATIONAL CHART



ATTACHMENT B

SANTA BARBARA COUNTY EMS AGENCY ORGANIZATIONAL CHART

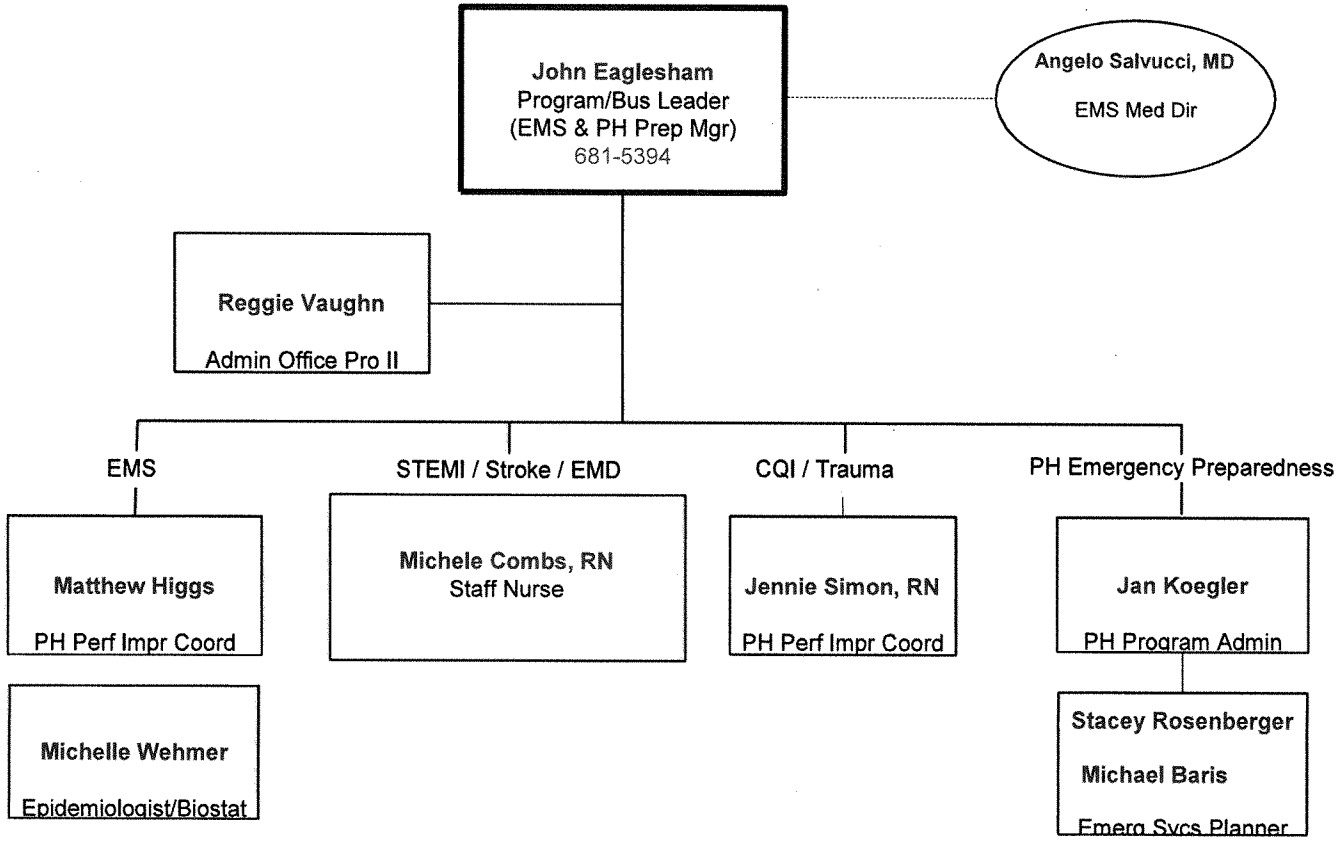


TABLE 3: STAFFING/TRAINING

Reporting Year: 2016

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	389		165	
Number newly certified this year	241		11	
Number recertified this year	148		81	
Total number of accredited personnel on July 1 of the reporting year			165	
Number of certification reviews resulting in:				
a) formal investigations	0		0	
b) probation	5		0	
c) suspensions	0		0	
d) revocations	0		0	
e) denials	1		0	
f) denials of renewal	0		0	
g) no action taken	0		0	

