

Regional Emergency Medical & Trauma Services Systems Development Biennial Plan



Foothills RETAC
Plan Cycle July 1, 2025 – June 30, 2027

Approved:	
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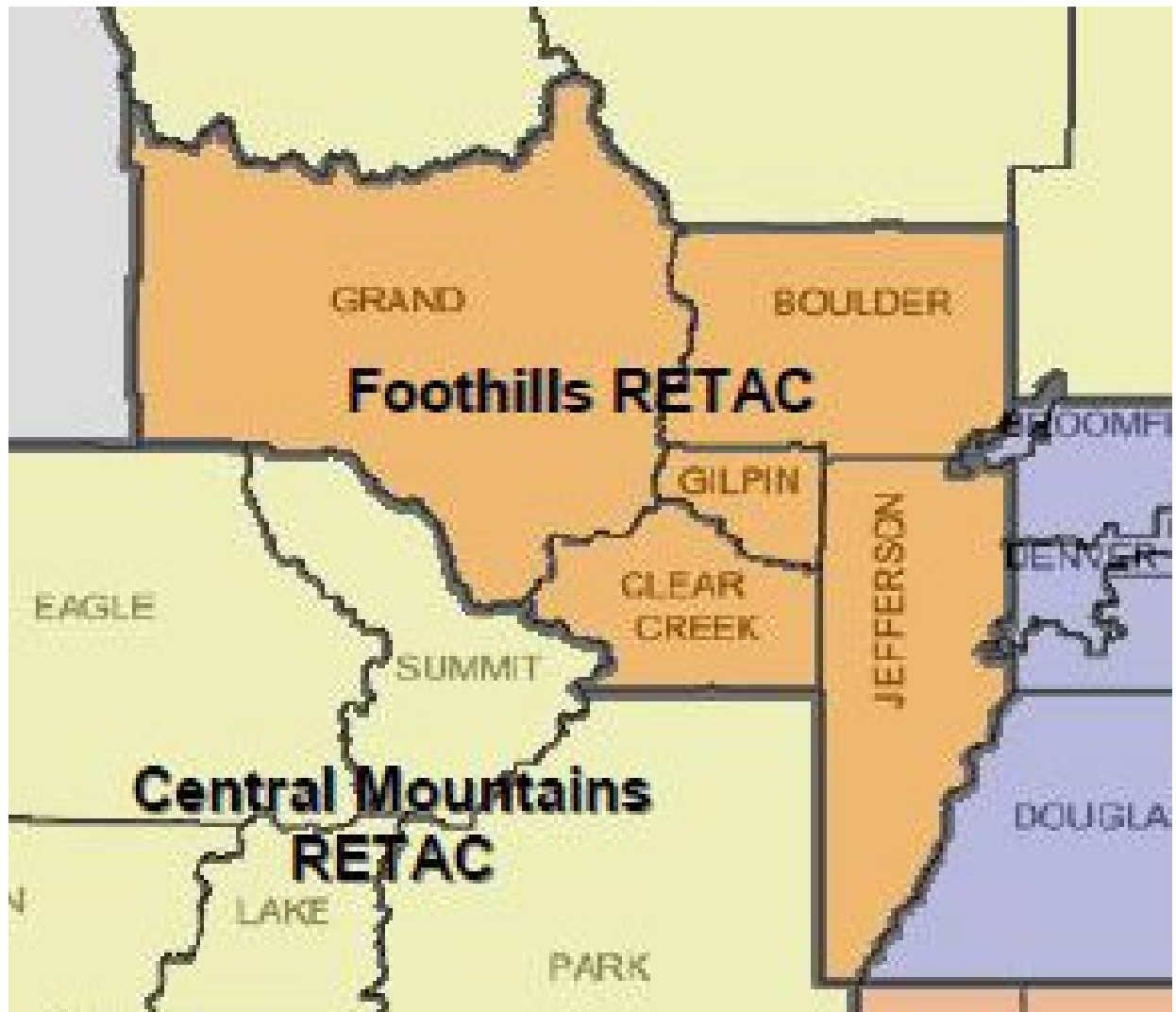
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Section 1: RETAC Structure and Function

Mission Statement

To create, enhance, and promote a systematic approach to the care of the critically ill or injured through quality improvement, injury prevention, disaster planning, and coordination of partners in the healthcare continuum.

