



**SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE (EMCC)**

November 20, 2025

0900

**1425 South "D" Street
San Bernardino, CA 92508**

Agenda

AGENDA ITEM		PERSON(S)	DISCUSSION/ ACTION
I.	CALL TO ORDER	John Gillison	
II.	APPROVAL OF MINUTES	John Gillison	Action
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates	Daniel Muñoz	Information
	1. Hospital Association of Southern California	Paul Young	
	2. Arrowhead Regional Medical Center	Andrew Goldfrach	
	3. Loma Linda University Behavioral Health	Edward Field	
	B. 2026 EMCC Meeting Dates	John Gillison	Action
IV.	PUBLIC COMMENT		
V.	REQUEST FOR AGENDA ITEMS		
VI.	NEXT MEETING DATE	TBD	
VII.	ADJOURNMENT		

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South "D" Street, San Bernardino, CA.



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

THURSDAY, September 18, 2025 – 9:00 AM

ICEMA – 1425 South "D" Street, San Bernardino, CA 92415

MINUTES

I. CALL TO ORDER - 0900

COMMITTEE MEMBERS:

David Olsen, EMT – P Training Program
Nathan Cooke, Emergency Medical Dispatch Representative
Craig Bell, Private Ambulance Provider
John Chapman, Hospital Administrator
John Gillison, City Manager Representative
Rich Sessler, Fire Chief
Daniel Muñoz, Interim EMS Administrator
Amber Anaya, Assistant EMS Administrator
Trevor Leja, Assistant Executive Officer
Allen Francis, Registered Nurse - MICN
Art Andres, Consumer Advocate
Kevin Parkes, ED Physician – Non-Trauma
Brian Savino, Physician- Level I
Amanda Garcia, Air Ambulance Provider
Ernie Perez, Law Enforcement
David Olsen, EMT-P Training Program
Art Rodriguez, EMT/Paramedic- Private Sector

II. APPROVAL OF MINUTES

The July 17, 2025, minutes were approved

Motion to approve.

MSC: Art Andres, Allen Francis

APPROVED

Ayes: Craig Bell, Nathan Cooke, John Chapman, John Gillison, Amanda Garcia, David Olsen, Kevin Parkes, Ernie Perez, Art Rodriguez, Brian Savino, Rich Sessler

III. PRESENTATIONS

A. Extraordinary Performance in Care (EPIC) – Amber Anaya

Certificates and pins were presented to Alix Anderson, Kristin McMillan, Jonathan Uribe, Keegan Dena, Phillip Muir, Ashley Carter, Matthew Eddy, Ashley Fisher, Mark Howder, Terry Payton, Jesse Quiceno, Connor Forsythe and Bethany Rodriguez.

IV. DISCUSSION / ACTION

A. ICEMA/County Updates – Daniel Muñoz

I have a handful of items to share, starting with a finance update. The last time we met, I reported that our County Board of Supervisors, in their capacity as the ICEMA Board of Directors, approved our current budget. However, in the past month, we received communication from our state partner informing us that one of our grants, the Hospital Preparedness Grant, will unfortunately be cut. Our finance team responded quickly with mitigation efforts to address the funding loss. To summarize, we are now anticipating an imminent cut in the Hospital Preparedness Grant ranging anywhere from \$175,000 to \$550,000. I wanted to share the news with the group because this will impact our posture and activities related to our Hospital Coalition and many disaster preparedness efforts. Due to this uncertainty, we have taken precautionary action, including holding off on filling a current vacant position until we receive more clarity on the actual funding impact. This cut will have tangible effects, and I'll keep you updated at future meetings as more information becomes available.

Partnership and Regional Collaboration

Over the past several months, our team has been actively engaged in a series of conversations with partners in the High Desert region—including Victorville Fire Chief Clemmer, Barstow Fire Chief Cisneros, Confire, Barstow PD, and Desert Ambulance—to strengthen communication, collaboration, and partnerships. This region presents unique challenges due to geography, healthcare infrastructure, and community needs. We're making progress. A key outcome from these discussions is that Barstow Fire Chief Cisneros has generously offered to provide handheld radios to Desert Ambulance crews to improve interoperability and communication between field responders. While that may sound like a small gesture, it's a major step forward. Thank you to Barstow Fire and to Art Rodriguez and Ed Muncy Sr. and Jr. with Desert Ambulance for their commitment to partnership and finding practical solutions to shared challenges. Our staff have also conducted ride-alongs with AMR in Victorville to gain firsthand insight into field operations and to work with hospitals on load balancing and reducing wall times. Next, we'll be meeting with Confire to explore additional opportunities for collaboration across Victorville, Hesperia, and surrounding communities. The consistent theme is collaboration and partnership—and that will continue to drive our work moving forward. Additionally, our team is engaging with volunteer fire departments in Yermo, Daggett, and Newberry Springs. Many are unaware that these communities are served by volunteer fire agencies, and our staff is helping modernize communication systems, provide training, and improve ePCR reporting. These relationships are essential to strengthening the overall emergency response network in the High Desert.