TABLE 4: COMMUNICATIONS

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

County: Santa Barbara

Reporting Year: 2016

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 2
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Santa Barbara County Public Safety Dispatch Center
7. Who is your primary dispatch agency for a disaster?
   Santa Barbara County Public Safety Dispatch Center
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No

   a. Radio primary frequency _____

   b. Other methods ReddiNet, ARES

   c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No

      1) Within the operational area? ☒ Yes ☐ No

      2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2016

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers N/A

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	URBAN	SEMI-RURAL	RURAL	WILDERNESS	SYSTEM-WIDE
BLS and CPR capable first responder	7:00	14:00	29:00	Best Effort	90%
Early defibrillation responder	N/A	N/A	N/A	N/A	N/A
Advanced life support responder	7:59	14:59	29:59	Best Effort	90%
Transport Ambulance *	7:59/9:59	14:59/16:59	29:59/32:59	Best Effort	90%

* Transport ambulance provider acts as ALS responder in most areas of the county. In designated areas with ALS fire department first responders the transport ambulance provider has an extended response time.

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2016

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	2061 (283 "major trauma")
2. Number of major trauma victims transported directly to a trauma center by ambulance	280
3. Number of major trauma patients transferred to a trauma center	1
4. Number of patients meeting triage criteria who weren't treated at a trauma center	S1-3=12, S4=316 (allowed by policy at Base Hospital Discretion)

Emergency Departments

Total number of emergency departments	5
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	5
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	5

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016

County: Santa Barbara

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

   a. Where are your CCPs located? In Santa Barbara County, Casualty Collection Points (CCP's) are established when and where the disaster occurs, there are no specific pre-designated sites. CCP sites will include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations and other facilities. Under most circumstances, CCP's will be established at or near hospitals to make use of their resources. Additionally, there are over 40 predesignated locations (Golden Book) for medical sheltering, access and functional needs sheltering or other general/medical population shelter needs.

   b. How are they staffed? A CCP will be staffed primarily with Public Health Department employees and/or Medical Reserve Corps volunteers. Additional volunteers such as CERT or hospital personnel can be utilized.

   c. Do you have a supply system for supporting them for 72 hours? yes _X_ no____

2. CISD

   Do you have a CISD provider with 24-hour capability? yes _X_ no____

3. Medical Response Team

   a. Do you have any team medical response capability? yes _X_ no ____
   b. For each team, are they incorporated into your local response plan? yes _X_ no ____
   c. Are they available for statewide response? yes _X_ no ____
   d. Are they part of a formal out-of-state response system? yes _____ no _X_

4. Hazardous Materials

   a. Do you have any HazMat trained medical response teams? yes _X_ no ____
   b. At what HazMat level are they trained? FRA/FRO

c. c. Do you have the ability to do decontamination in an emergency room? yes __X__ no ____

d. Do you have the ability to do decontamination in the field? yes __X__ no ____

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes __X__ no ____

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? ____9____

3. Have you tested your MCI Plan this year in a:

   a. real event? yes __X__ no ____

   b. exercise? yes __X__ no ____

4. List all counties with which you have a written medical mutual aid agreement.

   ____Region 1____

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes __X__ no ____

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes __X__ no ____

7. Are you part of a multi-county EMS system for disaster response? yes __X__ no____

8. Are you a separate department or agency? yes ____ no __X__

9. If not, to whom do you report? Santa Barbara County Public Health

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 8: Transportation Provider

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Santa Barbara **Provider:** American Medical Response **Response Zone:** Service Area 1 and 2

Address: 240 east Highway 246 Suite 300
Buellton, Ca. 93427

Number of Ambulance Vehicles in Fleet: 33

Phone Number: 800-688-6550

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 19

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☒ CCT ☐ Water ☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