Foothills RETAC Map



Foothills RETAC Demographics

RETAC Population Breakdowns

2024 Estimated Total Population

County	Estimated Population in 2024	Population in 2020
Boulder	330,262	330,758
Clear Creek	9,076	9,397
Gilpin	5,963	5,808
Grand	16,154	15,717
Jefferson	578,533	582,910
COLORADO	5,957,493	5,773,714

Total RETAC	Estimated 2024	2020
Population	939,988	944,590

Persons per Square Mile: Colorado Census 2020	
Boulder	455.4
Clear Creek	23.8
Gilpin	38.7
Grand	8.5
Jefferson	762.6
Colorado	55.7

Household Median Income	2023	% in Poverty
Boulder	\$102,772	11%
Clear Creek	\$96,667	7.7%
Gilpin	\$88,654	7.2%
Grand	\$84,558	8.2%
Jefferson	\$107,800	7.4%
Colorado Average	\$92,470	9.3%

Median value of owner-occupied housing units	2023	2019
Boulder	\$713,900	\$497,300
Clear Creek	\$572,800	\$378,300
Gilpin	\$512,600	\$353,400
Grand	\$507,200	\$308,200
Jefferson	\$604,400	\$397,700
Colorado Average	\$502,200	

Overall RETAC Statistics/Overview

Foothills RETAC Totals	
Total Square Miles:	
Approx. 4,000 Sq. miles	
Congressional Districts:	
2 and 7	
Senate Districts	
8, 15, 16, 17, 18, 19, 20, 21, 22, 26, 32	
House Districts:	
1, 10, 11, 12, 13, 19, 22, 23,24,25,26,27,28,29,38, 49	
Estimated Population 2024:	
939,988	

Major transportation routes

County	Transportation Routes
Boulder	<ul style="list-style-type: none">• Highway 36 from downtown Denver• Highway 93 from Golden• Highway 119 from Highway 93 to Nederland• Highway 7 to Lyons• Highway 119 or Highway 237 to Longmont• Urban, Suburban, and Rural
Clear Creek	<ul style="list-style-type: none">• I:70 from Western Metro area• Guanella Pass• Squaw Pass• Eisenhower Tunnel• Highway 6 from Golden• Central City Parkway• Loveland Pass: US 6• Rural and Frontier• US 40 to Berthoud Pass
Gilpin	<ul style="list-style-type: none">• Highway 119 from highway 6 through Black Hawk over Nederland and down to Highway 93• Central City Parkway• Rural and Frontier
Grand	<ul style="list-style-type: none">• Highway 40 from I:70 through Grand County over Berthoud pass to Rabbit Ears Pass to Steamboat• Highway 9 from Silverthorne to Kremmling• Rural and Frontier
Jefferson	<ul style="list-style-type: none">• I:70, Highway 285, and US 40• Highway 6 (6th Ave)• Simms• Kipling• Wadsworth• Sheridan• Urban, Suburban, and Rural

Number of emergency communications centers

County	PSAPS
Boulder	3
Clear Creek	0
Gilpin	2
Grand	1
Jefferson	2
RETAC Total	8

Number of ground ambulance providers

County	Ground Ambulance Providers
Boulder	9
Clear Creek	1
Gilpin	1
Grand	1
Jefferson	10
RETAC Total	22

Number of air ambulance providers

County	Air Ambulance providers
Boulder	1 chopper staged
Clear Creek	0
Gilpin	0
Grand	0
Jefferson	1
RETAC Total	2

Number of acute care (non-trauma center) and critical access hospitals

County	Non-Trauma Center Facilities
Boulder	1
Clear Creek	0
Gilpin	0
Grand	0
Jefferson	6
RETAC Total	7

Number and levels of designated trauma centers

County	Designated Trauma Centers and Levels
Boulder	5 Total (2) Level IIs and (3) Level IIIs
Clear Creek	0
Gilpin	0
Grand	3 Total (2) Level IVs and (1) Level V
Jefferson	2 Total (1) Level II and (1) Level I
RETAC Total	10