Policy Focus and System Improvements

As we approach the end of 2025, ICEMA's focus is shifting toward policy review and development aimed at reducing and ultimately eliminating ambulance patient offload delays (APODs) wherever possible. We're approaching this through two main policy tracks: We're reviewing existing policies—and developing new ones—focused on diverting appropriate ambulance traffic away from emergency rooms. Earlier this year, we made a minor but important adjustment to our destination policy, paving the way for future integration of alternative resources once they're available. Our collaboration with Behavioral Health and other partners remains active. While progress takes time, we're fully committed

to bringing alternative destination and treatment resources into our system. We're also examining policy tools that can help with load leveling among hospitals. I've had preliminary discussions with transport providers, county fire chiefs, and HASC about this effort, which we'll continue to develop collaboratively. We'll also be reviewing our STEMI, stroke, and trauma designation policies to ensure a balanced approach that maintains quality of care while managing wall times. This means taking a firmer, more data-driven stance on how hospitals are designated, ensuring that performance expectations—particularly around emergency department throughput—are being met. These discussions will likely generate debate and differing viewpoints, but they're necessary to continue driving tangible system improvements. ICEMA has positioned itself as a state leader in addressing wall time issues, and advancing our policy framework is the next logical step. We will also examine policies around specialty care designations—STEMI, stroke, and trauma—to ensure a more balanced approach to hospital designations. This aims to keep ER and wall times within acceptable limits while maintaining quality of care. These policy efforts will generate extensive discussion, and I welcome that dialogue. We have already positioned ourselves as leaders in this area at the state level through RTT and other initiatives. Policy reform, stronger contracts, and better oversight are the next steps to build on our progress.

Legislation and Compliance Updates

Regarding legislation, Assembly Bill 40 (AB40) has been in place for nearly a year, with the state EMS finalizing regulatory details. We have been proactive in tracking wall time and related metrics. However, as we approach compliance reporting, we've encountered a technical challenge with our ImageTrend system. Although this is the same system the state uses, there are discrepancies in how data is uploaded and pulled by the state. We believe we have found a sustainable workaround to ensure compliance. We will be hosting a meeting soon to explain the necessary minor changes to the ePCR process for transport agencies. This session will outline why the changes are needed and who will be impacted and provide an opportunity for partner feedback. I will update you further on this at our next meeting.

Performance Review Committee Update

We've also continued work with our Performance Review Committee overseeing our primary ambulance provider, AMR. We've had productive meetings, and our next session is scheduled for October 14th. We plan to present more detailed information on interfacility transfers (IFTs) and critical care transports. Additionally, we're developing an educational video to clarify the exemption process, which can be confusing. Thanks to Assistant Executive Officer Trevor for assisting with resources to complete this.

Exemptions and Future Goals

Exemptions remain a challenge. While exemptions are managed contractually, they indicate hospital stress and create issues for responders. Our goal is to reduce and ultimately eliminate exemptions. AB40 mandates that hospitals comply with local LEMSA APOD standards. Some hospitals are already meeting this metric regularly, which is encouraging. Looking ahead, if a hospital consistently meets this standard, ambulance providers will not be eligible to request exemptions for that facility. This is a complex, multifaceted effort involving contracts, policies, and monitoring. It's a significant challenge, but we're committed to making meaningful, positive changes.

1. Department of Behavioral Health – Dr. Georgina Yoshioka

I have a few updates to share, starting with Senate Bill 43 (SB 43) and its implementation progress. San Bernardino County implemented SB 43 on April 1st. Since then, we've been collecting data and working closely with our emergency departments (EDs) to process involuntary hold applications. These applications are submitted either by law enforcement when they transport individuals to the nearest emergency department or by designated mental health personnel at hospitals authorized to write holds. From April through today, we've received 1,053 applications through our designated mailbox. On average, we receive between 88 and 275 applications per month, though submissions often come in batches depending on ED workloads. We appreciate the continued cooperation of our emergency departments in providing this documentation. Of the 1,053 applications received, four were marked as grave disability for severe substance use only. The remaining applications involved individuals presenting themselves with mental health conditions or co-occurring disorders. Eight cases were identified as grave disability for mental health or mixed causes, while the rest were categorized as danger to self or danger to others. We've been collaborating closely with our Crisis Intervention Team (CIT), the Sheriff's Department, and local police departments to ensure the correct forms are being used. Currently, 77% of all applications are submitted using the most up-to-date forms, which is great progress. We continue to share updated forms with sheriff's stations, police departments, and EDs to reach full compliance.

