SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA

Regular Meeting of the SFRAC Board of Directors
Wednesday, September 30, 2026, 2:00 p.m. to 4:00 p.m.
Laredo Health Department, 2600 Cedar Ave. 2nd Floor,
Auditorium Rm. Laredo, Texas, 78040

AGENDA

27-01 Item 27-01: Call to Order – (Out-Going) Chairman, Jorge Delgado
a. Roll Call
b. Introduction of Guests:

27-02 *(Tab 1)* Item 27-02: Presented to the Board for Review and Action is the Approval of the Minutes to the SFRAC Board meeting held August 24, 2026 – (Out-Going) Chairman.

27-03 Item 27-03: Presented to the Board for Review and Action is the Approval in the Installation of Incoming SFRAC FY27/28 Slate of Officers as the Following: Chairman, Mr. Joe Gonzalez and Treasurer, Mr. Armando Parra; Each Serving a Two-Year Consecutive Term from Fiscal Year 2027 through Fiscal Year 2028, (i.e., September 1, 2026, thru August 31, 2028) – (Out-Going) Chairman.

27-04 *(Tab 2)* Item 27-04: Presented to the Board for Discussion and Action is the Approval of the SFRAC Committees Reports – (Newly Appointed) Chairman, Joe Gonzalez.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Co-Chair: Joe Gonzalez)

EMS/Prehospital Committee: (Chairman: Herbert Serna; Co-Chair: Chief Rolando Martinez)

Neonatal/NICU Committee (Chairman: Angelica Perez; Co-Chair: Lisa Gonzalez)

Maternal Committee (Chairman: Maria Santillan; Co-Chair: Denise Morales)

Stroke Committee: (Chairman: Chantelle Molina; Co-Chair: Veronica Cantu)

Cardiac/STEMI Committee: (Chairman: Leticia Paredes; Co-Chair: Rosa Tamez:)

27-05 *(Tab 3)* Item 27-05: Presented to the Board for Review and Action is the Approval of the SFRAC Fund Activity Summary and Financial Transaction Report for the time-period August 11, 2026, thru September10, 2026 – Chairman.

27-06 *(Tab 4)* Item 27-06: Presented to the Board for Review and Action is the Approval of the SFRAC Year-End FY26 Operational Budget Expenses and the SFRAC Year-End FY26 Grants Allocation Distributions – Chairman.

27-07 *(Tab 5)* Item 27-07: Presented to the Board for Review and Action is the Approval of the SFRAC Fiscal Year 2027 Proposed Operating and Grants Program Budget – Chairman.

27-08 *(Tab 6)* Item 27-08: Presented to the Board for Review and Action is the Approval of the Fourth (4th) Quarter Fiscal Year 2026 EMS RAC / System Development / Exceptional Item / EMS County Assistance Distribution Financial Reports to be Submitted to the Texas Department of State Health Services – Chairman.

27-09 *(Tab 7)* Item 27-09: Presented to the Board for Review and Action is the Approval of the Seven Flags Regional Advisory Council FY26 Annual Program Report as Required to be Submitted to the Texas Department of State Health Services – Chairman.

27-10 *(Tab 8)* Item 27-10: Presented to the Board for Review and Action in the Approval to Accept the 2nd Reading of the Revisions, Deletions, and Additions to the Seven Flags Regional Advisory Council By-Laws and Thereby Adopted the By-Laws as Presented – Chairman.

27-11*(Tab 9)* Item 27-11: Other Business

a. Report on the FY26 Close-Out and Current FY27 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
b. Review of FY26 Phase II and FY27 RAC Self-Assessment Program Performance Measures: Accomplishments and Pending s – Rhonda Stewart, Health Access.
c. Hospital Preparedness Program (HPP) Announcement/Reports.

27-12 Item 27-12: Communication/Correspondence – Chairman.

27-13 Item 27-13: General Announcements

SFRAC's New Contact (Cellular) Number: 956-962-4048

27-14 Item 27-14: Next SFRAC Board meeting – Chairman.

FY27 Meeting Schedule	
Date	**Location**
Wednesday, September 30, 2026	**Laredo Health Dept., 2600 Cedar Ave., Laredo, Texas**
Friday, January 29, 2027	**TBD**
Friday, April 30, 2027	**TBD**
Monday, August 30, 2027	**TBD**

Name	Title/Location	Cell
Joe Gonzalez	**TSA-T Chairman**	**(956) 251-0841**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

27-15 Item 27-15: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

27-16 Item 27-16: Adjournment – Chairman.

ITEM 27-02 (TAB 1)

09-24-2025 Seven Flags Regional Advisory Council Board Meeting

Minutes of the Board Meeting — Seven Flags Regional Advisory Council (SFRAC)

- Date: Wednesday, August 24, 2026
- Start time: 2:15 p.m.
- Meeting: Regular Board session
- Location: City of Laredo Health Department, 2600 Cedar Ave, Auditorium Rm., Laredo, TX. 78040
- Convener/Presiding Officer: Mr. Jorge Delgado - Chairman
- Administrator/Presenter: Mr. Keiser

Opening Remarks

Mr. Chair opened the meeting, welcomed Board members. Mr. Keiser apologized for the delay due to last-minute setup adjustments, confirmed the sign-in sheet circulation, and requested focused attention to begin formally. He emphasized that several items are regulatory in nature (quarterly submissions to Texas DSHS) and guided attendees to tabs in the board packet to follow the agenda efficiently.

Attendance Roll Call and Quorum Verification

Item 26-01:

- Entities and representatives (roll call):
  - Angel Care Ambulance: Monica Arredondo – alternate (present)
  - Bronze Star Ambulance: Victor Romano – alternate (present)
  - City of Laredo (Fire Department): Adrian Esparza – Vice-Chairman (present)
  - Doctors Hospital of Laredo: Stacey Lopez - alternate (present)
  - Laredo Medical Center: Joe Gonzalez -Treasurer (present)
  - Priority EMS: Jorge Delgado – Chairman (present)
  - Medpoint Ambulance: Juan Medellín – Director (present)
  - Webb County Volunteer Fire EMS (Absent)
  - Zapata County Fire/EMS: Gabby Gonzalez – alternate (present)
  - Victoria's Care Ambulance Service: Melva Villarreal – alternate (present; new alternate)
  - Laredo Lifeline: Gabriela Santos – alternate (present)
  - Lalitas Ambulance: Ismail Flores – director (present; late)
  - Texas Superior Ambulance: Kimberly De La Cruz – alternate (present)
  - Skyline EMS: Kevin Harris – director (present)
  - Villa Ambulance: Lorenzo Ochoa – director (present)
  - Primary Ambulance: Elisa Parra - alternate (present)

- Digni Care: Manuel Aguilera – alternate (present)
- Gateway Ambulance: (present)
- United Med Ambulance (absent)
- Jason DeLatre (absent)
- John Jones (absent)

- Quorum: Verified.

Agenda Board Action Items and Other Business

Item 26-02: Approval of Previous Minutes

- Document: Minutes of the Seven Flags RAC meeting dated August 27, 2025 (Tab 1).
- Presenter (Mr. Keiser): Invited review; no substantive comments received.
- Motion: Ms. Monica Arredondo.
- Second: Mr. Joe Gonzalez.
- Vote: Approved unanimously.

Item 26-03: Approval of the Committee Reports

- Seven Flags RAC Committee Reports (Tab 2) Committee Reports:

- Neonatal
  - Angelica Perez (Chair / Present) and Lilly Limas (Vice-Chair / Present). Reported no updates; no questions raised.
- EMS/Prehospital
  - Victor Villarreal (Chair / Absent) and Angel Garcia (Vice-Chair / Absent) Presiding Board Chairman, Mr. Jorge Delgado requested a formal email report and a request to replace chair/vice-chair for record-keeping.
  - Status: Administrative pending to formalize leadership changes. No items to report.
- Maternal
  - Maria Santilla (Chair / Present) and Stacy Lopez (Vice-Chair / Present) Reporting that Laredo Medical and Doctors Hospital will be participating in State initiatives regarding sepsis; no official new guidelines yet.
  - Status: Development ongoing; final guidance pending.
- Trauma
  - Letisia Colon (Chair / Absent) and Joe Gonzalez (Vice-Chair / Present) Mr. Gonzalez reported continuity of "Trauma Tuesdays" as informational education in ERs, moving to a quarterly cadence. Content will include real cases from the last 30 days and updates to methods for injury management. He committed to sending the calendar to all participants.
- Cardiac
  - Leadership change noted (Christina Pais no longer chair; Claudia Amaya mentioned in another meeting. Change will be made to be reflected in the January Board meeting). Rosie Tamez (Vice-Chair / Absent. No items to report.
  - Status: Leadership confirmation pending.

- Stroke
    - Chantele Molina (Chair / Present) and Angie Avila (Vice-Chair / Absent) Ms. Molina reported on guide documents and recommendations in preparation by the GETAC Stroke Committee, including a pediatric stroke algorithm. She committed to sharing documents once ready.
    - Status: Publication and distribution pending.

Consolidated Vote on Committee Reports:

- Motion: Mr. Joe Gonzalez.
- Second: Mr. Manuel Aguilera.
- Vote: Approved unanimously.

Item 26-04: Presentation and Approval of the Financial Portfolio Report

- Document: Seven Flags RAC bank fund balance, account statement report, and expense report (Tab 3). Period: August 11, 2025, to September 10, 2025.
- Presenter (Mr. Keiser):
    - Balances and accounts:
        - EMS County Assistance: 0
        - EMS RAC Closing: 0 (pending checks handled)
        - General Fund: $46,412.82
        - System Development Fund: 0
        - Holding Account: $0.50
        - Total in accounts: $58,413.32
        - Next: FY26 deposits will increase the balance in the next meeting.
    - Activity:
        - EMS County: No movements (fiscal year closed)
        - EMS RAC: 14 checks (Exceptional Item to entities; STDC administration; Health Access for self-assessment tasks completed)
        - General Fund: 1 check (GTAC travel reimbursement to Mr. Keiser)
        - System Development: 10 checks to member entities.
        - Holding Account: No activity
    - FY close:
        - Operations and obligations: Completed
        - Outstanding check #1030 (since March): Stop payment applied; amount of $200 to be reabsorbed (to reflect in next report) into the General Fund Account.
        - System Development and Exceptional Item: Fully executed (0 remaining)
    - Appreciation: Members were thanked for diligent deposit of checks.
- Vote:
    - Motion: Mr. Ismael Flores.
    - Second: Mr. Kevin Harris.
    - Vote: Approved unanimously.

Item 26-05: Presentation and Approval of the Proposed FY2026 Operating and Grants Program Budget

Proposed FY2026 Budget (Operating and Grants Program) (Tab 4):

- Presenter (Mr. Keiser):
  - Projected revenues:
    - Memberships: $17,337.50 (collected $2,200 to date)
    - Fundraisers: $0
    - EMS County Assistance (FY26): $92,624
    - System Development (allocation): $46,021
    - EMS RAC Exceptional Item (EI): $150,000
    - EMS RAC Administration: $31,750
  - Contractual expenses:
    - STDC (operational administration; quarterly payment)
    - Health Access (self-assessment implementation; state requirement; no disbursements yet)
  - Operating balance:
    - Projected operating expenses: ~$17,000
    - Membership revenue: $17,337 (within budget for operations)
    - Categories: mail, insurance, IRS, accounting software, etc.
  - Grant Award Distributions:
    - System Development: Equitable distribution subject to "good standing"; non-compliant shares are redistributed
    - EMS County Assistance:
      - Webb County: $4,348.57 per entity
      - Zapata County: $15,051 (sole provider receives total)
      - Jim Hogg County: $16,000 (same criterion)
    - Exceptional Item (E.I): $4,333.30 per entity/program projected
  - E.I. modality discussion:
    - Option A: Annual distribution
    - Option B: Biennial accumulation
    - Intervention (Mr. Joe Gonzalez): Prefers annual due to varying needs (e.g., stretchers)
    - Consensus: Maintain annual distribution (do not accumulate)
- Vote:
  - Motion: Ms. Monica Arredondo (including the clause to keep E.I. distributions annually)
  - Second: Mr. Joe Gonzalez
  - Vote: Approved unanimously

Item 26-06: Presentation and Approval of Final Financial Reports to be Submitted to the State

- Q4 FY2025 Reports to Texas DSHS (Tab 5)

- Presenter (Mr. Keiser): Introduced item for review and action to approve quarterly financial reports (System Development, Exceptional Item, EMS County Assistance) for submission to DSHS.

- Vote:
  - Motion: Ms. Monica Arredondo
  - Second by Mr. Isamel Flores
  - Approved unanimously.

Item 26-07: Presentation and Approval of Annual Program Report to be Submitted to the State

- Final Annual FY2025 Report to Texas DSHS (Tab 6)
  - Presenter (Mr. Keiser): Introduced item for review and action to approve the FY25 Annual Program for submission to DSHS.
  - Annual program report for FY25 (September–August) presented for approval.
  - Includes RAC overview; changes anticipated due to self-assessment; updated board/executive rosters (e.g., Mr. Jorge Delgado, Adrian Esparza [incoming vice-chair], Mr. Joe Gonzalez [Treasurer], Reynaldo Velez [incoming secretary]); bylaws affidavit.
  - Trauma system plan to be updated in collaboration with Health Access over the next year (last update in 2021).
  - Lists designated hospitals (Laredo Medical Center, Doctors Hospital), EMS providers, first responders.
  - Pre-hospital committee roster updated to include all EMS members.

- Vote:
  - Motion: Ms. Monica Arredondo
  - Second by Mr. Joe Gonzalez
  - Approved unanimously.

Item 26-08: Presentation and Approval of Second Reading of the SFRAC FY25 By-Laws

- Second Reading — Eligibility adjustment (Agenda 26-08; Tab 7)
  - Presenter (Mr. Keiser): Expanded eligibility for officers to include members of the General Assembly (officers, directors, and alternates), validating the nomination of Mr. Esparza (an alternate at nomination time).
  - Mr. Keiser explained that no additional changes other than the eligibility adjustment on Page 11 were made to the by-laws from the first reading during the August 27, 2025, Board meeting.
  - Motion: Mr. Joe Gonzalez
  - Second: Ms. Monica Arredondo
  - Vote: Approved unanimously.

Item 26-09: Presentation and Approval of Adopting the Revised SFRAC By-Laws

- Adoption of By-Laws Changes (Agenda 26-09; Tab 8)
  - Presenter (Mr. Keiser): Presented the formal adoption of changes with signatures and adoption date of September 24, 2025.
  - Motion: Mr. Monica Arredondo.
  - Second: Mr. Ismael Flores.
  - Vote: Approved unanimously.

Item 26-10: Presentation and Approval of the Installation of SFRAC Board Officers

- Installation of Officers (FY2026–FY2027) (Agenda 26-10)
  - Period: Sept 1, 2025 – Aug 31, 2027.
  - Officers:
    - Vice Chairman: Mr. Adrian R. Esparza
    - Secretary: Mr. Reynaldo Velez
  - Motion: Mr. Joe Gonzalez.
  - Second: Mr. Manuel Aguilera.
  - Vote: Approved unanimously.

Item 26-11: Presentation and Approval of New Membership Request

- Texas Ambulance Response Team (Agenda 26-11; Tab 9)
  - Presenter (Mr. Keiser): Presented Texas Ambulance Response Team's request for voting membership; confirmed local operation (no out-of-area affidavit/certification needed). Representative Mr. Soto present.
  - Motion: Mr. Joe Gonzalez.
  - Second: Mr. Manuel Aguilera.
  - Vote: Approved unanimously.

Item 26-12: Presentation and Approval to Procure Texas Wristband for Trauma Systems' Deployment in the SFRAC Region

- Texas Wristbands (Pulsara/DSHS Standards) (Agenda 26-12; Tab 10):
  - Presenter (Mr. Keiser): Current inventory low; new state specs aligned with Pulsara and DSHS (effective September 1). TX suppliers: PDC and Zebra (variants illustrated "top" and "bottom/next-gen").
  - Intervention (Nathan Rubio): Recommended next-gen ("bottom") wristband with detachable barcode to affix to patient records, aiding hospital traceability; confirmed suitability from recent airport exercise.
  - Decision: Adopt next-gen model; continue using original stock until exhausted; urgent purchase due to agencies out of stock.
  - Motion: Ms. Monica Arredondo.
  - Second: Mr. Manuel Aguilera.
  - Amendment: Purchase 58,000 wristbands for the region (unit count, not dollar amount).

- Vote: Amended Motion Approved unanimously.
- Operational message: Agencies with surplus should support those without maintaining minimum reserves for state inspections.

Item 26-13: Other Business

- Membership Dues (information update):
  - Presenter (Mr. Keiser): FY25 closeout shows all members in good standing (no two consecutive absences) except prior removal of Capital Care. FY26 start: Laredo Medical Center, Laredo Lifeline, Skyline, Digni Care, and United Med have submitted required documents and/or dues. Reminder: RAC dues must be paid before March 1.

- FY26 Phase II RAC Self-Assessment Program Implementation (information update):
  - Presenter (Ms. Rhonda Stewart, Health Access).
  - Health Access (Rhonda Stewart and team) will guide implementation of self-assessment SMART goals through August 2026 (end-of-year submission targeted).
  - Establish a Performance Improvement (PI) Committee covering all components; initial focus on EMS and trauma to address Phase I deficiencies.
  - Bylaw edits to define committee roles/responsibilities and reporting requirements; compare with other Texas RACs and DSHS guidance.
  - Robust system plan updates with protocols and documentation; Excel-based internal tracker listing indicators 🩶, SMART goals, measures, notes, recommendations.
  - Engagement in mix of in-person/virtual meetings; Health Access team continuity (Stacy via Zoom; Shawnee involved).
  - Mr. Keiser commented on the self-assessment framed structure akin to GETAC; committees execute tasks and report back to the principal Board/Council.

- Hospital Transfer Time Performance Improvement (Initial Information Sharing):
  - Statewide initiative led by DSHS/GTAC (Dr. Flaherty) to track delayed transfers starting with trauma; may extend to stroke.
  - PI tool provided (spreadsheet with ~15–20 elements) to capture transfer process times.
  - Roles for data compilation (hospital vs. RAC vs. state) not yet defined.
  - Planned engagement with DSHS to clarify expectations, timeline, affected parties, and private EMS inclusion.
  - Goal: Root-cause identification (hospital delays vs. EMS availability) and potential funding justification.
  - Mr. Keiser will meet with hospitals (Joe Gonzalez and Letisia Colón) and DSHS to clarify requirements, timeline, and data compilation responsibilities; aims for update by January board meeting; earlier guidance by early October.

- Hospital Preparedness Program Announcements and Mass Casualty Incident (MCI) After-Action Reporting/ (Airport Exercise)
  - Presenter (Mr. Nathan Rubio, Hospital Preparedness Program, Coastal Bend RAC):
  - Reported on airport disaster exercise (Thursday the 18th of September 2025); emphasized the After-Action Report (AAR) to justify program growth and capability improvements. Hospital prepared a tracking template; evaluators included Fire. Commitment to finalize AAR "next week," share videos, and co-present with

aeromedical team on October 16 (Coalition meeting held every third Thursday of the month; invites via Mr. Keiser and RAC).
    - Lessons and next steps: Strengthen mutual aid protocols (Dispatch vs. RAC), encourage annual MCI drill led by Laredo Fire Dept with private sector support, enable/standardize Pulsara onboarding.

Item 26-14: Communications/Correspondence

- Communications and Correspondence Updates
    - Presenters (Mr. Chair & Mr. Keiser): Reported on communication received by DSHS Registry and Data Section regarding NEMSIS critical patch 5 — use "biological sex" (male/female) rather than "patient gender" in EMS records. Noted via email and kept as an agenda item for confirmation.
    - Laredo Medical Center completed Stroke Level 3 designation and granted certification. Congratulations issued by Mr. Chair.

Item 26-15: General Announcements

- City Ambulance Inspection Ordinance & Annual Fees
    - Commenter (Chief Robert Gonzalez):
    - City considers reactivating an ordinance for annual ambulance inspections and fees (historically active 15–18 years; suspended during pandemic). Inspection scope similar to DSHS checklist; fees would be additional. He will review and send the text to Mr. Keiser for distribution; clarity requested to avoid duplication and surprise charges.
    - Administration/Member responses: Sought details and coordination with state obligations; requested alignment with annual cycles.
    - No enforcement yet; decision to gather ordinance details and disseminate before action.

- State Whole Blood Program
    - Commenter (Mr. Keiser):
    - State (DSHS) consolidated outcomes of a $10M Whole Blood Program levels of participation; the SFRAC region was the only region in the state not participating. Requirement: 9-1-1 responders (Skyline, Angel Care, Zapata, Laredo EMS). Suggested re-evaluating participation to avoid reputational impact and improve clinical and trauma systems' outcomes (life-saving). If funding reopens, prepare capabilities and potential partnerships between EMS and hospital.
    - Some entities had expressed interest but did not qualify (must be 911 responders). LMC disqualified without EMS participation in the program within the region. Potential and most viable participants include Skyline, Angel Care, Zapata, Laredo, as 911 responders in the region.

Item 26-16: Next SFRAC Board Meeting

    - Next RAC Board meeting: Friday, January 30; location TBD.

Item 26-17: Public Comments

- Public comment: None registered.

Item 26-18: Adjournment

- Motion to adjourn: Monica Arredondo and Joe Gonzalez; second; approved unanimously.
- Closing time: 3:56 p.m.

