SEVEN FLAGS REGIONAL ADVISORY COUNCIL

Trauma Service "T"

Board of Directors Meeting Packet

JIM HOGG, WEBB, ZAPATA

SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA

Regular Meeting of the SFRAC Board of Directors
Monday, September 30, 2024, 2:00 p.m. to 4:00 p.m.
Laredo Medical Center, 1700 E. Saunders, 1st Floor,
Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041

AGENDA

25-01 Item 25-01: Call to Order – Chairman, Jorge Delgado
a. Roll Call – Chairman.
b. Introduction of Guests – Chairman.

25-02 *(Tab 1)* Item 25-02: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held August 30, 2024 - Chairman.

25-03 *(Tab 2)* Item 25-03: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

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

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

Cardiac/STEMI Committee: (Chairman: Cristina Paez; Vice-Chairman: Rosie Tamez)

25-04 Item 25-04: Presented to the Board for Discussion and Possible Action is the Approval in the Installation of the SFRAC Slate of Officers as Chairman, Mr. Jorge Delgado and as Treasurer, Mr. Joe Gonzalez, Each Serving a Two-Year Consecutive Term from Fiscal Year 2025 through Fiscal Year 2026, (i.e., September 1, 2024, thru August 31, 2026) - Chairman.

25-05 *(Tab 3)* Item 25-05: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of August 11, 2024, thru September 10, 2024 – Chairman.

25-06 *(Tab 4)* Item 25-06: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Fiscal Year 2025 Proposed Operating and Grants Program Budget – Chairman.

25-07 *(Tab 5)* Item 25-07 Presented to the Board for Review and Possible Action is the Approval to Accept a Request from United Med Care Ambulance, LLC. to Join the Seven Flags Regional Advisory Council as Participating Voting Members – Chairman.

25-08 *(Tab 6)* Item 25-08: Presented to the Board for Discussion and Possible Action is the Approval of the Senate Bill 8 Scholarship Reconciliation Report and the Senate Bill 8 Eight (8th) Quarter Financial Report as Submitted to the Texas Department of State Health Services - Chairman.

25-09*(Tab 7)* Item 25-09: Other Business – Chairman.

a. Report on the FY24 Close-Out Membership Summary - SFRAC Administrator.
b. Report on the FY25 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
c. Presentation and Discussion regarding the DSHS RAC Performance Criteria and Self-Assessment Scoring Instrument/Tool.
d. Report on the Status of South Texas MCI Wristbands/Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.
e. Report on the Senate Bill 8 State Program – Joe Gonzalez.
f. Presentation and Dissemination DSHS' Board Responsibility Attestation Form for Newly Affiliated SFRAC Board Members – SFRAC Administrator.

25-10 Item 25-10 Communication/Correspondence – Chairman.

25-11 Item 25-11: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
Friday, September 29, 2023	**Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041**
Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, February 29, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, May 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm., Tower B, Laredo, Texas, 78041**

Friday, August 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm. Tower B., Laredo, Texas, 78041**
Monday, September 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041**

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

25-12 Item 25-12: 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.

25-13 Item 25-13: Adjournment – Chairman.

ITEM 25-02 (TAB 1)

Regular Meeting of the SFRAC Board of Directors
Friday, August 30, 2024, 2:00 p.m. to 4:00 p.m.
Laredo Medical Center, 1700 E. Saunders, 1st Floor,
Community Center Rm. Tower B., Laredo, Texas, 78041

AGENDA

MEETING MINUTES

24-73 Item 24-73: Call to Order – Chairman, Jorge Delgado

Mr. Jorge Delgado, SFRAC Chairman called the meeting to order at 2:06 P.M., Friday, August 30, 2024.

a. Roll Call – Chairman.

At the request of the Chairman, Mr. John Keiser, SFRAC Administrator proceeded with the roll call of members:

SFRAC Board Chairman: Mr. Jorge Delgado - Present
Angel Care Ambulance: Reynaldo Veliz (Director) - Present
Bronze Star Ambulance: Gerardo Vasquez (Un-named Alternate) - Present
City of Laredo Fire/EMS: Silvestre Rodriguez (Officer Vice-Chairman) – Present
Doctors Hospital of Laredo: Letisia Colon (Officer Secretary) – Present
Priority EMS: Jorge Delgado (Chairman) – Present
Laredo Medical Center: Joe Gonzalez (Officer Treasurer) – Present
Medpoint Ambulance: Juan Medellin (Director) – Present
Webb County Volunteer Fire/EMS: Francisco Martinez (Alternate) Present
Zapata County Fire/EMS: Chief Daniel Arriaga (Director) – Present
Victorious Care Ambulance Service: Christine Ovalle (Alternate) – Present
Laredo Lifeline: Christina Lara (Alternate) – Present
Lalitas Ambulance: Absent
Capital Care EMS: Absent
Texas Superior Ambulance Service: Ismael Flores (Director) - Present
Skyline EMS: Gilbert Garza (Alternate) - Present
Villa Ambulance: Absent
Primary Care Ambulance: Armando Parra (Director) – Present
Digni Care: Manuel Aguilera (Alternate) - Present
Subject Matter Expert: Janson Delattre – Absent
Member at -Large: John Jones: Absent

b. Introduction of Guests – Chairman.

No guests to introduce.

24-74 *(Tab 1)* Item 24-74: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held August 30, 2024 - Chairman.

The April 30, 2024, meeting minutes were presented to the Board for review and approval. A motion to accept and approve the minutes as presented was made by Mr., Joe Gonzalez and seconded by Mr. Reynaldo Veliz. Motion carried, unanimously.

24-75 *(Tab 2)* Item 24-75: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon *[Present]*; Vice-Chairman: Joe Gonzalez *[Present]*)

No items to report.

EMS/Prehospital Committee: (Chairman: Victor Villarreal *[Absent]*; Vice-Chairman: Angel Garcia *[Present]*)

No items to report.

Neonatal/NICU Committee (Chairman: Angelica Perez *[Absent]*; Vice-Chairman: Lilly Limas *[Absent]*)

No items to report.

Maternal Committee (Chairman: Maria Santillan *[Present]*; Vice-Chairman: Stacey Lopez *[Absent]*)

Maria Santillan addressed the Board and provided a reminder to EMS entities that when newborns are brought into the emergency room that APGAR scores are needed at time of patient deliver.

Stroke Committee: (Chairman: Chantelle Molina *[Absent])*; Vice-Chairman: Angie Avila *[Absent]*)

No items to report.

Cardiac/STEMI Committee: (Chairman: Cristina Paez *[Absent]*; Vice-Chairman: Rosie Tamez *[Absent]*)

No items to report.

24-76 *(Tab 3)* Item 24-76: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of May 11, 2024, thru August 10, 2024 – Chairman.

SFRAC Administrator presented the Board with a report of the Bank Funds Balances and Accounts Statements for the Period of May 11, 2024, through August 10, 2024. A motion to accept and approve the report as presented was made by Mr. Veliz and seconded by Chief Silvestre Rodriguez. Motion carried, unanimously.

24-77 *(Tab 4)* Item 24-77: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY24 3rd Quarter EMS RAC/System Development/Exceptional Item (EMS RAC) Financial Status Report as Submitted to the Texas Department of State Health Services (DSHS) – Chairman- Chairman.

SFRAC Administrator presented the Board with a summary of the financial report as submitted to DSHS for the 3r. quarter reporting period covering the EMS RAC, Systems Development and Exceptional Items grants. A motion to accept and approve the ratification in the submittal of the 3rd. quarter financial report to DSHS was made by Mr. Gonzalez and seconded by Mr. Ismael Flores. Motion carried, unanimously.

24-78 *(Tab 5)* Item 24-78 Presented to the Board for Review and Possible Action is the Approval to Accept a Request from United Med Care Ambulance, LLC. to Join the Seven Flags Regional Advisory Council as Participating Voting Members – Chairman.

SFRAC Administrator presented the Board with a request from United Med Care Ambulance to join the SFRAC as participating members. SFRAC Administrator explained that a written request was submitted by United Med Care and in turn an application was provided to the entity to complete and be included as part of this item. A call was made for a representative of United Med Care but no one representing the agency was present for the meeting to support their request. SFRAC Administrator explained that it is a requirement for potential member applicants to be present during the Board meeting when their request is being considered by the Board for approval. Furthermore, SFRAC Administrator advised the Board that United Med Care had been made aware of the meeting and the requirement to be present. SFRAC Administrator recommended that the item be tabled for the following meeting on September 30, 2024. A motion to table this item was made by Mr. Veliz and seconded by Mr. Gonzalez. Motion carried, unanimously.

24-79 (*Tab 6)* Item 24-79: Presented to the Board for Review and Possible Action is the Approval to Accept the Second Reading of the Revisions, Deletions, and Additions to the Seven Flags Regional Advisory Council By-Laws – Chairman

SFRAC Administrator presented the Board with the second reading of the FY24 SFRAC By Laws changes, explaining that the first reading had taken place during the April 30th Board meeting and since then additional changes were made. SFRAC administrator reviewed each second reading changes. A motion to accept and approve the second reading changes to the SFRAC By Laws was made by Mr. Garcia and seconded by Mr. Ismael Flores. Motion carried, unanimously.

24-80 (*Tab 7)* Item 24-80: Presented to the Board for Review and Possible Action is the Approval to Adopt the Revisions, Deletions, and Additions to the Seven Flags Regional Advisory Council By-Laws – Chairman

A motion to adopt the changes to the Seven Flags regional Advisory Council By-Laws was made by Mr. Gonzalez and seconded by Mr. Flores. Motion carried, unanimously.

24-81(*Tab 8)* Item 24-81: Presented to the Board for Review and Possible Action is the Approval to Adopt the Newly Developed Seven Flags Regional Advisory Council Financial Policies and Procedures Manual – Chairman.

SFRAC Administrator introduced the Board with the newly developed Financial Policies and Procedures manual. He explained that the document was made necessary as a result of a recent financial monitoring of the SFRAC organization. SFRAC Administrator provided a summary of the different section of the SFRAC Financial P&P manual. A motion was made by Mr. Veliz to accept and approved and adopt the financial policies and procedure manual for the SFRAC as presented. The motion was seconded by Mr. Juan Medellin. Motion carried, unanimously.

24-82 (*Tab 9)* Item 24-82: Presented to the Board for Review and Possible Action is the Authorization to Ratify the Approval to Renew a Contract Between the Seven Flags Regional Advisory Council and the Texas Department of State Health Services for the 2025 Fiscal Year (September 1, 2024, through August 31, 2025) Program Cycle for a Total Amount Not to Exceed $320,270.00 – Chairman.

SFRAC Administrator informed the Board that a renewal contract between the SFRAC and the Texas Department of State Health Services was presented for signature. SFRAC Administrator explained that the contracted was expedited for final execution by DSHS and therefore was being presented as a ratification to approve entering into contract for the FY25 SFRAC program with DSHS. SFRAC Administrator reviewed the totals and grant allocation under the FY25 contract. A motion to approve the ratification was made by Mr. Flores and seconded by Mr. Gonzalez. Motion carried, unanimously.

24-83 *(Tab 10)* Item 24-83: Presented to the Board for Discussion and Possible Action is the Approval to Nominate a Chairman and Treasurer to Serve on the Seven Flags Regional Advisory Council (SFRAC) for a Two-Year Term Covering Fiscal Year 2025 through 2026, (i.e., September 1, 2024, thru August 31, 2026) - Chairman.

SFRAC Administrator addressed the Board with an initial clarification of the rules governing the selection of officer nominees, admitting that perhaps he had not been clear enough in his instructions sent in an email covering this topic. He explained that only existing members serving as directors on the Board could be nominated and that an existing Board officer currently serving his/her term could not be nominated, unless that officer's term had expired, or he/she had resigned from their position. That said, SFRAC Administrator indicated that only left one nomination to consider as having been submitted via email before the Board meeting, that being, Mr. Jorge Delgado as Chairman, and Mr. Joe Gonzalez as Treasurer to serve a second term. SFRAC Administrator called for additional during the Board meeting. No additional nomination was made. SFRAC Administrator asked the nominees Mr. Gonzalez and Mr. Delgado if they accept the nominations responding that they both did. A motion to accept and approved the nominations as made was made by Mr. Veliz and seconded by Mr. Gilbert Garza. Motion carried, unanimously.

24-84*(Tab 11)* Item 24-84: Other Business – Chairman.

a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

SFRAC Administrator presented the Board with a summarized report on the status of membership dues and required document submittals, indicating that nearly all members are up to date with the exception of two entities, Capital Care and Digni Care. Additionally, he pointed our that one entity would not be eligible for grant funds for the FY25 program cycle due to excessive absences, that being Capital Care.

b. Report on the Status of South Texas Ordered MCI Wristbands/Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.

Mr. Joe Gonzalez distributed MCI wristbands recently purchased through the SFRAC to each of the EMS entities. Each entity received 25 MCI wristbands.

c. Report on the Senate Bill 8 State Program – Joe Gonzalez.

Mr. Gonzalez provided the Board with a summarized report on the status of the SB8 program. He explained that the funds which had originally been designated for the City of Laredo EMT course/tuition costs would be returned to the SFRAC being that the course designated for those funds had already been budgeted by

the City. Mr. Gonzalez indicated that he would be making an assessment of the need for any additional course/tuition funds in our region to be used before the program's deadline and termination of the contract term (i.e., December 31, 2024). Any funds in excess of what is determined to be needed would be returned to DSHS.

d. Report and Presentation of the 2022 Federal Tax 990 IRS Form as Submitted to the Internal Revenue Service (IRS) – SFRAC Administrator

SFRAC Administrator presented the Board with a copy of the 2022 Federal Tax 990 IRS form which had been submitted to the IRS this year in July.

24-85 *(Tab 12)* Item 24-85 Communication/Correspondence – Chairman.

Correspondence included three letters of participation addressed to DSHS regarding Doctors Hospital's designation process documentation under the stroke, Neonatal/NICU, and Trauma programs.