Major EMTS patient destinations outside of your region

County	Destinations Outside RETAC
Boulder: IFT and County Border Destinations	<ul style="list-style-type: none">• North Colorado Medical Center• St Anthony's North• High Level Trauma Centers in the Denver Metro Area
Clear Creek: Primary Only (No Facilities)	<ul style="list-style-type: none">• Denver Metro Area, Summit County (West)
Gilpin: Primary Only (No facilities)	<ul style="list-style-type: none">• Denver Metro Area
Grand: IFT and County Border Destinations	<ul style="list-style-type: none">• Denver Metro Area• Summit Medical Center• Yampa Valley Medical Center
Jefferson	<ul style="list-style-type: none">• Denver Metro Area

Foothills RETAC Council and structure:

Foothills RETAC Participating counties:

- Boulder
- Clear Creek
- Gilpin
- Grand
- Jefferson

Basic structure and function of the Foothills RETAC organization.

- Legal structure of the RETAC (i.e., non-profit corporation)
 - IRS 115 Government Instrumentality Non-Profit

Membership of the RETAC council by position (See Appendix A)

- Distribution of the council members among participating counties: (See Appendix A)

Frequency of RETAC meetings

- Full Board Meetings held on the 3rd Wednesdays of the month every other month.
- Committee meetings are held on the 3rd Wednesday of the month every month and additional as needed for each committee's activities.

How the RETAC utilizes contracted services

- Contracted Services are utilized per project need. We currently have:
 - RMD/EMS Coordinator
 - Website updater for RMD program

RETAC staff member(s) and staff role descriptions

- One staff member acting as Executive Director
 - RETAC Executive Director/Exempt Employee Status

Committees of the RETAC council

- The RETAC currently has 5 "Standing Committees."
 - Executive/Finance Committee
 - MCI Committee
 - Clinical Care Committee

- Injury Prevention
- EMS Whole Blood Committee
- Ad-Hoc Committees currently active include:
 - Grants Committee

Integration with county councils

- There are not county-wide “official” EMS Committees within our RETAC.
- The Boulder County Firefighters do have an EMS Committee.
- Executive Director attends Boulder County Protocol Committee.

Ongoing Planning Process

- Assessment of EMTS needs within the RETAC is accomplished mainly through the RETAC membership and our committee membership. All EMTS stakeholders are members of these committees, and all of them have input into our strategic planning and goals. With such a diverse group of members, we feel like we have a good handle on the needs and challenges of the region. We have completed topic-specific surveys and have an active Listserve of members to reach those in our RETAC.
- Assessment of the Biennial Plan Goals, Objectives, and Accomplishments are also used to assess needs and to analyze current priorities and activities. This is done yearly through our committees as we assess our accomplishments and list our goals for the coming year. Board members are on at least one committee, and many are on all the committees.

Process used to develop Biennial Plan.

- The process for this year’s Biennial Plan began in March. Each RETAC Committee scheduled a strategic planning session to assess current Goals and Objectives. Those are compared to accomplishments to current goals versus the current needs. New goals and objectives for each committee were developed in March and April with final approval in April.
- The BODs approved the recommended Goals and Objectives for the coming two years at the May BODs meeting. After this is completed, the draft Biennial Plan goes out via e-mail in June for final suggested edits and final approval. Keep in mind that MOST of the board members are also committee members, so they have been intimately involved in the development of the new plan.

Process used to communicate, implement, and measure Biennial Plan goals.

- To evaluate, implement, and communicate our goals and objectives, these will be referred to at committee meetings and a report will be given during our full board meetings for the year. At the end of the first year, a full evaluation will be done, and the goals and objectives will be revisited to ascertain their current applicability and map their progress.
- The quarterly RETAC reports submitted to CDPHE address the progress for our goals and objectives.

Section 2: EMTS System Components:

Many of the components listed below are addressed through our committees. Those Standing Committees are:

- Injury Prevention Committee
- Clinical Care Committee
- MCI Committee
- EMS Whole Blood Committee.