43810 Total number of responses
37565 Number of emergency responses
6245 Number of non-emergency responses

30589 Total number of transports
25177 Number of emergency transports
5412 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Santa Barbara County Fire Department **Response Zone:** Service Area 1, 2 and 3

Address: 4410 Cathedral Oaks Rd.
Santa Barbara, Ca. 93110

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 805-681-5500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3, 1 air rescue

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☒ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☒ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1394 Total number of responses
1374 Number of emergency responses
7 Number of non-emergency responses

852 Total number of transports
845 Number of emergency transports
7 Number of non-emergency transports

Air Ambulance Services

Total number of responses
Number of emergency responses
Number of non-emergency responses

Total number of transports
Number of emergency transports
Number of non-emergency transports

County: Santa Barbara **Provider:** CALSTAR **Response Zone:** Operational Area

Address: 3996 Mitchell Road
Santa Maria, CA 93455

Phone Number: 805-938-9001

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☒ CCT ☐ Water ☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☒ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

835 Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

256 Total number of transports
96 Number of emergency transports
160 Number of non-emergency transports

TABLE 8: Response Provider

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Santa Barbara **Provider:** Carpinteria-Summerland Fire Protection District **Response Zone:** Service Area 1/Carpinteria-Summerland District

Address: 911 Walnut Ave.
Carpinteria, Ca 93013

Number of Vehicles in Fleet: _____

Phone Number: 805-684-4591

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☐ BLS ☒ 9-1-1 ☐ 7-Digit ☐ Ground ☐ Air ☐ CCT ☐ IFT ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1496 Total number of responses
1496 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Montecito Fire Protection District **Response Zone:** Service Area 1/Montecito District

Address: 595 San Ysidro Rd
Santa Barbara, Ca. 93108

Number of Vehicles in Fleet:

Phone Number: 805-969-7762

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☐ BLS ☒ 9-1-1 ☐ 7-Digit ☐ Ground ☐ Air ☐ CCT ☐ IFT ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

880 Total number of responses
880 Number of emergency responses
___ Number of non-emergency responses

___ Total number of transports
___ Number of emergency transports
___ Number of non-emergency transports

Air Ambulance Services

___ Total number of responses
___ Number of emergency responses
___ Number of non-emergency responses

___ Total number of transports
___ Number of emergency transports
___ Number of non-emergency transports

County: Santa Barbara **Provider:** Santa Barbara City Fire Department **Response Zone:** Service Area 1/City of Santa Barbara

Address: 121 West Carrillo St
Santa Barbara, Ca. 93101

Phone Number: 805-965-5254

Number of Vehicles in Fleet: _____

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☐ ALS ☒ 9-1-1 ☐ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6647 Total number of responses
6647 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Santa Barbara County Fire Department **Response Zone:** Service Area 1, 2 & 3

Address: 4410 Cathedral Oaks Rd.
Santa Barbara, Ca. 93110

Number of Vehicles in Fleet: _____

Phone Number: 805-681-5500

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 17

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☐ Ground ☐ Air ☐ CCT ☐ IFT ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9039 Total number of responses
9039 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Lompoc City Fire Department **Response Zone:** Service Area 2/City of Lompoc

Address: 115 South G St
Lompoc, Ca 93436

Number of Vehicles in Fleet: _____

Phone Number: 805-736-4513

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☐ ALS ☒ 9-1-1 ☐ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3000 Total number of responses
3000 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Santa Maria City Fire Department **Response Zone:** Service Area 1/City of Santa Maria

Address: 314 w. Cook St #8
Santa Maria, Ca. 93458

Phone Number: 805-925-0951

Number of Vehicles in Fleet: _____

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☐ ALS ☐ 9-1-1 ☐ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

5500 Total number of responses
5500 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

County: Santa Barbara **Provider:** Guadalupe City Fire Department **Response Zone:** Service Area 1/City of Gudalupe

Address: C/O City Hall 918 Obispo
Guadalupe, CA 93434

Number of Vehicles in Fleet: _____

Phone Number: 805-343-1444

Average Number of Vehicles on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☐ ALS ☐ 9-1-1 ☐ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