24-86 Item 24-86: Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	**Location**
Friday, September 29, 2023	**Laredo Medical Center, 1700 E. Saunders, 3rd. Floor, Room 3-D (Ortho Unit Gym), Laredo, Texas, 78041**
Monday, October 23, 2023	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Tuesday, January 30, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, February 29, 2024	**City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2nd Floor Conference Rm.,616 E. Del Mar, Laredo, Texas 78045**
Thursday, May 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm., Tower B, Laredo, Texas, 78041**
Friday, August 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm. Tower B., Laredo, Texas, 78041**
Monday, September 30, 2024	**TBD**

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

24-87 Item 24-87: 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.

24-88 Item 24-88: Adjournment – Chairman.

A motion to adjourn the meeting was made by Mr. Gonzalez and seconded by Ms. Letisia Colon. Motion carried, unanimously. Meeting adjourned.

ITEM 25-03 (TAB 2)

FY25 TRAUMA / INJURY PREVENTION COMMITEE

CHAIRMAN:

LETICIA COLON
(DOCTORS)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

VICE-CHAIRMAN:

JOE GONZALEZ
(LMC)

Present ___ Absent ___

LOCATION:

LAREDO MEDICAL CENTER

NAME	TITLE	COMPANY	PHONE	EMAIL
Vanessa Serna	Trauma Coordinator	Laredo Medical Center	956-796-4117	Vanessa_serna@chs.net
Alma Hernandez	Trauma Registrar	Laredo Medical Center	956-796-2309	Alma_hernandez1@chs.net

FY25 EMS / PRE-HOSPITAL COMMITEE

CHAIRMAN:

VICTOR VILLARREAL
(*VICTORIOUS CARE*)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

VICE-CHAIRMAN:

ANGEL GARCIA
(*ANGEL CARE*)

Present ___ Absent ___

LOCATION:

NAME	TITLE	COMPANY	PHONE	EMAIL
Peter Gonzalez	Supervisor	Laredo Lifeline, LLC.	956-251-3787	lifelinepeter@yahoo.com

FY25 NEONATAL / NICU COMMITEE

CHAIRMAN:

ANGELICA PEREZ
(LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

VICE-CHAIRMAN:

LILLY LIMAS
(DOCTORS)

Present ___ Absent ___

LOCATION:

LAREDO MEDICAL CENTER, LAREDO TX.

NAME	TITLE	COMPANY	PHONE	EMAIL
Angelica Perez	NPM	LMC	956-326-0676	angelica_perez@chs.net
Dr. Satbir Chhina	NMD	LMC	956-206-0112	sschhina@icloud
Patricia Diaz	NICU Director	LMC	956-251-8351	patricia_diaz1@chs.net
Lisa Y. Gonzalez	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

FY25 MATERNAL COMMITEE

CHAIRMAN:

MARIA SANTILLAN
(LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

VICE-CHAIRMAN:

STACEY LOPEZ
(DOCTORS)

Present ___ Absent ___

LOCATION:

LAREDO MEDICAL CENTER, LAREDO, TX.

NAME	TITLE	COMPANY	PHONE	EMAIL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Stacey.lopez@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisnernos@uhsinc.com
Dr. David Benavides	Maternal Medical Director	Doctors Hospital of Laredo		
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Leticia Murillo	Clinical Coordinator	Laredo Medical Center	956-796-4516	Leticia_murillo@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		

FY25 STROKE COMMITEE

CHAIRMAN:

CHANTELLE MOLINA (LMC)

Present: ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

VICE-CHAIRMAN:

ANGIE AVILA (DOCTORS)

Present ___ Absent ___

LOCATION:

LAREDO MEDICAL CENTER, LAREDO, TX.

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
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@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	Angelica.Salinas@uhsinc.com

NAME	TITLE	COMPANY	PHONE	EMAIL
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

FY25 CARDIAC / STEMI COMMITEE

CHAIRMAN:

CRISTINA PAEZ (LMC)

Present: ___ Absent ___

VICE-CHAIRMAN:

ROSIE TAMEZ (DOCTORS)

Present ___ Absent ___

MEETING DATE:

SEPTEMBER 30, 2024

LOCATION:

LAREDO MEDICAL CENTER, LAREDO, TX.

NAME	TITLE	COMPANY	PHONE	EMAIL
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@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

NAME	TITLE	COMPANY	PHONE	EMAIL
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	

ITEM 25-05 (TAB 3)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY24 ACCOUNTS STATEMENT REPORT

FY24 SFRAC BANK PROGRAM FUND ACCOUNTS AND ENDING BALANCE REPORT						
Period Ending	EMS County Assistance Fund Closing Balance	EMS RAC Fund Closing Balance	General Fund Closing Balance	System Development Fund Closing Balance	Holding Account Closing Balance (i.e., Senate Bill 8 Program)	Total
08/11/2023 thru 9/10/2023	$568.87	$25,035.60	$32,178.12	$16,479.54	$233,611.96	$307,874.09
9/11/2023 thru 10/10/2023	$39.40	$0.00	$34,797.03	$10,579.42	$226,424.46	$271,840.31
10/11/2023 thru 11/12/2023	$39.40	$0.00	$38,371.03	$7,747.36	$226,424.46	$272,582.25
11/11/2023 thru 12/10/2023	$39.40	$0.00	$36,230.68	$7,275.31	$371,236.96	$414,782.35
12/11/2023 thru 01/10/2024	$90,763.40	$184,067.00	$49,235.68	$53,296.31	$371,236.96	$748,599.35
01/11/2024 thru 02/10/2024	$90,763.40	$172,236.85	$47,922.52	$53,296.31	$371,236.96	$735,456.04
02/11/2024 thru 03/10/2024	$90,763.40	$172,236.85	$49,484.52	$53,296.31	$370,986.96	$736,768.04
03/11/2024 thru 04/10/2024	$90,763.40	$172,236.85	$47,190.21	$53,296.31	$363,799.46	$727,286.23
4/11/2024 thru 5/10/2024	$90,763.40	$172,236.85	$47,940.21	$53,296.31	$363,799.46	$728,036.23
5/11/2024 thru 6/10/2024	$84,841.40	$153,242.49	$44,360.49	$50,009.10	$51,799.46	$384,252.94
6/11/204 thru 7/10/2024	$38,661.40	$90,376.83	$43,511.98	$30,285.81	$44,611.96	$247,447.98
7/11/2024 thru 8/10/2024	$11,883.00	$64,421.61	$42,411.98	$20,424.35	$44,611.96	$183,752.90
8/11/2024 thru 9/10/2024	$5,922.00	$25,791.07	$41,783.42	$15,367.11	359,026.46	$447,890.06

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/24
Primary Account 1010591594
Enclosures 1

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591594	Statement Dates 8/12/24 thru	9/10/24
Previous Balance	11,883.00	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	7,737.60
1 Checks/Debits	5,922.00	Average Collected	7,737.60
Service Charge	.00		
Interest Paid	.00		
Current Balance	5,961.00		

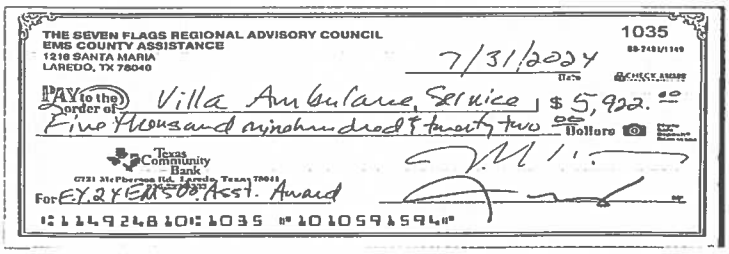
CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
8/21	1035	5,922.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
8/12	11,883.00	8/21	5,961.00



THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1035

7/31/2024
Date

PAY to the Order of Villa Ambulance Service $ 5,922.00

Five Thousand nine hundred & twenty two 00 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For E.Y. 24 EMS Co. Asst. Award

⑆114924810⑆ 1035 ⑈101059159⑆

DDA REGULAR CHECK 1035 Date: 08/21 Amount: $5,922.00

Texas Community Bank
6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722 8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/24
Primary Account 1010591495
Enclosures 11

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	11
Account Number	1010591495	Statement Dates 8/12/24 thru	9/10/24
Previous Balance	69,421.61	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	50,740.45
11 Checks/Debits	43,630.54	Average Collected	50,740.45
Service Charge	.00		
Interest Paid	.00		
Current Balance	25,791.07		

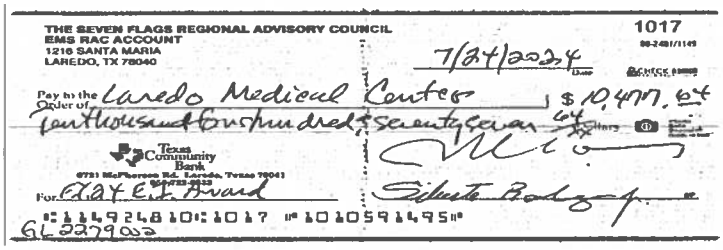
CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/09	17	10,477.64	9/04	1027	805.97
9/09	29*	805.97	9/06	1031*	805.97
9/04	1018*	10,477.61	9/06	1032	805.97
8/28	1022*	805.97	8/12	1033	8,516.75
9/06	1024*	805.97	8/22	1035*	8,516.75
8/30	1026*	805.97			

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/12	60,904.86	8/30	50,776.17	9/09	25,791.07
8/22	52,388.11	9/04	39,492.59		
8/28	51,582.14	9/06	37,074.68		


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1017

7/24/2024

Pay to the Order of: Laredo Medical Center — $ 10,477.64

Ten thousand four hundred & seventy seven 64/100 Dollars

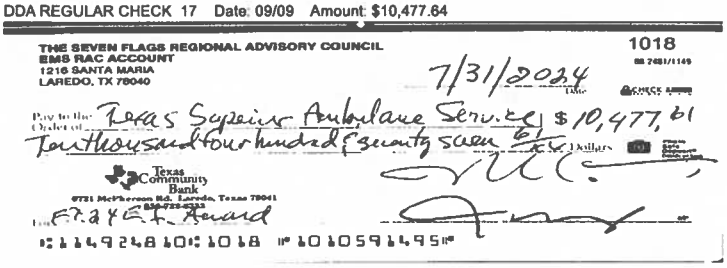
Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 E.I. Award — Silvestre Rodriguez Jr.

⑆114924810⑆ 1017 ⑈101059149 5⑈

GL 2279002

DDA REGULAR CHECK 17 Date: 09/09 Amount: $10,477.64


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1018

7/31/2024

Pay to the Order of: Texas Supreme Ambulance Service — $ 10,477.61

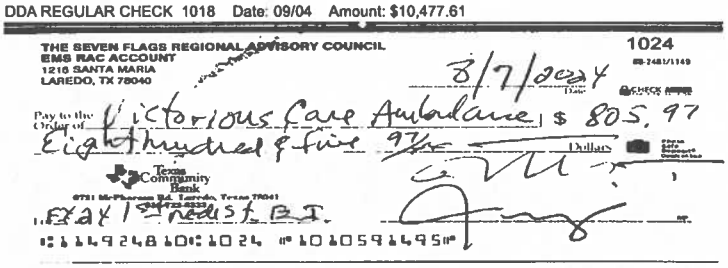
Ten thousand four hundred & seventy seven 61/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 E.I. Award

⑆114924810⑆ 1018 ⑈101059149 5⑈

DDA REGULAR CHECK 1018 Date: 09/04 Amount: $10,477.61


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1024

8/7/2024

Pay to the Order of: Victorious Care Ambulance — $ 805.97

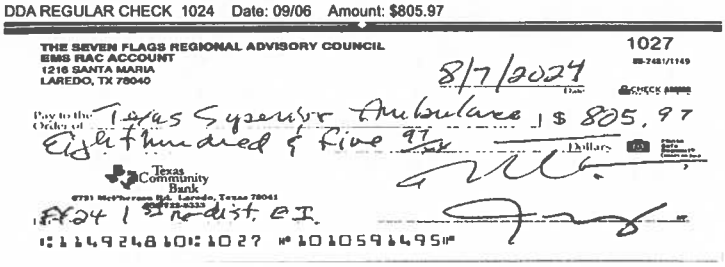
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no dist. E.I.

⑆114924810⑆ 1024 ⑈101059149 5⑈

DDA REGULAR CHECK 1024 Date: 09/06 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1027

8/7/2024

Pay to the Order of: Texas Supreme Ambulance — $ 805.97

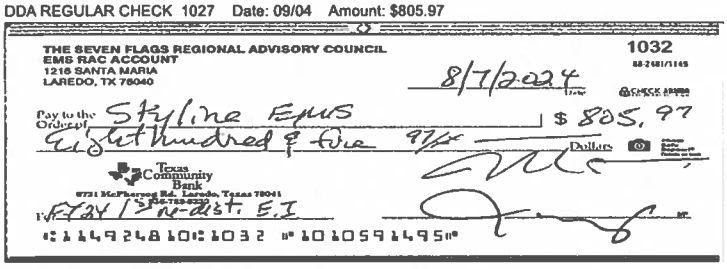
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-dist. E.I.

⑆114924810⑆ 1027 ⑈101059149 5⑈

DDA REGULAR CHECK 1027 Date: 09/04 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1032

8/7/2024

Pay to the Order of: Skyline EMS — $ 805.97

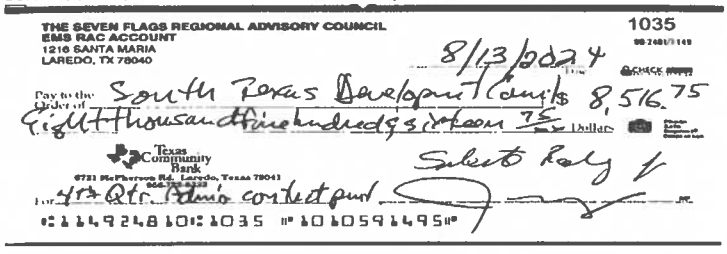
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-dist. E.I.