AB 2275 Implementation

At a previous meeting, I provided an update on Assembly Bill 2275, which supports emergency departments when individuals on involuntary holds require certification after the initial 72-hour period (within seven days). We've been working with EDs to help them access hearing officers when needed. This effort has involved strong collaboration with Megan from HASC and John, ensuring that hospitals have the information and tools they need. We'll be discussing this further at our Hospital Collaborative Meeting on October 7th, where we'll also be providing refresher training for EDs. This will not be a one-time session; we intend to offer ongoing training because we understand how important it is for EDs to safely and efficiently transfer patients to appropriate settings for evaluation and treatment. We're also working with HASC to provide technical assistance with EDs, reviewing applications to ensure proper completion and understanding of grave disability criteria. Additionally, we're planning a meeting focused on improving transfer processes, including coordination with Arrowhead Regional Medical Center's Transfer Call Center, which handles both medical and behavioral health transfers. The goal is to ensure all EDs know how to access that resource and facilitate smooth hospital-to-hospital coordination.

CONFIRE MOU and Behavioral Health Collaboration

Our teams continue to work closely with Nathan and the Confire team. In May, we trained nurses on behavioral health procedures, resources, and response protocols. Ongoing training will continue to account for staff turnover on both sides. The logistics we're finalizing now involve linking nurses who receive behavioral health-related calls directly to our Crisis Contact Center, which operates 24/7/365. The goal is to reduce unnecessary EMS transport to EDs by connecting individuals instead to our voluntary crisis services, such as the Crisis Stabilization Unit and Crisis Walk-In Centers.

Residential Substance Use Disorder (SUD) Bed Capacity

Several months ago, we took a board item to expand our residential SUD bed capacity. We currently have 303 contracted beds across six providers countywide. As of yesterday,

approximately 70% of these beds are occupied. Occupancy rates fluctuate as individuals move through care, with an average length of stay between 30 and 40 days before transitioning to outpatient services.

Behavioral Health Continuum Infrastructure Program (B-CHIP)

Finally, I'd like to share an update on our B-CHIP (Behavioral Health Continuum Infrastructure Program) efforts, funded through the Proposition 1 bond grant. The state has released Round 2, which closes at the end of October. The Department of Behavioral Health is working closely with the County Administrative Office (CAO) to prepare and submit our application. We are gathering letters of support and proposing a project to expand bed capacity in the High Desert, including:

- Crisis services
- Psychiatric inpatient care
- A sobering center
- A social rehabilitation and stabilization facility

We have a meeting with the state later this month to present our proposal. If approved, it will move to the next step in the process. I also want to note that we've been very successful in previous B-CHIP rounds:

- Round 5: Awarded \$61.9 million to build out behavioral health bed capacity in the High Desert.
- Round 1: Awarded \$38.7 million for residential SUD capacity in Highland.

2. Response Transport Treatment (RTT)- Harris Koenig

I provide support to the Response, Transport, and Treatment Executive Group (RTT). This group was formed with the goal of improving service to 911 callers by ensuring people are connected to the right resources in the right amount of time.

This morning, I'll provide updates on three key RTT activities:

1. Bed Delay Performance
2. SB 43 Impacts on the RTT System
3. The ECNS Program

Bed Delay Performance

You have detailed information in your packet, but I want to provide some additional highlights and context. Over the past two years, daily run volumes have increased between 5% and 7% annually. The rate of increase has slowed somewhat over the past three months, with only a 1.2% increase during that time. This slowdown was primarily driven by July, which saw a year-over-year decline in daily runs for the first time. However, August rebounded, with a 6% increase, suggesting the slowdown may have been temporary. We'll continue to monitor to see if the long-term 6–7% upward trend continues. Turning to bed delays, the data shows encouraging progress. Over the past 30 months, daily bed delays have decreased overall, with only six months showing increases—four of which occurred in 2023. For the past 15 consecutive months, daily delays have declined without interruption, and seven of the last 12 months have achieved year-over-year reductions of more than 20%. This sustained improvement demonstrates that hospitals are putting in significant effort to reduce delays—despite continued increases in patient volume.