424 Total number of responses
424 Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

TABLE 9: FACILITIES

County: _Santa Barbara_____

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Lompoc Valley Medical Center
Address: 1515 East Ocean Ave
Lompoc, Ca. 93436

Telephone Number: 805-737-3300

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☒ Basic Emergency ☐ Standby Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1] **EDAP**[2] **PICU**[3]	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☒ Yes ☐ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: _Santa Barbara_____

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Marian Regional Medical Center
Address: 1400 East Church St
Santa Maria, Ca. 93454

Telephone Number: 805-739-3000

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☒ Basic Emergency ☐ Standby Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4] **EDAP**[5] **PICU**[6]	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☒ Yes ☐ No	☐ Level I ☐ Level II ☒ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: _Santa Barbara_____

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Santa Barbara Cottage Hospital
Address: PO Box 689
Santa Barbara, Ca. 93102

Telephone Number: 805-682-7111

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☒ Basic Emergency ☐ Standby Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[7] **EDAP**[8] **PICU**[9]	☐ Yes ☐ No ☐ Yes ☐ No ☒ Yes ☐ No	☒ Yes ☐ No	☐ Level I ☒ Level II* ☐ Level III ☐ Level IV *Adult and Pediatric

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: _Santa Barbara_____

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Santa Ynez Valley Cottage Hospital
Address: 2050 Viborg Rd.
Solvang, Ca. 93463

Telephone Number: 805-688-6431

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[10] **EDAP**[11] **PICU**[12] No	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒	☐ Yes ☒ No	☐ Level I ☐Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐Yes ☒No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: _Santa Barbara_____

Note: *Complete information for each facility by county.* Make copies as needed.

Facility: Goleta Valley Cottage Hospital
Address: 351 Patterson Ave
Santa Barbara, Ca. 93111

Telephone Number: 805-967-3411

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[13] **EDAP**[14] **PICU**[15] No	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒	☐ Yes ☒ No	☐ Level I ☐Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes ☒ No	☐Yes ☒No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Santa Barbara **Reporting Year:** 2016

Training Institution Name	**Allan Hancock College**	**Contact Person telephone no.**	Michael Messina, EMS Chief Instructor
Address	800 South College Dr. Santa Maria, Ca. 93454	805-922-6966	

Student Eligibility: *General Public	**Cost of Program**	**Program Level:** EMT-I
	Basic $85.00	Number of students completing training per year:
	Refresher $50.00	Initial training: 60
		Refresher: 40
		Cont. Education
		Expiration Date: 01/17
		Number of courses: 2
		Initial training: 2
		Refresher: 2
		Cont. Education:

*Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution Name	**National College of Technicial Instruction (NCTI)**	**Contact Person telephone no.**	Michael McDonough, Chief Instructor
Address	5385 Hollister Ave, Building 9, Santa Barbara, CA 93111	(888) 609-6284	

Student Eligibility: *General Public	**Cost of Program**	**Program Level:** EMT-I & EMT-P
	Basic $9,500.00	Number of students completing training per year:
	Refresher	Initial training: 35
		Refresher: 0
		Cont. Education 0
		Expiration Date: 1/17
		Number of courses:
		Initial training: 2/4
		Refresher:
		Cont. Education:

Training Institution Name	**Carpinteria-Summerland Fire Protection District**	**Contact Person telephone**	Michael Mingee, Fire Chief
Address	911 Walnut Ave. Carpinteria, CA 93013	(805) 684-4591	

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 29_ Cont. Education 29 Expiration Date: 01/17 Number of courses:__ Initial training: _____ Refresher: ___ Cont. Education: 14

Training Institution Name	**Montecito Fire Protection District**	**Contact Person telephone no.**	Chip Hickman, Fire Chief
Address	595 San Ysidro Rd, Santa Barbara, CA. 93108	(805) 969-7762	

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 24 Cont. Education 24 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 12

Training Institution Name	**Santa Barbara City Fire Department**	**Contact Person telephone**	Patrick McElroy, Fire Chief
Address	121 West Carrillo Street, Santa Barbara, CA 93101 (805-965-5254)		