⑆114924810⑆ 1032 ⑈101059149 5⑈

DDA REGULAR CHECK 1032 Date: 09/06 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1035

8/13/2024

Pay to the Order of: South Texas Development Council — $ 8,516.75

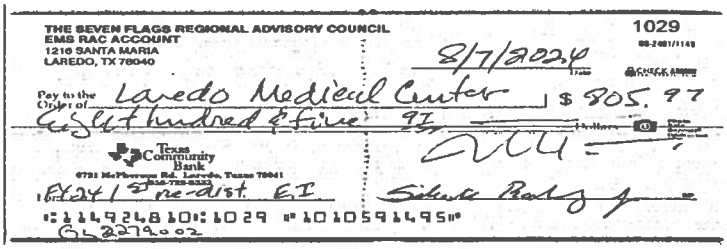
Eight thousand five hundred & sixteen 75/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: 4th Qtr. Admin contract pmt — Silvestre Rodriguez Jr.

⑆114924810⑆ 1035 ⑈101059149 5⑈

DDA REGULAR CHECK 1035 Date: 08/22 Amount: $8,516.75


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1029

8/7/2024

Pay to the Order of: Laredo Medical Center — $ 805.97

Eight hundred & five 97/100 Dollars

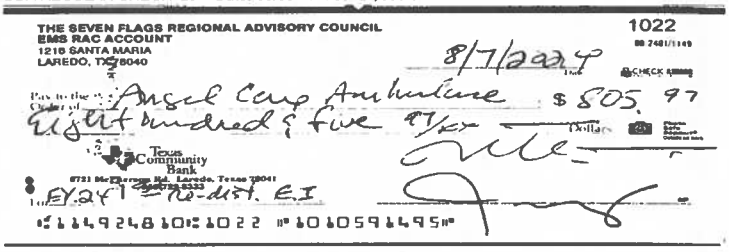
Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-dist. E.I. — Silvestre Rodriguez Jr.

⑆114924810⑆ 1029 ⑈101059149 5⑈

GL 2279002

DDA REGULAR CHECK 29 Date: 09/09 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1022

8/7/2024

Pay to the Order of: Angel Care Ambulance — $ 805.97

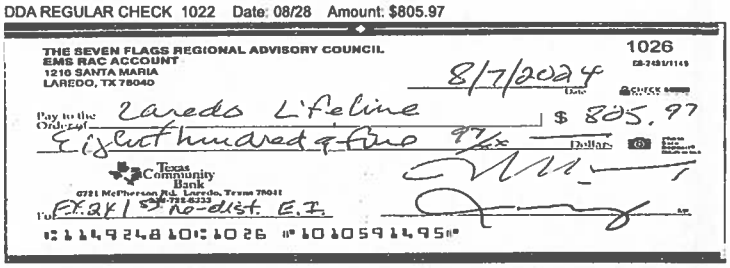
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-dist. E.I.

⑆114924810⑆ 1022 ⑈101059149 5⑈

DDA REGULAR CHECK 1022 Date: 08/28 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1026

8/7/2024

Pay to the Order of: Laredo Lifeline — $ 805.97

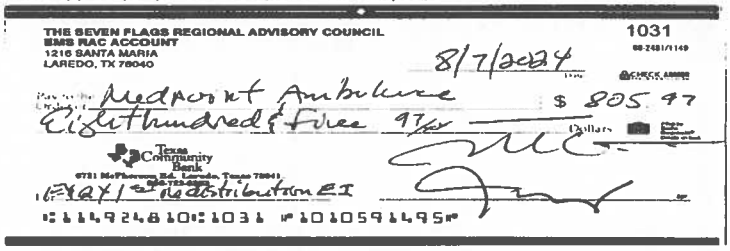
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-dist. E.I.

⑆114924810⑆ 1026 ⑈101059149 5⑈

DDA REGULAR CHECK 1026 Date: 08/30 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1031

8/7/2024

Pay to the Order of: Medpoint Ambulance — $ 805.97

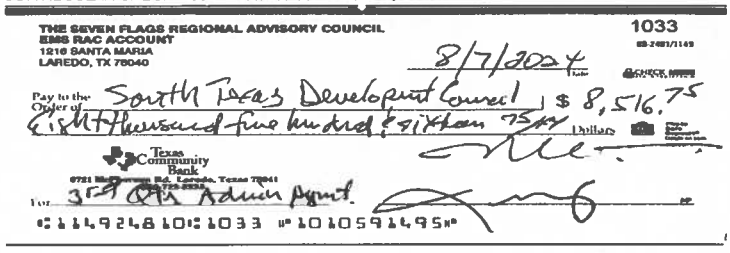
Eight hundred & five 97/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: EX24 1st no-distribution EI

⑆114924810⑆ 1031 ⑈101059149 5⑈

DDA REGULAR CHECK 1031 Date: 09/06 Amount: $805.97


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1033

8/7/2024

Pay to the Order of: South Texas Development Council — $ 8,516.75

Eight thousand five hundred & sixteen 75/100 Dollars

Texas Community Bank
9721 McPherson Rd. Laredo, Texas 78041

For: 3rd Qtr. Admin Agmt.

⑆114924810⑆ 1033 ⑈101059149 5⑈

DDA REGULAR CHECK 1033 Date: 08/12 Amount: $8,516.75

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/24
Primary Account 1010591396
Enclosures 3

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591396	Statement Dates 8/12/24 thru	9/10/24
Previous Balance	42,411.98	Days in the statement period	30
1 Deposits/Credits	205.00	Average Ledger	42,245.37
3 Checks/Debits	833.56	Average Collected	42,238.54
Service Charge	.00		
Interest Paid	.00		
Current Balance	41,783.42		

DEPOSITS AND ADDITIONS

Date	Description	Amount
9/03	DDA REGULAR DEPOSIT	205.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
9/04	POS DEB 1124 09/04/24 00224338 USPS PO 4849520040 1300 MATAMOROS ST LAREDO TX C#3893	30.45-

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/03	1023	776.06	9/03	1024	27.05

* Denotes missing check numbers

Texas Community Bank
6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722-8333

NOTICE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

TCB COURTESY CHECKING 1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/12	42,411.98	9/03	41,813.87	9/04	41,783.42

Texas Community Bank

CHECKING DEPOSIT

Date 8/31/24

Name Seven Flags

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

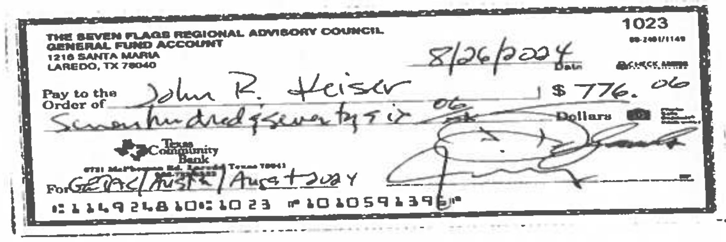
CASH 205.00

NET DEPOSIT 205.00

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

⑆5057⑆0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 09/03 Amount: $205.00



THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1023

8/26/2024 Date

Pay to the Order of John R. Keiser $ 776.06

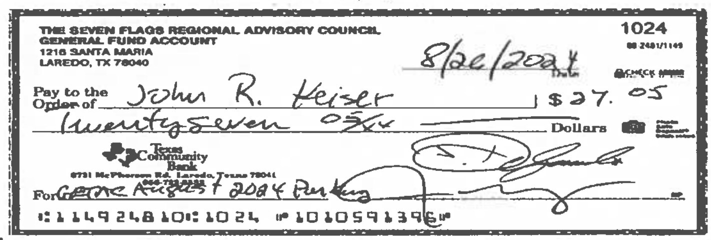
Seven hundred & seventy six 06/xx Dollars

Texas Community Bank

For GETAC / Aust / August 2024

⑆114924810⑆1023 ⑈1010591396⑈

DDA REGULAR CHECK 1023 Date: 09/03 Amount: $776.06



THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1024

8/26/2024 Date

Pay to the Order of John R. Keiser $ 27.05

Twenty seven 05/xx Dollars

Texas Community Bank
6731 McPherson Rd. Laredo, Texas 78041

For GETAC August 2024 Parking

⑆114924810⑆1024 ⑈1010591396⑈

DDA REGULAR CHECK 1024 Date: 09/03 Amount: $27.05

Texas Community Bank
6721 McPherson Road
P O Box 450769
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/24
Primary Account 1010591693
Enclosures 8

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	8
Account Number	1010591693	Statement Dates 8/12/24 thru	9/10/24
Previous Balance	20,424.35	Days in the statement period	30
Deposits/Credits	.00	Average Ledger	19,235.89
8 Checks/Debits	5,057.24	Average Collected	19,235.89
Service Charge	.00		
Interest Paid	.00		
Current Balance	15,367.11		

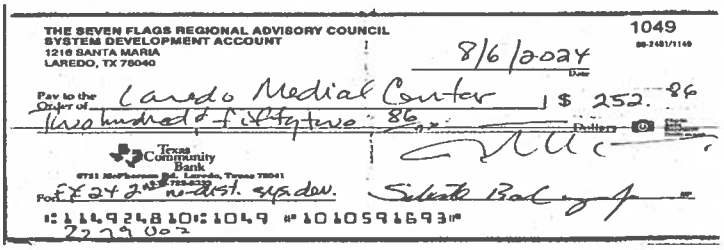
CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/09	49	252.86	8/30	1046*	252.86
9/04	1038*	3,287.21	9/04	1047	252.86
8/28	1042*	252.86	9/06	1051*	252.86
9/06	1044*	252.86	9/06	1052	252.87

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/12	20,424.35	8/30	19,918.63	9/06	15,619.97
8/28	20,171.49	9/04	16,378.56	9/09	15,367.11


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1049

8/6/2024

Pay to the Order of Laredo Medical Center $ 252.86

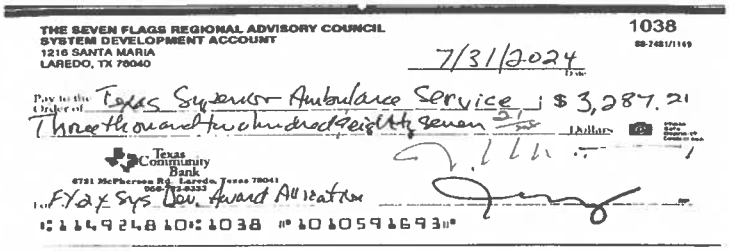
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no-dist. sys dev. Silvia Balcazar

⑆114924810⑆1049 ⑈101059169311

DDA REGULAR CHECK 49 Date: 09/09 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1038

7/31/2024

Pay to the Order of Texas Superior Ambulance Service $ 3,287.21

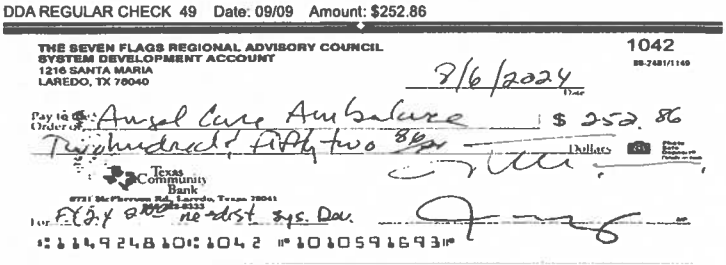
Three thousand two hundred eighty seven 21/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 Sys Dev. Award Allocation

⑆114924810⑆1038 ⑈101059169311

DDA REGULAR CHECK 1038 Date: 09/04 Amount: $3,287.21


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1042

8/6/2024

Pay to the Order of Angel Care Ambulance $ 252.86

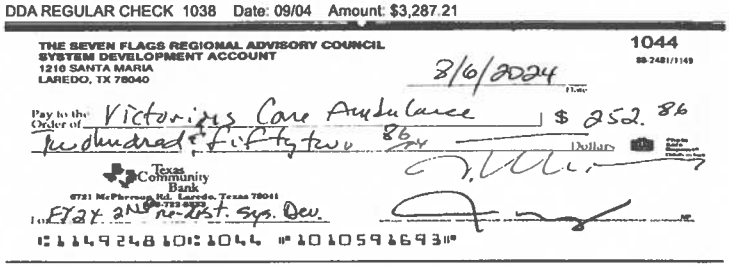
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no-dist. sys. Dev.

⑆114924810⑆1042 ⑈101059169311

DDA REGULAR CHECK 1042 Date: 08/28 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1044

8/6/2024

Pay to the Order of Victorious Care Ambulance $ 252.86

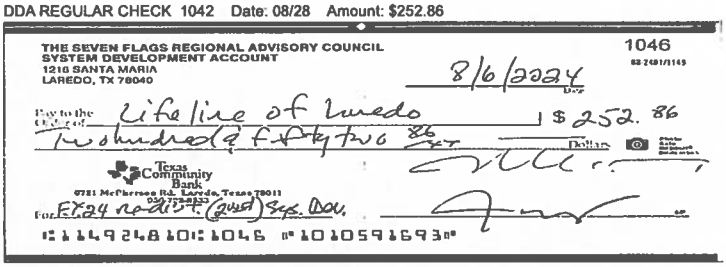
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no-dist. sys. Dev.

⑆114924810⑆1044 ⑈101059169311

DDA REGULAR CHECK 1044 Date: 09/06 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1046

8/6/2024

Pay to the Order of Lifeline of Laredo $ 252.86

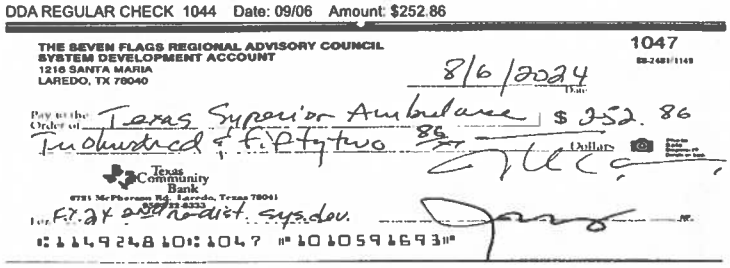
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 no dist. (grant) sys. Dev.

⑆114924810⑆1046 ⑈101059169311

DDA REGULAR CHECK 1046 Date: 08/30 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1047

8/6/2024

Pay to the Order of Texas Superior Ambulance $ 252.86

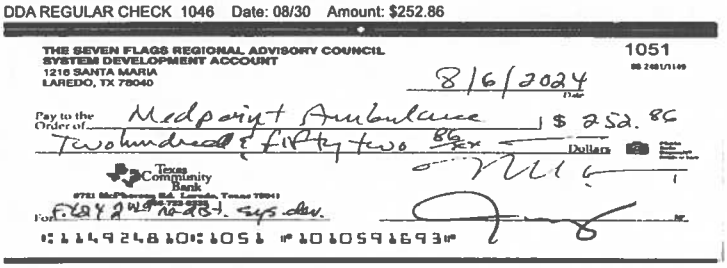
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no dist. sys. dev.