ITEM 27-04 (TAB 2)

FY27 NEONATAL / NICU COMMITEE

CHAIRMAN:

ANGELICA PEREZ
(LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2026

CO-CHAIR:

Liza Gonzalez
(DOCTORS)

Present ___ Absent ___

LOCATION:

CITY OF LAREDO
HEALTH DEPT.,
LAREDO TX. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Angelica Perez	NPM	LMC	956-326-0676	angelica_perez@chs.net
Dr. Satbir Chhina	NMD	LMC	956-206-0112	schhina@icloud
Patricia Diaz	NICU Director	LMC	956-251-8351	patricia_diaz1@chs.net
Lisa Y. Gonzalez	Neonatal/NICU Program Manager	DHL	956-523-2232	Lisa.Gonzalez2@uhsinc.com
Lilliana Limas	Neonatal Director	DHL	956-523-2113	Lilliana.limas@uhsinc.com
Dr. Roberto Villegas	Neonatal Medical Director	DHL	956-523-2104	Roberto.VillegasMD@uhsinc.com

FY27 CARDIAC / STEMI COMMITEE

CHAIRMAN:

LETICIA PAREDES (LMC)

Present: ___ Absent ___

MEETING DATE:

September 30, 2026

CO-CHAIR:

ROSIE TAMEZ (DOCTORS)

Present ___ Absent ___

LOCATION:

City of Laredo Health Dept., Laredo Tx. 78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Leticia Paredes, RN	Chest Pain Coordinator	Laredo Medical Center		Leticia_paredes@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	letisia.colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	
Leticia L. Paredes		Laredo Medical Center	Office 956-796-3177	Leticia_paredes@chs.net

FY27 EMS / PRE-HOSPITAL COMMITEE

CHAIRMAN:

HERBERT SERNA (AIR-EVAC)

MEETING DATE:

SEPTEMBER 30, *2026*

Present: ___ Absent ___

CO-CHAIR:

CHIEF ROLANDO MARTINEZ (CITY OF LAREDO FIRE/EMS)

LAREDO MEDICAL CENTER, LAREDO TX. 78040

Present ___ Absent ___

NAME	TITLE	COMPANY	PHONE	EMAIL
Peter Gonzalez	Board Director	Laredo Lifeline, LLC.	956-251-3787	lifelinepeter@yahoo.com
Reynaldo Veliz	Board Director	Angel Care Ambulance Service	956-725-7484	angelcareambulance@gmail.com
Hector M. Medina Jr.	Board Director	BronzeStar Ambulance Service	956-712-3667	bronzestaramb@yahoo.com
Letisia Colon	Board Director	Doctors Hospital of Laredo	956-523-2193	letisia.colon@uhsinc.com
Jorge Delgado	Board Officer, Chairman	Priority EMS	956-251-5318	admin@PriorityEMSTX.com
Jose "Joe" Gonzalez	Board Officer, Treasurer	Laredo Medical Center	956-796-2309	jose_gonzalez@chs.net
Juan Medellin	Director	Medpoint Ambulance	956-728-7707	Ldomed1@yahoo.com
Ramiro Elizondo	Board Director	Webb County Volunteer Fire/EMS	956-523-5700	ramelizondo@webbcountytx.gov
Daniel Arriaga	Board Director	Zapata County Fire/EMS Department	956-765-9942	firepolice114@gmail.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Victor Villarreal	Board Director	Victorious Care Ambulance Service	956-568-1178	victoriouscareambser@hotmail.com
Rene Castillo	Board Director	Lalitas Ambulance Care	956-516-4499	rc.lalitasamb@outlook.com
Gustavo A. Martinez	Board Director	Lonestar Ambulance Service, INC	956-348-0632	gmartinez@lonestarambulance.net
Gilberto Guardiola	Board Director	Texas Superior Ambulance Service	956-568-3380	txsuperioramb@outlook.com
Kevin Harris	Board Director	Skyline EMS	956-682-7222	skyline.ems@gmail.com
Lorenzo A. Ochoa	Board Director	Villa Ambulance Service	956-568-2916	villaambulance@gmail.com
Armando Parra	Board Director	Primary Ambulance	956-462-5390	primaryambulance@yahoo.com
Ramon Rojas	Board Director	Digni Care	956-220-2715	dignicare3@gmail.com
Jose Cavazos	Board Director	United Care Ambulance	956-775-2222	josecavazos1802@yahoo.com
Adrian Esparza	Board Officer, Vice-Chairman	City of Laredo Fire Department	956-781-6022	aresparza@ci.laredo.tx.us

FY27 MATERNAL COMMITEE

CHAIRMAN:

MARIA SANTILLAN
(LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2026

CO-CHAIR:

DENISE MORALES
(DOCTORS)

Present ___ Absent ___

LOCATION:

City of Laredo Health Dept., Laredo Tx. 78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Denise Morales	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Denise.morales2@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisnernos@uhsinc.com
Dr. Juan Montalvo	Maternal Medical Director	Doctors Hospital of Laredo		office@drjuanfmontalvo.com
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Maria Uribe	Director Women's Services	Laredo Medical Center	956-796-4501	Maria_uribe@chs.net
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center		

FY27 STROKE COMMITEE

CHAIRMAN:

CHANTELE MOLINA (LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2026

CO-CHAIR:

VERONICA CANTU (DOCTORS)

Present ___ Absent ___

LOCATION:

City of Laredo Health dept., Laredo Tx. 78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Veronica Cantu	Stroke Coordinator	Doctors Hospital of Laredo		Veronica.Cantu@uhsinc.com
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	Letisia.Colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	Rosa.Rodriguez@uhsinc.com

FY27 TRAUMA / INJURY PREVENTION COMMITEE

CHAIRMAN:

LETICIA COLON
(DOCTORS)

Present: ___ Absent ___

CO-CHAIR:

JOE GONZALEZ
(LMC)

Present ___ Absent ___

TRAUMA MEDICAL DIRECTOR (LMC):

Dr. Adolfo Diaz

Present ___ Absent ___

TRAUMA MEDICAL DIRECTOR (DOCTORS):

Dr. Roberto Gomez Vasquez

Present ___ Absent ___

MEETING DATE:

September 30, 2026

LOCATION:

City of Laredo Health Dept. 2600 Cedar Ave., Laredo Tx. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Alma Hernandez	Trauma Registrar	Laredo Medical Center	956-796-2309	Alma_hernandez1@chs.net
Martha Vasquez		Laredo Medical Center	956-796-4117	Martha_garcia4@chs.net

ITEM 27-05 (TAB 3)

FUND ACTIVITY SUMMARY
(8/11/2026 – 9/10/2026)

Seven Flags Regional Advisory Council
Fund Activity Summary
for the period of 08/11/2026 to 09/10/2026

Fund	Beginning Balance	Income	Expenses	Net Income (Expense)	Transfer	Net Increase (Decrease)	Ending Balance	[Beginning of Fiscal Year] Balance
General Fund	$60,950.82	$0.00	$913.39	$-913.39	$0.00	$-913.39	$60,037.43	$55,799.17
EMS RAC Grant (Exceptional Item Funds)	$28,750.03	$0.00	$28,750.03	$-28,750.03	$0.00	$-28,750.03	$0.00	$0.00
EMS RAC Grant (Administrative)	$-255.40	$0.00	$0.00	$0.00	$0.00	$0.00	$-255.40	$0.00
System Development Grant Allocations	$3,320.93	$0.00	$0.00	$0.00	$0.00	$0.00	$3,320.93	$3,320.93
EMS County Assistance Grant Allocations	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$92,766.38	$0.00	$29,663.42	$-29,663.42	$0.00	$-29,663.42	$63,102.96	$59,120.10

TRANSACTIONS REPORT
(8/11/2026 – 9/10/2026)

Transaction List for the period of 08/11/2026 to 09/10/2026

Generated by admin@sevenflagsrac.org on 2026-09-16 13:52

Date	Type	Contact	Fund	Memo	Cleared	Amount
08/21/2026	Check	Bronze Star Ambulance Service	EMS RAC Grant (Exceptional Item Funds)	FY26 I.E. Grant Award	n	4,604.16
08/21/2026	Check	Angel Care Ambulance	EMS RAC Grant (Exceptional Item Funds)	FY26 E.I. Grant Award	n	4,604.16
08/21/2026	Check	Priority EMS	EMS RAC Grant (Exceptional Item Funds)	FY26 E.I. Grant Award	n	4,604.16
08/21/2026	Check	United Med Care Amb.	EMS RAC Grant (Exceptional Item Funds)	FY26 E.I. Grant Award	n	4,333.33
08/21/2026	Check	Laredo Medical Center	EMS RAC Grant (Exceptional Item Funds)	FY26 E.I. Grant Award	n	4,604.22
09/02/2026	Check	John R. Keiser	General Fund	GETAC Travel Reimbursement (August 2026)	n	913.39
09/10/2026	Check	Health Access	EMS RAC Grant (Exceptional Item Funds)	Payment for August 2026 (RE: Self-Assessment Phase II)	n	6,000.00

ITEM 27-06 (TAB 4)

Income

Fiscal Year 2026

Income	Projected	Actual	Difference
Membership Fees	17,337.50	16,587.50	(750.00)
Fundraiser	0.00		0.00
EMS County Assistance Grant	92,624.00	92,624.00	0.00
System Development	46,021.00	46,021.00	0.00
EMS RAC / Exceptional Item (E.I.)	150,000.00	150,000.00	0.00
EMS RAC (Administrative)	31,759.00	31,759.00	0.00
			0.00
Total income	**337,741.50**	**336,991.50**	(750.00)

Operating Expenses (General Fund)

Fiscal Year 2026

Expenses	Projected Cost	Actual Cost	Difference
Post Office Annual Fee	190.00	$ 190.00	$0.00
Mailing & Shipping Costs	100.00		$100.00
VFIS Insurance	1,500.00	$1,512.00	-$12.00
TETAF Dues	1,000.00	$1,100.00	-$100.00
CPA IRS 1099 Filing	160.00	$250.00	-$90.00
CPA IRS 990 Filing/Income Statement	1,100.00	$1,100.00	$0.00
RAC Chair/GETAC Travel (November 2025, Austin, Tx.)	3,800.00	$1,818.54	$1,981.46
GETAC Travel (March 2026, Austin, Tx.)	1,500.00	$950.05	$549.95
GETAC Travel (June 2026 Austin, Tx.)	1,500.00	$905.30	$594.70
GETAC Travel (August 2026 Austin, Tx.)	1,500.00	$913.20	$586.80
TETAF Annual Workshop/Confernce	1,000.00		$1,000.00
Adobe Pro (Annual Subcription)		$16.24	-$16.24
GoDaddy Web Site (Annual Subcription)	450.00	$509.03	-$59.03
Zoom (Annual Subcription)	165.00	$159.90	$5.10
Supplies	150.00	$293.33	-$143.33
Microsoft 365 Premium (Annual Subcription)		$71.46	-$71.46
Advertising/Publication	1,500.00		$1,500.00
Bank Fees	100.00	$255.40	-$155.40
Accounting Software	2,300.00	$2,508.00	-$208.00
Toll Road Fees		$50.00	
			$0.00
			$0.00
Total operating expenses	**17,825.00**	**$12,602.45**	**$5,462.55**

Contractual Expenses

Fiscal Year 2026 - January 2026)

Expenses	Total Budgeted	Total Remittance	Balance
Contract Between SFRAC & STDC (Program Administration & Management - EMS RAC/Admin)	31,759.00	31,759.00	**0.00**
Administrative Fee (1st Qtr.)			**0.00**
Administrative Fee (2nd Qtr.)			**0.00**
Administrative Fee (3rd Qtr.)			**0.00**
Adminstrative Fee (4th Qtr.)			**0.00**
Contract Between SFRAC & Health Access (Phase II Self-Assessment Program Implementation - EMS RAC/E.I.)	72,000.00	0.00	**72,000.00**
Professional Service Fee (September 2025)		6,000.00	**(6,000.00)**
Professional Service Fee (October 2025)		6,000.00	**(6,000.00)**
Professional Service Fee (November 2025)		6,000.00	**(6,000.00)**
Professional Service Fee (December 2025)		6,000.00	**(6,000.00)**
Professional Service Fee (January 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (February 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (March 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (April 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (May 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (June 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (July 2026)		6,000.00	**(6,000.00)**
Professional Service Fee (August 2026)		6,000.00	**(6,000.00)**
Total Contractual Expenses	**103,759.00**	**103,759.00**	**0.00**

FY26 EMS County Assistance Allocations

* Reimbursement Form and Supporting Documentation Submittal Deadline: April 31, 2026

Eligible Entities	Actual Allocation	Redistribution Total Dollar Amount (+)	Adjusted Total Allocation
Bronze Starr Ambulance	4,348.57	362.38	4,710.95
Laredo Fire Department EMS/Fire	4,348.57	362.38	4,710.95
Angel Care Ambulance	4,348.57	362.38	4,710.95
Webb County Volunteer Fire/EMS	4,348.58	362.39	4,710.97
Victorious Care Ambulance	4,348.57	362.38	4,710.95
Priority EMS	4,348.57	362.38	4,710.95
Laredo Lifeline	4,348.58	362.38	4,710.96
Villa Ambulance	0.00		0.00
Texas Superior Ambulance	4,348.57	362.38	4,710.95
Zapata County Fire/EMS: *Zapata County (N/A)*	15,051.00		15,051.00
Lalitas Ambulance Care	4,348.57	362.38	4,710.95
Medpoint Ambulance	4,348.57	362.38	4,710.95
Primary Care Ambulance	4,348.57	362.38	4,710.95
Skyline EMS: *Jim Hogg County (N/A)*	16,693.00		16,693.00
Digni Care	4,348.57	362.38	4,710.95
United Med Ambulance (*Declined Addional Funds)*	4,348.57		4,348.57
			0.00
			0.00
Total Allocations	**88,275.43**	**4,348.57**	**92,624.00**

FY26 System Development Allocations Redistribution Table

* Reimbursement Form and Supporting Documentation Submittal Deadline: June 30, 2026

Eligible Entities	Initial Allocation	Total Dollar Amount Redistributed (+)	Newly Adjusted Total Allocation
Bronze Starr Ambulance	**2,556.72**	**150.39**	**2,707.11**
Laredo Fire Department EMS/Fire	**2,556.72**	**150.39**	**2,707.11**
Angel Care Ambulance	**2,556.72**	**150.39**	**2,707.11**
Webb County Volunteer Fire/EMS	**2,556.72**	**150.39**	**2,707.11**
Victorious Care Ambulance	**2,556.72**	**150.39**	**2,707.11**
Priority EMS	**2,556.72**	**150.39**	**2,707.11**
Laredo Lifeline	**2,556.72**	**150.39**	**2,707.11**
Villa Ambulance	**2,556.72**	**0.00**	**0.00**
Texas Superior Ambulance	**2,556.72**	**150.39**	**2,707.11**
Zapata County Fire/EMS	2,556.72	150.39	2,707.11
Lalitas Ambulance Care	**2,556.72**	**150.39**	**2,707.11**
Medpoint Ambulance	**2,556.72**	**150.39**	**2,707.11**
Primary Care Ambulance	**2,556.72**	**150.39**	**2,707.11**
Skyline EMS	2,556.72	**150.39**	2,707.11
Digni Care	**2,556.72**	**150.39**	**2,707.11**
United Med Ambulance	**2,556.72**	**150.39**	**2,707.11**
Laredo Medical Center	2,556.74	150.44	**2,707.18**
Doctors Hospital of Laredo	2,556.74	150.43	**2,707.17**
Total Allocations	**46,021.00**	**2,556.72**	**46,021.00**

FY26 EMS RAC Exceptional Item (E.I.) Allocations

* Reimbursement Form and Supporting Documentation Submittal Deadline: June 30, 2026

Eligible Entities	Initial Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	4,333.33		**4,333.33**
Laredo Fire Department EMS/Fire	4,333.33		**4,333.33**
Angel Care Ambulance	4,333.33		**4,333.33**
Webb County Volunteer Fire/EMS	4,333.33		**4,333.33**
Victorious Care Ambulance	4,333.33		**4,333.33**
Priority EMS	4,333.33		**4,333.33**
Laredo Lifeline	4,333.33		**4,333.33**
Villa Ambulance	4,333.33		**4,333.33**
Texas Superior Ambulance	4,333.33		**4,333.33**
Zapata County Fire/EMS	4,333.33		**4,333.33**
Lalitas Ambulance Care	4,333.33		**4,333.33**
Medpoint Ambulance	4,333.33		**4,333.33**
Primary Care Ambulance	4,333.33		**4,333.33**
Skyline EMS	4,333.33		**4,333.33**
Digni Care	4,333.33		**4,333.33**
United Med Ambulance	4,333.33		**4,333.33**
Laredo Medical Center	4,333.36		**4,333.36**
Doctors Hospital of Laredo	4,333.36		**4,333.36**
Total Allocations	**78,000.00**	**0.00**	**78,000.00**

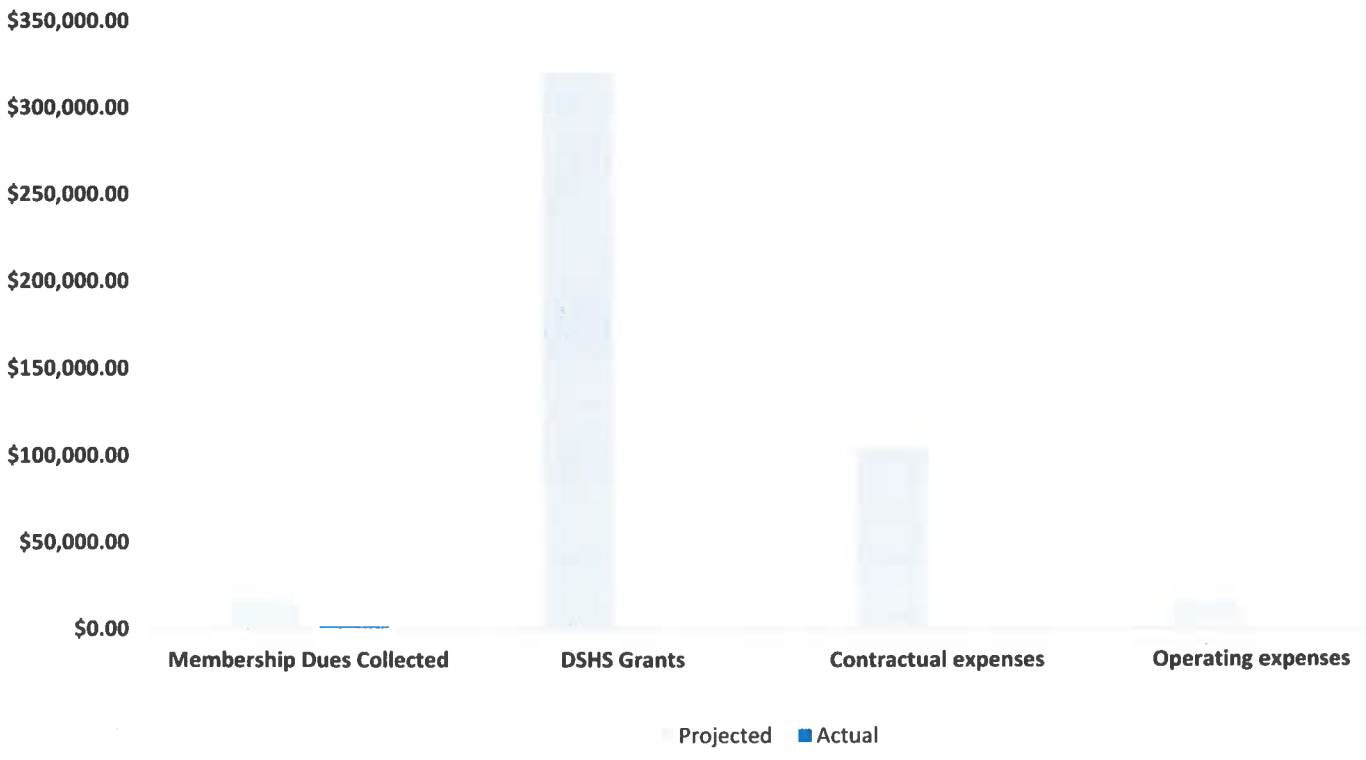
ITEM 27-07 (TAB 5)

Budget Summary

Fiscal Year 2027

Budget area	Projected	Actual	Difference
Membership Dues Collected	$16,650.00	$1,500.00	**-$15,150.00**
DSHS Grants	$320,557.00	$0.00	**$320,557.00**
Contractual expenses	$103,978.00	$0.00	**$103,978.00**
Operating expenses	$15,033.00	$0.00	**$15,033.00**
Balance/Total	**$456,218.00**	**$1,500.00**	**$424,418.00**

Budget overview



Income

Fiscal Year 2027

Income	FY27 Projected Totals	Last Year's (FY26) Totals	Difference
Membership Fees	16,650.00	16,587.50	(62.50)
Fundraiser	0.00		0.00
EMS County Assistance Grant	92,558.00	92,624.00	66.00
System Development	46,021.00	46,021.00	0.00
EMS RAC / Exceptional Item (E.I.)	150,000.00	150,000.00	0.00
EMS RAC (Administrative)	31,978.00	31,759.00	(219.00)
			0.00
Total income	**337,207.00**	**336,991.50**	(215.50)

Operating Expenses (General Fund)

Fiscal Year 2027

Expenses	Projected Cost	Actual Cost	Difference
Post Office Annual Fee	200.00		
Mailing & Shipping Costs	100.00		
VFIS Insurance	1,500.00		
TETAF Dues	1,000.00		
CPA IRS 1099 Filing	175.00		
CPA IRS 990 Filing/Income Statement	1,500.00		
RAC Chair/GETAC Travel (November 2025, Austin, Tx.)	2,500.00		
GETAC Travel (March 2026, Austin, Tx.)	1,000.00		
GETAC Travel (June 2026 Austin, Tx.)	1,000.00		
GETAC Travel (August 2026 Austin, Tx.)	1,000.00		
TETAF Annual Workshop/Confernce	0.00		
Adobe Pro (Annual Subcription)	20.00		
GoDaddy Web Site (Annual Subcription)	450.00		
Zoom (Annual Subcription)	185.00		
Mobile Citizen (Hotspot)	320.00		
U.S. Mobile (Cellular Plan)	893.00		
Supplies	150.00		
Microsoft 365 Premium (Annual Subcription)	80.00		
Advertising/Publication	250.00		
Bank Fees	60.00		
Accounting Software	2,600.00		
Toll Road Fees	50.00		
Total operating expenses	**15,033.00**	**$0.00**	**$0.00**