Integration of Health Services

- The RETAC could not exist or function effectively without all our healthcare partners. It is imperative that we maintain close working relationships with others. Examples of this include:
 - COVID brought home to us the true need for communication during any event and routine. The RETAC concentrated on acting as a conduit between all departments at CDPHE and all our stakeholders. Agencies, facilities, PH, and others were hungry for information in the first half of the pandemic, and CDPHE really needed organizations to pass on information. We have continued the partnerships established through COVID and built on those relationships.
 - Multi-Discipline integration is essential as we work with our facilities, EMS Agencies, All-hazards groups, Public Health, Emergency Management, CHA, Medical Directors, Mile-High RETAC, County governments, and other First Response agencies.
 - These partners are all involved on one or more of our RETAC Committees.

EMTS Research and System Quality Improvement

- The RETAC Clinical Care Committee completed our first efforts in EMTS Research and continued our RMD program. We will continue to pursue other research and QM projects over the next two years. [See Clinical Care for specifics.](#)

Legislation and Regulation

- We continue to be involved in the latest efforts by CDPHE, the legislators, and other efforts to reform and codify the EMTS system. We have not been officially involved this year but stay abreast of the latest news, usually through EMSAC, EMPAC, RETAC forums, and board members. This year we have actively been involved in the update of the Chapter 2 rules.

- The Executive Director is the chair of the SEMTAC Grant Improvement Taskforce to work on grant improvement

System Finance

- The Mini-Grant Competitive Grant process is complete. We have funded 11 of the 11 requests that were made through the process. The total amount funded through the competitive process was approximately \$36,250.00.
- For our County Grant funding, 4 of our 5 counties were funded for a total of \$20,000. Jefferson County again did not request their obligated funds. Last year, we were able to move the unused funds into our Special Projects fund, so that our agencies and stakeholders would still benefit from this program.
- Looking over our budget, it looks like we will be just below budget almost as a normal year for us. Any “leftover” funding is placed into our Special Projects funds and will be designated for specific activities that benefit the region.
- The RETAC budget could only be balanced by adding funds to the additional funds granted to the RETAC again this year. We are extremely thankful to be able to continue the great work in the region.
- This year we were able to start the implementation of our CQI program within the RETAC due to the additional \$50,000 supplemental funding.

Human Resources

- Our RETAC is incredibly lucky to have Human Resource issues as a low priority. No activities for this year.

Education Systems

- Again, our RETAC is extremely lucky to have numerous mature and effective education programs. This includes our numerous Community Colleges, CU in Boulder, the smaller satellite colleges, and our private EMS educators such as St Anthony prehospital services, AMR education, and the Boulder education groups. We will prioritize funding educational opportunities for specific classes as needed.
- Grand County has a continually active education program within their EMS system as does Boulder County.
- We are continuing to look for regional educational opportunities and we were able to apply for a system improvement grant to offer a 2-day CQI workshop during the upcoming fiscal year.

Public Access

- No activities this year

Evaluation

- SYSTEM evaluation is an overall theme in our RETAC. We are extremely pleased that all our Healthcare facilities are so actively involved in the RETAC and our activities.
- Evaluation continues to be an important component in our Regional Medical Collaboration program.

Communications Systems

- The RETAC MCI Committee works together with numerous communication systems. This includes EMSystems and Dispatch Centers.
- Some of our hospitals and agencies utilized the Pulsara app during the patient tracking pilot. As time goes on hospitals and agencies continue to move forward with the utilization of Pulsara within the region.

Medical Direction

See also Clinical Care above.

- We have an excellent partnership with our Medical Directors. Many of the RMLs sit on our various committees and advise and communicate on our activities. We currently have Physicians on our BODs that also serve as RMLs. This ensures the interchange with the RETAC and the RMD program and activities.

Clinical Care

- This component is well documented under Goals and Objectives.

Mass Casualty

- This component is well documented under Goals and Objectives.

Public Education

- No activity within this component as a RETAC although many of our members are involved in their communities.

Prevention

- This component is well documented under Goals and Objectives.

Information Systems

- The Clinical Care Committee, the RMD program, RETAC Executive Director, and the Regional EMS Coordinator are working diligently on this component.
 - Numerous meetings with Docs, CDPHE, and others to try and solve the difficult problem with data and its usefulness.
- The MCI Committee also works on this component regarding EMSystems and Resources.
- Pulsara use is continuing to grow within the region to improve communication throughout the region.
- The RETAC was able to purchase PowerBI this year to start development of a dashboard for the Whole Blood program and the implementation of a CQI program. The goal is to have our first published dashboard in July.