⑆114924810⑆1047 ⑈101059169311

DDA REGULAR CHECK 1047 Date: 09/04 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1051

8/6/2024

Pay to the Order of Midpoint Ambulance $ 252.86

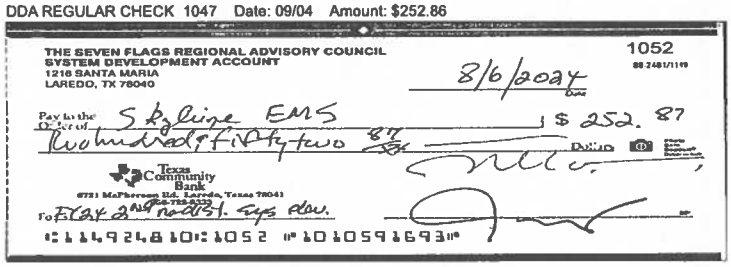
Two hundred fifty two 86/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no dist. sys dev.

⑆114924810⑆1051 ⑈101059169311

DDA REGULAR CHECK 1051 Date: 09/06 Amount: $252.86


THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1052

8/6/2024

Pay to the Order of Skyline EMS $ 252.87

Two hundred fifty two 87/xx Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY24 2nd no dist. sys dev.

⑆114924810⑆1052 ⑈101059169311

DDA REGULAR CHECK 1052 Date: 09/06 Amount: $252.87

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/24
Primary Account 1010591792
Enclosures 3

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591792	Statement Dates 8/12/24 thru	9/10/24
Previous Balance	44,611.96	Days in the statement period	30
2 Deposits/Credits	321,602.00	Average Ledger	209,735.42
1 Checks/Debits	7,187.50	Average Collected	199,015.36
Service Charge	.00		
Interest Paid	.00		
Current Balance	359,026.46		

DEPOSITS AND ADDITIONS

Date	Description	Amount
8/26	DDA REGULAR DEPOSIT	312,000.00
9/09	DDA REGULAR DEPOSIT	9,602.00

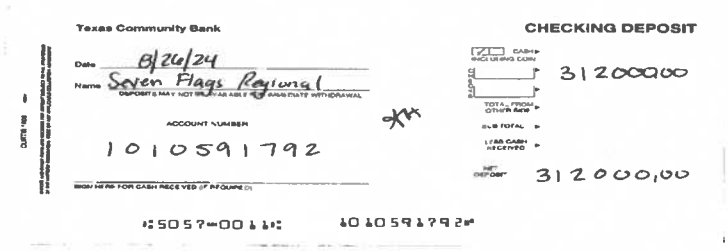
CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
9/03	1024	7,187.50

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
8/12	44,611.96	9/03	349,424.46
8/26	356,611.96	9/09	359,026.46



Texas Community Bank

CHECKING DEPOSIT

Date 8/26/24

Name Seven Flags Regional

ACCOUNT NUMBER

1010591792

CASH

312000.00

TOTAL FROM OTHER SIDE

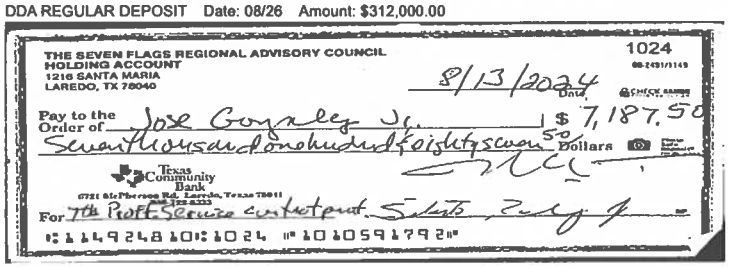
SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 312000.00

:5057-0011: 1010591792

DDA REGULAR DEPOSIT Date: 08/26 Amount: $312,000.00



THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1024

Date 8/13/2024

Pay to the Order of Jose Gonzalez Jr. $ 7,187.50

Seven Thousand One Hundred Eighty Seven 50/100 Dollars

Texas Community Bank
6721 S. Pan American Rd. Laredo, Texas 78041
956.725.4233

For 7th Profit Service contractual

:111924810: 1024 1010591792

DDA REGULAR CHECK 1024 Date: 09/03 Amount: $7,187.50

Texas Community Bank

CHECKING DEPOSIT

Date 9/7/24

Name Seven Flags Regional Adv.

ACCOUNT NUMBER

1010591792

CASH

9602.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 9,602.00

:5057-0011: 1010591792

DDA REGULAR DEPOSIT Date: 09/09 Amount: $9,602.00

FY24 OPERATING BUDGET EXPENSE REPORT (SEPTEMBER FY24 Close-Out)

FY24 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY

General Fund Projected Membership Revenue for FY24	$15,150.00
Actual Membership Funds Collected to Date	$14,555.00
Total (+/-) %	($595.00)

FY24 GRANT PROGRAM FUNDS

EMS County Assistance Grant (Regular)	$90,724.00
Senate Bill 500 Funding	$0.00
System Development (i.e., Tobacco)	$46,021.00
Exceptional Item (E.I.) Legislative Funding (EMS RAC)	$150,000.00
EMS RAC Grant (Regular)	$34,067.00
FY24 Fund Raiser (Bowlathon)	$10,305.00
Total	$331,117.00

FY24 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Fee	$180.00	$176.00	$4.00
VFIS Insurance	$1,500.00	$1,425.00	$75.00
TETAF Dues	$900.00	$1,000.00	-$100.00
DHSH Re: (Payment of Disallowed Cost)	$0.00	$303.21	-$303.21
CPA IRS Filing/Income Statement	$1,000.00	$1,100.00	-$100.00
RAC Chair/GETAC Travel (November 2023, Austin, Tx.)	$3,800.00	$1,271.35	$2,528.65
GETAC Travel (March 2024, Austin, Tx.)	$2,000.00	$991.10	$1,008.90
GETAC Travel (June 2024 Austin, Tx.)	$2,000.00	$848.51	$1,151.49
GETAC Travel (August 2024 Austin, Tx.)	$2,000.00	$803.11	$1,196.89
TETAF Annual Workshop/Confernce	$0.00		$0.00
GoDaddy Web Site Renewal (Debit)	$400.00	$381.09	$18.91
Zoom	$159.00	$159.00	$0.00
Supplies		$41.95	-$41.95
Subtotal	$13,939.00	$8,500.32	$5,438.68

FY24 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adusted Totals
Bronze Starr Ambulance	$5,383.62	$538.38	$5,922.00
Laredo Fire Department EMS/Fire	$5,383.64	$538.36	$5,922.00
Angel Care Ambulance	$5,383.64	$538.36	$5,922.00
Webb County Volunteer Fire/EMS	$5,383.64	$538.36	$5,922.00
Victorious Care Ambulance	$5,383.64	$538.36	$5,922.00
Priority EMS	$5,383.62	$538.38	$5,922.00
Zapata County Fire/EMS	$14,934.00		$14,934.00
Texas Superior Ambulance	$5,383.64	$538.36	$5,922.00
Laredo Lifeline	$5,383.64	$538.36	$5,922.00
Medpoint Ambulance	$5,383.64	$538.36	$5,922.00
Villa Ambulance	$5,383.64	$538.36	$5,922.00
Ladies Ambulance Care	$5,383.64		
Skyline EMS	$16,570.00		$16,570.00
Subtotal	$90,724.00	$5,383.64	$90,724.00

Grant Total: $90,724.00

Total Under/Over Budget:	-$5,438.68

FY24 General Fund (FY24 Bowlathon Fund Raiser)

	Funds Generated	Fund Utilization	Balance
Bowlathon Proceeds	$10,305.00	$0.00	$10,305.00
Funds Raiser Expense Reimbursements to Joe Gonzalez and Jorge Delgado		$3,041.26	-$3,041.26
EMS MCI Wristband Purchase		$2,112.77	-$2,112.77
Subtotal	**$10,305.00**	**$5,154.03**	$5,150.97

FY24 System Development Grant Re-Allocated Totals

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
Bronze Starr Ambulance	$3,068.06	$219.15	$3,287.21
Laredo Fire Department EMS/Fire	$3,068.06	$219.15	$3,287.21
Angel Care Ambulance	$3,068.06	$219.15	$3,287.21
Webb County Volunteer Fire/EMS	$3,068.06	$219.15	$3,287.21
Victorious Care Ambulance	$3,068.06	$219.15	$3,287.21
Priority EMS	$3,068.06	$219.15	$3,287.21
Laredo Lifeline	$3,068.06	$219.15	$3,287.21
Villa Ambulance	$3,068.06	$219.15	$3,287.21
Texas Superior Ambulance	$3,068.06	$219.15	$3,287.21
Zapata County Fire/EMS	$3,068.11	$219.13	$3,287.24
Laredo Medical Center	$3,068.06	$219.15	$3,287.21
Doctors Hospital of Laredo	$3,068.06	$219.15	$3,287.21
Latius Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06	$219.15	$3,287.21
Skyline EMS	$3,068.11	$219.13	$3,287.24

FY24 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	$8,516.75	$8,516.75	$0.00
Administrative Fee (2nd Qtr.)	$8,516.75	$8,516.75	$0.00
Administrative Fee (3rd Qtr.)	$8,516.75	$8,516.75	$0.00
Adminstrative Fee (4th Qtr.)	$8,516.75	$8,516.75	$0.00
Subtotal	**$34,067.00**	**$34,067.00**	$0.00

FY24 EMS RAC Grant (Exeptional Item Funds) $150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Project Funding (To Be Determined)	$146,686.60	$146,686.60	$0.00
Aplos Accounting Software Purchasee and Set Up Fee	$3,313.40	$3,313.40	$0.00
Subtotal	**$150,000.00**	**$150,000.00**	$0.00

Senate Bill 8 Grant Program Funding

	Projected Cost	Actual Expenditures	Balance
Education/Scholarships	$454,334.00	$143,790.64	$330,672.12
RAC Administration	$73,293.09	$54,540.75	$25,939.84
Equipment	$0.00		
Incentives	$0.00		
Subtotal	**$527,627.09**	**$198,331.39**	$356,611.96

Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference
To Be Determined	$0.00	$0.00	$0.00
Subtotal			$0.00

Subtotal	$46,021.00	$3,068.06	$46,021.00

Grand Total: $46,021.00

FY24 EMS RAC Exeptional Item (E.I.) Allocation Totals

	Projected Cost	Actual Cost	Balance
Bronze Starr Ambulance	$10,477.61	$10,477.61	$0.00
Laredo Fire Department EMS/Fire	$10,477.61	$10,477.61	$0.00
Angel Care Ambulance	$10,477.61	$10,477.61	$0.00
Webb County Volunteer Fire/EMS	$10,477.61	**$10,477.61**	$0.00
Victorious Care Ambulance	$10,477.61	$10,477.61	$0.00
Priority EMS	$10,477.61	$10,477.61	$0.00
Laredo Lifeline	$10,477.61	$10,477.61	$0.00
Vita Ambulance	$10,477.61		$10,477.61
Texas Superior Ambulance	$10,477.61	$10,477.61	$0.00
Zapata County Fire/EMS	$10,477.61	$10,477.61	$0.00
Laredo Medical Center	$10,477.64	$10,477.64	$0.00
Doctors Hospital of Laredo	$10,477.64	$10,477.64	$0.00
Medpoint Ambulance	$10,477.61	$10,477.61	$0.00
Skyline EMS	$10,477.61	$10,477.61	$0.00
Subtotal	$146,686.60	$136,208.99	$10,477.61

ITEM 25-06 (TAB 4)

FY25 OPERATING AND EXPENSE BUDGET (SEPTEMBER)

FY25 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY		TOTAL PROJECTED OPERATING BUDGET
General Fund Projected Membership Revenue for FY24	$15,900.00	
Actual Membership Funds Collected to Date	$1,500.00	
Total Memberhsip Dues (+/-)	($14,400.00)	$15,705.00

FY25 GRANT PROGRAM FUNDS	
EMS County Assistance Grant (Regular)	$90,724.00
Senate Bill 500 Funding	$0.00
System Development (i.e., Tobacco)	$46,021.00
Exceptional Item (E.I.) Legislative Funding (EMS RAC)	$150,000.00
EMS RAC Grant (Regular)	$34,067.00
FY24 Fund Raiser (Bowlathon)	$10,305.00
Total	$331,117.00

FY25 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Annual Fee	$190.00		$190.00
Mailing & Shipping Costs	$100.00	$30.45	$69.55
VFIS Insurance	$1,500.00		$1,500.00
TETAF Dues	$900.00		$900.00
CPA IRS Filing/Income Statement	$1,000.00		$1,000.00
RAC Chair/GETAC Travel (November 2024, Austin, Tx.)	$3,800.00		$3,800.00
GETAC Travel (March 2025, Austin, Tx.)	$2,000.00		$2,000.00
GETAC Travel (June 2024 Austin, Tx.)	$2,000.00		$2,000.00
GETAC Travel (August 2025 Austin, Tx.)	$2,000.00		$2,000.00
TETAF Annual Workshop/Confernce	$0.00		$0.00
GoDaddy Web Site Renewal (Debit)	$400.00		$400.00
Zoom	$165.00		$165.00
Supplies	$150.00		$150.00
Advertising/Publication	$1,500.00		$1,500.00
Subtotal	$15,705.00	$30.45	$15,674.55

FY25 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adusted Totals
Bronze Starr Ambulance	$5,494.00		
Laredo Fire Department EMS/Fire	$5,494.00		
Angel Care Ambulance	$5,494.00		
Webb County Volunteer Fire/EMS	$5,494.00		
Victorious Care Ambulance	$5,494.00		
Priority EMS	$5,494.00		
Zapata County Fire/EMS	$15,175.00		
Texas Superior Ambulance	$5,494.00		
Laredo Lifeline	$5,494.00		
Medpoint Ambulance	$5,494.00		
Primary Care Ambulance	$5,494.00		
Villa Ambulance			
Lalitas Ambulance Care	$5,494.00		
Skyline EMS	$16,808.00		
Subtotal	$92,417.00	$0.00	$0.00