Contractual Expenses

Fiscal Year 2027

Expenses	Total Budgeted	Total Remittance	Balance
Contract Between SFRAC & STDC (Program Administration & Management - EMS RAC/Admin)	31,978.00		**31,978.00**
Administrative Fee (1st Qtr.)			**0.00**
Administrative Fee (2nd Qtr.)			**0.00**
Administrative Fee (3rd Qtr.)			**0.00**
Adminstrative Fee (4th Qtr.)			**0.00**
Contract Between SFRAC & Health Access (Phase III Self-Assessment Program Implementation - EMS RAC/E.I.)	72,000.00	0.00	**72,000.00**
Professional Service Fee (September 2025)			**0.00**
Professional Service Fee (October 2025)			**0.00**
Professional Service Fee (November 2025)			**0.00**
Professional Service Fee (December 2025)			**0.00**
Professional Service Fee (January 2026)			**0.00**
Professional Service Fee (February 2026)			**0.00**
Professional Service Fee (March 2026)			**0.00**
Professional Service Fee (April 2026)			**0.00**
Professional Service Fee (May 2026)			**0.00**
Professional Service Fee (June 2026)			**0.00**
Professional Service Fee (July 2026)			**0.00**
Professional Service Fee (August 2026)			**0.00**
Total Contractual Expenses	**103,978.00**	**0.00**	**103,978.00**

FY27 System Development Fund Allocations

* Reimbursement Form and Supporting Documentation Submittal Deadline: May 31, 2027

Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	$2,556.72		**$2,556.72**
Laredo Fire Department EMS/Fire	$2,556.72		**$2,556.72**
Angel Care Ambulance	$2,556.72		**$2,556.72**
Webb County Volunteer Fire/EMS	$2,556.72		**$2,556.72**
Victorious Care Ambulance	$2,556.72		**$2,556.72**
Priority EMS	$2,556.72		**$2,556.72**
Laredo Lifeline	$2,556.72		**$2,556.72**
Villa Ambulance			**$0.00**
Texas Superior Ambulance	$2,556.72		**$2,556.72**
Zapata County Fire/EMS	$2,556.72		**$2,556.72**
Laredo Medical Center	$2,556.74		**$2,556.74**
Doctors Hospital of Laredo	$2,556.74		**$2,556.74**
Lalitas Ambulance Care	$2,556.72		**$2,556.72**
Medpoint Ambulance	$2,556.72		**$2,556.72**
Primary Care Ambulance	$2,556.72		**$2,556.72**
Skyline EMS	$2,556.72		**$2,556.72**
Digni Care	$2,556.72		**$2,556.72**
United Med Ambulance	$2,556.72		**$2,556.72**
Texas Ambulance Response Team	$2,556.72		**$2,556.72**
			$0.00
Total operating expenses	**$46,021.00**	**0.00**	**$46,021.00**

FY27 EMS County Assistance Allocations

* Reimbursement Form and Supporting Documentation Submittal Deadline: April 31, 2027

Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	$4,342.00		**$4,342.00**
Laredo Fire Department EMS/Fire	$4,342.00		**$4,342.00**
Angel Care Ambulance	$4,342.00		**$4,342.00**
Webb County Volunteer Fire/EMS	$4,342.00		**$4,342.00**
Victorious Care Ambulance	$4,342.00		**$4,342.00**
Priority EMS	$4,342.00		**$4,342.00**
Laredo Lifeline	$4,342.00		**$4,342.00**
Villa Ambulance			**$0.00**
Texas Superior Ambulance	$4,342.00		**$4,342.00**
Zapata County Fire/EMS	$15,068.00		**$15,068.00**
Lalitas Ambulance Care	$4,342.00		**$4,342.00**
Medpoint Ambulance	$4,342.00		**$4,342.00**
Primary Care Ambulance	$4,342.00		**$4,342.00**
Skyline EMS	$16,702.00		**$16,702.00**
Digni Care	$4,342.00		**$4,342.00**
United Med Ambulance	$4,342.00		**$4,342.00**
Texas Ambulance Response Team	$4,342.00		**$4,342.00**
			$0.00
Total operating expenses	**$92,558.00**	**0.00**	**$92,558.00**

FY27 EMS RAC Exceptional Item (E.I.) Allocations

* Reimbursement Form and Supporting Documentation Submittal Deadline: June 30, 2027

Eligible Entities	Initial Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	$4,333.33		**$4,333.33**
Laredo Fire Department EMS/Fire	$4,333.33		**$4,333.33**
Angel Care Ambulance	$4,333.33		**$4,333.33**
Webb County Volunteer Fire/EMS	$4,333.33		**$4,333.33**
Victorious Care Ambulance	$4,333.33		**$4,333.33**
Priority EMS	$4,333.33		**$4,333.33**
Laredo Lifeline	$4,333.33		**$4,333.33**
Villa Ambulance			**$0.00**
Texas Superior Ambulance	$4,333.33		**$4,333.33**
Zapata County Fire/EMS	$4,333.33		**$4,333.33**
Lalitas Ambulance Care	$4,333.33		**$4,333.33**
Medpoint Ambulance	$4,333.33		**$4,333.33**
Primary Care Ambulance	$4,333.33		**$4,333.33**
Skyline EMS	$4,333.33		**$4,333.33**
Digni Care	$4,333.33		**$4,333.33**
United Med Ambulance	$4,333.33		**$4,333.33**
Texas Ambulance Response Team	$4,333.33		**$4,333.33**
Laredo Medical Center	$4,333.36		**$4,333.36**
Doctors Hospital of Laredo	$4,333.36		**$4,333.36**
Total Allocations	**$78,000.00**	**0.00**	**$78,000.00**

ITEM 27-08 (TAB 6)

EMS RAC

SUPPORT DOCUMENT revised 12/12/24

EMS/RAC EXPENDITURES

CURRENT FISCAL YEAR (FY)	2026

Prior FY Year EMS/RAC Carryforward	$ -
Current FY EMS/RAC Allocation Amount	$ 31,759.00
Current FY EMS/RAC Expenditures	$ 31,759.00
Less: Unexpended Prior FY Carryforward (if any)	$ -
Total Unexpended Funds (Subject to Carryforward)	$ -
Program Income	

Current FY Activities

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME Seven Flags Regional Advisory Council

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of F Administr
$ 31,759.00		$ -	$ 31,759.00	$

Prior Year Carryforward has been Expended. Balance is Now $0.00. $ -

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	Fringe Benefits	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ -	$ - 0.00	$ -
TRAVEL	List each individual expense. Local Travel N/A Report TOTAL costs for each Conference attended on a single line.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
EQUIPMENT	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
SUPPLIES	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
CONTRACTUAL	List each individual expense. Contract between SFRAC and SYDC for Program's Administrative/Managerial Services	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
OTHER	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
EMS-RAC FUNDS	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC NAME	Seven Flags Regional Advisory Council	RAC NAME	Seven Flags Regional Advisory Council

rogram & ıtive Costs	Data Check
31,759.00	Program + Admin Costs = Current FY Expenditures. Good job!

3rd Quarter				4th Quarter				
March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -		$ -		$ -		
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ -	$ - 0.00	$ -	$ -
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ -	$ - 0.00	$ -	$ -
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -	$ -	$ 31,759.00 31759.00	$ 31,759.00	$ 31,759.00
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ 31,759.00	$ 31,759.00	$ 31,759.00

EMS-RAC FUNDS

								$ 31,759.00
March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ 31,759.00	$ 31,759.00	$ 31,759.00
$ -	$ -	$ -	$ -			$ -	$ -	$ -
$ -	$ -	$ -	$ -			$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ 31,759.00	$ 31,759.00	$ 31,759.00
$ -	$ -	$ -	$ -	$ -	$ -	$ 31,759.00	$ 31,759.00	$ 31,759.00

John R. Keiser / 956-722-3995

John R. Keiser / 956-722-3995

SYSTEM DEVELOPMENT

SUPPORT DOCUMENT revised 12/12/24	
RAC SYSTEMS DEVELOPMENT EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2026

In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC NAME	*Seven Flags Advisory Council*	RAC NAME	*Seven Flags Advisory Council*

RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ 46,021.00
Total Unexpended Funds	$ -
Program Income	$ -

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 46,021.00		$ 46,021.00	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -		$ -	$ -	$ -	
FRINGE BENEFITS	Fringe Benefits	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
TRAVEL	List each individual expense. Local Travel	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.									
EQUIPMENT	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
SUPPLIES	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
CONTRACTUAL	List each individual expense. N/A	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
OTHER	List each individual expense. Bronze Star Ambulance City of Laredo Fire/EMS Angel Care Ambulance Webb County Fire/EMS Victorious Care Ambulance Priority EMS Laredo Lifeline Texas Superior Ambulance Zapata County Fire/EMS Lalitas Ambulance Medpoint Ambulance Primary Care Ambulance Skyline EMS Digni Care Ambulance Laredo Medical Center Doctors Hospital of Laredo United Med Ambulance	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -

INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.							
	N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
Program Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form	John R. Keiser / 956-722-3995	John R. Keiser / 956-722-3995

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Advisory Council*

rogram & ıtive Costs	Data Check
46,021.00	Program + Admin Costs = Current FY Expenditures. Good job!

3rd Quarter				4th Quarter				
March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -		$ -		$ -		
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
0.00	0.00	0.00		0.00	0.00	0.00

$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ 46,021.00	$ -	$ 46,021.00	$ 46,021.00
								$ 46,021.00

March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ 46,021.00		$ 46,021.00	$ 46,021.00
$ -	$ -	$ -	$ -	$ -	$ 46,021.00	$ -	$ 46,021.00	$ 46,021.00
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ 46,021.00	$ -	$ 46,021.00	$ 46,021.00

John R. Keiser / 956-722-3995

John R. Keiser / 956-722-3995

EMS RAC

EXCEPTIONAL ITEM (E.I)

SUPPORT DOCUMENT revised 12/12/24	
EI EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2006

Prior FY Year EI Carryforward	$ -
EI Allocation Amount	$ 150,000.00
Total EI Expenditures	$ 150,000.00
Less: Unexpended Prior FY Carryforward (If any)	$ -
Total Unexpended Funds (subject to carryover)	$ (0.00)

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME Seven Flags Regional Advisory Council

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total Admini
$ 150,000.00		$ 150,000.00	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter To
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	N/A	$ -	$ -	$ -		$ -	$ -	$ -	
FRINGE BENEFITS	Fringe Benefits	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$
TRAVEL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	Local Travel	0.00	0.00	0.00		0.00	0.00	0.00	
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.									
EQUIPMENT	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	N/A	0.00	0.00	0.00		0.00	0.00	0.00	
SUPPLIES	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	N/A	0.00	0.00	0.00		0.00	0.00	0.00	
CONTRACTUAL	List each individual expense.	$ 6,000.00	$ -	$ -	$ 6,000.00	$ 12,000.00	$ 6,000.00	$ 6,000.00	$ 24,00
	Self-Assessment Program.	6000.00				6000.00	6000.00	6000.00	
						6000.00			
OTHER	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	Bronze Star Ambulance	0.00	0.00	0.00		0.00	0.00	0.00	
	City of Laredo Fire/EMS								
	Angel Care Ambulance								
	Webb County Fire/EMS								
	Victorious Care Ambulance								
	Priority EMS								
	Laredo Lifeline								
	Texas Superior Ambulance								
	Zapata County Fire/EMS								
	Lalitas Ambulance								
	Medpoint Ambulance								
	Primary Care Ambulance								
	Digni Care Ambulance								
	Skyline EMS								
	United Med Ambulance								
	Laredo Medical Center								
	Doctors Hospital of Laredo								

INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.								
	N/A	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
		0.00	0.00	0.00		0.00	0.00	0.00	
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ 6,000.00	$ -	$ -	$ 6,000.00	$ 12,000.00	$ 6,000.00	$ 6,000.00	$ 24,00

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter To
Program Costs								
PERSONNEL	$ -	$ -	$ -	$ -				$
FRINGE BENEFITS	$ -	0	$ -	$ -				$
TRAVEL	$ -	$ -	$ -	$ -				$
EQUIPMENT	$ -	$ -	$ -	$ -				$
SUPPLIES	$ -	$ -	$ -	$ -				$
CONTRACTUAL	$ 6,000.00	$ -	$ -	$ 6,000.00	$ 12,000.00	$ 6,000.00	$ 6,000.00	$ 24,00
OTHER	$ -	$ -	$ -	$ -		$ -	$ -	$
TOTAL COSTS	$ 6,000.00	$ -	$ -	$ 6,000.00	$ 12,000.00	$ 6,000.00	$ 6,000.00	$ 24,00
Administrative Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$
	$ 6,000.00	$ -	$ -	$ 6,000.00	$ 12,000.00	$ 6,000.00	$ 6,000.00	$ 24,00

Name & phone number of Person Completing this Form	John R. Keiser / 956-722-3995	john R. Keiser / 956-722-3995

In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC NAME	Seven Flags Regional Advisory Council	RAC NAME	Seven Flags Regional Advisory Council

rogram & itive Costs	Data Check
150,000.00	Program + Admin Costs = Current FY Expenditures. Good job!

3rd Quarter				4th Quarter				
March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -		$ -	$ -	$ -		
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
0.00	0.00	0.00		0.00	0.00	0.00		
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
0.00	0.00	0.00		0.00	0.00	0.00		
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
0.00	0.00	0.00		0.00	0.00	0.00		
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
0.00	0.00	0.00		0.00	0.00	0.00		
$ 6,000.00	$ -	$ 12,000.00	$ 18,000.00	$ 6,000.00	$ 6,000.00	$ 12,000.00	$ 24,000.00	$ 72,000.00
6000.00		6000.00		6000.00	6000.00	6000.00		
		6000.00				6000.00		
$ -	$ -	$ -	$ -	$ -	$ -	$ 78,000.00	$ 78,000.00	$ 78,000.00
0.00	0.00	0.00				4604.16		
						4604.16		
						4604.16		
						4604.16		
						4604.16		
						4604.16		
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						4604.16		
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						4604.16		
						4604.16		
						4604.16		
						4604.16		
						4604.16		
						4604.16		
						4333.33		
						4604.22		
						4604.21		

$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ -
$ 6,000.00	$ -	$ 12,000.00	$ 18,000.00	$ 6,000.00	$ 6,000.00	$ 90,000.00	$ 102,000.00	$ 150,000.00
								$ 150,000.00

March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals	Total Expenditures
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ 6,000.00	$ -	$ 12,000.00	$ 18,000.00	$ 6,000.00	$ 6,000.00	$ 12,000.00	$ 24,000.00	$ 72,000.00
			$ -			$ 78,000.00	$ 78,000.00	$ 78,000.00
$ 6,000.00	$ -	$ 12,000.00	$ 18,000.00	$ 6,000.00	$ 6,000.00	$ 90,000.00	$ 102,000.00	$ 150,000.00
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -				$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ 6,000.00	$ -	$ 12,000.00	$ 18,000.00	$ 6,000.00	$ 6,000.00	$ 90,000.00	$ 102,000.00	$ 150,000.00

John R. Keiser / 956-722-3995

John R. Keiser / 956-722-3995

EMS COUNTY ASSISTANCE

DISTRIBUTION REPORT
EMS/COUNTY

Date Completed:	9/14/2026	**Person Completing Form:**	John R. Keiser
Grantee Name:	Seven Flags Regional Advisory Council		
Grantee Address:	P.O. Box 450094		
	Laredo, Texas 78045		
Phone Number:	956-693-0536	**Contract No.** (Number is on your Contract):	HHS001336600020
Contract FY:	2026	**Contract Term:**	September 1, 2025 to August 31, 2026

Prior FY Year EMS/County Carryforward *Must be within the current biennium. See definition in TAB A.	$ -		
Current FY EMS/County Allocation Amount	$ 92,624.00		
Current FY EMS/County Expenditures	$ 92,624.00		
Less: Unexpended Prior FY Carryforward (if any)	$ -	Prior Year Carryforward has been Expended. Balance is Now $0.00.	$ -
Total Unexpended Funds (Subject to Carryforward)	$ 0.00		

EMS PROVIDER RECEIVING FUNDS	COUNTY	EMS PROVIDER VOTED TO POOL FUNDS FOR REGIONAL PROJECT	AMOUNT OF FUNDS TO RAC	AMOUNT TO EMS PROVIDER (AMOUNT MUST BE A WHOLE NUMBER)	VALIDATED (FOR DSHS USE ONLY)
Bronze Star Ambulance	Webb			$4,710.95	
City of Laredo Fire/EMS	Webb			$4,710.95	
Angel Care Ambulance	Webb			$4,710.95	
Webb County Volunteer Fire/EMS	Webb			$4,710.97	
Victorious Care Ambulance	Webb			$4,710.95	
Priority EMS	Webb			$4,710.95	
Laredo Lifeline	Webb			$4,710.96	
Texas Superior Ambulance	Webb			$4,710.95	
Lalitas Ambulance Care	Webb			$4,710.95	
Medpoint Ambulance	Webb			$4,710.95	
Primary Care Ambulance	Webb			$4,710.95	
Digni Care	Webb			$4,710.95	
United Med Ambulance	Webb			$4,348.57	
Zapata County Fire/EMS	Zapata			$15,051.00	
Skyline EMS	Jim Hogg			$16,693.00	
				$0.00	
				$0.00	
	PAGE 1 TOTAL			$92,624.00	
	PAGE 2 TOTAL			$0.00	
	PAGE 3 TOTAL			$0.00	
	PAGE 4 TOTAL			$0.00	
	Carryforwad TOTAL			$0.00	
	GRAND TOTAL (ALL PAGES)			$92,624.00	

revised 5/12/22

ITEM 27-09 (TAB 7)

Regional Advisory Council (RAC)
Annual Report

An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than ***October 15, 2026****. The annual report will cover the past fiscal year (September 1, 2025 thru August 31, 2026), as stipulated in the RAC Systems Development portion of your FY26 Contract. Additional information may also be entered or submitted as an attachment to this report.*

RAC	Seven Flags Regional Advisory Council
Report Period	FROM: September 1, 2025 TO: August 31, 2026

1. On Attachment A., provide current information for RAC Officers and Executive Committee/Board as of September 1st.

2. Needs Assessments (*Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.)*

   At the beginning of each fiscal year, between September and November, members are asked to submit individual entity needs assessments on a designated form, along with other required membership documents. Items listed on needs assessments by local EMS/hospital entities in the region are usually acquired with funds received by the RAC through System Development and EMS County Assistance funds.

3. Administrative/Operational & Clinical:

   a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster management? What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

      The SFRAC readily responds to requests from entities on becoming a member of the RAC from EMS entities in the region. Information is provided to them regarding membership.

   b. Summarize the need for and outcomes of <u>specially called RAC meetings</u>.

      During this period there were no special meeting called by the SFRAC .

   c. Report any projected <u>realignments</u> of counties in trauma service area.

      No plans to realign within this region.

d. Describe the RAC's role with facilities within the trauma service area prior to or during trauma center designations/re-designations that occurred within past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable.

The role of the SFRAC is limited to the issuance of member status letters for the purpose of designation or re-designation confirming participation in the RAC. During the FY26 program year, the SFRAC issued five (5) letters for re-designation to local hospital, namely, four for Doctors Hospital of Laredo for Stroke, Maternal, Trauma, and NICU re-designations. And one (1) for Laredo Medical Center for Maternal re-designation.

e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months. ***(Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)***

During the FY2026 program cycle Doctors Hospital and Laredo Medical Center conducted several courses for Stop the Bleed.

f. Describe the most significant findings of the RAC's SQI/Performance Improvement Committee within past twelve months. **What changed as a result of that/those findings?**

With the advent of the self-assessment program, the SFRAC has recently implemented efforts in addressing performance improvement reviews during the year. The most recent being the review of Delayed Transfer Times at hospitals. The effort currently remains a work in progress.

g. To what degree were physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

The SFRAC affords physicians who wish to attend and or participate a link to a virtual platform or may attend meeting in person. Over the course of the past meetings in FY27 for P.I., physicians have chosen to participate virtually.

h. Describe activities the RAC was involved in that assisted or encouraged EMS and FRO participation in the RAC within past fiscal year (e.g. teleconferencing, video/conference calls, etc.).

Meetings now are customarily held in person, however, the SFRAC has retained its subscription to Zoom and Teams in the event that an EMS, physicians, or vendors are not able to attend meetings in person, a virtual platform (i.e., Zoom) can be made available.

i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

Lack of involvement among the RAC members. Lack of EMS entities consistently reporting runs on the registry.

4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (https://mycpa.cpa.state.tx.us/coa/search.do) website current? If not, what actions have been taken to ensure Certification of Franchise Tax Account Status (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Pubic Accounts?

Yes.

5. Summarize any issues/concerns that occurred in past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

Technical assistance was sought with DSHS to interdict in advising EMS to participate in the SFRAC in addition to improving on registry uploading of EMS runs.

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

The report is presented to the Board of Directors as an action item for their review and approval.