Section 3: Challenges for FY26 and FY27

Board Members were asked what their most significant challenges are within the EMTS system in their specific communities. This is their list. We were going to elaborate on these, but coming directly from our board members that are also stakeholders and SMEs, I think this says it all.

- Maintaining quality personnel in the rural and semi-rural areas.
- State grant process burdensome.
- Trauma programs are understaffed and under resourced (Usually is a recommendation at all designation surveys, but not much changes even with recommendation)
- Agree that the grants from the state are very burdensome for those who need the funds.
- MCI tracking system for patients
- More IFT availability and CCT availability
- As everyone's finances are being reduced, education and conference funds are being eliminated, so education support would be fantastic for hospitals and EMS.
- Volunteerism decline
- Continue expanding the whole blood system. Need money for a whole blood program.
- Grants from the State are overly burdensome. (Too much paperwork to fill out, overly regulatory, not enough money is available)
- No statewide patient tracking system for MCI or reunifications – Pulsara pilot was completed, hoping this will yield permanent funding.
- EMPAC and the waiver system are very slow. Could be better.
- The state protocols restrict providers' ability to care for their patients in a manner consistent with current prehospital clinical practice in other parts of the country. State protocols should be the floor, not the ceiling when it comes to scope of practice, and medical directors need the freedom to cater their agencies' protocols to the area and demographics they serve. Furthermore, protocols should not only be physician-driven but also provider-driven. The people who will be working under the protocols need the opportunity to provide input when protocols are developed and revised. While it is paramount to have the physicians' ultimate approval from a medical perspective, prehospital providers bring a more practical perspective since they have been using protocols in the field.
- While there is grant funding available, smaller organizations often have difficulty matching the funds needed to make large capital purchases. Unlike the first item, this is not unique to Colorado. The methods of funding EMS in some areas are also inconsistent, unstable, and are not given the priority they should be. This is more of a local issue than a region-or-state-wide issue.

- Regional communication is hampered by the presence of multiple dispatch centers, even within counties. A regional dispatch center would greatly improve interagency communication and enable us to better utilize resources.

Section 4: Goals for FY-26 and FY-27

Injury Prevention

Foothills RETAC FY 26-27

Goal Statement

To reduce the incidence of preventable traumatic injuries through collaboration among Foothills RETAC organizations and development of educational programming that can be utilized in the 5-county region.

Background

The FRETAC Injury Prevention (IP) Committee is a coalition comprising IP Committee members, FRETAC facility representatives, FRETAC agency representatives and various IP organizations with supportive agendas.

The FRETAC IP committee supports our goal of reducing injuries and deaths in our 5-county region and provides resources for all participating agencies to access and develop injury prevention programming.

As a committee, we are collectively dedicated to educating the public through injury prevention programs and activities. In addition to continuing longstanding programs such as the FRETAC ThinkFirst Chapter that was established in 2012, The Foothills RETAC seeks to access and share programs including but not limited to Tai Chi for fall prevention, access to driver education, and Stop the Bleed education, ATV/UTV safety.

Components Addressed

Injury Prevention data review, Outreach and public education, and Integration of Health Services

Objective 1: General Prevention Objective

Broadening injury prevention knowledge and programming in the FRETAC through identification of traumatic injury patterns, analysis of available countermeasures to address problems, and implementing at least 2 injury prevention programs that can be shared throughout all FRETAC counties in the 2026 to 2027 fiscal year.

Strategy #1

Educational strategy to offer opportunities for 4-6 educational presentations annually tailored to interests of committee to improve participation of EMS, Fire, System Medical Enterprises (Hospitals), and other regional partners.

- **Action Item 1** - Discuss injury patterns in local and regional data as available through educational presentations
- **Action Item 2** - Work collaboratively with other injury prevention groups with the common goal of decreasing injury and death within the FRETAC region by inviting them to speak at our meetings

Strategy #2

Injury prevention material dissemination for FRETAC: At least 2 educational materials will be developed or provided for use by FRETAC members

- **Action Item 1** – Create or identify educational materials for use of FRETAC participating agencies (we will either find what we need or create it if we don't have it)
- **Action Item 2** – provide educational materials to participating agencies to use at their respective locations for educational outreach at areas of opportunity identified through data