Some record-setting milestones include:

- Kaiser Ontario and Kaiser Fontana, both high-volume hospitals, recently achieved a 3.1% bed delay rate.
- In July, the countywide bed delay percentage dropped to 21%, nearly half of the pre-

COVID rate of 40%.

- Also in July, daily bed delays fell below 100 for the first time ever.
- In June, 12 of 20 hospitals met the 10% bed delay standard, meaning fewer than 10% of their ambulance arrivals experienced delays.

Among high-volume hospitals meeting the standard were:

- Kaiser Ontario
- Kaiser Fontana
- Arrowhead Regional Medical Center
- San Antonio (the busiest receiving hospital in the county)
- St. Bernardine's

As Daniel noted earlier, High Desert facilities continue to face challenges meeting these targets. The RTT Executive Group has discussed this issue and welcomes ongoing dialogue about how we can collectively support improvement efforts in that region. Overall, the data shows clear and continued progress in reducing bed delays—an important community health metric. We expect more improvement, though future progress may slow as hospitals adapt to the significant operational impacts associated with the new legislation—what's been called the “big, beautiful bill.”

SB 43 and Its Impact on the RTT Continuum

The RTT Executive Group established a task force to better understand and monitor the impact of SB 43 on the RTT system. This work focuses on two primary goals: Ensuring individuals are connected to the right resources as efficiently as possible. Identifying strategies to mitigate potential increases in volume due to changes in involuntary hold laws. Findings so far:

- Stakeholders report no significant change in the number of people placed on involuntary holds since implementation.
- Data indicates that 4,000–5,000 911 callers annually either self-report a behavioral health condition or have one documented by first responders.

We also learned about the excellent work being done by the Department of Behavioral Health (DBH) through the TEST and COAST programs, both of which demonstrate over 90% success rates, meaning more than nine out of ten individuals engaged by these teams choose voluntary treatment. These programs now have broad geographic coverage across the county. Building on that success, Chief Cook and Dr. Yoshioka began discussions regarding funding and program coordination, and as you heard earlier, an MOU is now in progress to formalize this collaboration. ICEMA continues to provide critical data to this task force, specifically tracking medical transports involving individuals on involuntary holds. The accuracy of that data has recently improved, which will allow for more precise analysis moving forward. We are also working with hospitals to transport required data reporting. Currently, this reporting process is labor-intensive due to the complexity and distribution of required data points across electronic systems. Once automated, this will allow us to analyze historical data with greater accuracy and move toward real-time performance metrics—a key goal of the RTT system and an area Daniel spoke to earlier. Ultimately, this work helps us better understand and manage the impact of behavioral health cases on the medical transport, response, and treatment continuum.

Emergency Communication Nurse System (ECNS) Program

Finally, I want to provide an update on the ECNS Program. For those who may not be familiar, ECNS programs are sanctioned by the International Academy of Emergency Dispatch (IAED) and are embedded within 911 call centers. The protocols used in ECNS have been in use

globally for more than 20 years. Our Confire-based ECNS program has been operating for about four years and has achieved the first level of accreditation, which includes continuous quality review. Registered nurses staffing the ECNS desk are IAED-certified after receiving specialized training. The program aligns directly with the RTT missions, connecting people to the right resources in the right amount of time. Recent data shows that when an ECNS nurse completes a low-code call, 60–70% of those callers do not require an emergency ambulance or hospital transport. This demonstrates the program’s potential to significantly reduce unnecessary emergency responses and hospital visits. While staffing and recruitment have been challenged by uncertain funding, the ECNS program has continued to operate successfully. With sustainable funding, we expect this program to have a measurable and lasting positive impact on the RTT continuum—and, most importantly, on residents seeking help through 911. We are grateful to ICEMA, the County of San Bernardino, and Confire for their continued support in maintaining this critical program. The RTT Executive Group’s progress would not be possible without the dedicated support of the ICEMA team, including Daniel, Amber, Jeff Copeland, and others. Their commitment and active involvement continue to drive improvements across the system.

3. Department of Public Health – Dr. Wang

PowerPoint presentation- Valley Fever

V. PUBLIC COMMENTS

VI. REQUEST FOR AGENDA ITEMS

1. Appointing new chair

VII. NEXT MEETING DATE

November 20, 2025

VIII. ADJOURNMENT - 1018

IX. CLOSED SESSION



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

2026 MEETING DATES **(3rd Thursday)**

January 15, 2026

March 19, 2026

May 21, 2026

July 16, 2026

September 17, 2026

November 19, 2026

0900

ICEMA

**Training Rooms A & B
1425 South "D" Street
San Bernardino, CA**

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