RAC Chair _____ Date Signed _____

Regional Advisory Council (RAC)
Annual Report

Complete and include with the Annual Report the following:
Attachment A – Officers/Board Members
Attachment B – Annual Bylaws Affidavit
Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals
Attachment E – Hospitals Seeking Designation
Attachment F – EMS Providers
Attachment G - First Responder Organizations

ATTACHMENT A
FY27 DIRECTORS / OFFICERS (EXECUTIVE) BOARD MEMBERS CONTACT INFORMATION AND TERM PERIODS

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Armando Parra	Incoming Treasurer (Board Officer)	2-yr. 9/1/2026 to 8/31/2028	Primary Ambulance	956-462-5390	Primaryambulance@yahoo.com
Letisia Colon	Director	N/A	Doctors Hospital of Laredo	956-523-2193	letisia.colon@uhsinc.com
Hector M. Medina, Jr.	Director	N/A	BronzeStar Ambulance Service	956-712-3667	bronzestaramb@yahoo.com
Vanessa Garza	Director	N/A	Priority EMS	956-552-8080	Vane.garza0201@gmail.com
Reynaldo Veliz	Secretary (Board Officer)	2-yr. 9/1/2025 to 8/31/2027	Angel Care Ambulance	956-725-7484	desvet297@yahoo.com
Adrian Esparza	Vice-Chairman (Board Officer)	2-Yr. 9/1/2025 to 8/31/2027	City of Laredo Fire EMS	956-718-6000	aresparza@ci.laredo.tx.us
Jose "Joe" Gonzalez	Incoming Chairman (Board Officer)	2-yr. 9/1/2026 to 8/31/2028	Laredo Medical Center	956-796-2309	Jose_gonzalez@chs.net
Lorenzo A. Ochoa	Director	N/A	Villa Ambulance Service	956-568-2916	Villaambulance@gmail.com
Chief Ramiro Elizondo	Director	N/A	Webb County Volunteer Fire/EMS	956-523-5700	ramelizondo@webbcountytx.gov
Chief Daniel Arriaga	Director	N/A	Zapata County Volunteer Fire/EMS	956-765--9942	Firepolice114@gmail.com
Victor Villarreal	Director	N/A	Victorious Care Ambulance Service	956-568-1178	Victorvillarreal8784@yahoo.com
Kevin L. Harris	Director	N/A	Skyline EMS	956-682-7222	Kharris286@gmail.com
Alberto Soto	Director	N/A	Texas Ambulance Response Team	956-977-6868	Txambulancert@yahoo.com
Gilbert Guardiola	Director	N/A	Texas Superior Ambulance	956-568-3380	txsuperiorambulance@outlook.com
Peter Gonzalez	Director	N/A	Laredo Lifeline	956-602-0387	lifelinepeter@yahoo.com
Juan Medellin	Director	N/A	Medpoint Ambulance, Inc.	956-728-7707	medpointambulance@yahoo.com
Rene Castillo	Director	N/A	Lalitas Ambulance Care, LLC.	956-516-4499	rc.lalitasamb@outlook.com
Ramon Rojas	Director	N/A	Digni Care	956-220-2715	Dignicare3@gmail.com
Jose Cavazos	Director	N/A	United Med Ambulance	956-775-2222	unitedmedcare@outlook.com

ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: Seven Flags Regional Advisory Council has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on August 24, 2026 (1st reading, and September 30, 2026 (2nd reading).

Is a current copy of the RAC's bylaws available for review on the RAC's web site?
[X] YES [ ] NO

If NO, is a copy is attached to this report?
[ ] YES [ ] NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.
[X] YES [ ] NO

RAC Chair

Date Signed

ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: Seven Flags Regional Advisory Council has completed an annual review and/or revision of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on October 26, 2021.

Each essential component of the Plan has a revision date of:

COMPONENT	DATE
Access to the System	
Communication	
Medical Oversight	
Pre-hospital Triage Criteria	
Diversion Policies	
Bypass Protocols	
Regional Medical Control	
Facility Triage Criteria	
Inter-hospital Transfers	
Designation of Trauma Facilities, Planning for	
Performance Improvement	
Regional Trauma Treatment Protocols	
Regional Helicopter Activation Protocols	
Injury Prevention	
Entire Plan	August 24, 2026

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?
[X] YES [ ] NO

If NO, has one has been attached with this report?
[ ] YES [ ] NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.
[X] YES [ ] NO

RAC Chair _____ Date Signed _____

ATTACHMENT D
ANNUAL PARTICIPATION REPORT

DESIGNATED HOSPITALS

Laredo Medical Center
Doctors Hospital of Laredo

RAC Chair

Date Signed

ATTACHMENT E
ANNUAL PARTICIPATION REPORT

HOSPITALS SEEKING DESIGNATION

N/A

RAC Chair

Date Signed

ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

Angel Care Ambulance Service
BronzeStar Ambulance Service
City of Laredo Fire/EMS
Priority EMS
Skyline EMS
Webb County Volunteer Fire/EMS
Zapata County Fire/EMS
Victorious Care Ambulance Service
Laredo Lifeline
Lalitas Ambulance Care
United Med Care Ambulance
Texas Superior Ambulance
Medpoint Ambulance
Villa Ambulance Service
Primary Ambulance
Digni Care
Texas Ambulance Response Team
Air Evac Life Team

RAC Chair

Date Signed

ATTACHMENT G
ANNUAL PARTICIPATION REPORT

RECOGNIZED FIRST RESPONDER ORGANIZATIONS

City of Laredo Fire/EMS
Zapata County Fire/EMS
Angel Care
Skyline EMS

RAC Chair

Date Signed

ATTACHMENT H
ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

Angelica Perez	NPM	LMC
Dr. Satbir Chhina	NMD	LMC
Patricia Diaz	NICU Director	LMC
Lisa Y. Gonzalez	NICU Program Manager	DHL
Lilliana Limas	Neonatal Director	DHL
Dr. Roberto Villegas	Neonatal Medical Director	DHL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo
Dr. David Benavides	Maternal Medical Director	Doctors Hospital of Laredo
Maria Santillan	Maternal Program Manager	Laredo Medical Center
Leticia Murillo	Clinical Coordinator	Laredo Medical Center
Maria Uribe	Director Women's Services	Laredo Medical Center
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center
Martha Vasquez	Trauma Coordinator	Laredo Medical Center
Alma Hernandez	Trauma Registrar	Laredo Medical Center
Jose Gonzalez	Trauma Registrar	Laredo Medical Center
Letisia Colon	Trauma Coordinator	Doctors Hospital
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo
Veronica Cantu, RN	Stroke Coordinator	Doctors Hospital of Laredo

Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo
Peter Gonzalez	Laredo Lifeline EMS	
Herbert Serna	Air Evac	
Chief Rolando Martinez	City of Laredo Fire/EMS	

RAC Chair

Date Signed

FY26

EMS/CO-RAC Deliverable

9/1/2025 – 8/31/2026

EMS/RAC & EMS/RAC SYSTEMS DEVELOPMENT

NARRATIVE REPORT

(Describe how the funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care.)

Please provide detailed information on how the funds were utilized with regards to your Goals for the year. Were your Goals met or were the funds redirected towards other projects.

EMS/RAC FUNDS

Distributed on 09/01/2025

RAC Name:	Seven Flags Regional Advisory Council
Allocation Amount:	$31,759.00
Address:	1216 Santa Maria Ave.
	Laredo, Texas 78040
Name of Person completing the form:	John R. Keiser
Contract Number:	HHS001336600020 Amendment No.4
TSA Region:	T

Outline the projects to enhance and improve delivery of EMS and Trauma Patient Care. Describe any projected Goals and explain the barriers.

1.	All funds allocated under this grant were used to cover costs associated with the administrative contract with the South Texas Development Council (STDC).
2.	
3.	
4.	
5.	
6.	
7.	

FY26

EMS/CO-RAC Deliverable

9/1/2025 – 8/31/2026

(Describe how the funds were utilized to enhance and improve delivery of EMS and Trauma Patient Care.)

Please provide detailed information on how your funds were utilized with regards to your Goals for the year. Were your Goals met or were the funds redirected towards other projects.

NARRATIVE REPORT

EMS/RAC SYSTEMS DEVELOPMENT FUNDS

Distributed on 09/01/2025

RAC Name:	Seven Flags Regional Advisory Council
Allocation Amount:	$46,021.00
Address:	1216 Santa Maria Ave.
	Laredo Texas 78040
Name of Person completing the form:	John R. Keiser
Contract Number:	HHS001336600020 Amendment No.4
TSA Region:	T

Outline the projects to enhance and improve delivery of EMS and Trauma Patient Care. Describe any projected Goals and explain the barriers.	
1.	All funds allocated under this grant were utilized on EMS entities and hospitals. Such projects consisted of the following:
2.	Medpoint Ambulance - Operational expenses
3.	Bronze Star – Operational expenses.
4.	Skyline – Communication system expenses.
5.	City of Laredo Fire/EMS – Supply expenses.
6.	Webb County Volunteer Fire/EMS – Supplies, Communications, and operational expenses.
7.	Victorious Care Ambulance – Vehicle related expenses.
8.	Laredo Lifeline – Equipment and vehicle related expenses.
9.	Priority EMS – Supply expenses.

FY26

EMS/CO-RAC Deliverable

9/1/2025 – 8/31/2026

10.	Angel Care Ambulance – Supply expenses.
11.	Zapata County Fire/EMS – Supply expenses.
12.	Doctors Hospital of Laredo – Education/Training expenses.
13.	Laredo Medical Center – Education/Training expenses.
14.	Texas Superior Ambulance – Operational Expenses
15.	Primary Care Ambulance – Operational Expenses
16.	Digni Care – Supplies and Operational Expenses
17.	United Med Care – Operational Expenses

ITEM 27-10 (TAB 8)

Seven Flags Regional Advisory Council
Trauma Service Area "T"

SFRAC Request for Action

The following Bylaws edits are presented for review and approval.

Action Item	Recommendation	Action	Approved/Not Approved
Action Item: Clean up SFRAC Bylaws document	a. Add current year to title on the title page b. Add footers to document c. Correct any misspellings d. Correct alignment of document	1. All applicable corrections and edits to be made.	
Action Item: Realign Bylaws to more closely mirror the DSHS-recommended set of RAC Bylaws	a. Rename and rearrange Articles (sections) with all included information to more closely mirror the DSHS-recommended Bylaws Articles. Definitions and required	1. Current SFRAC Bylaws Article I – "Authority;" change to "Name and Authority" 2. Add new Article II as "Definitions,"	

	information for each will be maintained.	along with DSHS-required information, found elsewhere in the existing SFRAC Bylaws 3. Current SFRAC Bylaws Article II – "Mission, Designated Jurisdiction and Purpose;" move title and all information within to Article III 4. Current SFRAC Bylaws Article III – "Membership;" move title and all information within to Article IV 5. Current SFRAC Bylaws Article IV – Board of Directors -- move title and all information within to Article VII 6. Create a new Article VI – "Executive Committee" and include EC	

		information found elsewhere in the Bylaws. 7. Current SFRAC Bylaws Article VI – "Meetings" --move title and all information within to Article VIII 8. Current SFRAC Bylaws Article VII – "Committees" -- move title and all information within to Article IX 9. Current SFRAC Bylaws Article VIII – "Fiscal Policies" --move title and all information within to Article X 10. Current SFRAC Bylaws Article IX – "Administrator" – move information into Article VI – "Executive Committee" 11. Current SFRAC Article X – "Corporate Records, Reports, and Seal" – move information	

		12. Current SFRAC Article XI – "Dissolution Clause – move information as final subsection to proposed Article IV "Membership" 13. Current SFRAC Article XIII – "Amended Bylaws" – move information as last section of current SFRAC Article XII – "Amendment of Bylaws" 14. SFRAC current section 13.01 – statement/date should be changed each time; adopt verbiage like "refer to dates listed below" 15. Rename Article XIII as "Proxies" with applicable information 16. Create new Article XIV – "Financial	

		Books and Records" with DSHS-required information 17. Create new Article XV – "Transactions of the Organization" with DSHS-required information 18. Current SFRAC Article XVII – "Signatory" move with all information to Article XVI 19. Rename current Article XVII to "Signatures" and move all applicable information here	
Action Item: Missing information in Article XIII – "Proxies" -- per required DSHS documentation	a. Define proxies and if used by the RAC. b. If proxies may be used, define process of voting by proxy and process of transferring voting rights.	1. Add statement: "The RAC does not utilize proxies, but alternate voters can be used." 2. Will pair with statement currently in the Bylaws, section 4.01 -- "An Alternate representative may	

		vote on behalf of a Board member. The presence of an Alternate meets attendance requirements."	
Action Item: Missing information in Article XV – "Transactions of the Organization" -- per required DSHS documentation	a. Define gifts the RAC may offer.	1. Add statement: "The RAC does not offer gifts of any kind."	
Action Item: Resolution and certification statement needed	a. Per DSHS-required documentation	1. Article XVI -- "Signatory" -- The board of directors should pass a resolution that formally grants a specific person (e.g., the CEO or CFO) the authority to sign certain documents on behalf of the entity; the resolution should clearly state the scope of the authority, including any monetary thresholds, types of documents, or other conditions;	

		2. Create a certification statement that can be appended to the bylaws, certifying that they were adopted by the board as of a specific date and are in full effect.	
Action Item: Article V – Officers -- add information regarding who has the authority to postpone meetings	a. This is a DSHS required component of the Bylaws	1. By law already states that a meeting may be rescheduled by the group if there is not a quorum, but additional information is needed (below): 2. Revise Article V of the Bylaws by adding verbiage that this primarily falls under the authority of the Chair, and the Administrator with the approval from the Chair to do so, when needed.	

Action Item: Article V – Officers -- add verbiage that minimally the Executive Committee must consist of the RAC Chair, RAC Vice-Chair, RAC Secretary, and RAC Treasurer.	a. This is a DSHS required component of the Bylaws	1. Revise Article V of the Bylaws by adding verbiage that minimally the Executive Committee must consist of the RAC Chair, RAC Vice-Chair, RAC Secretary, and RAC Treasurer.	
Action Item: Article VII (current) – Standing Committees -- add new PI Committee along with purpose, roles, responsibilities	a. All committees must be listed	1. Add PI Committee to list of committees 2. Revise Bylaws to include PI Committee purpose, role, responsibilities as written by the committee	
Action Item: Article VII (current) – Standing Committees – change name of Neonatal Committee to Perinatal Committee and add purpose, roles, responsibilities	a. Per DSHS Guidance	1. Change "Neonatal Committee" to "Perinatal Committee" 2. Revise Bylaws to include the Perinatal Committee purpose, role, responsibilities as	

		written by the committee	

Seven Flags Regional Advisory Council
Trauma Service Area "T"

BYLAWS

Amended and Board Approved Effective:
August 24, 2026

SEVEN FLAGS REGIONAL ADVISORY COUNCIL ON TRAUMA, TRAUMA SERVICE AREA T, INC.

ARTICLE I
NAME AND AUTHORITY

1.01. This Board shall be named the Seven Flags Regional Advisory Council on Trauma. The Board shall be created by the Seven Flags Regional Advisory Council on Trauma, Trauma Area T, Inc., to act in a governance capacity. Formation and governance of this Board shall be in accordance with and pursuant to provisions stipulated within the Tobacco Endowment Fund, established by Texas Government Code, 403.106; Health and Safety Code 780.003; and funds appropriated during the 83rd Legislative Session.

ARTICLE II
DEFINITIONS & ABBREVIATIONS

Definitions

2.01. The "Board" -- when used in relation to any power or duty requiring collective action, means "Board of Directors"

The "Corporation" -- Seven Flags Regional Advisory Council on Trauma (SFRAC), Trauma Service Area T, a non-profit corporation

Abbreviations

2.02. DSHS -- Texas Department of State Health Services
EMS – Emergency Medical Services
LPG – Local Planning Grant
PI – Performance Improvement
SFRAC – Seven Flags Regional Advisory Council
STDC – South Texas Development Council
TAC – Texas Administrative Code
TSA – Trauma Service Area

ARTICLE III
MISSION, DESIGNATED JURISDICTION, AND PURPOSE

Mission

3.01. The Seven Flags Regional Advisory Council (SFRAC) is an organization of local citizens representing health care entities within a specified Trauma Service Area (TSA). The SFRAC is an organization chartered by the Texas Department of State Health Services, Division of Regulatory Services, Office of EMS/Trauma Systems Coordination; to develop, implement, improve monitor and report on regional emergency services and trauma system networks for TSA "T. The Seven Flags Regional Advisory Council shall encourage and support a comprehensive continuum of quality health care to be provided within the Trauma Service Area "T", without regard to race, color, creed, gender, national origin, or ability to pay.

Designated Jurisdiction

3.02 The following counties have been designated by the State of Texas or approved upon petition to the (SFRAC) with subsequent approval by the State of Texas to be included in TSA "T:" Jim Hogg, Webb, and Zapata.

Purpose

3.03. This corporation is organized exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provision hereafter in effect ("The Code"). More specifically, the corporation is organized and shall be operated exclusively to carry out one or more of the following purposes:

1) Encourage the development of a comprehensive trauma care system based on accepted standards of care,
2) Solicit participation from all health care entities located within its designated trauma service area,
3) Encourage trauma service area unity in providing trauma care services, promote improvement of all medical facilities, EMS Services, First Responder Organizations, and Educational Institutions that provide EMS Training, and
4) Cooperate with all entities, agencies, and organizations in the establishment of proficient and effective system of care for injured patients.

ARTICLE IV
MEMBERSHIP

Membership Composition and Qualifications/Roles

4.01. Membership qualifications require that the member entity conduct and possess licensure to provide service within the Trauma Service Area (TSA) "T" and be:

(a) Hospital: An individual or individuals designated by a hospital located in TSA T. Hospital members shall not be eligible to receive EMS County Assistance Funds.
(b) EMS Service Provider: An individual or individuals designated by an EMS land or air Service provider located in TSA T.
(c) First Responder Organization: An individual or individuals designated by a First Responder Organization Service located in TSA T.
(d) Education: An individual or individuals designated by an Education Institution involved in trauma service training located in TSA T. Educational entity members shall not be eligible for RAC related funding with the exception of Local Planning Grant (LPG) Funds as appropriated by DSHS either through the RACs as an allocation to the region or directly through competitive grants let by DSHS.
(e) Member At-Large: At-Large Members shall:
(i) Participate in listening and communicating issues, needs, and interests among Directors of the Board to identify potential problems and opportunities, to work effectively toward common goals, and develop objectives and action plans for selected projects.
(ii) Provide the Board of Directors with information based on

experience, expertise, or special insight as a subject matter expert, if level of knowledge is suitable and applicable to the needs of the Board as deemed appropriate by a majority of the Board. A Member-At-Large may be exempt from paying membership dues. Additionally, a Member-At-Large is not eligible to receive any program funding. Members at Large shall not be counted in constituting a quorum and shall not have voting power.

(f) Ex-Officio Member: An ex-officio Board member is a member who does not have membership with an organization but is able to serve on the board. This member serving as ex-officio is able to do so because of another position the person holds, such as a state employee or representative. Unlike other board members, the ex-officio board member has the privilege of partaking in some board activities, but this is not required. The ex-officio member shall not be counted in constituting a quorum and shall not have voting power. The ex-officio member may contribute to the Board's business by participating in item discussion and committee activities. Lastly, Ex-Officio members are not eligible to receive any program funding.

(g) Subject Matter Expert: The subject matter expert may provide expertise in evaluating system(s) operations and processes. Identifying areas where technical and strategic solutions would improve performance outcomes and contributing specialized knowledge. A Subject Matter Expert shall be exempt from paying membership dues. Additionally, a Member At-Large is not eligible to receive any program funding. Members at Large shall not be counted in constituting a quorum and shall not have voting power.

Special Qualifications for Hospitals

4.02. Membership status for new hospitals shall be provisional for six (6) months.

4.03. Continued membership status for hospitals will be dependent on a commitment to trauma care as demonstrated by trauma facility designation or involvement in the designation process as prescribed in Texas Administrative Code, Title 25, Chapter 157, Rule §157.125 Requirements for Trauma Facility Designation.

Provisional Membership Status for New Members

4.04. If a new entity wishes to become a member of SFRAC, the applicant must submit an application with the SFRAC within ten (10) days of their intent in applying for membership or within the time necessary to be included on the agenda for the next most recent Board meeting during which membership will be considered. The Secretary or Administrator shall present the application for membership to the Board of Directors, which shall approve or disapprove such application. Subsequent to the Board's approval of membership status, prorated membership dues (as applicable) shall be submitted to the SFRAC within 30 days of Board approval.

4.05. The Secretary shall then notify the applicant of the action of the Board of Directors. If membership is granted to the entity, then the said entity shall remain with a provisional status until the beginning of the next fiscal year and shall become eligible for funding after one fiscal year of participating as a SFRAC member in good standing. Recognition of an entity will not take effect until their application is on file, dues paid, and application for membership is approved by the Board of

Directors.

Dues

4.06. Membership dues for hospitals are $1,950.00 (i.e., $1,500 / membership fee+ $450 / Hospital ½ share of TETAF annual fee); EMS/HHA Service(s) dues are $750.00; First Responder Organizations dues are $750.00; and educational institutions are exempt from membership dues. Dues will be required to be paid in full upon a new fiscal year for both provisional and current members. Dues are to be made payable to Seven Flags RAC by entity check or money order. No cash or personal checks will be accepted. All dues paid to SFRAC are non-refundable. Dues may be changed for any given projected fiscal year. Any change in dues should be for one fiscal year at a time and would require approval by the Board of Directors through a 2/3 vote of the members. Change in dues should be implemented at the beginning of each fiscal year which runs September 1st through August 31st.

Prorated Dues for New Members

4.07. Prorated dues for new member entities will be determined by the number of months left within the current fiscal year. Prorated dues will not cover subsequent fiscal years.

Participating Member in "Good Standing"

4.08. A member in "Good Standing" is defined as a member that meets all Active Participation (i.e., meeting attendance) and Funding Requirements (i.e., payment of membership dues) set forth within these By-Laws.

Membership Renewal Application

4.09. A membership application is required to be submitted to the SFRAC office at the start of each fiscal year. All existing members must submit their application and dues at the beginning of every fiscal year with their primary and three alternate representatives listed. Recognition of a member entity will not take effect until their application is on file and dues are paid with the SFRAC office.

4.10. An existing member in "Good Standing" that does not renew their membership four (4) months after the fiscal year has begun (i.e., January) will result in the member's "Good Standing" status to be revoked and deemed as a member "Not in Good Standing", for the remainder of the fiscal year, and must wait until the beginning of the following fiscal year to renew their membership. (Note: A member with a "Not in Good Standing" status may be subject to losing their privilege in receiving program grant funds during the existing fiscal year. Under this rule, the SFRAC Board of Directors has the ultimate authority to approve any exceptions and/or allowances.

Late Payment Fee for Membership Renewal

4.11. Payment of membership dues shall be made no later than October 31st of each new fiscal year. After the October 31st due date, a late fee of $25 will be added to membership dues for every month that the membership dues are late up to four (4) months after the fiscal year for all existing members.

Resignation

4.12. A member entity wishing to resign may do so by submitting in writing to the SFRAC Secretary on official letterhead that the entity no longer wishes to participate in the SFRAC and all its committees. A member entity resigning will remain in "Good Standing" if the aforementioned is submitted. Dues paid to SFRAC remain non-refundable in any type of resignation.