Strategy #3

Programming strategy. FRETAC will offer at least 2 injury prevention & outreach programs to FRETAC members

- Action Item 1 – **Fall Prevention related action item**
 - ThinkFirst membership
 - Continue supporting Tai Chi program certification
- Action Item 2 – **Motor vehicle and/or non-motorized vehicle safety related action item**
 - ATV Brochure/video project
 - Choose safe review – Christy Tennant
 - CDOT safety campaign material sharing
- Action Item 3 – **Stop the Bleed related action item**
 - Support implementation of HB23-1213

Mass Casualty Incident (MCI)

Foothills RETAC FY 26-27

Goal Statement

Mission:

To improve MCI response capabilities within the region

Goal:

As a collaborative effort of stakeholders within the Foothills region, we endeavor to provide communication, education, planning, and enhanced response capability to ensure operational readiness for mass casualty incidents.

Background:

In Colorado, due to natural disasters, pandemics, active shooters, transportation accidents and more we have seen a massive increase in the need for MCI response capabilities over the past few years. In some instances, the events were not MCIs themselves, yet the planning constructs and tenets of MCI response were utilized to successfully manage the incident. Some recent examples were decompression of hospitals during COVID and response to the Marshall fire and subsequent hospital evacuations. Other examples of incidents have included recent active shooter responses and motor vehicle accidents. The need for coordinated, professional MCI planning and response are growing exponentially in Colorado, and we intend to develop a program whereby we are seen as leaders and subject matter experts within the state and local region.

Objective 1: Facilitate MCI readiness through education, planning, and exercises.

Tasks:

- a. Continue educational offerings on preparedness and response.
- b. Offer mini- or full-scale exercises and classes.
- c. Illustrate the value of MCI preparedness.
- d. Keep apprised of best practices in MCI oversight and management.
 - i. Communicate these regularly.
- e. Update our MCI documents regularly, as needed, and push these out to stakeholders
- f. Education on HRO liaison process
- g. Multidisciplinary participation such as ensuring we are doing prehospital and hospital joint trainings.

Objective 2: Maintain and improve lines of communication with regional agencies to be better prepared for an emergency response.

Tasks:

- a. Maintain an awareness of agencies, facilities, and stakeholder's MCI plans within the RETAC.
- b. Make plan templates and other planning constructs available and easy to find so stakeholders can update their own plans with current information and best practices.

- c. Identify regional and local gap areas and work to close the gaps.
- d. Use identified gaps to drive educational offerings.
- e. MCI education
- f. Utilization of available resources/technology
- g. Continue to support the facilitation of innovation of new products and existing products
- h. Bridge the urban/rural divide

Objective 3: Utilize a 3 year rotational process that includes trainings and plans. Design offerings that are of high quality.

Tasks:

- a. Year 1 plan review update
- b. Year 2 TTX and Mini exercises
- c. Year 3 Full-scale exercise
- d. Utilize high-quality offerings to drive attendance.
- e. Maintain communication with stakeholders in our region for the purpose of illustrating the value of MCI preparation and how the MCI Committee can provide a path to greater capability.
- f. Teach and test plans, concepts, and skills annually.
- g. Develop new MCI concepts for use.

Whole Blood Committee

Foothills RETAC FY-26-27

Goal Statement

The goal of the FRETAC whole blood committee is to establish, and administer, a prehospital whole blood program based on the tenets of, and in participation with, the with the statewide whole blood coalition.

Background:

The Foothills RETAC (FRETAC) will continue to participate and plan for a multi-year plan to incorporate whole blood resuscitation to the region in the prehospital setting and rural facilities. The Foothills RETAC Clinicians and subject matter experts within the entire EMTS system are dedicated to improving patient outcomes. As such, we believe the following objectives will provide us with a means to establish and implement a whole blood program that aligns with the doctrines of the whole blood coalition, currently being built, and in which we participate at a leadership level. Develop a process to facilitate products through rotation sites with a goal of sustainability and equity.

Components Addressed:

Clinical Care, Evaluation, Information Systems, Sustainability, and Education

Objectives:

Objective 1: Maintain a functional whole blood committee.

Tasks:

- a. Rotation sites
- b. Sustainability
- c. CQI program
- d. Expansion when possible

Objective 2: Develop an integrated, safe, and equitable plan for whole blood placement within the RETAC.