Total Under/Over Budget:	-$15,674.55

FY25 General Fund (FY24 Bowlathon Fund Raiser)

	Funds Generated	Fund Utilization	Balance
Bowlathon Proceeds	$10,305.00	$0.00	$10,305.00
Funds Raiser Expense Reimbursements to Joe		$3,041.26	-$3,041.26
EMS MCI Wristband Purchase		$2,112.77	-$2,112.77
Subtotal	**$10,305.00**	**$5,154.03**	$5,150.97

FY25 System Development Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
Bronze Starr Ambulance	$3,068.06		
Laredo Fire Department EMS/Fire	$3,068.06		
Angel Care Ambulance	$3,068.06		
Webb County Volunteer Fire/EMS	$3,068.06		
Victorious Care Ambulance	$3,068.06		
Priority EMS	$3,068.06		
Laredo Lifeline	$3,068.06		
Vilis Ambulance			
Texas Superior Ambulance	$3,068.06		
Zapata County Fire/EMS	$3,068.06		
Laredo Medical Center	$3,068.11		
Doctors Hospital of Laredo	$3,068.11		
Lalitas Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06		

Grant Total: $90,724.00

FY25 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	$7,958.00		$7,958.00
Administrative Fee (2nd Qtr.)	$7,958.00		$7,958.00
Administrative Fee (3rd Qtr.)	$7,958.00		$7,958.00
Adminstrative Fee (4th Qtr.)	$7,958.00		$7,958.00
Subtotal	**$31,832.00**	**$0.00**	$31,832.00

FY25 EMS RAC Grant (Exeptional Item Funds) $150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Project Funding (To Be Determined)	$147,732.00		
Aplos Accounting Software Purchasee and Set Up Fee	$2,268.00		
Subtotal	**$150,000.00**		$0.00

Senate Bill 8 Grant Program Funding

	Allocation	Expended Funds	Balance
Education/Scholarships	$190,275.26	$125,001.14	$65,274.26
RAC Administration	$73,293.09	$54,541.25	$18,751.84
Equipment	$0.00		
Incentives	$0.00		
Subtotal	**$263,568.35**	**$179,542.39**	$84,026.10

Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference
To Be Determined	$0.00	$0.00	$0.00
Subtotal			$0.00

Primary Care Ambulance	$3,068.06		
Skyline EMS	$3,068.06		
Subtotal	$46,021.00	$0.00	$0.00

Grand Total: $46,021.00

FY25 EMS RAC Exeptional Item (E.I.) Allocation Totals

	Projected Cost	Actual Cost	Balance
Bronze Starr Ambulance			
Laredo Fire Department EMS/Fire			
Angel Care Ambulance			
Webb County Volunteer Fire/EMS			
Victorious Care Ambulance			
Priority EMS			
Laredo Lifeline			
Villa Ambulance			
Texas Superior Ambulance			
Zapata County Fire/EMS			
Laredo Medical Center			
Doctors Hospital of Laredo			
Medpoint Ambulance			
Lalitas Ambulance Care			
Primary Care Ambulance			
Skyline EMS			
Subtotal	$0.00		$0.00

ITEM 25-07 (TAB 5)

Seven Flags Regional Advisory Council
Trauma Service Area "T"

EMS Membership RAC Application Form FY 2025

(PLEASE PRINT)

Name of Organization:	United Med Care Ambulance LLC						
Name of CEO or Chief:	Jorge Vargas						
Phone Numbers:	**Office:** 956-775-2222		**Fax:** 956-516-7150				
Email Address:	unitedmedcare@outlook.com						
Physical Address:	5904 West Drive Unit 19 Laredo, TX 78041						
Mailing Address:	5904 West Drive Unit 19 Laredo, TX 78041						
Person Representing the Organization as Director or Officer on the RAC:	Jorge Vargas						
Phone Numbers:	**Office:** 956775-2222	**Cell:** 956-489-2444	**Pager:** —		**Fax:** 956-516-7150		
Email Address:	unitedmedcare@outlook.com						
Mailing Address:	5904 west Drive Unit 19						
Alternate Representative:	Jose Cavazos						
Phone Numbers:	**Office:** 956-775-2222	**Cell:** 956-706-8343	**Pager:** —		**Fax:** 956-516-7150		
Email Address:	josecavazos1802@yahoo.com						
Mailing Address:	5904 West Drive Unit 19 Laredo, TX 78041						
Alternate Representative:	Mariel Bermudez						
Phone Numbers:	**Office:** 956-775-2222	**Cell:** 956334-6145	**Pager:** —		**Fax:** 956-516-7150		
Email Address:	mariel13br@gmail.com						
Mailing Address:	5904 West Drive Unit 19 Laredo, TX 78041						
Alternate Representative:	Miguel Huerta						
Phone Numbers:	**Office:** 956-775-2222	**Cell:** 956-413-2874	**Pager:** —		**Fax:** 956-516-7150		
Email Address:	miguelhuerta894@gmail.com						
Mailing Address:	5904 West Drive Unit 19 Laredo, TX 78041						

ITEM 25-08 (TAB 6)

SB 8 Scholarship Reconciliation Report - FY24

TSA/RAC: T	Completed by:Jose Gonzalez				DROPS			
Month	EMT	AEMT	Paramedic	Total	EMT	AEMT	Paramedic	Total
CUMULATIVE TOTAL for 9/1/22 - 8/31/23	40	3	5	48	15	0	2	17
23-Sep	0	0	0	0	4	0	0	4
23-Oct	0	0	0	0	0	0	0	0
23-Nov	0	0	0	0	2	0	0	2
23-Dec	0	0	0	0	1	0	0	1
24-Jan	0	0	0	0	2	0	0	2
24-Feb	0	0	0	0	6	0	0	6
24-Mar	0	0	0	0	0	0	0	0
24-Apr	0	0	0	0	0	0	0	0
24-May	0	0	0	0	0	0	0	0
24-Jun	0	0	0	0	0	0	2	2
24-Jul	0	0	0	0	0	0	0	0
24-Aug	0	0	3	3	0	0	0	0
24-Sep								
24-Oct								
24-Nov								
24-Dec								
Total	40	3	8	51	30	0	4	34

SUPPORT DOCUMENT	
EMS/CO-RAC SB8 EXPENDITURES	
CONTRACT TERM	**9/1/2022 - 12/31/2024**

In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC NAME	*SEVEN FLAGS RAC*	RAC NAME	*SEVEN FLAGS RAC*

CO-RAC Allocation Amount (Lump Sum No. 1)	$187,813.55
refund to DSHS $262,058.74	$75,754.80
TOTAL CO-RAC Allocation Amount BOTH LUMP SUM 1 & 2	$263,568.35
Expended Funds	$179,542.39
TOTAL UNEXPENDED FUNDS FROM BOTH LUMP SUM 1 & 2	$84,025.96
Program Costs	$0.00
Administrative Costs	$54,541.25
TOTAL of ADMINISTRATIVE and PROGRAM COSTS	$54,541.25
Program Income	$

Enter Amount

	Education/Scholarships	RAC Admin/Program
Allocation	$190,275.26	$73,293.09
Expended Funds	$125,001.14	$54,541.25
Remaning Balance	$65,274.12	$18,751.84

Program + Admin Costs = Current Expenditures. Good job!

Activities

		1st Quarter				2nd Quarter		
		September 2022	October 2022	November 2022	1st Quarter Totals	December 2022	January 2023	February 2023
Education/Scholarships	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	EMTB- 40 $75,392 93 / 1paid back $2,000 total $73,392.93				$0.00			
	AEMT- 3 $0.00				$0.00			
	EMTP- 8 $51,608 21				$0.00			
;recent RAC $4,073.50 Sep 2024 Bronze Star refur								
RAC Admin/Program	Amount listed should match breakdown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	$50,312.50 Program Specialist				$0.00			
Approval needed to move allocated funds to Education/Scholarships	$3,978.75 1 Laptop/1 Desktop				$0.00			
	$250.00 Preporation 1099				$0.00			
Equipment	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
					$0.00			
Approval needed to move allocated funds to Education/Scholarships					$0.00			
					$0.00			
Incentives	List expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
					$0.00			
Approval needed to move allocated funds to Education/Scholarships					$0.00			
					$0.00			
TOTAL COSTS		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

DSHS send us $150,000 more to end total $525,627.09 on 12/23

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September 2022	October 2022	November 2022	1st Quarter Totals	December 2022	January 2023	February 2023
Program Costs							
$2,000 were paid back and were subtracted from $127,001.14 to = $125,001.14 PERSONNEL				$ -			
FRINGE BENEFITS				$ -			
TRAVEL				$ -			
EQUIPMENT				$ -			
SUPPLIES				$ -			
CONTRACTUAL				$ -			
OTHER				$ -			
$125,001.14 TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs							
PERSONNEL				$ -			
FRINGE BENEFITS				$ -			
TRAVEL				$ -			
EQUIPMENT				$ -			
$250.00 1099 SUPPLIES				$ -			
$50,312.50 CONTRACTUAL				$ -			
$3,978.75 Lap Tops OTHER				$ -			
INDIRECT				$ -			
$54,541.25 TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form	Jose L Gonzalez 956-251-0841	Jose L Gonzalez 956-251-0841

In Support of Reimbursement Requests for

RAC NAME: *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for

RAC NAME: *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for

RAC NAME: *SEVEN FLAGS RAC*

Equipment	Incentives		Total
$0.00	$0.00		$263,568.35
$0.00	$0.00		$179,542.39
$0.00	$0.00		$84,025.96

Bronze Star refunded $9,600 for 3AEMT and $2,00 for 2 EMTB on 9/2024 /Susana Ruiz Refunded $2,000 for failed EMTB course on 10/23 for a total of $11,602.00 and was added on for March 2023 from paid amount.
Susana Ruiz paid backk $2,000 on 10/23

	3rd Quarter				4th Quarter				5th Quarter		
2nd Quarter Totals	March 2023	April 2023	May 2023	3rd Quarter Totals	June 2023	July 2023	August 2023	4th Quarter Totals	September 2023	October 2023	November 2023
#NAME?	$86,065.88	$0.00	$23,994.00	$110,059.88	$2,000.00	$0.00	$0.00	$112,059.88	$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	$11,166.25	$0.00	$7,187.50	$18,353.75	$0.00	$0.00	$0.00	$0.00	$7,187.50	$0.00	$7,187.50
$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				$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				$0.00			
#NAME?	$97,232.13	$0.00	$31,181.50	$128,413.63	$2,000.00	$0.00	$0.00	$112,059.88	$7,187.50	$0.00	$7,187.50

2nd Quarter Totals	March 2023	April 2023	May 2023	3rd Quarter Totals	June 2023	July 2023	August 2023	4th Quarter Totals	September 2023	October 2023	November 2023
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
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$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Jose L Gonzalez 956-251-0841

Jose L Gonzalez 956-251-0841

Jose L Gonzalez 956-251-0841

In Support of Reimbursement Requests for

RAC NAME *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for

RAC NAME *SEVEN FLAGS RAC*

In Support of Reimbursement Requests for

RAC NAME *SEVEN FLAGS RAC*

	6th Quarter				7th Quarter				8th Quarter		
5th Quarter Totals	December 2023	January 2024	February 2024	6th Quarter Totals	March 2024	April 2024	May 2024	7th Quarter Totals	June 2024	July 2024	August 2024
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$112,059.88	$0.00	$0.00	$12,941.26
$0.00				$0.00				$0.00			
$0.00				$0.00				$0.00			
$0.00				$0.00				$0.00			
$32,728.75	$0.00	$0.00	$250.00	$32,978.75	$7,187.50	$0.00	$0.00	$40,166.25	$7,187.50	$0.00	$7,187.50
$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				$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				$0.00			
$32,728.75	$0.00	$0.00	$250.00	$32,978.75	$7,187.50	$0.00	$0.00	$152,226.13	$7,187.50	$0.00	$20,128.76

5th Quarter Totals	December 2023	January 2024	February 2024	6th Quarter Totals	March 2024	April 2024	May 2024	7th Quarter Totals	June 2024	July 2024	August 2024
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
$ -				$ -				$ -			
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$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

In Support of Reimbursement Requests for

RAC NAME *SEVEN FLAGS RAC*

Bronze Star refunded $9602 for 3AEMT not used and $2.00 left from EMTB course 9/24

	9th Quarter					
8th Quarter Totals	September 2024	October 2024	November 2024	December 2024	9th Quarter Totals	Total Expenditures
$125,001.14	$0.00	$0.00	$0.00	$0.00	$125,001.14	$125,001.14
$0.00					$0.00	$0.00
$0.00					$0.00	$0.00
$0.00					$0.00	$0.00
$54,541.25	$0.00	$0.00	$0.00	$0.00	$0.00	$54,541.25
$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
$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
$179,542.39	$0.00	$0.00	$0.00	$0.00	$125,001.14	$179,542.39

8th Quarter Totals	September 2024	October 2024	November 2024	December 2024	9th Quarter Totals	Total Expenditures
$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -					$ -	$ -
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$ -					$ -	$ -
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$ -					$ -	$ -
$ -					$ -	$ -
$ -					$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -

ITEM 25-09 (TAB 7)

ITEM 25-09-a. (TAB 7)