Reapplication

4.13. A member entity who resigns while in "Good Standing" may reapply for membership. The Secretary shall present all applications for membership to the Board of Directors, which shall at its next regular meeting approve or disapprove such application. The Secretary shall then notify the applicant of the action of the Board of Directors.

Member "Not in Good Standing"

4.14. A Member entity shall be deemed to be **"Not in Good Standing"** if a Member entity misses two (2) consecutive scheduled Board meetings, and/or if any of the Active Participation requirements (i.e., submittal of membership documents, application and payment of dues) are not met. Member "Not in Good Standing" **will not be considered eligible for fund allocations during the proceeding (i.e., forthcoming) fiscal year.**

4.15. A member entity whose funding was discontinued due to disciplinary action levied against a participating hospital, EMS Service, First Responder Organization by the Texas Department of State Health Services may re-apply for Membership. The Secretary shall present all applications for membership to the Board of Directors. The Secretary shall then notify the applicant of the action of the Board of Directors.

Removal of Member

4.16. A member of the SFRAC may be removed by a majority vote of the Board of Directors, at any regular or special meetings for participation and compliance violations.

Active Participation

4.17. Active Participation as a member within the SFRAC is defined as meeting all compliance requirements listed below under Section 4.19, (a) - (h).

SFRAC Events

4.18. SFRAC events shall be coordinated by any of the SFRAC Permanent Committees of the organization or by the Board itself. A minimum of one event attended by the member entity is required. Each participating entity must sign in during the event to be accounted as having participated.

Types of Events

(a) Trauma Healthcare Related Events
(b) Injury Prevention Related Events
(c) Stroke Related Events
(d) Cardiac/STEM! Related Events
(e) /Maternal Events
(f) Neonatal/NICU Related Events
(g) Other events as assigned or formed by the board (e.g., Fund Raisers)

Compliance Requirements for Participating Members

4.19. Each Hospital, EMS Service, and First Responder Organization which has been designated membership must meet all the following categorical participation requirements with the SFRAC in order to become eligible for state grant funding. Hence, "Participating" as a member is defined as having met with all the requirements listed in this section, 4.19(a) through 4.19(h).

(a) State Trauma Registry: All participating hospitals and EMS entities must upload to the State Trauma Registry via electronic medium as required by Texas Administrative Code, Title 25, Chapter 103, Injury Prevention and Control, Rule §103.13, "Who Shall Report," and Rule §103.19, "Electronic Reporting". Reporting must be done in accordance with registry submission guidelines. Compliance will be determined after verification is obtained through the State Trauma Registry Office.

(b) Licensure Compliance: All participating hospitals must be a licensed general hospital and designated trauma facility or considered in "Active pursuit" of designation by the Texas Department of State Health Services. Verification of licensure compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating hospital by the Texas Department of State Health Services is considered prima facie evidence for the Seven Flags RAC to discontinue funding for the rest of the current fiscal year (Reapplication for membership will be required at the end of the current fiscal year for reconsideration for the following year). This is not limited to letters of reprimand, administrative penalties, probation and/or fines sanctioned by the Texas Department of State Health Services for not maintaining compliance or violation of licensure statutes/rules.

(c) Licensure Compliance: All participating EMS Services must be licensed EMS Provider by the Texas Department of State Health Services. Verification of licensure compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating EMS Service by the Texas Department of State Health Services is considered prima facie evidence for the Seven Flags RAC to discontinue funding for the rest of the current fiscal year (Reapplication for membership will be required at the end of the current fiscal year for reconsideration for the following year). This is not limited to letters of reprimand, administrative penalties, probation and/or fines sanctioned by the Texas Department of State Health Services for not maintaining licensure compliance or violation of licensure statutes/rules.

(d) Licensure Compliance: All participating First Responder registered First Responder Organization with the Texas Department of State Health Services.

Verification of registration compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating hospital by the Texas Department of State Health Services is considered prima facie evidence for the Seven Flags RAC to discontinue funding for the rest of the current fiscal year (Reapplication for membership will be required at the end of the current fiscal year for reconsideration for the following year). This is not limited to letters of reprimand, administrative penalties, probation and/or fines sanctioned by the Texas Department of State Health Services for not maintaining licensure compliance or violation of licensure statues/rules.

(e) Submission of a needs assessment: All participating hospitals and EMS entities must submit to the RAC Administrator a needs assessment at the beginning of each fiscal year in the form provided by the SFRAC.

(f) Affidavit Acknowledging Utilization of RAC Regional Protocols Regarding Patient Destination and Transport: All participating EMS Services must file a copy of the signed affidavit form at the beginning of every fiscal year with the Seven Flags RAC office. All EMS Services are required to comply with the aforementioned in accordance with Texas Administrative Code, Title 25, Chapter 157, Rule §157.130(d)(2)(8) and Rule §157.131 (d)(2)(B), "demonstrate utilization of the Regional Advisory Council regional protocols regarding patient destination and transport in all TSAs in which they operate."

(g) Attendance: All participating Educational Institutions in the Seven Flags RAC (TSA T) may attend all Committee and Board of Directors meetings during a fiscal year. Educational Institutions are not subject to the participation requirements herein. Note: State funds are only available for participating hospitals, EMS Services, and First Responder Organizations in accordance with Texas Administrative Code, Title 25, Chapter 157, Rule §157.130 & §157.131. Participation is extended onto workshops and other committee meetings that are directly related to SFRAC TSA T business (i.e. Finance Committee, Bylaws Committee, Budget Workshops, Technical Assistance Reviews, RAC 101 Overview, Stroke Protocol Committee). Participating hospitals, EMS/HAA services and first responder agencies/organizations are expected to attend each Board and Committee meeting. Should a Board director not be able to attend a Board or Committee meeting in a given month, it is the responsibility of that Board director to ensure compliance by assigning that at least one of the three possible alternates for that Board Director representing a given entity be present for the meeting to duly represent the absent Board director and the respective participating entity/organization. Members who consecutively miss two of any meetings (i.e., Committees or Board) will be considered a Member Not in Good Standing and, therefore, will not be eligible for funding for the following fiscal year.

(h) Payment of Membership Dues: All members must be current in the payment of their membership dues. Members who remain delinquent in the payment of SFRAC dues by the 1st of March of any given fiscal year will be considered a Member Not in Good Standing and, therefore, will not be eligible for funding for the following fiscal year.

Non-Participating Membership Status and Participation

4.20. An entity may participate in the SFRAC as a Non-Participating member and still meet its obligations under the Texas Administrative Code (TAC), Title 25, Part I, Chapter 157, Subchapter B, Rule 157.11(c)(7)(S-T), which states, *"The applicant shall provide an attestation or provide documentation (to the DSHS) that it and/or its management staff will or continues to participate in the local regional advisory council."* Non-participating members are expected to attend the same number of SFRAC Board meetings as Participating Members throughout the modified quarterly yearly schedule (i.e., September, January, April, and August). If a non-participating member misses two consecutive SFRAC meetings, the entity will be deemed non-compliant as a non-participating member. Non-participating members may not be represented on the Board; may not receive grant funds allocated by DSHS; may not vote on matters of the Board, (but may participate in discussion); may participate in SFRAC sponsored events; and may receive material or items associated with a given implementation of a special or required project deemed to be so by DSHS and/or the SFRAC (e.g., Wristbands).

ARTICLE V
OFFICERS

5.01 There shall be the following Officers of the Board of Directors elected by the Board of Directors annually on alternating terms and each shall serve until the successor of such officer is elected.

(a) Chairman
(b) Vice-Chairman
(c) Secretary
(d) Treasurer

5.02. An officer who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Board of Directors.

Nominations

5.03. Nominations for Officers to the Board of Directors shall be made during the August Board of Directors meeting of the SFRAC. Individuals may nominate candidates by the following methods: (1) In writing during the meeting at the indicated time of the agenda (must fill out the SFRAC nomination form), or (2) In writing to the SFRAC Secretary via e-mail, fax or U.S. Mail on the SFRAC nomination form. The nomination and selection of officers will be placed as an agenda item for the August SFRAC Board of Directors meeting. Candidates accepting the nominations will then be placed on the agenda for the September SFRAC Board of Directors meeting for approval and installation of officers.

Elections

5.04. Election of new officers will be held in August with the new officers assuming office during the September meeting of the SFRAC Board of Directors.

(a) To be eligible for an officer position as Vice-Chair, Treasurer or Secretary, the

individual must be a SFRAC Board Director affiliated with a member entity that is currently participating and is in good standing with the Seven Flags RAC for one (1) year prior to being nominated. The individual must reside in the State of Texas and has not been found in any violation resulting in a felony.

(b) To be eligible as Chairman of the Board an individual must meet the same eligibility criteria as Vice-Chair, Treasurer and Secretary, with the only exception that the individual may not necessarily be a Board Director at the time of nomination. Additionally, the nominated Chairman need not necessarily be a member of or affiliated with a SFRAC member entity.

(c) Candidates may run for only one office at a time.

(d) To facilitate transition of administration, officers will be installed at the next regular Board of Directors meeting following the nomination.

Officer Term of Office

5.05. The term in office of each Board Officer shall be for two (2) years until his or her successor is nominated and elected by the Board of Directors during a regular meeting or a special meeting of the Board of Directors held for that purpose, in which a quorum of the Board of Directors is present. Officers may be nominated and re-elected for multiple consecutive terms. Election of officers will be rotated each year with one-half of the officer positions replaced. Elections for the Vice-Chairman and Secretary positions will be held in the odd years (i.e., fiscal year). Elections for the Chairman and Treasurer will be held in the even years (i.e., fiscal year).

Installation of Board Officers

5.06. Board of Directors Officers will be installed at the September regular Board of Directors meeting following the election.

Removal and Resignation of Officer

5.07. Any Officer may be removed, either with or without cause, by a majority of the Board of Directors, at any regular or special meeting, provided however, that the removal shall be with prejudice to the contract rights, if any, of the person removed. Any officer may resign at any time by giving written notice to the Board of Directors, the Chairman, or the Secretary of the Corporation. Any resignation shall take effect on the date or receipt of that notice, or any time specified therein, and, unless otherwise specified therein, the acceptance of that resignation shall not be necessary to make it effective. Any Board of Directors Officer failing to attend seventy-five percent (75%) of the Board of Directors Meetings in the current fiscal year may be removed from office by vote of a majority of the Board of Directors.

Duties of the Chairman

5.08. Unless duties are otherwise performed by Administrator or Executive Director of the SFRAC, the Chairman shall:

(a) Preside over all meetings of the Executive Board, Board of Directors and at any Special Meeting of the Corporation.

(b) Make interim appointments as needed with the approval of the Board of Directors.

(c) Sign all contracts after approval of the Board of Directors. The chairman may assign the SFRAC Administrator to sign program contracts on his behalf with approval from the SFRAC Board.
(d) Call a special or emergency meeting when necessary.
(e) Will act as the registered agent of the corporation and must file with the Texas Secretary of State's Office in a timely fashion.
(f) Sign all legal/non-profit corporation documents for the SFRAC.
(g) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation, or removal of the Chairman, he or she must tender over his or her letter of completion of term or resignation and must be sent to the financial institution immediately where the RAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.
(h) Travel as required to meet contractual obligations and/or stakeholder meetings (local, statewide, or national) to accurately represent the Seven Flags RAC at the GETAC and TETAF meetings.
(i) The Chairman is required to complete Board Training and complete an affidavit. Upon completion, a copy of the affidavit shall be mailed to CSCU and a copy made available to DSHS if requested.

Duties of the Vice-Chairman

5.09. Unless duties are otherwise performed by the Administrator or Executive Director of the SFRAC, the Vice-Chairman shall perform the duties of the Chairman and perform such duties as are assigned by the Chairman:
(a) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation, or removal of the Chairman, he or she must tender over his or her letter of completion of term or resignation and must be sent to the financial institution immediately where the RAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.
(b) Oversee the revision of the Trauma Systems Plan.
(c) May oversee the revision of the Bylaws of the Corporation.
(d) May require travel to GETAC and DSHS Chair meetings throughout the state as needed or when the SFRAC Chairman is unable to attend, to represent the SFRAC Chairperson at mandatory and non-mandatory meetings.
(e) Shall conduct SFRAC Board meetings in the absence of the Chairperson.
(f) The Vice-Chairman is required to complete Board Training and complete an affidavit. Upon completion, a copy of the affidavit shall be mailed to CSCU and a copy made available to DSHS if requested.

Duties of the Secretary

5.10. Unless duties are otherwise performed by the Administrator or Executive Director of the SFRAC, the Secretary of the Board of Directors or a person designated by the Secretary shall:
(a) Call the roll (unless otherwise assigned or directed by the Chairman).
(b) Determine if a quorum is present at every meeting if needed (unless otherwise assigned or directed by the Chairman).

(c) May record the minutes of all proceedings of the Executive Board, Board of Directors Special and/or Emergency meetings.
(d) May handle the correspondence of the organization.
(e) May send a Board of Directors listing to each member.
(f) May present the minutes to each member at the current meeting.
(g) Shall receive all written Alternates by members prior to every meeting.
(h) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation or removal of the Secretary, he/she must tender over his/her letter of completion of term or resignation and must be sent to the financial institution immediately where the SFRAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.
(i) The Secretary is required to complete Board Training and complete an affidavit. Upon completion, a copy of the affidavit shall be mailed to CSCU and a copy made available to DSHS if requested.

Duties of the Treasurer

5.11. Unless duties are otherwise performed by the Administrator or Executive Director of the SFRAC, the Treasurer shall:
(a) May prepare and present the financial report(s) for each Board of Directors meeting.
(b) May review receipts and disbursements of all funds.
(c) May assist with tax reporting requirements as prescribed by the United States Internal Revenue Service and the State of Texas Comptroller's Office.
(d) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation, or removal of the Treasurer, he/she must tender over his/her letter of completion of term or resignation and must be sent to the financial institution immediately where the SFRAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.
(e) May prepare and submit financial reports as required by all contract(s) with DSHS, as prescribed by the United States Internal Revenue Service regarding quarterly or annual filings with the State of Texas Comptroller's Office, and any other contracted entities with Seven Flags RAC in accordance with deadline dates.
(f) The Treasurer is required to complete Board Training and complete an affidavit. Upon completion, a copy of the affidavit shall be mailed to CSCU and a copy made available to DSHS if requested.

Officer Salaries

5.12. The Officers shall serve without salary in accordance with the Non-Profit Act of the State of Texas.

ARTICLE VI
EXECUTIVE COMMITTEE

6.01. "Board", when used in relation to any power or duty requiring collective action, means "Board of Directors."

6.02. The business and affairs of the Board and all powers vested shall be exercised by or under the authority of the Board of Directors, subject to limitations imposed by the Act, the Articles of Incorporation, or these Bylaws. No single entity shall place undue influence on the governance of the Corporation.

Scope of Responsibilities

6.03. The executive committee is a sub-group made up of officers from the overall governing board that is empowered to exercise the authority of the full board on decisions that must be made in between scheduled board meetings. The executive committee can also act in an emergency whenever a quick decision may need to be made, and it is not practical to call a full board meeting and is tasked with providing oversight for particular ad-hoc committees such as the Bylaw Select Committee, Finance Select Committee, and Trauma Systems Plan Select Committee. The executive committee focuses on handling urgent matters that require quick responses and oversight of special ad-hoc committees.

Authority and Decision-Making Power

6.04. While the executive committee holds decision-making power, its authority is limited by the framework and guidelines set by the overall board of directors. This means that the executive committee can act within specific boundaries, particularly on operational matters, but the board must approve larger, high-stakes decisions.

Reporting and Accountability

6.05. The executive committee operates under the overall board's oversight and is accountable to it. It reports to the Board on decisions made on the board's behalf when made under their purview.

6.06. The Executive Board/Committee members are required to complete Board Training and complete an affidavit. Upon completion, a copy of the affidavit shall be mailed to CSCU and a copy made available to DSHS if requested.

Minimum Number of Directors and Board Officers

6.07. The number of Board Officers of this Regional Advisory Council (RAC) shall be at least four (4): Chairperson, Vice Chairperson, Secretary and Treasurer, all of whom must be residents of the State of Texas. The number of Board Directors may be increased or decreased from time to time by amendment of these Bylaws, but no decrease shall be the effect of shortening the term of any incumbent directors.

Board Officer and Director Appointments

6.08. Board Officers shall be approved for appointment by the Active Members of the SFRAC through nomination. Each EMS and Hospital entity Board Director will be entitled to name three (3) alternate individuals, and each will have the authority to cast a vote in the absence of the designated Board Director. Each Director position representing a given entity will count as one (1) vote, regardless of the number of alternates. Appointed alternates may cast one (1) vote only for a given Board Director representing a given entity. Trauma designated facilities will each appoint

a Board Director. Each member EMS Provider and First Responder Organization shall also appoint a Board Director. Similarly, Board Officer votes count for the given entity they represent. Appointment of Directors shall be made by the given agencies/entities/organizations that the Director represents while serving on the Board. The SFRAC Board shall recognize and approve the slate of Officers to serve on the Board for each new fiscal year at the first meeting of each fiscal year held in September, (if necessary). Identification of appointed members by given participating agencies/entities/organizations will be done using the SFRAC's "Membership Application Form."

6.09. Each of these Directors shall be an individual who is an employee or agent of a Hospital facility, EMS provider or First Responder Organization and who has been designated by that Hospital, EMS provider or First Responder Organization as a candidate for Director.

Director Term of Office

6.10. The term in office of each director shall be for one (1) year and may continue to serve consecutive terms or until his or her successor is appointed by the CEO/Owner of the entity being represented.

6.11. Entities with multiple facilities may designate one person to act as Director for all its entities and such person shall have one vote for each facility at meetings of the Directors of the Corporation.

Director Vacancy

6.12. The Board of Directors may declare vacant the office of a Director in any of the following cases: (a) if he/she is adjudged incompetent by an order of the court; (b) if he/she is convicted of a felony; or (c) if within sixty (60) days after notice of election, he/she does not accept the office either in writing or by attending a meeting of the Board of Directors.

6.13. Vacancies in the Board of Directors shall exist in the case of happening of any of these events: (a) the death, resignation, or removal of any Director, or (b) the authorized number of Directors is increased.

6.14. In the event that the office of the Chair becomes vacant, the Vice Chair will succeed the Chair and hold office for the unexpired Chair's term. After completion of the vacant Chair's term, the Board shall elect a Chairman. If the office of the Vice-Chair, Secretary, or Treasurer, becomes vacant by reason of death, resignation, removal, or otherwise, the Board shall elect a successor who shall hold office for the unexpired term and until his successor is elected after expiration of the term. Vacancies may be filled by any of the remaining Directors. Each Officer so elected shall hold office until his successor is elected at a regular or special meeting of the Board.

Director Resignation

6.15. Any Director may resign at any time by giving written notice to the Chairman or the Secretary of the Board. Any resignation shall take effect at the date of receipt of that notice, or any time specified therein, and, unless otherwise specified therein,

the acceptance of that resignation shall not be necessary to make it effective.

Director Removal

6.16. Any Director failing to attend 75% of the scheduled Board of Directors meetings within the contract year may be removed from office by vote of a majority of the Board. If a hospital director is removed, the hospital shall be requested to appoint a new director to finish the current term. If an EMS Director is removed, the EMS Provider, which employs that director, shall be requested to appoint a new director to finish the current term.

6.17. Any Director may be removed, either with or without cause, by a majority vote of the Board, at any regular or special meeting, provided however, that the removal shall be without prejudice to the contract rights, if any, of the person removed.

Voting by Alternate

6.18. An Alternate representative may vote on behalf of a Board member. The presence of an Alternate meets attendance requirements.

Board of Directors Compensation

6.19. Board members shall not receive compensation for their services as Officers or Directors of the Board.

ARTICLE VII
BOARD OF DIRECTORS

7.01. "Board", when used in relation to any power or duty requiring collective action, means "Board of Directors".

7.02. The business and affairs of the Board and all powers vested shall be exercised by or under the authority of the Board of Directors, subject to limitations imposed by the Act, the Articles of Incorporation, or these Bylaws. No single entity shall place undue influence on the governance of the Corporation.

Minimum Number of Directors and Board Officers

7.03. The number of Board Officers of this Regional Advisory Council (RAC) shall be at least four (4): Chairperson, Vice Chairperson, Secretary and Treasurer, all of whom must be residents of the State of Texas. The number of Board Directors may be increased or decreased from time to time by amendment of these Bylaws, but no decrease shall be the effect of shortening the term of any incumbent directors.

Board Officer and Director Appointments

7.04. Board Officers shall be approved for appointment by the Active Members of the SFRAC through nomination. Each EMS and Hospital entity Board Director will be entitled to name three (3) alternate individuals, and each will have the authority to

cast a vote in the absence of the designated Board Director. Each Director position representing a given entity will count as one (1) vote, regardless of the number of alternates. Appointed alternates may cast one (1) vote only for a given Board Director representing a given entity. Trauma designated facilities will each appoint a Board Director. Each member EMS Provider and First Responder Organization shall also appoint a Board Director. Similarly, Board Officer votes count for the given entity they represent. Appointment of Directors shall be made by the given agencies/entities/organizations that the Director represents while serving on the Board. The SFRAC Board shall recognize and approve the slate of Officers to serve on the Board for each new fiscal year at the first meeting of each fiscal year held in September, (if necessary). Identification of appointed members by given participating agencies/entities/organizations will be done using the SFRAC's "Membership Application Form.

7.05. Each of these Directors shall be an individual who is an employee or agent of a Hospital facility, EMS provider or First Responder Organization and who has been designated by that Hospital, EMS provider or First Responder Organization as a candidate for Director.

Director Term of Office

7.06. The term in office of each director shall be for one (1) year and may continue to serve consecutive terms or until his or her successor is appointed by the CEO/Owner of the entity being represented.

7.07. Entities with multiple facilities may designate one person to act as Director for all its entities and such person shall have one vote for each facility at meetings of the Directors of the Corporation.

Director Vacancy

7.08. The Board of Directors may declare vacant the office of a Director in any of the following cases: (a) if he/she is adjudged incompetent by an order of the court; (b) if he/she is convicted of a felony; or (c) if within sixty (60) days after notice of election, he/she does not accept the office either in writing or by attending a meeting of the Board of Directors.