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: 50_ Cont. Education 50 Expiration Date: 01/17 Number of courses:__ Initial training: _____ Refresher: ___ Cont. Education: 50

Training Institution Name	**Santa Barbara County Fire Department**	**Contact Person telephone no.**	Michael Dyer, Fire Chief
Address	4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110	(805-681-5500)	

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: 110 Cont. Education 110 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 55

Training Institution Name	**Lompoc City Fire Department**	**Contact Person telephone**	Kurt Latipow, Fire Chief
Address	115 South G Street, Lompoc Ca. 93436	(805-736-4513)	

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: 27_ Cont. Education 27 Expiration Date: 01/17 Number of courses: EMT-1 Initial training: _____ Refresher: ___ Cont. Education: 14

Training Institution Name	**Santa Maria City Fire Department**	**Contact Person telephone no.**	Daniel Orr, Fire Chief
Address	314 W. Cook Street #8, Santa Maria, Ca. 93458	(805-925-0951)	

Student Eligibility: ***Private**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education 37 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 75

Training Institution Name	**Goleta Valley Cottage Hospital**	**Contact Person telephone no.**	Leslie Houston, R.N. Emergency Dept.
Address	351 S. Patterson Avenue Santa Barbara, CA 93111	(805) 967-3411	

Student Eligibility: *** General Public**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P , EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education 120 Expiration Date: 01/17 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 6**

Training Institution Name	**Santa Barbara Cottage Hospital**	**Contact Person telephone no.**	Kelly Kam, R.N. Emergency Dept.
Address	PO Box 689, Pueblo at Bath Street, Santa Barbara, CA 93102-0689	(805) 682-7111	

Student Eligibility: *** General Public**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P , EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education 120 Expiration Date: 01/17 Number of courses: __ Initial training: _____ Refresher: ___ Cont. Education: 10**

Training Institution Name **Lompoc Valley Medical Center**

Contact Person telephone no. Yvette Cope, R.N. Emergency Dept.

Address 508 East Hickory St.
Lompoc, CA 93436

(805) 737-3300

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-P, EMT- I**
General Public	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: _____
		Cont. Education 120
		Expiration Date: 01/17
		Number of courses: _____
		Initial training: _____
		Refresher: _____
		Cont. Education: 6

Training Institution Name **Santa Ynez Valley Cottage Hospital**

Contact Person telephone no. Kelly Kam, R.N. Emergency Dept.

Address 2050 Viborg Road
Solvang, CA 93463

(805) 688-6431

Student Eligibility: *	**Cost of Program**	**Program Level: EMT-P, EMT-I**
General Public	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: _____
		Refresher: ___
		Cont. Education 75
		Expiration Date: 01/17
		Number of courses: __
		Initial training: _____
		Refresher: ___
		Cont. Education: 6

Training Institution Name	**Marian Medical Center**	**Contact Person telephone no.**	Tauny Sexton, R.N. Emergency Dept.
Address	1400 East Church St Santa Maria, CA 93454	(805) 739-3000	

Student Eligibility: *** General Public**	**Cost of Program** Basic _____ Refresher _____	**Program Level: EMT-P, EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education 95 Expiration Date: 06/10 Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: 6

TABLE 11: DISPATCH AGENCY

County: Santa Barbara **Reporting Year:** 2016

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

Name: Santa Barbara County Public Safety Communications Center
Primary Contact: Lisa Mathiasen
Address: C/O Sheriff's Department, 4434 Calle Real
Santa Barbara, Ca. 93110
Telephone Number: 805-692-5730

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-Day
☒ Disaster

Number of Personnel Providing Services:
29 EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
_____ Other

Ownership: ☒ Public ☐ Private
If Public: ☐ Fire ☐ Law ☒ Other
Explain: _____

If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Name: Santa Barbara City Police Department Dispatch Center
Primary Contact: Chris Mailes
Address: 215 East Figueroa St.
Santa Barbara, Ca. 93101
Telephone Number: 805-965-5254