FY24 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 (9/29/2023)	Board Meeting (10/23/2023)	No Board Meeting (11/2023)	No Board Meeting (12/2023)	Board Meeting (1/30/2024)	Board Meeting (2/29/2024)	No Board Meeting (3/2024)	Board Meeting (4/30/2024)	No Board Meeting (5/2024)	No Board Meeting (6/2024)	No Board Meeting 07/2024	Board Meeting (08/30/2024)
T	Primary Care Ambulance (Joined: August 28, 2023)	Webb	Yes	Yes	Yes	10-31-2023/ 11-1-2023	#1126	FY24 Membership Fees: $750/Paid: $750.00/Bal. $0	P	P			P	P		P				P
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	Yes	Yes	Yes	4-19-2024 / 4-20-2024	2098	FY24 Membership Fees: $750/Paid: $750 Bal/ $0	P	P			P	P		P				P
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb	Yes	Yes	Yes	9-11-2023/ 9-16-2023	#6016	FY24 Membership Fees: $750/Paid: $750.00 / Bal. $0	P	A			A	P		A				P
T	City of Laredo Fire Department (Fully Vested)	Webb	Yes	Yes	Yes	10-26-2023/ 11-6-2023	#635308	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P	P		P				P
T	Doctors Hospital of Laredo (Fully Vested)	Webb	Yes	N/A	Yes	12-6-2023/ 12-18-2023	#062123429	FY24 Membership Fees: $1,950/Paid: $1950/Bal. $0	P	P			P	P		P				P
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb	Yes	Yes	Yes	03-04-2024/ 03-05-2024	#1286	FY24 Membership Fees: $750 / Paid: $750/ Bal. $0	P	A			P	A		P				A
T	Laredo Lifeline, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-28-2023/ 11-27-2023	#2591	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P	P		P				P
T	Texas Superior Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-18-2023/ 9 27-2023	#5459	FY24 Membership Fees: $750 /Paid: $750/Bal. $0.00	P	P			P	P		P				P
T	Capital Care EMS (Fully Vested)	Webb	Yes	No	No	No	No	FY23 Membership Fees: $750 + FY23 Late Fees: $100 = $850 / FY24 Membership Fees: $750/Paid: $0/ Bal. $750/ Total Due: $1,600	P	A			A	A		P				A

FY24 SFRAC Membership Summary

T	Laredo Medical Center (Fully Vested)	Webb	Yes	N/A	Yes	02-19-2024/ 03-5-2024	#5000016496	FY24 Membership Fees: $1,950/Paid: $1,950/Bal $0	P	P			P	P		P				P
T	Priority EMS (Fully Vested)	Webb	Yes	Yes	Yes	9-20-2023/ 11-6-2023	#0584	FY24 Membership Fees: $750/Paid: $750/Bal. $0	P	P			P	A		P				P
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb	Yes	Yes	Yes	01-31-2024/ 2-1-2024	#3971	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P	P		P				P
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	9-13-2023/ 9-27-2023	#5459	FY24 Membership Fees: $750/Paid: $0/ Bal. $750	P	P			P	P		P				P
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	12-15-2023/ 12-16-2023	#49932	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	A			P	P		P				P
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	9/29/2023/ 10/4/2023	#9192	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P	P		P				P
T	Zapata County Fire/EMS (Fully Vested)	Zapata	Yes	Yes	Yes	10-18-2023/ 10-19-2023	#3575	FY24 Membership Fees: $750/Paid: $750/ Bal. $0	P	P			P	P		P				P
T	Villa Ambulance Service (Board Approved Membership Fully Vested)	Webb	Yes	Yes	No	9-29-2023/ 10/4/2023	#1427	FY24 Membership Fees: $750/ Paid: $750/ Bal. $0	P	P			P	P		A				A
T	Digni Care Ambulance (Joined: April 30, 2024)	Webb	Yes	No	No	8-30-2024/ 8-31-2024		Membership Fees: $250/ Paid: 250.00/ Bal. $0.00	N/A	N/A			N/A	N/A		P				P

ITEM 25-09-b. (TAB 7)

FY25 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 (9/29/2024)	No Board Meeting (10/2024)	No Board Meeting (11/2024)	No Board Meeting (12/2024)	Board Meeting (1/30/2025)	No Board Meeting (2/2025)	No Board Meeting (3/2025)	Board Meeting (4/30/2025)	No Board Meeting (5/2025)	No Board Meeting (6/2025)	No Board Meeting 07/2025	Board Meeting (08/30/2025)
T	Primary Care Ambulance (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/Bal. $750												
T	Angel Care Ambulance, LCC (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0 Bal/ $750												
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0.00 / Bal. $750												
T	City of Laredo Fire Department (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/Bal. $750												
T	Doctors Hospital of Laredo (Fully Vested)	Webb						FY25 Membership Fees: $1,950/Paid: $0/Bal. $1,950												
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb				9/24/2024 / Pending	#1344	FY25 Membership Fees: $750 / Paid: $750/ Bal. $0												
T	Laredo Lifeline, LLC (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/Bal. $750												
T	Texas Superior Ambulance (Fully Vested)	Webb						FY25 Membership Fees: $750 /Paid: $0/Bal. $750												
T	Capital Care EMS (Fully Vested)	Webb						FY23 &FY24 Membership Fees: $1,500 + FY23 & FY24 Late Fees: $200 = $1,700 FY25 Membership Fees: $750/Paid: $0/ Bal. $750/ Total Due: $2,450.00												

FY25 SFRAC Membership Summary

T	Laredo Medical Center (Fully Vested)	Webb						FY25 Membership Fees: $1,950/Paid: $0/Bal $1,950												
T	Priority EMS (Fully Vested)	Webb				9/10/2024/ 0/16/2014	#717	FY25 Membership Fees: $750/Paid: $750/Bal. $0												
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Victorious Care Ambulance (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb						FY25 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Skyline EMS, (Fully Vested)	Jim Hogg						FY25 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Zapata County Fire/EMS (Fully Vested)	Zapata						FY25 Membership Fees: $750/Paid: $0/ Bal. $750												
T	Villa Ambulance Service (Fully Vested)	Webb						FY25 Membership Fees: $750/ Paid: $750/ Bal. $0												
T	Digni Care Ambulance (Joined: April 30, 2024)	Webb						FY25 Membership Fees: $750/ Paid: 0/ Bal. $750												

ITEM 25-09-c. (TAB 7)

Texas Department of State Health Services Regional Advisory Council (RAC) Performance Criteria

FY 2025

DSHS EMS/Trauma Systems Section

September 3, 2024

Contents

Regional Advisory Council (RAC) Performance Criteria

Definitions

Cardiac facility--A recognized cardiac facility that has been certified or verified by an independent organization for meeting specific criteria.

Department--The Texas Department of State Health Services; the EMS/Trauma Systems Section for the purposes of this document.

Emergency Medical Services (EMS)-- Services used to respond to an individual's perceived need for immediate medical care and to prevent death or aggravation of physiological or psychological illness or injury.

Geriatric--A patient 65 years and older.

Hospital--A general hospital or a special hospital.

Pediatric--A patient less than 15 years of age.

Perinatal--Maternal and neonatal level of care designation programs and facilities.

Region--Represents the multidisciplinary stakeholders of the recognized RAC.

Regional Advisory Council (RAC)-- A nonprofit organization recognized by the department and responsible for system coordination for the development, implementation, and maintenance of the regional trauma and emergency health care system within its geographic jurisdiction of the Trauma Service Area. A RAC must maintain 501(c)(3) status.

Regional Advisory Council Performance Improvement Plan--A written plan of the RAC's processes to review identified or referred events, identify opportunities for improvement, define action plans and data required to correct the event, and establish measures to evaluate the action plan through to event resolution.

Remote area-- Remote areas are geographic areas that are far away from cities and places where the majority of the population lives. They may be difficult to get to due to geographic topography and require additional considerations regarding rescue and transport.

Rural county--A county with a population of less than 50,000 based on the latest estimated federal census population figures.

Specialty Resource Centers--Entities caring for specific types of patients, such as pediatric, cardiac, and burn injuries, that have received certification, categorization, verification, or other forms of recognition by an appropriate agency regarding their capability to definitively treat these types of patients.

Systems of Care--represents the prehospital, trauma, stroke, maternal, and neonatal systems and the associated designated facilities. Note: Recognized cardiac facilities are included in the inclusive systems of care. These systems of care address all ages and all geographic areas of the region.

Trauma and Emergency Health Care System Plan--The inclusive system that refers to the care rendered after a traumatic injury or time-sensitive disease or illness where the optimal outcome is the critical determinant. The system components encompass special populations, epidemiology, risk assessments, surveillance, regional leadership, system integration, business/finance models, prehospital care, definitive care facilities, system coordination for patient flow, prevention and outreach, rehabilitation, emergency preparedness and response, system performance improvement, data management, and research. These components are integrated into the regional self-assessment and system plan.

Urban county--A county with a population of 50,000 or more based on the latest estimated federal census population figures.

1. Texas Department of State Health Services (DSHS) Rules

The RAC must address the requirements outlined in Title 25 Health Services, Part 1 Department of State Health Services, Chapter 157 Emergency Medical Care, Subchapter G, Emergency Medical Services Trauma Systems, Section 157.123 Regional Advisory Councils.

2. DSHS Contract

The RAC must meet the statement of work and deliverables outlined in the department contract.

3. Regional Self-Assessment

a. The RAC must engage its committees and stakeholders when facilitating the completion of the regional self-assessment within the specified time and submit the document to the department.
b. A review of the completed regional self-assessment will identify opportunities for improvement. If the assessment identifies a score of less than three for an indicator, the region must develop an action plan to move that indicator to a score of three and submit it to the department with the completed self-assessment.
c. The RAC must integrate the self-assessment findings into the revisions of the regional trauma and emergency health care system plan and submit the revised regional trauma and emergency health care system plan to the department as specified in 157.123(b)(2)(c).

4. Trauma and Emergency Healthcare System Plan

a. The RAC must have a written trauma and emergency healthcare system plan that is developed through stakeholder collaboration and revised on the even years of the department contract.
b. The regional trauma and emergency health care system plan must integrate EMS, trauma, stroke, maternal, neonatal, cardiac, and other time-sensitive disease processes.
c. The RAC must have processes to implement, monitor, and evaluate the trauma and emergency healthcare system plan.

5. Regional System Leadership

a. The RAC leadership team consistently reviews and monitors the systems of care outcomes to identify opportunities for improvement.
b. The RAC provides opportunities for multidisciplinary stakeholder participation in the various systems of care activities for all ages and geographic areas of the region.
c. The RAC has a process for involving experts and advocates for special populations, such as the child fatality review teams, physical abuse, substance abuse, and mental health in regional system planning.

d. The RAC must have processes for developing, mentoring, and engaging stakeholders in the region's leadership, including EMS providers, medical and nursing leadership, designated centers, and other stakeholders.
e. The RAC maintains an updated website for communicating with regional stakeholders. General membership and all standard committee meeting notices and agendas must be available on the website. Bylaws and board member's role held on the board and their employer must be available upon request.

6. Human Resources within the RAC

a. The RAC identifies the number of RAC paid staff (full-time, part-time, and positions supplemented with contract staff) funded by the department contract and defines thei position titles, job descriptions, and roles or responsibilities that support the regional programs.
b. The RAC defines the annual performance review process for personnel or resources funded by the department contract.
c. The RAC defines the process for employee salary increases when using funding from the department contract.
d. The RAC develops and maintains a RAC organizational chart that is available on request.

7. Business / Financial Planning

a. The RAC must have a defined budget that details the expenditure of any funding received from the department.
b. The RAC integrates regional stakeholders when developing the strategic priorities and how these priorities are approved and implemented.
c. The RAC defines membership dues.
d. The RAC defines membership participation requirements.
e. The RAC must have defined processes for stakeholders or committees to request funding for RAC-approved projects.
f. The RAC has processes for reallocating funds after finalizing the defined regional budget.
g. The RAC has defined procedures to address the EMS (pass-through) allocation of funds.

h. The RAC must maintain its 501(c)3 status.

Appendix A: RAC Data Needs for Completion of the Self-Assessment

A1. National Emergency Medical Services Information System (NEMSIS) Data Request Per Calendar Year

a. Annual EMS runs and transports related to the systems of care utilizing the age breakdown listed in the criteria when feasible.
b. Annual total EMS runs per RAC utilizing the age breakdown listed in the criteria.
c. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A2. Trauma Data Request Per Calendar Year

a. Trauma data from the registry reflecting trauma deaths by age breakdown
b. Trauma data from the registry reflecting trauma deaths by injury severity score (ISS)
c. Annual total RAC hospital trauma registry submissions by ISS, age breakdown, and average LOS
d. Annual top five causes of injury by RAC and by age
e. Annual top five injury causes of death by RAC and by age.
f. Annual RAC report
    i. RAC data regarding patients in Shock (age 15 to 65 with a BP less than 90 in the field or ED)
    ii. RAC data regarding patients with Spinal Injuries overall
    iii. RAC data regarding patients with TBI injuries overall
    iv. RAC double transfers (arrived by, transferred in, and ED disposition of transferred out to acute care hospital, and arrived by transferred into the ED and then transferred out within 24 hours)
g. This information is made available to the RAC each October.

h. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A3. PCR-defined Data Needs

The PCR data is in discussion. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this performance element.

A4. Performance Criteria Revisions

After each legislative session, the department will review any legislative activities affecting EMS, Trauma Systems, and the identified systems of care. The department will define when revisions to the Regional Advisory Council Performance Criteria and Self-Assessment Scoring Tool are required to include modifications to current criteria or the addition of new criteria. The revised Performance Criteria and Self-Assessment will be implemented on September 1st of the following year. The RACs will be notified of the need for revisions prior to the revision process and be notified of the implementation date.

Document versions will be notated by year followed by revision number (i.e., V2024.1, the first revision of 2024) with the date of the revision in the footer.

RAC Self-Assessment with Scoring Tool V2024.2

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Regional Advisory Council (RAC) Self-Assessment Scoring Tool

The Regional Advisory Council must complete this self-assessment with stakeholder participation. This tool is designed to standardize the annual assessment for the regional advisory councils in Texas. The regional EMS, trauma, and emergency health care system must continually work to improve the delivery of care and outcomes through partnerships with public, private, and voluntary sectors. The system plan needs to ensure all populations across Texas receive the benefits of a coordinated system of care. The regional system should strive for an inclusive system (all health care facilities and all prehospital provider participation), including the integration of rural and remote health care providers.

Please use the following criteria to assess your region's progress in system development.

Score	Progress Scoring
0	Not Known
1	Elements Not Documented
2	Elements Documented with Ongoing Needs (Minimal requirements not met and need improvement.)
3	Basic Regional System in Place (Meets minimal requirements with opportunities for improvement and system advancement.)
4	Advanced Regional System (Meets and exceeds requirements with some opportunities for improvement and system advancement.)
5	Best Practice Regional System (Meets and exceeds requirements and serves as a model or best practice for others.)