7.09. Vacancies in the Board of Directors shall exist in the case of happening of any of these events: (a) the death, resignation, or removal of any Director, or (b) the authorized number of Directors is increased.

7.10. In the event that the office of the Chair becomes vacant, the Vice Chair will succeed the Chair and hold office for the unexpired Chair's term. After completion of the vacant Chair's term, the Board shall elect a Chairman. If the office of the Vice-Chair, Secretary, or Treasurer, becomes vacant by reason of death, resignation, removal, or otherwise, the Board shall elect a successor who shall hold office for the unexpired term and until his successor is elected after expiration of the term. Vacancies may be filled by any of the remaining Directors. Each Officer so elected shall hold office until his successor is elected at a regular or special meeting of the Board.

Director Resignation

7.11. Any Director may resign at any time by giving written notice to the Chairman or the Secretary of the Board. Any resignation shall take effect at the date of receipt of that notice, or any time specified therein, and, unless otherwise specified therein, the acceptance of that resignation shall not be necessary to make it effective.

Director Removal

7.12. Any Director failing to attend 75% of the scheduled Board of Directors meetings within the contract year may be removed from office by vote of a majority of the Board. If a hospital director is removed, the hospital shall be requested to appoint a new director to finish the current term. If an EMS Director is removed, the EMS Provider, which employs that director, shall be requested to appoint a new director to finish the current term.

7.13. Any Director may be removed, either with or without cause, by a majority vote of the Board, at any regular or special meeting, provided however, that the removal shall be without prejudice to the contract rights, if any, of the person removed.

Voting by Alternate

7.14. The SFRAC does not utilize proxies. An Alternate representative may vote on behalf of a Board member. The presence of an Alternate meets attendance requirements.

Board of Directors Compensation

7.15. Board members shall not receive compensation for their services as Officers or Directors of the Board.

ARTICLE VIII
MEETINGS

Frequency

8.01. Meetings of the Board of Directors shall be held a minimum of four (4) times per year. The date and place of the next meeting will be determined at the end of each meeting. Meetings of the Board will be held throughout the year on the 30th day of each of the following months: September, January, April and August. If the 30th falls on a weekend, then the meeting would be held on the Friday preceding the weekend.

8.02. Committee Meetings shall take place a minimum of four (4) times a year as part of each Board meeting. Committees may meet independently throughout the course of the year as needed.

8.03. Meetings of the Board of Directors and/or Committee(s) shall take place as called upon by the Board of Directors Chairman or designated Administrator representing the Seven Flags Regional Advisory Council for the Trauma Service Area - T.

8.04. The Administrator for the Seven Flags Regional Advisory Council designated to coordinate and call upon its members and officers to convene Committee and/or Board of Director meetings on behalf of the Chairman, Officers, and General Membership.

8.05. The authority to postpone meetings outside of not having a quorum falls under the authority of the Chair and the Administrator with approval from the Chair to do so when needed.

Parliamentary Authority

8.06. Robert's Rules of Order (revised) shall be the guide to parliamentary procedure for all Seven Flags RAC meetings.

Quorum

8.07. A quorum for conducting the business of the Board of Directors and General Membership Meetings shall not be less than one half (1/2) of the Members present.

8.08. In the absence of a quorum, a majority of the Members present may adjourn the meeting. At the discretion of the members, present informational items on the agenda may be presented and discussed. However, action items shall not be presented or discussed until the next re-scheduled meeting or the next regular meeting.

8.09. Notice of time and place of a re-scheduled meeting that was adjourned need not be given to absent Members if the re-scheduled meeting is at the next regular meeting of the Board and the time and place has been previously provided.

Special Meetings

8.10. A Special meeting of the Board of Directors shall be called by the Chairman, or if he/she is absent, is unable to, or refuses to act; a special meeting shall be called by the Vice-Chairman or by any two Officers of the Board.

8.11. Written notice of the time, place, and purpose of special meetings of the Board of Directors shall be delivered to each Member personally, via mail, e-mail, fax, or by phone at least five (5) days before the meeting. If the address of a Board Member is not shown on the records and is not readily ascertainable, notice shall be addressed to him in the city or place in which meetings of the Board are regularly held. Notice of the time and place of holding an adjourned meeting need not be given to absent Board members if the time and place are fixed at the meeting adjourned.

Voting by Board of Directors, Chairman, and Board Officers

8.12. Each Hospital, EMS Service, and First Responder Organization which has designated membership shall be entitled to one (1) vote at any meeting of the Board of Directors, except the Provisional Members who shall not vote until completion of their first fiscal year. The Chairman of the Board shall be entitled to cast a vote only in situations where a vote is needed to break a tie in voting among

the members.

8.13. Every action or decision made by a majority of the Directors present at any meeting duly held at which a quorum is present is the action of the Board of Directors. Each Director who is present at a meeting will be deemed to have assented to any action taken at such meeting unless his/her dissent to the action is entered in the minutes of the meeting, or unless he/she shall file his/her written dissent thereto with the Secretary of the meeting or shall forward such dissent by registered mail to the Secretary of the Corporation on the next business day after such meeting.

8.14. Any action required or permitted to be taken by the Board of Directors under any provision of the Texas Business Corporation Act may be taken without a meeting, if all members of the Board shall individually or collectively consent in writing to such action. Such written consent shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of the Board. Any certificate or other document filed under any provision of the Act which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors to so act, and such statement shall be prima facie evidence of such authority.

Action by Consent of Board Without Meeting

8.15. Any action required or permitted to be taken by the Board of Directors under any provision of the Texas Non-Profit Corporation Act may be taken without a meeting, if all members of the Board shall individually or collectively consent in writing to such action. Such written consent shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of the Board. Any certificate or other document filed under any provision of the Act which relates to action so taken shall state the action was taken by unanimous written consent of the Board to so act, and such statement shall be prima facie evidence of such authority.

Electronic Voting

8.16. Board Members may cast their vote electronically via official e-mail address of the member entity at a given time. Electronic voting may be utilized when a member is unavailable to attend a meeting where a vote is required. In the event the SFRAC is faced with a time-sensitive action item(s), electronic voting shall remain the preferred method of casting a vote in lieu of a special meeting. In this instance, a majority vote is required in order to take action on any item(s) that may impact or directly affect the business of the SFRAC.

Meetings via Telephone or Other Means of Communication

8.17. Subject to the provisions for notice required by these Bylaws and the Act for notice of meetings, Board members may participate in and hold a meeting by means of conference telephone or other communications equipment, including but not limited to virtual platforms such as Zoom, by which all persons participating in the meeting can hear each other. Participation in the meeting held by conference telephone or other communications equipment shall constitute presence in person at the meeting, except when a person participates in a meeting for the sole purpose of protesting to the transaction of any business on the ground that the meeting is

not lawfully called or concerned.

Conduct of Meetings

8.18. At every meeting of the Board, the Chairman of the Board, or in his/her absence, the Vice-Chairman or in his/her absence, the Secretary or in his/her absence, the Treasure or in his/her absence of such designation, a Chairman chosen by majority of the Board Members present shall preside as Chairman. In the case the Secretary shall be absent from any meeting, the Chairman may appoint any person to act as Secretary of the meeting. Similarly, in the case that the Secretary is acting as interim Chair, the interim Chair/Secretary may appoint any person from the Directors to act as interim Secretary of the meeting.

Adjournment

8.19. In the absence of a majority of the Board members that are needed to establish a quorum, adjournment of the meeting may be called by the majority of the members present.

Notice of Adjourned Meeting

8.20. Notice of time and place of a re-scheduled meeting that was adjourned need not be given to absent Board Members if the re-scheduled meeting will be at the next regular meeting of the Board and the time and place has been previously provided.

ARTICLE IX
COMMITTEES

9.01. The Board of Directors, by an affirmative vote and as needed, may appoint Select committees (i.e., Ad-Hoc) or working groups, which shall have and may exercise such powers as shall be conferred or authorized by resolution of the Board of Directors.

Select (i.e., Ad-Hoc) Committees

(a) Bylaw Select Committee
(b) Finance Select Committee
(c) Trauma Systems Plan Select Committee

9.02. Participation in SFRAC Committees by each entity is required. Committee Chairmen and Vice-chairmen will receive a roll call for attendance for each respective committee they serve on and shall be counted in the assessment of member's status of participation in the organization as it pertains to providing hospitals with participation letters and reporting to the Texas Department of State Health Services (DSHS) and or surveying entity in the process of designation/redesignation, as needed.

Standing (i.e., Permanent) Committees and Responsibilities

9.03. Standing (i.e., Permanent) committees of the SFRAC are as follows: Performance Improvement (PI) Committee, EMS/Pre-Hospital Committee, Trauma/Injury Prevention Committee, Maternal Committee, Stroke Committee, Neonatal/NICU Committee, and Cardiac/STEMI Committee.

a) PI Committee –
    a. Mission: The function of the Performance Improvement (PI) Committee is to review data sets related to approved performance measure/targeted performance results and design activities to implement within the system of care to improve outcomes.
    b. Members: Recommend at least one (1) member from each subspecialty from the Board for voting purposes. Additional guests should be included in the PI Committee meetings as appropriate based on current PI project(s) being discussed.
    c. Responsibilities: Members should be available to meet regularly to discuss systemic local data in relation to the current PI project. Guests should be included to ensure all subspecialty areas are involved in decisions for implementation of new activities to improve outcomes. Committee should review baseline data, develop AIM statements, review and design process maps, conduct Ishikawa activities to determine gaps in current structure, and design activities to implement and test in the field. Quarterly review of data from implementation should be discussed at each meeting to determine if activities are successful, or if challenges were identified and to then redirect activities.
    d. Agenda Topics: Introductions, Current PI Project Data Review, Status of Implementation Activities, Challenges, Next Steps.
    e. Meeting Frequency: Quarterly at a minimum but may require additional meetings to gain traction on PI project data sets and activities to implement in the field. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

b) EMS/Pre-Hospital Committee --
    a. Mission: Currently in draft mode
    b. Members: Currently in draft mode
    c. Goals: Currently in draft mode
    d. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

c) Trauma/Injury Prevention Committee –
    a. Mission: Currently in draft mode
    b. Members: Currently in draft mode
    c. Goals: Currently in draft mode
    d. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

d) Maternal Committee –
    a. Mission: The Seven Flags RAC Maternal Committee collaborates with regional hospitals, physicians, EMS agencies, and community stakeholders to improve maternal and neonatal outcomes through

evidence-based practices, professional education, and unified quality improvement initiatives. The committee serves to directly support the Texas DSHS maternal and neonatal designation programs for our regional facilities. Meeting quarterly, the committee includes multidisciplinary representation from both primary Laredo acute care hospitals (operating with Level II Maternal and Level III Neonatal capabilities), obstetricians, neonatologists, and nursing leadership. Both primary acute care hospitals within the Seven Flags RAC are officially designated by the Texas Department of State Health Services (DSHS) to provide specialty maternal and newborn care.

b. Goals:
    i. State Alignment – reduce maternal and neonatal morbidity and mortality through coordinated regional response by using evidence-based practices by adopting Texas AIM practice and Texas Collaborative for Health Mothers and Babies.
    ii. Provider Competency: Coordinate joint regional training initiatives for pre-hospital EMS crews, emergency department staff, and perinatal units to elevate frontline care.
    iii. QAPI: Promote data-driven quality improvement and system evaluation.
c. System Performance Improvement (PI): To maintain strict compliance with Texas DSHS designation guidelines while protecting patient confidentiality, the Perinatal/NICU Committee will operate an aggregated, percentage-based regional QAPI system. Participating Laredo facilities will report system performance benchmarks, rather than raw case data, using the following framework:
    i. Severe Hypertension (HTN) Quality Metrics: Hospitals will track and share their internal compliance rates regarding the active Texas AIM Hypertension bundle. This includes the percentage of patients with severe hypertension who received definitive treatment within the state-recommended 60-minute window, and the deployment rate of standardized postpartum discharge education.
    ii. 2. Obstetric Sepsis Quality Metrics: In alignment with the active Texas AIM Sepsis collaborative, hospitals will report the percentage of presenting maternal patients who received timely broad-spectrum antibiotics when indicated.
    iii. 3. Regional Transport: The committee will track regional out-of-city transport system patterns, specifically reviewing the percentage of cases with transport delays.
d. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

e) Stroke Committee –
    a. Mission: To ensure the most efficient, consistent, and appropriate care of each stroke patient in the Seven Flags region.
    b. Goals:
        i. Identify and integrate our resources for delivery of stroke care

ii. Establish system coordination relating to access, guidelines, and referrals that will ensure uniformity of care for stroke patients
iii. Create system efficiency for patients and programs through quality improvement that will identify patient needs, outcome data, and assist with the development of standardized stroke care
iv. Develop a Regional Stroke Plan utilizing stroke guidelines and procedures to aid in decision making patient care scenarios
v. Establish stroke designation of each facility that will be participating in the regional stroke system
vi. Develop pre-hospital transport guidelines for stroke identification and rapid assessment up to and including air transportation
vii. Develop a system of triage where EMS can determine the appropriate transport destination for evaluation and treatment
viii. All participating facilities who maintain a role in the Regional Stroke System shall participate in stroke awareness campaigns and other public education activities
ix. Implement inter-hospital transfer plan to ensure patients requiring additional or specialized care and treatment are quickly identified and transferred to the appropriate facility

c. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

f) Neonatal/NICU Committee –
   a. Mission: The Neonatal/NICU Committee serves as the regional advisory committee for neonatal care within the Seven Flags Regional Advisory Council (RAC). The committee provides leadership and coordination to improve neonatal outcomes through regional collaboration, education, evidence-based practice, and quality improvement initiatives. The committee promotes communication among regional healthcare partners to strengthen neonatal preparedness, emergency response, and continuity of care.
   b. Responsibilities:
      i. Serve as a regional forum to identify neonatal trends, priorities, and opportunities for system improvement.
      ii. Promote evidence-based neonatal practices through education and collaboration.
      iii. Coordinate regional educational opportunities for neonatal providers, EMS personnel, and community partners on topics related to neonatal care and resuscitation.
      iv. Support regional preparedness for neonatal emergencies and disaster response involving maternal and newborn populations.
      v. Review selected neonatal cases and outcome data to identify opportunities for quality improvement and system enhancement.
      vi. Encourage the sharing of best practices and clinical resources among regional neonatal providers and healthcare facilities.
      vii. Provide recommendations to the Seven Flags RAC Board regarding neonatal care initiatives and regional system improvements.

c. Membership:
    i. Neonatologists/NICU Medical Directors
    ii. NICU Nursing Leadership
d. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.
e. Measurable Goals:
    i. Conduct a minimum of quarterly Neonatal/NICU Committee meetings annually with participation from each Level III Neonatal facility within the Seven Flags RAC.
    ii. Provide or coordinate at least one regional educational program annually focusing on neonatal care, such as NRP, breastfeeding support, safe sleep practices, neonatal stabilization, or neonatal emergency preparedness.
    iii. Develop and implement one regional quality improvement or performance review activity annually by identifying a neonatal priority topic, reviewing available regional data or cases, and presenting recommendations to improve neonatal care across the Seven Flags RAC.

g) Cardiac/STEMI Committee –
    a. Mission: Currently in draft mode
    b. Members: Currently in draft mode
    c. Goals: Currently in draft mode
    d. Meeting Frequency: The committee will meet quarterly, with additional meetings scheduled as needed to address regional priorities. Committee members are expected to attend at least three of the four scheduled meetings annually. If a member is unable to attend, they should designate an appropriate representative to attend on their behalf.

9.04. Committees shall be composed of individuals from the participating member entities and members of the Board.

Committee Appointments

9.05. Appointments to a committee shall be made on a yearly basis and commencing at the beginning of the fiscal year. The committees are responsible for providing input, guidance, and strategy as it relates to the current issues affecting Trauma Service Area "T". A member majority of each committee may determine its action and fix the time and place of its meeting. Any committee that does not comply with their assigned responsibility shall be subject to the oversight of the Executive Board.

Committee Responsibilities

9.06. The Board of Directors by affirmative vote shall have the authority at any time to change the responsibilities, composition, or dissolve any committee. All committee proposed action or activities affecting the SFRAC Corporation and reports given on Committee activities and data shall be brought before the Board of Directors for review and approval.

ARTICLE X
FISCAL POLICIES

10.01. The SFRAC will follow the US Generally Accepted Accounting Standards. At each Board of Directors meeting, the Board will review the financial statements presented. The SFRAC-T will retain the financial reports in the Administrative Agency office, if applicable, or with the Treasurer of the Board.

Approval of Payables

10.02. Requests for the issuance of checks for all accounts payables shall be initiated by the RAC Administrator and approved (in signature) by two of the four SFRAC Board officers. The RAC Administrator shall make available to the Treasurer all transactions occurring within given months throughout the year. Should a Board Member, SFRAC Member or office personnel incur an unexpected cost, a reimbursement request form must be completed along with invoice and/or receipts attached. The Treasurer will review and approve payment if the amount does not equal or exceed $2000.00. If exceeding the limit, the incurred cost will need approval by the Board. The approval requirement in this section shall not apply to EMS County funding, as EMS County funding remains pass-through in nature.

Authority and Execution of Instruments

10.03. The Board, except as otherwise provided in these Bylaws, may authorize any officer or officers, agent or agents, or the SFRAC administrator to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances and, unless so authorized, no officer, agent or employee shall have any power or authority to bind the Corporation by any contract or engagement or in pledge its credit or to render it liable pecuniary for any purpose or to any amount, unless authorized by the Board of Directors.

10.04. Unless otherwise specifically determined by the Board, or otherwise required by law, formal contracts of the Corporation, promissory notes, deeds of trust, mortgages and other evidence of indebtedness of the Corporation and other corporate instruments or documents, and certificates shares of stock owned by the Corporation, shall be executed, signed or endorsed by the Chairman or Vice-Chairman, and may have the corporate seal affixed thereto.

Endorsement without Countersignature

10.05. Endorsement for deposit to the credit of the Corporation in any of its duly authorized depositories may be made without countersignature by the Chairman, Vice-Chairman, Treasurer, or by any other officer or agent of the Corporation to whom the Board, by resolution shall have delegated such power, or by hand-stamped impression in the name of the Corporation.

Deposits

10.06. All funds of the Corporation shall be deposited from time to time to the credit of the Corporation with such banks, trust companies, or other depositories as the Board

of Directors may select or as may be selected by any officer or officers, agent or agents of the Corporation to whom such power may be delegated by the Board of Directors.

Check Endorsement

10.07. All checks must be signed by at least two (2) of the four (4) Officers of the Board of the Corporation. Each of the four (4) Board Officers shall be designated as signatory of checks for the Corporation. A signatory cannot sign a check made out under the same name as a signing signatory. Checks equaling or exceeding two thousand dollars shall be signed by the aforementioned and must be approved by the Board of Directors at its earliest convenience unless there is a direct impact that will affect funding or is in the best interest of the Seven Flags RAC to proceed with the issuance of such a check to conclude SFRAC business or meet specific contract requirements/obligations. The same will be allowed if there are extenuating circumstances that will directly affect or impact the Corporation financially by not issuing of a check or payment on behalf of the Seven Flags RAC and would not be feasible to have a formal meeting to obtain such an approval by the Board of Directors. In such cases, the Chairman, Treasurer, or Secretary of the Corporation may give verbal consent to issue out the check(s) after it is determined that by not issuing out the said check(s), it would not be in the best interests of the Seven Flags RAC. This section shall not apply to EMS County

10.08. Funding distributions as they remain pass through funding for EMS Providers that have met eligible requirements.

Books of Account

10.09. The Corporation shall keep and maintain adequate and correct accounts of its properties and business transactions, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital surplus and shares. Any surplus, including earned surplus, paid in surplus and surplus arising from a reduction of stated capital, shall be classified according to source and shown in a separate account.

Annual Operating Budget

10.10. The SFRAC Regional Administrator will develop the operating budget for each year and present it to the Board of Directors for approval. The budget will be adopted once approved by the Directors.

10.11. The operating budget shall be composed of the following funding sources: Entity Dues (Hospitals, EMS Services, First Responder Organizations) Public & Private Donations, Fund Raising Income, and State Grant Funding (i.e., EMS County Assistance Fund and System Development Fund, as well as any other fund/award made available by DSHS in any given year or time period.)

Budget Allocations

10.12. The operating budget shall have the following designated percentages of funds through grant contracts, dues and donations received by the Seven Flags RAC:

10.12.1. Funds from the "EMS/RAC" Contract portion awarded by the Texas Department of State Health Services will be used for administrative services (i.e., Contract for Administrative services with STDC) or programmatic purposes, depending on the needs and funding structure at the time.

10.12.2. Exceptional Item (E.I.) funds appropriated through the 88th Texas Legislature under House Bill 1 and awarded by DSHS to RACs in Texas, reside under the EMS/RAC contract but should be tracked separately.

10.12.3. Up to thirty-five percent (35%) from the System Development Fund Contract awarded by the Texas Department of State Health Services may be used for administrative purposes. Percentage shall not exceed 35% as per contractual requirements.

10.12.4. No less than sixty-five percent (65%) of the System Development Fund Contract awarded by the Texas Department of State Health Services is to be used for programmatic purposes.

10.12.5. Entity dues collected may be used for administrative or programmatic purposes as deemed appropriate by the Board for each fiscal year.

10.12.6. Public/ private donations received as well as proceeds generated through fund raising activities are to be used as determined by the SFREAC Board for administrative and or programmatic purposes unless otherwise restricted/required by donor and/or grantor.

EMS County Assistance Grant Program

10.13. Pursuant to the Texas Administrative Code, Title 25, Part I, Chapter 157, Rule 157.130(c)(2)(A) and 157.131(c)(2)(A), all "EMS County Assistance " contracted funds will remain a 100% pass thru and shall not be subject to any administrative fee(s) unless previously authorized by all the eligible EMS entity(s) in writing and approved by all eligible EMS entity(s) within that specific county. To further clarify, this does not prohibit a single or several eligible EMS entities from voluntarily returning a specific amount and/or percentage of their entity's funds within a fiscal year. If an eligible entity(s) wishes to voluntarily return funds to the RAC for its operations, then, the entity(s) can do so by completing the SFRAC "Voluntarily Return of Funds Form."