Written Contract: ☐ Yes ☒ No
Medical Director: ☒ Yes ☐ No
☒ Day-to-Day
☒ Disaster

Number of Personnel Providing Services:
9 EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
_____ Other

Ownership: ☒ Public ☐ Private
If Public: ☐ Fire ☐ Law ☒ Other
Explain: _____

If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Vandenberg Air Force Base

Primary Contact: Carolina Milan

Address: 6 California Blvd Building #17596
Vandenberg Air Force Base, Ca. 93437

Telephone Number: 805-588-7172

Written Contract:
☐ Yes ☒ No

Medical Director:
☐ Yes ☒ No

☒ Day-to-Day
☐ Disaster

Number of Personnel Providing Services:

___6___ EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
____8__ Other

Ownership:
☒ Public ☐ Private

If Public:
☐ Fire
☐ Law
☒ Other
Explain: Air Force

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☒ 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: Santa Barbara County Emergency Medical Services Agency
Area or subarea (Zone) Name or Title: Zone 1 (Service Area 1)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Santa Barbara County, serving Service Area 1 since 1980.
Area or subarea (Zone) Geographic Description: Zone 1 is the largest ambulance zone in Santa Barbara County covering approximately 93% of the county population. Zone 1 is described as the exclusive area designated by the County of Santa Barbara, as that portion of Santa Barbara County, California exclusive of that portion Eastward of Highway 166, 25 miles East of the junction of Highway 101 and 166, and all of Highway 33; and exclusive of the Lompoc Valley as defined in Service Area 2.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Service Area 1 is a "grandfathered" exclusive operating area (EOA) that conforms to 1797.224 of the Health and Safety Code continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. Service Area 1 is an EOA that was approved by the Santa Barbara County Board of Supervisors in 1980.
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.). Emergency ambulance, 9-1-1 Emergency Response.
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. Service Area 1 is an EOA that is "grandfathered" under 1797.224, continuing the use of the existing provider in the same manner and scope, without interruption, since January 1, 1981. This is consistent with the initial EMS Plan and subsequent updates.

Local EMS Agency or County Name:
Santa Barbara County Emergency Medical Services Agency

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

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
American Medical Response and the Santa Barbara County Fire Department are the primary ambulance services in Zone 2. Both agencies are under contract with the Santa Barbara County EMS Agency.

Area or subarea (Zone) Geographic Description:
Zone 2 is the area designated by the County of Santa Barbara, as that portion of the Lompoc Valley beginning with the intersection of Northern boundary of Vandenberg Air Force Base and the coast proceeding to the junction of San Antonio Road and Vandenberg Road, East of San Antonio Road to Highway 135 to Harris Grade Road, South on Drum Canyon Road to Highway 246, a line due South to Highway 1, and a line West to a point on the coast two miles South of Jalama Beach Park.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Zone 2 is a non-exclusive operating area. ALS transport services are furnished by provider agencies that have historically operated in those areas. There have been no changes in the configuration of these Service Areas and no change in the providers for this zone since our last plan update.

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.).
Zone 2 is a non-exclusive operating area.

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.

Zone 2 is a non-exclusive operating area.

Local EMS Agency or County Name:
Santa Barbara County Emergency Medical Services Agency

Area or subarea (Zone) Name or Title:
Zone 3 (Service Area 3)

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Santa Barbara County Fire Department has provided BLS ambulance service in Service Area 3 since 1974 increasing to ALS ambulance service in 1992.

Area or subarea (Zone) Geographic Description:
"Service Area 3" means that area 25 miles East of the intersection of Highway 101 along Highway 166 (Sierra Madre Rd) to Highway 33 and 166 south to 20 miles past Ventucopa.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Service Area 3 qualifies as an exclusive operating area for ambulance services.

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.).
Emergency ambulance, 9-1-1 Emergency Response.

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.

Service Area 3 qualifies as an exclusive operating area applicable under 1797.224. BLS transport services were furnished by the Santa Barbara County Fire Department since 1974 until 1992 when they upgraded to ALS transport services.