Tasks:

- a. Research the best possible methods of, and placement of, blood within our region.
- b. Evaluate systems for deployment, storage, use of, and rotation of blood that are efficient and effective for our RETAC.
- c. Design a system for the whole blood program that meets the requirements of the whole blood coalition.

- d. Define a mechanism for how and where additional rotation sites should be identified. Identify opportunities for expansion and locations within the RETAC

Objective 3: Participate in a unified data collection system to provide ongoing data to provide and evaluate effectiveness of program.

Tasks:

- a. Development of a dashboard
 - 1. If possible, have the data collected be compatible with NEMSIS and other national and state level reporting databases.

Clinical Care

Foothills RETAC FY-26-27

Goal Statement

Establish and maintain Foothills RETAC specific projects, research, Regional QM Programs, and act as a resource for regional education offerings.

Background:

The Foothills RETAC Clinical Care Committee is a dedicated group of individuals representing all disciplines within an EMTS system. They represent healthcare facilities, prehospital agencies, public health, and counties. They are committed to improving patient care through evidence-based medicine.

Components Addressed:

Evaluation, Data Collection, Clinical Care, and education

Project Description:

Objective 1: Evaluate EMTS educational needs within the Foothills RETAC and collaborate with all stakeholders to facilitate needed education.

Tasks:

- a. Analyze EMTS educational needs within the Foothills RETAC via:
 - I. Surveys
 - II. Collaboration with EMS agencies
 - III. Collaboration with Facilities
 - IV. Collaboration with Medical Directors
 - V. Data driven educational planning process utilizing trending and benchmarking
 - VI. QI program
- b. Maintain awareness of national and international guidelines and programs that could improve patient care and outcomes in our region.

Objective 2: Maintain our Regional Medical Direction/Collaboration program with Mile-High RETAC

Tasks:

- a. Work with the DMEMSMD, Grand County Medical Directors, and the Boulder Physician Medical Directors group and other Medical Directors within the RETAC to address prehospital QM issues.
- b. Collaborate with the state data collection and data submission, to the state for the EMS agencies within the RETAC. Work to interface with all stakeholders, the agencies, and the state to address solutions of data quality.

Objective 3: Continue to support the state and regional efforts in cardiac related programs.

Tasks:

- a. Continue our support of cardiac related programs within our region.
 - I. Gather data regarding the number of facilities now participating in and others pursuing input into the CARES registry and support inclusion of non-participating facilities.
 - II. Evaluate and assess cardiac education needs within the region.
 - III. Implement best practice programs from highly functioning regions across the country.

ATTESTATION STATEMENT

By signing below, the council chair attests that the information contained in this document, to their knowledge, and completely and accurately is the most current information available to complete the council's biennial plan for the period July 1, 2025, through June 30, 2027. The challenges and goals incorporated herein have been reviewed and formally approved by the council.

Council Chair Signature

Christopher Duran Board Chair

Council Chair Printed Name and Title

Date

Section 5: Appendix



(FRETAC)

Foothills Regional Emergency Medical & Trauma Advisory Council

Serving Boulder, Clear Creek, Gilpin, Grand, & Jefferson Counties

Foothills RETAC Board of Directors

Boulder County

Chris Duran

Chair
Centura

Ryan Singer

Member
Boulder Sheriff's Office

Josh King

Alternate Member
Longs Peak Hospital

Paul Johnson

Member
Mountain View Fire

Clear Creek County

Tom Candlin

Vice-Chair
Educator

Aaron Crawley

Member
Clear Creek EMS

Jacob Glenn

Member
Clear Creek Fire

Gilpin County

Bobby Putnam

Member
Gilpin Ambulance

Cody Carroll

Member
Gilpin Ambulance

Grand County

Austin Wingate

Treasurer
Grand County EMS

Laura Wooldridge

Member
Middle Park Health

Darcy Selenke

Member
Denver Health Winter Park

Jefferson County

Jason Roosa

Member
EMS Medical Director

Scott Branney

Member
St Anthony's Hospital

Jefferson County Continued

Zach Louderback

Alternate Member
St. Anthony's Hospital

Annette Cannon

Member
Jefferson County Coroner

Executive Director

Valorie Peaslee