- The region must address all elements of the self-assessment and achieve a minimum score of 3 for each element. If a score of 3 is not achieved, the RAC must develop a detailed system advancement plan to accomplish a minimal score of 3 over the next 12 months.
- A score of 4 demonstrates the region meets and exceeds the minimum requirements but can continue to improve and advance the system.
- If a score of 5 is reached, the RAC is considered a best-practice model for this element and should consider sharing its practices with other regional, state, and national stakeholders.
- The RAC may reach out to local academic institutions and partner with students needing capstone projects to assist in completing the regional self-assessment.

Instructions for Completion of the Self-Assessment

1. The Regional Advisory Council (RAC) Self-Assessment Tool is designed to be completed with the regional stakeholders and the RAC staff.
2. The RAC Executive Director or Chair will assign specific sections to the RAC committees for review and completion.
3. The RAC leaders, stakeholders, and committee members review the current RAC activities and documents to score the specific elements.
4. If the specific elements do not fit into a defined RAC committee, the elements will be scored by the RAC board after reviewing the RAC activities and documents, including procedures, guidelines, and the website.
5. The RAC will complete an assessment of all elements and assign a final score.
6. After all elements have been assessed and scored, the RAC leaders, stakeholders, and committee members will identify those elements that have a score of less than 3.
7. The RAC leaders will assign those elements with an assessment score of less than 3 to the RAC committees to develop a detailed system advancement plan to move the assessment scores of 1 or 2 up to a 3.
8. Elements that do not align with the RAC committees and have an assessment score of less than 3 will have a detailed system advancement plan developed by the RAC board.
9. All action plans must follow the "SMART" goal format: *Specific, Measurable, Attainable, Relevant,* and *Timebound.*
10. Elements with a score of 5 are identified as "best practice" models.
11. The RAC leaders, stakeholders, and committee members will develop a paper, PowerPoint, Ted-Talk, YouTube, or other process to share the best practices with other RACs at the RAC Executive Director/Chair meeting, EMS Conference, or other forum within the next 12 months.
12. The completed self-assessment scoring tool, action plans, and best practice model-sharing modalities are included in the regional system plan revisions and the RAC's annual report.
13. The score for each indicator will be reflected as an average if individual scores for each system are submitted by the RAC.
14. The regional EMS, trauma, systems of care, and emergency health care plan may be referred to as the regional system plan in the document.

Note: After each legislative session, the department will review legislative activities affecting EMS, Trauma Systems, and the identified systems of care. The department will define when revisions to the Regional Advisory Council Performance Criteria and Self-Assessment Scoring Tool are required to include modifications to current criteria or the addition of new criteria. The revised Performance Criteria and Self-Assessment will be implemented on September 1st of the following year. The RACs will be notified of the need for revisions prior to the revision process and be notified of the implementation date. Document versions will be notated by year followed by revision number (i.e., V2024.1, the first revision of 2024) with the date of revision in the footer.

Indicator	Scoring		
1. EPIDEMIOLOGY There is a thorough description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admissions, and mortality in the regional population-based data (including data specific to urban, rural, and diverse populations) to assist in defining regional priorities. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this indicator.	0. Not Known 1. There is no data description of the epidemiology of EMS, trauma, systems of care, and emergency health care incidence of EMS transport, hospital admission, and mortality in the region. 2. Reported admissions and mortality data have been used to describe the statewide incidence of EMS transports, trauma, systems of care, and emergency health care deaths, aggregating all etiologies, but no regional data is available. 3. The RAC has access to the minimal data sets established to develop an epidemiology history of the regional incidence of EMS transports, hospital admissions, and mortality for trauma and other systems of care patients. 4. In addition to #3, quarterly data is aggregated in a confidential process by reporting entities and shared with the RAC membership. 5. In addition to #4, stakeholders use the data to develop strategies and prioritize needs for the rural and urban areas, including measures to address disparities or inequities in care for populations, to define key regional initiatives, prevention, and awareness programs.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
2. EPIDEMIOLOGY - Surveillance 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. If the data is not available through the State EMS Trauma Registry, the RAC is not held accountable for this indicator.	0. Not known 1. There are no established region-wide systems of care surveillance processes. 2. There is a regional systems of care data collection process, but not all EMS providers or hospitals in the service area contribute to the database. 3. There is a regional systems of care data initiative with all EMS providers and designated hospitals in the region contributing data for the incidence of EMS transports, hospital admissions, and mortality only. The data is integrated into the regional system plan. 4. In addition to #3, the hospital data is used in conjunction with the EMS data system or hospital discharge data. 5. In addition to #4, the regional data is accessible electronically and has consistent data definitions, with the established EMS wristband identifier and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linking data exist between EMS, public health, and the trauma and emergency health care system participants, with this data being used to monitor, investigate, and diagnose regional community health risks.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
3. REGIONAL LEADERSHIP The RAC leadership, in collaboration with its members, prepares and disseminates an annual report reflecting the activities, successes, and challenges encountered by the RAC. The regional annual report is available to RAC members and stakeholders.	0. Not known 1. No regional annual report is available. 2. Regional annual reports are developed by the RAC leadership. 3. Regional annual reports are developed in collaboration with the RAC leaders, RAC committees, and RAC members and then disseminated to the general members of the RAC. Regional annual reports include the activities of each committee (or organizational structure defined in the RAC bylaws), an overview of the regional epidemiological data collected, and an overview (which may be reflected in a map) of the services available in the region, such as the location of air medical services, EMS providers, first responder organizations (FROs), and designated facilities. The annual initiatives and goals of the RAC and their outcome are included in the report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the strategic accomplishments, injury and disease outcomes, and challenges encountered are included in the regional annual report, and it is available to all RAC members and stakeholders. 5. In addition to #4, the regional annual report is shared with regional coalitions, partner organizations, public health, local government entities, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
4. SYSTEM PLAN 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 self-assessment 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.	0. Not known 1. A documented, outdated regional system plan exists. 2. The RAC leadership is developing/revising a regional system plan without reference to the regional demographics, resource assessments, data analyses, and regional stakeholder participation. 3. The 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 the RAC performance criteria. The regional system plan and all associated documents are available to RAC members and stakeholders. 4. In addition to #3, the RAC identifies system priorities and timelines and integrates public health into the revisions of the regional system plan. 5. In addition to #4, the emergency preparedness plans are aligned with the regional system plan. The regional system plan and quarterly performance improvement data are shared with RAC members, stakeholders, the business community, public health, local government entities, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
5. SYSTEM PLAN 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.	0. Not known 1. The regional system plan is outdated . 2. The regional system plan does not address or incorporate the RAC performance criteria or the contract requirements. 3. The regional system plan includes the elements of the RAC performance criteria and contract requirements and defines how these criteria are met to include data related to each of the elements as appropriate. The regional system plan is available to the RAC members and stakeholders. 4. In addition to #3, the system plan objectives are monitored and analyzed quarterly and annually, then shared with regional stakeholders. 5. In addition to #4, the regional data is included in the regional annual report, reflecting the system's performance and outcomes. The regional annual report is available to RAC members, stakeholders, public health, local government entities, the business community stakeholders, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
6. SYSTEM PLAN 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.	0. Not known 1. There is no evidence that the regional system plan has defined processes to assist in sharing the regional and state all-hazard emergency response preparedness plans. 2. There is an established regional system plan, but there is no linkage or assistance from the region that addresses the sharing of the regional or state all-hazard emergency response and preparedness plans. 3. The regional system plan addresses the regional role in sharing the regional health care and all-hazard emergency response and preparedness plan with stakeholders. Information is shared as appropriate. 4. In addition to #3, RAC leaders foster regional stakeholder integration and participation with planning and exercising public health initiatives. 5. In addition to #4, regional stakeholders have opportunities to integrate and participate with the regional medical operation center through an inclusive process and participate in all response after-reviews.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
7. SYSTEM PLAN 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.	0. Not known 1. A structured process for evaluating new evidence-based practice guidelines for implementation with the regional stakeholders does not exist. 2. A structured mechanism is in place to inform regional stakeholders of new evidence-based guidelines for implementation in the region but does not define how it will be integrated regionally. 3. A structured mechanism is in place to inform the regional stakeholders of new evidence-based guidelines and define if the guidelines should be integrated into the regional guidelines. If the recommendation is to integrate the guidelines into the region, processes for implementation of the guidelines and stakeholder education for the regional system must be provided. If approved, new guidelines are shared with RAC members and stakeholders and integrated into the system plan. 4. In addition to #3, the guidelines are integrated into the system performance improvement process. 5. In addition to #4, the plan includes the system's capabilities to collect, monitor, and analyze data for reporting purposes and to produce reports reflecting the compliance and outcomes of the guidelines. The reports are shared with the regional stakeholders and contained in the regional annual report.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
8. SYSTEM PLAN 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.	0. Not known 1. The regional system plan does not address these issues. 2. The regional system plan identifies the need for capabilities or capacity for EMS or designated facilities in the region but does not have processes in place to monitor. 3. The RAC has processes in place to monitor 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. 4. In addition to #3, the capabilities and capacity for EMS and designated facilities in all geographic areas of the region are monitored for continual operations. (Example: Pediatric transport capabilities in the very rural areas of the region are needed.) 5. In addition to #4, the regional leaders and stakeholders collectively work on strategies to advance the EMS and designated facilities' capabilities and capacity in the region with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
9. SYSTEM INTEGRATION 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.	0. Not known 1. There is little evidence of physician integration into the regional care system. 2. There is no formally established, ongoing relationship between the regional EMS, trauma, systems of care, and emergency health care system medical directors. There is no evidence of informal efforts to cooperate and communicate. 3. There are established and ongoing relationships between the regional EMS, trauma, systems of care, and other emergency health care system medical directors established through the medical advisory structure outlined in the bylaws, with minimal integration of specialty services such as neurosurgeons, neurologists, orthopedic surgeons, family medicine physicians, intensivists, hospitalists, geriatricians, pediatricians, behavioral health providers, and rehabilitation providers. Advanced practice providers are integrated into the system planning. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, some specialty physicians or services are integrated to develop specific guidelines. This medical advisory structure may be utilized to review cases referred to the performance improvement committees as necessary. 5. In addition to #4, there is integration of specialty physicians and services to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region when needed. Specialty service physicians are integrated into the development of specific guidelines for their specialty.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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10. SYSTEM INTEGRATION 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.	0. Not known 1. The regional system plan does not include the region's designated facilities or prehospital providers. 2. There is a regional system plan that integrates all designated facilities and prehospital providers but does not include other health care stakeholders. 3. The regional system plan integrates designated facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and 9-1-1 EMS providers from the urban, suburban, and rural communities into the regional committees and identified projects. This element of system integration is written into the system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the RAC outlines defined roles, responsibilities, and expectations of participation in the regional committees. 5. In addition to #4, the committee outcomes are monitored, analyzed, and shared with the regional stakeholders, public health, local government entities, local business community stakeholders, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
11. BUSINESS/FINANCE The RAC leaders provide the general membership with a financial report, which includes funds expended, planned expenditures, remaining balances of funding for RAC operations, and the funding allocated to specific projects related to the development and advancement of the regional EMS, trauma, systems of care, and emergency health care system. This must be an agenda item in the general membership meetings. Membership meetings and agendas must be posted on the RAC website.	0. Not known 1. No operational budgets or regional financial reports are shared with the RAC stakeholders. 2. The operational budget to support the regional EMS, trauma, systems of care, and emergency health care system is limited. There is no evidence of budget reports being shared with the RAC general membership. 3. The annual budget and the regional EMS, trauma, systems of care, and emergency health care system funding allocations and priorities are shared with the RAC general membership. This must be an agenda item in the general membership meeting. Membership meetings and agendas must be posted on the RAC website. 4. In addition to #3, all financial audit findings are shared with the RAC board, with appropriate action plans as necessary. 5. In addition to #4, RAC stakeholders have an opportunity to provide input and recommendations for the annual financial decisions before the final approval of the budget.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
12. EMS/PREHOSPITAL 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); air-ground coordination; early notification of the receiving health care facility; pre-arrival 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. Not known 1. There are no regional trauma, systems of care, and emergency health care system recommended prehospital guidelines. 2. Regional trauma, systems of care, and emergency health care system guidelines have been developed but without regard to the national standards. 3. Regional trauma, systems of care, and emergency health care system guidelines have been developed and adopted and are congruent with national standards, but there is no evidence of a coordinated implementation process with the regional EMS providers and other stakeholders. The EMS guidelines are an element of the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, a documented regional implementation plan includes the regional EMS providers and other stakeholders with minimal outcome data. 5. In addition to #4, these guidelines are integrated with the regional system performance improvement process to evaluate compliance with the guidelines and outcome data.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
13. EMS/PREHOSPITAL 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.	0. Not known 1. There are no recommended regional prehospital triage criteria to ensure that patients with acute trauma, systems of care, or other time-sensitive disease processes are transported to the appropriate facility. 2. There are differing regional prehospital triage criteria for acute trauma, systems of care, and other time-sensitive disease processes used by EMS providers. The appropriateness of prehospital triage criteria and subsequent transportation are not evaluated. 3. Regional prehospital triage criteria for patients with acute trauma, systems of care, and other time-sensitive disease processes are developed, approved by the EMS/FRO Medical Director Committee or medical advisory process, and implemented for a system approach. These prehospital guidelines are included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the prehospital triage criteria are utilized by EMS providers and monitored through the regional system performance improvement process. 5. In addition to #4, the effectiveness of the triage criteria is evaluated through outcomes and transfer activities. These reports are generated quarterly and reviewed by the Medical Director Committee or medical advisory process.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
14. DEFINITIVE CARE FACILITIES The regional EMS, trauma, systems of care, and emergency health care system identifies and tracks the number, levels, and geographic location of designated facilities. This information is included in the regional trauma and emergency health care system plan. The regional system plan is available to RAC members and stakeholders.	0. Not known 1. There is no regional system plan to identify and track the number, levels, and distribution of trauma centers for the region. 2. The regional system plan does not identify or track the number, levels, or distribution of designated facilities for the region. 3. The regional system plan identifies the number, level of designation, and distribution of designated facilities within the region and integrates this information into the regional system plan. This information is included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the region identifies areas with limited resources for care. 5. In addition to #4, the regional system plan has provisions to assist the areas with limited resources in managing or transferring acute patients, and this is monitored through the regional system performance improvement process.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must develop a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