10.14. All eligible EMS entities shall receive an equal share of the total county funds awarded within the "EMS County RAC" contact(s) through the Texas Department of State Health Services. *Example: If a county is awarded the sum of $10,000.00 and there are five (5) eligible EMS entities, then, each EMS Service shall receive $2,000.00.* Should an entity choose to relinquish their share of EMS County Assistance Funds, then the total of the funds returned shall be divided equally among the remaining entities on the eligible recipient list within the county of which the forfeiting entity officially resides. Entities must meet all participation requirements as provided in 3.23 herein in order to become eligible to receive the aforementioned funding. Eligible entities shall be notified of their funding status at a regular meeting of the General Membership. All entities receiving funding must complete an SFRAC expenditure report (i.e., reimbursement request form) and attach all supporting invoices and/or receipts for their expenditures within the specific contract period as set forth by the Texas Department of State Health Services EMS County RAC contract(s).

10.15. Funds may be redistributed to other member providers within the Trauma Service Area under basically three conditions: 1) a provider entity has notified the SFRAC in writing that they wish return the funds initially allocated to them; 2) a provider entity is no longer in service and has notified the SFRAC in writing that they have no use for the funds; and 3) a provider entity fails to meet the reimbursement submittal deadline and other Member in Good Standing provisions prescribed in the SFRAC By-Laws. In such cases, the SFRAC may be asked by DSHS to develop and submit a redistribution plan to be approved by DSHS. Funds which are redistributed must revert back to eligible EMS entities within that county only. However, if only a single member who represents a given county becomes ineligible to receive EMS County Assistance Funds during a current and active grant cycle, and there are no other member entities within that given county to have the funds in question re-allocated, re-distributed or re-assigned to them, those funds then revert back to the state (i.e., DSHS).

All reimbursement request forms and financial supporting documentation must be submitted no later than April 30th.

System Development Grant Program

10.16. System Development Program Funds are primarily designated for EMS entities and hospitals within the SFRAC. If an entity, be it an EMS entity or hospital, fails to submit a timely reimbursement form for expenses incurred for purchases made under the respective programs on the deadline being May 31st of the fiscal year, then the funds from the entity(s) in question is subject to being lost and spent based on how the SFRAC Board decides as a whole. It would be up to the SFRAC Board to designate the spending of the funds for the benefit of all the eligible SFRAC members in good standing. The Board may choose to decide based on the assessments submitted by each entity or may choose to make another choice based on other criteria, provided the expenditure(s) is/are in line with allowed DSHS program purchases and costs guidelines. In such case, the administrator may be appointed to assist in the expenditure of the reallocated funds.

EMS/RAC Program

10.17. Before the introduction of the Exceptional Item (E.I.) funds appropriated under H.B. 1, the SFRAC organization utilized the funds to procure administrative services under contract with the South Texas Development Council (STDC). The SFRAC will continue to utilize funds awarded under the EMS/RAC portion of the DSHS/SFRAC contract at a rate determined by the SFRAC Board. In October 2023, DSHS amended the EMS/RAC contract with all RACs in Texas to include an across-the-board increase of funds identified as Exceptional Item (E.I.) funds. Each RAC in Texas, including SFRAC, received an additional one hundred and fifty thousand dollars ($150,000) in addition to the existing regular EMS/RAC contract funds. The SFRAC will keep the two funding sources separate, as currently required by DSHS. Therefore, non-E.I. funds as awarded under EMS/RAC contracts will continue to be used for the procurement of administrative services for the SFRAC. Funds designated as E.I. will be utilized in accordance with the guidelines and requirements of DSHS, which includes keeping pace with increasing RAC responsibilities imposed by statutory requirements. Some examples as provided in the EMS/RAC contract expressly related to E.I.

projects/funding may include RAC-approved projects, incorporating and implementing functional RAC committees, working on system plans, and handling coordination with increased number of trauma facilities due to Texas' increasing population.

When funds become available for allocation to SFRAC member entities in Good Standing for local projects, entities must submit a reimbursement form similar to the EMS County Assistance and System Development form, together with the respective supporting documentation. If an entity wishes to purchase equipment with EMS RAC E.I. funds, approval must be obtained. The process entails the entity submitting their intent to purchase equipment along with the description of the equipment to the SFRAC. The SFRAC, in turn, will submit the request to DSHS for review and approval.

All reimbursement request forms and respective financial supportive documentation must be submitted to the SFRAC by June 30th.

If an entity, be it an EMS entity or hospital, fails to submit a timely reimbursement form for expenses incurred for purchases made under the respective programs by the deadline of June 30th of the given fiscal year, then the funds from the entity(s) in question are subject to being lost and spent based on how the SFRAC Board decides as a whole. The SFRAC Board will then designate the spending of the funds for the benefit of all the eligible SFRAC members in good standing. The Board may choose to decide based on the assessments submitted by each entity or may choose to make another choice based on other criteria, provided the expenditure(s) is/are in line with allowed DSHS program purchases and costs guidelines. In such case, the administrator may be appointed to assist in the expenditure of the reallocated funds.

Gifts and Contributions

10.18. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the general purposes or for any specified purpose of the Corporation with no personal gain or profit.

10.19. The Corporation may not indemnify any person who was, is, or is threatened to be named defendant or respondent in a proceeding, whether civil, criminal, administrative, arbitrative, or investigative.

10.20. The Corporation may undergo different types of audits according to the amount of funds received state and federally.

10.21. A check request form must be completed for all accounts payable and approved by the Administrator and Treasurer. Should a Board Member incur unexpected costs, a reimbursement request form must be completed along with invoice and/or receipts attached. The Treasurer will review and approve payment.

10.22. The RAC does not offer gifts of any kind.

Annual Report

10.23. An annual report will be completed by the SFRAC Administrator for approval from the Board of Directors and then submitted to the Texas Department of State Health Services.

Fiscal Year

10.24. The fiscal year of the Corporation shall coincide with the State of Texas fiscal year commencing on September 1st of every year and ending on August 31st of the following year.

Travel By Board Members

10.25. Travel incurred by SFRAC Board members shall be in accordance with the State of Texas approved rates and shall be accounted for and submitted for reimbursement or advance on forms approved by the SFRAC. Costs associated with air travel shall be an allowable expense whenever travel time and cost to a particular location using ground travel exceed the time and cost and practicality of air travel. Such air travel, however, shall be limited to coach fares. First class travel rates are not considered an allowable expense and not reimbursable.

Travel-related costs for lodging and per diem shall comply with rates published in U.S. General Services Administration at gsa.gov. Mileage paid for use of a personal vehicle for out-of-town trips related to SFRAC business shall not exceed a rate per mile that is approved and deemed by the State of Texas as authorized at the time of travel. Use of a company, county or city vehicle in making out of town trips shall not qualify as a reimbursable mileage expense.

ARTICLE XI
PARLIAMENTARY AUTHORITY

11.01. Robert's Rules of Order (revised) shall be the guide to parliamentary procedure for all Seven Flags RAC meetings.

ARTICLE XII
ADMINISTRATOR

12.01. The Regional Administrator will serve as the administrator of the Corporation. The Regional Administrator will be responsible for the management and administrative operation of the organization, including the performance and discharge of powers, duties and functions necessary to carry out the policies of the Executive Board. The Regional Administrator reports to the Chairman and serves at the will of the General Membership. The Regional Administrator will establish management procedures and delegate responsibilities applicable to the office management. He or she is charged with the administration of personnel procedures and will be the final authority concerning personnel consistent with Executive Board policy. The Regional Administrator shall also perform other duties appointed by the General Membership and may be removed by a majority General Membership through an official vote as well as being able to show just cause for such removal. The Regional Administrator shall be compensated for his/her employment duties with the Seven Flags Regional Advisory Council. Salary is to be determined by the

Executive Board and approved by the General Membership.

ARTICLE XIII
CORPORATE RECORDS, REPORTS, AND SEAL

Minutes to Meetings

13.01 The Corporation shall keep at its principal office, or such place as the Board may order, a book of minutes of all meetings of its Board, with the time and place of holding, whether regular or special, and, if special, how authorized, the notice thereof given, and the names of those present.

ARTICLE XIV
DISSOLUTION CLAUSE

14.01 Upon the dissolution of the organization, the Directors shall, after paying or making provision for payment of all of the liabilities of the organization, dispose of all of the assets of the organization exclusively for the purposes of the organization in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) as the Directors shall determine. Any such assets not so disposed of shall be disposed of by a State District Court of the county in which the principal office of the organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XV
AMENDMENT OF BYLAWS

Adoption, Amendment, Repeal of Bylaws by the Board of Directors

15.01. Bylaws may be altered, amended, or repealed and must be adopted by the Board of Directors. An annual review of this document is required prior to the start of every fiscal year. Two meetings will be held prior to or during committee meetings prior to the Board of Directors meeting to review the Amended Bylaws. Potential amendments may require research by the By-Laws Committee. Once the said research and review is completed, then correction or revisions offered by the Committee will be added to the final draft of the document. The final draft will be distributed to the Board of Directors to review and comments. This document shall be distributed fifteen (15) days prior to the next Board of Directors meeting for approval, either electronically or in hard copy. Final approval of precedent amendments is subject to a majority vote by the Board of Directors at any subsequent regular or special Board meeting.

ARTICLE XVI
AMENDED BYLAWS

16.01. These Bylaws (hereinafter, referred to as the "Bylaws") of the Seven Flags Regional Advisory Council on Trauma (SFRAC), Trauma Service Area T, a non-

profit corporation (hereinafter referred to as the ("Corporation"), are adopted effective 24th day of August 2026, to supersede the previous bylaws and amendments of the Corporation by action of the Board of Directors of the Corporation.

Adopted by the General Membership on the 16th day of August 2006.

Amended by the General Membership on the 9th day of November 2006.

Amended by the General Membership on the 17th day of October 2007.

Amended by the General Membership on the 22nd day of August 2012.

Amended by the General Membership on the 21st day of August 2014.

Amended by the General Membership on the 16th day of December 2014.

Amended by the General Membership on the 18th day of August 2015.

Amended by the General Membership on the 23rd day of February 2016.

Amended by the General Membership on the 31st day of March 2017.

Amended by the General Membership on the 12th day of February 2018.

Amended by the General Membership on the 30th day of May 2019.

Amended by the General Membership on the 26th day of October 2021.

Amended by the General Membership on the 30th day of September 2023.

Amended and Approved by the Board of Directors on the 30th day of August 2024.

Amended and Approved by the Board of Directors on the 24th day of August 2026.

The Seven Flags Regional Advisory Council on Trauma Board of Directors, for the Trauma Services Area T., Hereby Adopts All Changes in the Form of Additions, Deletions, and Revisions as Incorporated into the By-Laws.

Attest: Chairman

Attest: ----------

Secretary

ITEM 27-11 (TAB 9)

ITEM 27-11-a. (TAB 9)

FY26 SFRAC Membership Summary

TSA	Entity Name	County	Application submitted	EMS Affidavit Submitted	Needs Assessment Submitted	Date Paid/Date Deposited	Check Number	Amount Due/Paid	Board Meeting (9/24/2025)	No Board Meeting (10/2025)	No Board Meeting (11/2025)	No Board Meeting (12/2025)	Board Meeting (1/29/2026)	No Board Meeting (2/2026)	No Board Meeting (3/2026)	Board Meeting (4/30/2026)	No Board Meeting (5/2026)	No Board Meeting (6/2026)	No Board Meeting 07/2026	Board Meeting (08/28/2026)
T	Primary Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	10-29-2025/ 10-29-2025	#1438	FY26 Membership Fees: $750/Paid: $750/Bal. $0	P				P			P				P
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	Yes	Yes	Yes	10-30-2025/ 10-31-2025	#2225	FY26S Membership Fees: $750/Paid: $750 Bal/ $0	P				P			P				P
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-21-2025/ 10-22-2025	#6457	FY26 Membership Fees: $750/Paid: $750.00 / Bal. $0	P				P			A				P
T	City of Laredo Fire Department (Fully Vested)	Webb	Yes	Yes	Yes	10-22-2025/ 10-22-2025	#671266	FY26 Membership Fees: $750/Paid: $750/Bal. $0	P				P			P				P
T	Doctors Hospital of Laredo (Fully Vested)	Webb	Yes	N/A	Yes	10-2-2025 / 10-14-2025	#062136168	FY26 Membership Fees: $1,950/Paid: $1950/Bal. $0	P				P			P				P
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb	Yes	Yes	Yes	02-09-2026/ 02-19-2026	#1592	FY26 Membership Fees: $750 / Paid: $750/ Bal. $0	P				P			P				A
T	Laredo Lifeline, LLC (Fully Vested)	Webb	Yes	Yes	Yes	9-24-2025/ 10 6-2025	#20252	FY26 Membership Fees: $750/Paid: $750/Bal. $0	P				P			A				P
T	Texas Superior Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	12-12-2025/ 12-16-2025	#4075	FY26 Membership Fees: $750 /Paid: $750/Bal. $0	P				P			P				P
T	Laredo Medical Center (Fully Vested)	Webb	Yes	N/A	Yes	11-1-2025/ 11/1-2025	#5000222784	FY26 Membership Fees: $1,950/Paid: $1,950/Bal $0	P				P			P				P
T	Priority EMS (Fully Vested)	Webb	Yes	Yes	Yes	10-1-2025/ 10 14-2025	#837	FY26 Membership Fees: $750/Paid: $750/Bal. $0	P				P			P				P
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb	Yes	Yes	Yes	02-25-2026/ 02-26-2026	#5000	FY26 Membership Fees: $750/Paid: $750/ Bal. $0	P				P			P				P
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	02-09-2026/ 02-12-2026	#6195	FY26 Membership Fees: $750/Paid: $750/ Bal. $0	P				P			P				P

FY26 SFRAC Membership Summary

T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	10-31-2025/ 11-1-2025	#71294	FY26 Membership Fees: $750/Paid: $750/ Bal. $0	A				P			P				A
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	09-08-2025/ 09-22-2025	#13164	FY26 Membership Fees: $750/Paid: $750/ Bal. $0	P				P			P				P
T	Zapata County Fire/EMS (Fully Vested)	Zapata	Yes	Yes	Yes	10-8-2025/ 10 27-2025	#14241	FY26 Membership Fees: $750/Paid: $0/750 Bal. $0	P				P			P				P
T	Villa Ambulance Service (Fully Vested)	Webb	Yes	Yes	Yes	10-30-2025/ 10-31-2025	#2646	FY26 Membership Fees: $750/ Paid: 750/ Bal. $0	P				P			A				A
T	Digni Care Ambulance (Joined: April 30, 2024/Fully Vested May 1, 2025)	Webb	Yes	Yes	Yes	9/11/2025/ 9-11-2025	#1270	FY26 Membership Fees: $750/ Paid: $750/ Bal. $0	P				P			P				P
T	United Med Care Ambulance (Joined: September 30, 2024/Fully Vested September 30, 2025)	Webb	Yes	Yes	Yes	09-16-2025/ 9 16-2025		FY26 Membership Fees: $750/ Paid: $750/ Bal. $0	A				P			P				A
T	Texas Ambulance Response Team (Joined: September 24, 2025)	Webb	Yes	Yes	Yes	9-24-2025/ 10 6-2025	#1464	FY26 Membership Fees: $687.50/ Paid: $687.50/ Bal. $0	P				P			P				P
T	Gateway Ambulance (Joined as a Non-Participating Entity)	Webb	N/A	N/A	N/A	N/A	N/A	N/A	P				P			P				P
	(a) ***Payment of Membership Dues:*** All members must be current in the payment of their membership dues. Members who remain delinquent in the payment of SFRAC dues by the 1st of March of any given fiscal year will be considered a Member Not in Good Standing and, therefore, will not be eligible for funding for the following fiscal year.																			

FY27 SFRAC Membership Summary

TSA	Entity Name	County	Application submitted	EMS Affidavit Submitted	Needs Assessment Submitted	Date Paid/Date Deposited	Check Number	Amount Due/Paid	Board Meeting (9/30/2026)	No Board Meeting (10/2026)	No Board Meeting (11/2026)	No Board Meeting (12/2026)	Board Meeting (1/29/2027)	No Board Meeting (2/2027)	No Board Meeting (3/2027)	Board Meeting (4/30/2027)	No Board Meeting (5/2026)	No Board Meeting (6/2027)	No Board Meeting 07/2027	Board Meeting (08/30/2027)
T	Primary Care Ambulance (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/Bal. $750												
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	Yes		Yes			FY27 Membership Fees: $750/Paid: $0 Bal/ $750												
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0.00 / Bal. $750												
T	City of Laredo Fire Department (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/Bal. $750												
T	Doctors Hospital of Laredo (Fully Vested)	Webb		N/A				FY27 Membership Fees: $1,950/Paid: $0/Bal. $1950												
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb						FY27 Membership Fees: $750 / Paid: $0/ Bal. $750												
T	Laredo Lifeline, LLC (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/Bal. $750												
T	Texas Superior Ambulance (Fully Vested)	Webb						FY27 Membership Fees: $750 /Paid: $0/Bal. $750												
T	Laredo Medical Center (Fully Vested)	Webb		N/A				FY27 Membership Fees: $1,950/Paid: $0/Bal $1,950												
T	Priority EMS (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/Bal. $750												
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-22-2026 / Pending Deposit	Ch# 6419 / 9-24-2026	FY27 Membership Fees: $750/Paid: $750/ Bal. $0												

FY27 SFRAC Membership Summary

T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb						FY27 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes		Yes			FY27 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Zapata County Fire/EMS (Fully Vested)	Zapata						FY27 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Villa Ambulance Service (Fully Vested)	Webb						FY27 Membership Fees: $750/ Paid: $0/ Bal. $750												
T	Digni Care Ambulance (Joined: April 30, 2024/Fully Vested May 1, 2025)	Webb	Yes	Yes	Yes	9-17-2026 / 09-24-2026	Ch# 1372	FY27 7Membership Fees: $750/ Paid: $750/ Bal. $0												
T	United Med Care Ambulance (Joined: September 30, 2024/Fully Vested September 30, 2025)	Webb	Yes	Yes	Yes			FY27 Membership Fees: $750/ Paid: $0/ Bal. $750												
T	Texas Ambulance (Joined: September 24, 2025/ Fully Vested September 24, 2026)	Webb						FY27 Membership Fees: $750/ Paid: $0/ Bal. $750												
T	Gateway Ambulance (Joined as a Non-Participating Entity)	Webb	N/A	N/A	N/A	N/A	N/A	N/A												
	(a) ***Payment of Membership Dues:*** All members must be current in the payment of their membership dues. Members who remain delinquent in the payment of SFRAC dues by the 1st of March of any given fiscal year will be considered a Member Not in Good Standing and, therefore, will not be eligible for funding for the following fiscal year.																			

ITEM 27-11-b. (TAB 9)

Section	Measure	Initial Score	SMART Goal Action Items	Progress -- In Progress, Met, Not Met	Current Projected Score Based on Criteria	Notes
Epidemiology #2	There is an established regional systems of care surveillance process that can, in part, be used to support performance measures. The data available is integrated into the regional system plan.	0	1) Implement a Performance Improvement Committee responsible for reviewing regional data and designing quality improvement processes. 2) Performance measures (2 each) selected by PI committee to design quality improvement processes. PMs include base-line data from DSHS annual report for EMS and Trauma measures, with committee design of QI project activities to measure progress. 3) PI committee included as standing committee and integrated into Bylaws; committee meetings focus on data reviews with reports to Board during quarterly meetings on progress of QI projects selected; demonstrate participation of committee members and include QI project designs using driver diagrams, process maps, and other QI tools. 4) PI measures are noted in FY22 System Plan under both short and long term goals developed with committee; this implementation in FY26 meets the design of the committee, include PMs that are relevant to the goals of RAC for EMS and Trauma specifically. 5) Committee developed within 3 months of initiative of this goal, included in FY System Plan updates and added to Bylaws for standing committee. Committee work to continue in each set meeting schedule with review of data and required report of PM progress at SFRAC quarterly Board meetings.	Met	4	
System Plan #4	A regional EMS, trauma, systems of care, and emergency health care system plan is in place and based on an analysis of the regional demographics and regional self-assessment and provides opportunities for collaborative stakeholder participation. The regional plan reflects, at a minimum, the regional activities specific to each of the selfassessment criteria and includes the regional guidelines. The regional system plan and all associated documents are available to RAC members and stakeholders. in a secure location.	1	1) Board Committees will review FY System Plan annually and incorporate revisions based on regional demogrpahics, the completed self assessment, resources available, and data analyses that align with the RAC performance criteria (performance measures). 2) Complete and document the revisions to the FY System Plan with demographic data, maps, system utilization trends, resources, and assessments of performance measure outcomes annually. 3) Use hybrid meeting formats for RAC committees with designated facilitators to promote active participation in the review and revisions of the FY System Plan; revise Bylaws to ensure this responsibility is indoctrinated into the roles/responsibilities of each committee. 4) Revision of the FY System Plan annually allows the Board and committees to review and reflect on successes and challenges and incorporates data reviews to assess additional access needs, trainings, etc. that may be required in the RAC service area. 5) Conduct at least 4 planning sessions with committees over a 12-month period (FY) to analyze data from performance measures; annually review FY System Plan and incorporate/implement recommended revisions.	In Progress	2	System Plan was updated, but additional criteria must be met to score a 3. To score a 3, RAC leadership, committees, and stakeholders are actively revising the regional system plan based on regional demographics, the completed self-assessment, resources available, and data analyses that align with RAC performance criteria. ***Assembly of a workgroup will help us achieve this last component.***

System Plan #5	The RAC trauma, and emergency health care system plan clearly describes how the regional stakeholders will implement and manage the RAC performance criteria and contract requirements to ensure there is documented evidence that the performance criteria are met and includes data analysis when appropriate. The regional system plan is available to RAC members and stakeholders.	1	1) Develop and distribute a standardized performance criteria document outlining benchmarks, timelines, reporting formats, and compliance expectations for performance measures selected by PI committee. 2) Ensure 100% of participating stakeholders receive and acknowledge the criteria and contract requirements within the SFRAC System Plan. 3) Utilize electronic communication and stakeholder meetings to complete dissemination (PI committee meeting minutes and shared on website). 4) Clear, shared performance expectations are essential for consistent, measurable implementation across the region. 5) Complete dissemination and stakeholder acknowledgment within 60 days of System Plan updates annually approved by Board.	In Progress	2	FY22 System Plan meets some of this requirement; however with the implementation of the PI Committee, need to establish an updated protocol to include in updated System Plan to show how performance measure data is reviewed and discussed with the Board each quarter.
System Plan #6	The RAC trauma and emergency health care system plan defines a process to assist in sharing the regional and state all-hazard emergency response and preparedness activities with stakeholders. Information is shared as appropriate.	2	1) Incorporate a standardized protocol for RAC that details how it will disseminate all-hazard emergency preparedness and response information to regional stakeholders 2) Incorporate language in System Plan with protocol created by RAC for disseminating information to stakeholders; ensure report from HPP is included on website for stakeholders; add HPP or EMT tabletop drills to Appendices of System Plan annually at minimum. 3) Use of existing communication platforms, RAC website, and integrate this into the protocol within the System Plan; review annually for successes and challenges. 4) Clear and consistent information sharing enhances readiness, reduces duplication, and improves coordination during emergencies. 5) Finalize and implement the protocol within 90 days of EMS and Trauma sections of FY System Plan are reviewed and revised to include HPP report/plan.	Met	3	The ALL Hazards Emergency Response Plan was updated in January 2025, with annual exercises conducted with SFRAC stakeholders and community participants that included scenarios requiring regional trauma treatment protocolos and incorporated "lessons learned" from hurricanes, evacuations, critical infrastructure loss, supply chain redundancies, crisis standards of care, and communication. Some plans have been implemented, with others having long-term action plans that are in progress. The HPP is available only on request due to security measures.

System Plan #7	As new evidence-based guidelines are developed, the regional system disseminates the information to the stakeholders and, when needed, has the appropriate committee review the guidelines for regional integration. If regional integration is recommended, the regional committee will develop an implementation plan in collaboration with stakeholders. All stakeholders must have an opportunity to attend an educational overview of the guidelines to ensure they are knowledgeable of the new practice guidelines prior to implementation, including any elements that will be integrated into the system performance improvement process. If approved, new guidelines are shared with appropriate RAC members and stakeholders and integrated into the regional system plan.	2	1) RAC to define standardized high-level protocol for review and implementation design for new evidence-based guidelines as applicable to the regional EMS and Trauma systems. As new evidence-based guidelines are shared within the Region, RAC will determine which can be achieved and sustained with current systems and will use protocol to implement design and share information with stakeholders for implementation. 2) Protocol development within first 90 days of this self-assessment for EMS/Trauma, incorporate protocol into Bylaws and FY System Plan with 90 days of Board Approval. 3) Protocol development will be assigned to existing RAC committees (EMS/Pre-hospital Committee and Trauma/Injury Prevention Committee) with timeline for final protocol to be reviewed with Board for approval at Aug/Sept meeting. Upon approval of Board, protocol incorporated into FY System Plan and reviewed annually thereafter. New evidence-based guidelines approved by RAC for implementation will be incorporated into FY System Plan in Appendices. 4) Timely access to updated clinical standards for stakeholders in region improves care quality and system consistency and ensures stakeholders are informed of regional system clinical practice updates/changes. 5) Development of protocol for reviewing new evidence-based guidelines to be completed in 90 days; implemented protocol into FY System Plan upon Board approval; as new evidence-based guidelines are shared by HPP or GETAC, Board will disseminate guidelines for RAC review with committees. Upon implementation approval of any new evidence-based guideline, RAC will provide stakeholders with designed implementation plan, will include this in the FY System Plan, and disseminate all relevant information through communication portals (meetings, website, etc.)	In Progress	2	Regional protocol development in process as committees begin meeting.
System Plan #8	The regional trauma and emergency health care system plan includes the capabilities and capacity for EMS and designated facilities in the RAC. This information is included in the system plan. The regional system plan is available to RAC members and stakeholders.	2	1) Define in FY System Plan how report from HPP is used to monitor the capabilities and capacity for EMS and designated facilities in the RAC. Include protocol for review in M-track system locally when HPP report is not available. Incorporate this monitoring activity in roles/responsibilities of RAC committees for dissemination of information/data analysis to Board. 2) Review of HPP and/or M-track local data to monitor capabilities and capacity for EMS and designated facilities to occur quarterly by committeess for reporting to Board. 3) Communication with Coastal Bend HPP for report access and where applicable, pull local data from M-track to review/monitor capabilities at least 4 times per year. 4) Regular review of system capacity builds operational readiness and exposes gaps in planning; allows for stakeholder awareness of system issues and challenges to determine work-arounds and increase capacity as applicable. 5) Include HPP report in FY System Plan annually; committees to review M-track data at least 4 times per year for reporting issues/successes to Board.	In Progress	2	To score a 3, RAC needs protocol for M-track system locally when HPP report is not available. With new system in place at LMC, perhaps creating new protocol for how Doctor's provides data.

System Integration #9	There is a clearly defined, cooperative, and ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system specialty physician leaders. This is written into the system plan. The regional system plan is available to RAC members and stakeholders.	2	1) Include RAC medical advisory structure in the bylaws with integration of specialty services and provide updated list of members in FY System Plan. Include review of structure and member listing with specialties noted at least 4 times a year. 2) Inclusion of RAC medical advisory structure in bylaws with updated list of members in FY System Plan. Review of structure and member listing in FY System Plan will be done at least 4 times a year. 3) Incorporation into bylaws provides accountability for medical advisory structure and review and updates to FY System Plan RAC members is designed to ensure representation of various specialities. 4) Multidisciplinary input ensures system plans reflect the full spectrum of clinical expertise across the continuum of care. 5) Medical advisory group structure within bylaws and incorporating review of members list to be completed starting Nov 2025; 4 times a year reviews thereafter with revisions made as applicable.	In Progress	2	There is evidence of ongoing relationships between EMS, trauma, systems of care, and emergency health care system medical directors written into the System Plan and evidenced in Board meeting minutes; however for a score of 3 it should be outlined in the bylaws and have minimal integration of specialty services such as neurosurgeons, ortho, family med, intensivists, peds, geriatrics, rehab, etc. System plan has list of members but does not include specialities by member. Recommend adding this information to System Plan once Medical Directors committee becomes active.
System Integration #10	The regional trauma and emergency health care system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers into regional committees and projects. This includes facilities for specialty care such as burn care. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders.	2	1) Incorporate language into FY System Plan to include how RAC integrates other healthcare systems into regional committees and projects as applicable. 2) Add language into System Plan by Dec. 2025, with minimal review of action steps to ensure protocol is still valid in region at least 4 times per year thereafter. 3) Use of existing regional health systems and incorporating other healthcare systems through HPP assistance provides additional structure and success as projects are identified; increases RAC relationships with other healthcare organizations. 4) Ensures system planning is inclusive and reflects the full continuum of care. 5) Establish language into System Plan by Dec. 2025 with reviews conducted to ensure other healthcare organizations are identified and listed in resources at least 4 times a year.	Not met	2	System Plan integrates all designated facilities and prehospital providers but does not include other health care stakeholders

EMS - Prehospital #12	The regional trauma and emergency health care system plan defines an EMS Medical Director Committee or medical advisory process that is actively involved with the local and state advisory council initiatives focusing on the development, implementation, and ongoing evaluation of the EMS system guidelines. These guidelines include but are not limited to prehospital triage criteria to establish appropriate destination and transport criteria for patients with acute trauma, systems of care, or other time-sensitive disease processes; which resources to dispatch, such as Advanced Life Support (ALS) versus Basic Life Support (BLS) and First Responder Organizations (FRO); airground coordination; early notification of the receiving health care facility; prearrival instructions; EMS-Time Out guidelines; facility patient feedback to EMS; and other EMS regional procedures. These are elements of the regional trauma, and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	0	1) Create resource list in FY System Plan to include the protocol that medical directors are included in the planning. 2) The resource list will be developed by the EMS prehospital RAC committee with medical directors incorporated in the planning and report will happen at each board meeting. 3) Based on input from directors, data review, and leadership direction. 4) Ensure the committee is focused on high-impact initiatives. 5) Timebound lists are finalized within 90 days and reviewed at each RAC committee meeting at least 4 times per 12-month period.	Not Met	0	A Medical Director Committee needs to be established at the RAC level. EMS/Pre-Hospital Committee needs to be activated. New EMS Committee leadership ready to move forward.
EMS - Prehospital #13	There are recommended regional prehospital triage criteria to establish appropriate destination and transport of patients with acute trauma, systems of care, or other time-sensitive disease processes. The regional EMS Medical Director Committee or medical advisory process, EMS providers, and designated facilities regularly evaluate prehospital triage criteria to identify system gaps. The regional prehospital triage criteria are included in the EMS guidelines of the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	2	1) Incorporate language and appendix to the FY System Plan that provides the criteria in place for the MCI and tabletops and will incorporate a training calendar of events as part of the appendix. 2) RAC committee will look at the criteria working with the stakeholders to ensure it's all updated and report out to the Board at 4 meetings in a 12 month period. 3) Training wide events is currently being done; incorporate language into FY System Plan and annual report. 4) Ensure a safe and accurate application of the new criteria. 5) Incorporate into FY System Plan and report out to the board within 6 months.	Not Met	2	Need to develop a uniform prehospital trauma triage criteria and adopt use by all SFRAC stakeholders. EMS/Pre-Hospital committee needs to be activated. New EMS committee leadership ready to move forward.
System Coordination & Pt Flow #15	Regional guidelines and processes to expedite interfacility transfers of patients with acute trauma or systems of care events, individuals with lifethreatening or limb-threatening injuries or disease, and other time-sensitive disease processes are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	2	1) Actively review and develop new criteria based on September 1st new rules. 2) Add as project improvement plan for PI committee review. 3) Led by trauma program director or quality team with ED support. 4) Provides data to target systemic delays and bottlenecks. 5) Review completed criteria within 60 days of the September 1st new rules and PI committee will review data set.	In Progress	2	Transfer times are now being studied and reviewed by PI Committee -- guidelines need to be written and incorporated into the system plan

System Coordination & Pt Flow #16	Specific regional populations that may have defined needs are identified for trauma, systems of care, and other time-sensitive disease processes in the regional system plan. Examples of unique populations include bariatric, homeless, behavioral health, and the non-English speaking population in all geographic areas of the region, including the rural and remote areas. The regional trauma and emergency health care system plan identifies resources for these populations. The regional system plan is available to RAC members and stakeholders.	0	1) Incorporate all current readiness information/protocols for bariatric, homeless housing, behavioral health, and non-English Speaking into the FY System Plan. 2) The committee can review the current readiness protocol for each in their meetings and report out to the board. 3) Collect all regional guidelines for all unique populations in the region including all case management opportunities to add to the protocol. 4) Maintain the protocols each year. 5) Complete at each RAC committee meeting.	Not Met	0	Need to establish workgroup to draft protocols, if not already completed, for each of these criteria.
Prevention and Outreach #17	Written injury and disease prevention and outreach guidelines that utilize evidence-based practices are implemented. Implementation includes collaboration with other agencies and community partners. The specific prevention and outreach programs are data-driven and aimed at high-risk injuries that produce the "top five" injury reasons for trauma facility admission or trauma deaths for the region's systems of care and timesensitive diseases guided by regional data, with consideration to shared risk and protective factors. Specific goals with measurable objectives are incorporated into the prevention and outreach guidelines and monitored quarterly. This information is disseminated to regional stakeholders. Outcome data of the prevention and outreach guidelines are included in the regional annual report.	1	1) EMS and prehospital committee will gather and review all existing top 5 injury guidelines; review existing and new guidelines every meeting. 2) RAC Committee will meet 4 times in 12-months to review existing guidelines with stakeholder input. 3) Use of RAC Committee existing meetings and will involve existing advisory structures for guideline updates. 4) Ensures guidelines reflect local needs and addresses community health priorities. 5) Incorporate using an appendix into the FY System Plan within 9 months. Each board meeting and RAC committee will provide as applicable.	Not Met	1	The Regional Annual Report and other available documents were reviewed and do not show evidence of a written plan for a coordinated injury and disease prevention program. The Strategic Plan mentions this, but no documentation that anything has been developed or implemented. EMS/Pre-Hospital Committee needs to be activated. New committee leadership ready to move forward.
Prevention and Outreach #18	The region conducts at least one interdisciplinary EMS, trauma, systems of care, or acute emergency health care conference or educational case review annually, designed to engage regional stakeholders, disseminate evidence-based practices, and focus on the system approach to patient care and improving regional outcomes. Information on this conference or case presentation must be shared with the appropriate regional stakeholders. Regional participant attendance is documented. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders.	1	1) Incorporate current system improvement case study protocols into FY System Plan, with inclusion of case reviews completed annually in the SFRAC Annual Report. 2) Include peer-reviewed protocols, QI project results, or clinical guideline updates in the FY Sytem Plan and Annual Report. 3) RAC Committee members are participating in case reviews and will now include in committee reports to the Board. 4) Enhances clinical decision-making and supports consistent standards of care. 5) Case reviews will be reported during committee reports at board meetings 4 times within a 12-month period.	Not Met	1	The Regional Annual Report and other available documents were reviewed and do not show evidence of any multidisciplinary conferences or educational case reviews conducted within the region

Rehabilitation #19	The regional system has integrated rehabilitation resource capabilities into the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	1	1) Review and update current resource list of regional protocols and incorporate into System Plan as appendix. 2) Resource list is updated at every meeting at least 4 times within a 12-month period. 3) RAC Committee will work with EMS and hospital case management teams for inclusion of additional available resources. 4) Continues to identify existing resources and identify any gaps. 5) Protocol resource list will be finalized and included in System Plan within 3 months. Resource list will be reviewed and updated at all board meetings at least 4 times in a 12-month period to maintain a current list at all times.	Not met	1	Not in The Regional Trauma Plan; the regional stakeholders have not implemented rehabilitation resources into the regional system plan
Emergency Response #20	The RAC leaders and stakeholders assist with sharing and disseminating local, regional, and state emergency response and preparedness initiatives and priorities within the RAC. Stakeholders are integrated into the emergency response training and educational opportunities.	2	1) Incorporate current protocol information into the SFRAC FY System Plan to coordinate and prepare for disaster plans every 3 years and tabletops annually. 2) Ensure that all plans and tabletops are reported to SFRAC members and submitted to SFRAC leadership for inclusion in the SFRAC FY System Plan annually through the connection with HPP, or as required. 3) The SFRAC will leverage existing committees and board of director meetings, sharing availability of SFRAC and HPP meeting schedules and agendas. 4) Ensures consistent messaging and priority alignment across the system. 5) Framework finalized and distributed within 90 days.	Met	3	The SFRAC members participate annually in a minimum of one HPP and conduct EMFF tabletop drills per year. This information is stored by the CBRAC and the City of Laredo Fire Administration Offices and can be made available upon request. This was updated in the System Plan. HPP Administration reports during Board.
Emergency Response #21	The RAC leaders share information with regional stakeholders to assist in completing a resource assessment of the system's capabilities and capacity to surge for mass casualty incidents (MCIs) in an all-hazards approach. This information is documented in a regional internal document.	1	1) Incorporate current HPP Resource Assessment into the SFRAC FY System Plan for MCIs. 2) Ensure that the contact list is added to the appendix for the SFRAC System Plan, to ensure communication and sharing availability of SFRAC and HPP meeting schedules and agendas. 3) SFRAC will use Board of Director meetings and existing committees to report updates provided by HPP. 4) Ensures comprehensive and inclusive assessment of response assets. 5) Stakeholder engagement within 60 days.	In Progress	2	An assessment of the system's capabilities and capacity has not been completed. Not all committees have met. Assemble remaining committees to meet this measure at a '3' minimum.
Emergency Response #22	The RAC leaders and stakeholders establish and implement reliable system communications that are effectively coordinated for an all-hazards response or a major EMS incident. This information is included in a separate document from the regional system plan.	2	1) Ensure that the current HPP communications for an all-hazard response is incorporated into the SFRAC FY System Plan and PI Plan. 2) Updates by HPP will be reported during each of the four (4) SFRAC board meetings in a 12-month period. 3) Use tabletop, hybrid, or live field exercise formats. 4) Tests and validates communication readiness under stress. 5) Make sure this is completed within 30 days of coordination with HPP.	Not met	2	Different equiment is being used to communicate; need to ensure all fire, EMS, and HEMS resources can communicate during an incident for scene safety and coordination during various widespread events

Regional System Plan #23	The regional trauma and emergency health care system plan has defined processes to support a regional system performance improvement plan that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific regional referrals. The system performance improvement plan defines the review process, including identifying opportunities for improvement. If the event has not been reviewed by a facility or EMS provider, the level of harm and level of review are defined. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. An annual summary of the regional performance improvement process is shared with the regional stakeholders. The retrospective regional Medical Director Committee/medical advisory process of the established patient field triage and destination, communication, treatment, and transport are integrated with the regional performance improvement process. The outcomes of the regional performance improvement process are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.	1	1) Design and implement a regional system performance improvement plan. 2) Performance Improvement Plan will include review process, level of harm, level of review (process mapping) with identified performance measure goals and objectives for measuring success in QI projects planned per performance measure. Measures will be reviewed using data-driven informed metrics. 3) Selection of no more than 2 Performance Measures for EMS and Trauma each with goals designed for achieveability and objectives/action items noted using QI process mapping to determine successes and challenges. Reviewed at each PI committee meeting with stakeholder dedication to provide data from their internal systems to show successes/challenges in relation to DSHS annual data sets for baseline outcomes. 4) PI projects are noted to be defined in the FY22 System Plan; PI committee will define relevant performance improvement projects for EMS and Trauma based on data. 5) Review of data sets for selected QI projects will be conducted at each PI committee meeting with changes noted to objectives as applicable; data reported for regional/stakeholder participants to show results of QI activities in relation to PM goal; all data reported to Board for successes, challenges, and innovative activities being conducted. As goals are achieved for QI projects, new PMs are selected by PI committee. Outcomes included in regional annual report.	Met	3	PI Committee was established and actively meeting. Working toward a score of 4 will require reviewing data in the field.
Regional System Plan #24	The RAC system performance improvement plan has standardized guidelines for the review of EMS, trauma, and systems of care aggregate outcomes for all ages and all areas of the region that align with the State System Performance Improvement Plan. These outcomes are compared and measured against known national outcomes when available. The aggregate outcomes of the regional performance improvement plan are included in the regional annual report. The regional annual report is available to RAC members and stakeholders.	0	1) Develop/Implement PI Committee and standardize committee responsibilities for reviewing EMS, trauma, and system of care outcomes. PI Committee to determine at least 2 performance measure metrics for EMS and Trauma each with baseline data and set performance goals with objectives to track success. 2) PMs selected will include baseline data with goals for regional EMS and Trauma to achieve using annual DSHS data; regional area support of EMS and Trauma stakeholders to provide local data sets to show success/challenges in achieving goal with objectives/activities measured/reviewed each PI committee meeting. 3) Objectives for PMs will be designed by EMS and Trauma stakeholders to ensure achievability and design of improvement processes will be supported by data provided. 4) Short and long term goals in FY22 System Plan will be achieved by creation of PI committee; continued relevance will be supported by PMs selected and measured through PI committee for EMS and Trauma starting. 5) PI Committee implemented within first three months of this SMART objective; PMs selected will be measured and reported at each PI committee with actionable items changed as challenges are noted. All PM goals will be designed with times defined . PMs will be reported with outcomes at each Board meeting.	In Progress	2	PI Committee has begun meeting and analyzing data -- there is some standardized measurement of aggregate outcomes data for the region, but formalized processes are not in place.

Data Management #25	Data collection by the region through the State EMS and Trauma Registry, regional databases, or other data sources are utilized to develop data driven regional goals with objectives that correlate with the regional system performance improvement plan. The data management plan and system performance improvement plan are included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	0	1) Develop Regional Performance Improvement Plan incorporating data management plan and system performance improvement plan processes. 2) Regional Performance Improvement Plan to incorporate the performance measures selected for EMS and Trauma with clear measurable metrics and data process reporting outlined for PI committee to use. 3) Regional Performance Improvement Plan will be a living document updated with outcomes for each PM selected for EMS and Trauma, will be updated as new goals/PMs are selected and as PMs are reporting trends of outcomes. 4) Goals of RAC are to incorporate this into Regional System Plan and incorporate Improvement Plan with outcomes reported at Board meetings (at least 4 meetings in a 12 month period) by PI committee. 5) Regional PI Plan to be developed by PI committee within first 3 months of committee implementation; PI Plan will be reviewed no less than annually and will be included in annual report and updated in System Plan.	In Progress	2	Data is available for review; and has been reviewed and analyzed by newly developed PI Committee. Regional PI Plan needs to be formally developed and then System Plan must integrate regional goals and objectives correlating with regional system performance improvement plan.
Regional Research & Publications #26	The regional EMS, trauma, systems of care, and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in systems of care regional research or performance improvement projects. This process is included in the regional trauma and emergency health care system plan. The regional system plan is available on request.	1	1) Performance Improvement (PI) Committee will be implemented to review regional data and quality improvement processes; responsible for reviewing regional data and designing quality improvement processes. 2) Performance measures (at a minimum 2 each) will be reviewed using QI project activities to measure progress. 3) PI committee will be comprised of stakeholders and will focus on data reviews with reports to Board during at least 4 meetings in a 12-month period on progress of QI projects. 4) Implementation of FY 26 PI measures will be developed by committee and will include PMs that are relevant to the goals of RAC for EMS and Trauma specifically. 5) Committee will review first data set within 3 months of initiative of this goal and continue in each scheduled (at least 4 in a 12-month period) SFRAC Board Meeting with documented review of data and required report of PM progress.	In Progress	2	PI Committee was implemented and actively meeting. Other committees need to begin meeting and coordinating efforts across the RAC