Indicator	Scoring		
15. SYSTEM COORDINATION and PATIENT FLOW Regional guidelines and processes to expedite interfacility transfers of patients with acute trauma or systems of care events, individuals with life-threatening 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.	0. Not known 1. Regional processes to expedite interfacility transfers of acute patients are not in place. 2. The interfacility transfer guidelines and processes are defined by each facility, but no regional process is established. 3. Regional guidelines for interfacility transfer to expedite patients with acute trauma or systems of care events, individuals with time-sensitive disease processes, and life-threatening or limb-threatening injuries or diseases are written and integrated into the regional system plan. The system plan is available to RAC members and stakeholders. 4. In addition to #3, these guidelines and processes are monitored through the regional system performance improvement process. 5. In addition to #4, the region has implemented a transfer coordinating center and measures to facilitate sharing of patient images and patient records from the transferring facility to the receiving facility to expedite the accepting team's decision-making. This may include telehealth and telemedicine capabilities. Software to track the transport agency's location and estimated time of arrival at the transferring facility is in place and integrated into the transfer decision scheme. These guidelines are monitored through the regional system performance improvement process to evaluate transfer timeliness and appropriateness and to monitor the "out of RAC" transfers. Performance improvement reports are shared quarterly with RAC members and stakeholders. The Medical Director Committee/medical advisory process reviews all transfer delays.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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16. SYSTEM COORDINATION and PATIENT FLOW 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. Not known 1. There has been no consideration of the specific needs of unique populations. 2. The regional stakeholders have not prioritized the specific populations and their potential needs in the regional system plan. 3. The regional stakeholders have identified specific populations and defined specific resources for these populations. This information is integrated into the regional system plan and is available to RAC members and stakeholders. 4. In addition to #3, there are measures to share the list of resources with RAC members and stakeholders. 5. In addition to #4, the list of resources is updated annually.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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17. PREVENTION and OUTREACH 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 time-sensitive 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.	0. Not known 1. There is no written plan for a coordinated injury and disease prevention program. 2. There are multiple injury and disease prevention programs that may conflict with resources available or with the goals of the regional system plan, or there is a lack of regional coordination. 3. The regional system plan includes written guidelines for specific coordinated injury and time-sensitive disease prevention and outreach programs based on regional data with defined goals and measurable outcomes. The outcomes of the prevention and outreach guidelines are included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, the written injury and time-sensitive disease prevention and outreach guidelines are implemented with regional and community stakeholder participation. These programs have regional support and may be integrated with established coalitions. 5. In addition to #4, these prevention and outreach guidelines have documented evaluation processes to define their effectiveness. Through the regional annual report, the prevention and outreach outcomes are shared with regional stakeholders, public health, local government entities, the business community stakeholders, and the department. If coalitions are not in place for high-risk injuries or time-sensitive diseases, the RAC may consider developing a coalition to integrate with the community partners and other interested stakeholders.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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18. PREVENTION and OUTREACH 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 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.	0. Not known 1. There are no multidisciplinary conferences or educational case reviews conducted with the region. 2. The region provides infrequent multidisciplinary educational opportunities. 3. A regional multidisciplinary conference or educational case review for EMS, trauma, systems of care, or time-sensitive disease process opportunities is scheduled at least annually, with attendance monitored and reviewed. This information is included in the regional annual report. The regional annual report is available to RAC members and stakeholders. 4. In addition to #3, educational opportunities are defined through the self-assessment, stakeholder requests, or system performance improvement process, and attendance is monitored. 5. In addition to #4, these educational programs are inclusive to all regional health care stakeholders. Continuing education and continuing medical education credits are provided. If the RAC cannot support the educational opportunities, it is partnering with other RACs or organizations to provide educational opportunities or disseminate upcoming educational programs.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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19. REHABILITATION 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.	0. Not known 1. The regional stakeholders have not integrated rehabilitation resources into the regional system plan. 2. The regional system plan has integrated rehabilitation programs, but rehabilitation specialists are not participating in the regional activities. They only participate in the designated facilities. 3. The regional system plan has integrated rehabilitation program capabilities into the regional system plan and provided opportunities for rehabilitation facilities to participate in regional committees or activities. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, a regional rehabilitation specialist(s) is participating on a RAC committee(s). 5. In addition to #4, there is evidence of a well-integrated system plan to include rehabilitation facilities in the regional system planning efforts. Rehabilitation facilities provide data on patient discharge functional outcomes for the regional annual report and participate in the regional system performance improvement process.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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20. EMERGENCY RESPONSE 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.	0. Not known 1. There is no evidence of a working relationship or the sharing of data between the RAC leadership, members, stakeholders, and other partners. 2. The RAC leadership collaborates with hospital preparedness stakeholders, including the department and the Health Care Coalition, other emergency services functions (ESF) agencies, and partners, but RAC members are not updated on planning, preparedness, and activities. 3. The RAC leaders disseminate planning and preparedness information and share the data and equipment tracking needs with the regional members and stakeholders in collaboration with the identified Health Care Coalition. 4. In addition to #3, the RAC leaders share information regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders in collaboration with the Health Care Coalition. 5. In addition to #4, the RAC leaders and stakeholders continually assess resources, capabilities, and solutions to respond to the identified regional hazards and share the status of needs with the regional stakeholders, public health, local government entities, the business community stakeholders, the Health Care Coalition, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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21. EMERGENCY RESPONSE 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.	0. Not known 1. A resource assessment of the regional system's capabilities and capacity to expand its resources to respond to MCIs in an all-hazards approach has not been completed. 2. The RAC leaders, members, and stakeholders completed a limited assessment of the system's capabilities and capacity to expand resources to respond to an all-hazards MCI in limited areas of the RAC. 3. The RAC leaders, members, and stakeholders completed an assessment of the system's capabilities and capacity to expand resources to respond to an all-hazards MCI for all areas of the region within the last 24 months. This is documented in a regional internal document and shared with the department at the same time the regional system plan is shared with the department. 4. In addition to #3, an assessment of the system's capabilities includes medical reserve personnel, additional equipment, age-specific resources, caches, communication interoperability, and overall management structure to ensure integration with the local government entities, the emergency management district, and Emergency Medical Task Force (EMTF). 5. In addition to #4, the RAC disseminates educational information to ensure stakeholders are trained and prepared to respond to no-notice events, as well as events with notification.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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22. EMERGENCY RESPONSE 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.	0. Not known 1. Guidelines for regional system communications in the event of an all-hazard incident are not in place. 2. Local EMS systems have written procedures for communications in the event of an all-hazards or major incident. However, there is no coordination among the local jurisdictions or regional stakeholders. 3. The RAC leaders and stakeholders develop guidelines for implementing system communications for an all-hazards response or major EMS incident that are effectively coordinated with existing systems, processes, and plans. This information is included in a separate document from the system plan. The document is shared with the department at the same time the regional system plan is shared. 4. In addition to #3, the RAC facilitates a coordinated communications system with other jurisdictions and partners within the developed regional all-hazard response plan, following the incident management system and collaborating with the Health Care Coalition. 5. In addition to #4, the RAC develops communication system redundancies, and regional stakeholders regularly evaluate these communication procedures through simulated incident exercises. Changes or revisions in the procedures are based on the outcomes of these exercises. RAC leadership shares the after-action findings of these exercises with the regional stakeholders and Health Care Coalition.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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23. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT 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.	0. Not known 1. The RAC does not have a defined structure or procedures to support a regional performance improvement process. 2. Elements of a regional system performance improvement process are established, but no formal procedures are established. 3. The RAC leadership and stakeholders have developed and implemented a regional system performance improvement plan that is supported by the stakeholders, committee activities, sharing of requested data, and referral of specific events for regional review. The system performance improvement plan defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. The 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. 4. In addition to #3, the regional performance improvement process reviews data and events specific to EMS field triage and destination, communication, treatment, and appropriateness of transport mode; diversion hours; out-of-RAC transfers; compliance to established regional evidence-based practice guidelines; patient outcomes; and membership participation criteria defined in the bylaws. 5. In addition to #4, annual reports of the regional performance improvement activities are developed and shared with stakeholders, public health, local government entities, community stakeholders, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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24. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT 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. Not known 1. The regional system does not have processes established to engage in performance reviews of patient care aggregate outcomes data to evaluate its performance against national norms. 2. There is some standardized measurement of aggregate outcomes data for the region, but formalized processes are not in place. 3. The RAC system performance improvement plan outlines standardized processes for reviewing EMS, trauma, and systems of care outcomes and shares reports with appropriate committees. 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. 4. In addition to #3, the stakeholders use these system reports to identify opportunities for regional improvement and develop action plans. 5. In addition to #4, the system improvements are monitored and reported through the regional annual performance improvement report and shared with stakeholders, public health, local government entities, community business stakeholders, and the department.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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25. DATA MANAGEMENT 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. Not known 1. Regional data is not available through the state or a regional registry. 2. There are limited mechanisms for data collection that can be accessed to provide timely data to assist with developing regional goals. 3. The regional State EMS and Trauma Registry data, regional data, and the regional self-assessment provide information and data to assist with developing goals with defined measurable objectives that support the regional performance improvement plan. The data management plan and system performance improvement plan are included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, the data is used to evaluate the system performance changes in trends and identify improvement opportunities. 5. In addition to #4, the RAC has guidelines in place to share unidentified data with committees and regional stakeholders. These reports are included in the annual regional strategic planning.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

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26. REGIONAL RESEARCH & PUBLICATIONS 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.	0. Not known 1. There is no evidence that regional data is available to support systems of care research projects. 2. Data is available through the RAC, but it is sporadic and lacks current data, validation of data, and a coordinated effort to support systems of care research activities. 3. The regional 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 research projects. RAC leaders can demonstrate routine interface with the general medical community regarding trauma, systems of care, and EMS providers to share updates and integrate these leaders in performance improvement initiatives. This process is included in the regional system plan. The regional system plan is available to RAC members and stakeholders. 4. In addition to #3, research is a routine agenda item for the committee and general membership meetings. 5. In addition to #4, a structured process to discuss regional systems of care research ideas and projects with the general membership and other system stakeholders in the region is documented and disseminated to stakeholders. Guidelines specifically addressing abstracts, presentations, and publications of research projects funded by the RAC are documented and shared with all stakeholders. All research projects and findings are reported through the RAC committees and general membership meetings before abstracts, presentations, and/or publications are completed.	**Score:** _____ The RAC stakeholders are involved in the scoring system, but the RAC will complete the final score. If the RAC identifies a score of less than 3, the stakeholders must define a detailed system advancement plan to improve the process and raise the assessment score to 3. The system advancement plan must be written in a "SMART" goal format. **S – Specific details of the action** **M – Must be measurable** **A – Actions must be attainable and designed to improve processes** **R – Relevant to the goals of the RAC** **T – Must have a time defined to reach the goals** If a score of "5" is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the "best practice" and define measures to share these practices.	☐ System Advancement Plan ☐ Sharing the "Best Practice"

ITEM 25-09-f. (TAB 7)

Board Responsibilities Attestation Form

Grantee Name: Seven Flags Regional Advisory Council

Grantee Address: 1216 Santa Maria Ave. Laredo, Texas 78040

P.O. Box 450094, Laredo, Texas 78045

Contract Number: HHS001336600020, Amendment No. 2

The purpose of this form is to ensure that the Grantee's board members and executive officers of the organization are aware of their responsibilities and administrative oversight requirements regarding the contract(s) with the Department of State Health Services (DSHS).

Each Grantee's governing board members and executive officers must sign this form within 60 days of being affiliated with the Organization affirming his or her acknowledgement of personal accountability for contract funds. The Grantee must maintain the signed original form for inspection by DSHS. The Organization's governing board members and executive officers are required to sign only one form for all of the DSHS contracts. The form must be signed yearly during the contract term. Additional signature pages may be added to this form, as necessary.

The undersigned Grantee board members and executive officers acknowledge and affirm that they understand the following responsibilities:

- Grantee and its governing board members and executive officers shall bear full responsibility for the integrity of the fiscal and programmatic management of its organization.
- Each member of Grantee's governing board and its executive officers shall be accountable for all funds and materials received from DSHS.
- The Grantee's governing board members and executive officers must establish and maintain adequate internal controls to ensure fiscal integrity, accountability, and to safeguard assets.
- The Grantee's governing board members and executive officers must ensure that its organization follows Generally Accepted Accounting Principles when preparing financial statements, and observes fund accounting practices to ensure integrity among specific contracts or grants.
- The Grantee's governing board members and executive officers shall comply with DSHS Rules, policies, procedures, and applicable federal and state laws and regulations; and correction of fiscal and program deficiencies identified through self-evaluation and DSHS's monitoring processes.
- Grantee's governing board shall ensure separation of powers, duties, and functions of board members and staff. Staff members, including the executive director or administrator, shall not serve as voting members of the Contractor's governing board.

DSHS provides on-line training for members of Contractor's governing board members and executive officers, which may be viewed through the Contractor Board Training link on the DSHS website at "What Every Non-Profit Board Member Needs to Know". This training is mandatory

for HPP and board members and executive officers must view the video and sign the attestation form, which contains practical advice concerning properly conducting board business, and which advises board members of their joint and individual responsibilities with regard to the contract(s) and contract funds. Keep the original signed copy in the RAC records for auditing purposes. Scan and email the completed attestation form to CMUReg.svcs@dshs.texas.gov and HPP@dshs.texas.gov .

Regional Advisory Council (RAC)

Board Members & Officers Responsibilities Attestation Form

As a board member or executive officer of the above-named Grantee organization, by my signature I attest that I understand my responsibilities and administrative oversight requirements outlined on this form and stated in the HHSC Uniform Terms and Conditions.

(Note: Please indicate if you have taken the on-line Board Training by checking the box next to your name.)

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