



**SEVEN FLAGS REGIONAL  
ADVISORY COUNCIL (SFRAC)  
BOARD MEETING**

**AGENDA**





*Regular Meeting of the SFRAC Board of Directors  
Tuesday, April 30, 2024, 2:00 p.m. to 4:00 p.m.  
Laredo Medical Center, 1700 E. Saunders, 1<sup>st</sup> Floor,  
Community Center Rm. Tower B., Laredo, Texas, 78041*

## **AGENDA**

- 24-58** Item 24-58: Call to Order – Chairman, Jorge Delgado  
a. Roll Call – Chairman.  
b. Introduction of Guests – Chairman.
- 24-59 (Tab 1)** Item 24-59: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held February 29, 2024 - Chairman.
- 24-60 (Tab 2)** Item 24-60: 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 February 11, 2024, thru April 10, 2024 – Chairman.
- 24-61 (Tab 3)** Item 24-61: Presented to the Board for Review and Possible Action is the Approval to Ratify the FY24 2nd 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.
- 24-62 (Tab 4)** Item 24-62 Presented to the Board for Review and Possible Action is the Approval to Accept a Request from Digni Care, LLC. to Join the Seven Flags Regional Advisory Council as Participating Voting Members – Chairman.
- 24-63 (Tab 5)** Item 24-63: Presented to the Board for Review and Possible Action is the Authorization to Ratify the Approval to Enter into a Five (5) Year Term Cooperative Agreement of Affiliation with the City of Laredo Fire Department to Host a Program of Clinical Education for Emergency Medical Technicians and Paramedics – Chairman.
- 24-64 (Tab 6)** Item 24-64: Presented to the Board for Review and Possible Action is the Approval to Accept the First Reading of the Revisions, Deletions, and Additions to the Seven Flags Regional Advisory Council By-Laws - Chairman
- 24-65 (Tab 7)** Item 24-65: Presented to the Board for Review and Possible Action is the Approval to Authorize the Renewal of the Seven Flags Regional Advisory Council Insurance Policy and Coverage with VFIS of Texas, Beginning July 15, 2024, through July 15, 2025, for an Amount of One Thousand Four Hundred and Twenty-Five Dollars (\$1,425.00) – Chairman.



**24-66 (Tab 8) Item 24-66:** Presented to the Board for Review and Possible Action is the Authorization to Ratify the Approval to Purchase Five Thousand Five Hundred (5,500) EMS Triage Mass Casualty Incident Wristbands in the Amount of Two Thousand and Thirty-Five Dollars (\$2,035.00) Plus Shipping Cost to be Charged Under the General Fund Account – Chairman.

**24-67 (Tab 9) Item 24-67:** 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)

**24-68 (Tab 10) Item 24-68:** Other Business – Chairman.

- a. Report on the FY24 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
- b. Report on the Status of South Texas Wristband/Pulsara Project Among TSA-T EMS Entities and Hospitals – Joe Gonzalez.
- c. Report on the Senate Bill 8 State Program – Joe Gonzalez.

**24-69 (Tab 11) Item 24-69** Communication/Correspondence – Chairman.

**24-70 Item 24-70:** Next SFRAC Board meeting – Chairman.

FY24 Meeting Schedule	
Date	Location
Friday, September 29, 2023	Laredo Medical Center, 1700 E. Saunders, 3 <sup>rd</sup> . 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, 1 <sup>st</sup> Floor, Community Center Rm., Tower B, Laredo, Texas, 78041
Friday, August 30, 2024	TBD

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

**24-71 Item 24-71:** 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.

**24-72 Item 24-72:** Adjournment – Chairman.



# ITEM 24-59 (TAB 1)





*Regular Meeting of the SFRAC Board of Directors  
Thursday, February 29, 2024, 10:00 a.m. to 12:00 p.m.  
City of Laredo Fire/EMS Department Administrative Building, EOC Rm., 2<sup>nd</sup> Floor Conference Rm.  
616 E. Del Mar, Laredo, Texas 78045*

## MINUTES

**24-44**      Item 24-44: Call to Order – Chairman, Jorge Delgado

*Mr. Jorge Delgado, SFRAC Chairman called the meeting to order at 10:10 a.m., Thursday, February 29, 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: Victor Romano (Alternate) - Present  
City of Laredo Fire/EMS: Robert Gonzalez (Alternate) – Present  
Doctors Hospital of Laredo: Letisia Colon (Director) – Present  
Priority EMS: Juan Miguel Rojas (Director) – Absent  
Laredo Medical Center: Joe Gonzalez (Treasurer) – Present  
Medpoint Ambulance: Alex Isaac (Alternate) – Present  
Webb County Volunteer Fire/EMS: Francisco Martinez (Alternate) Present  
Zapata County Fire/EMS: Chief Daniel Arriaga (Director) – Present  
Victorious Care Ambulance Service: Grace Garza (Alternate) – Present  
Laredo Lifeline: Christina Lara (Alternate) – Present  
Lalitas Ambulance: Rene Castillo (Director) - Absent  
Capital Care EMS: Mike Martinez (Director) - Absent  
Texas Superior Ambulance Service: Ismael Flores (Director) - Present  
Skyline EMS: Kevin Harris (Director) - Present  
Villa Ambulance: Lilianne Paul (Alternate) - Present  
Primary Care Ambulance: Mario Garza (Alternate) – Present  
Subject Matter Expert: Janson Delattre – Absent  
Member at -Large: John Jones: Absent*

*A quorum of members was met for the purpose of conducting official business of the SFRAC Board of Directors.*



b. Introduction of Guests – Chairman.

Mr. Manuel Aguilera, Dignicare EMS Representative  
Ms. Kim Hermie, CARES State Coordinator

**24-45 (Tab 1) Item 24-45:** Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held January 30, 2024 - Chairman.

*A motion to approve the Minutes as presented was made by Mr. Reynaldo Veliz and seconded by Mr. Joe Gonzalez. Motion carried, unanimously.*

**24-46 (Tab 2) Item 24-46:** 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 January 11, 2024, thru February 10, 2024 – Chairman.

*Mr. Keiser, SFRAC Administrator provided the Board with the financial statements report for the period from January 11, 2024, to February 10, 2024. A motion to accept the reports as presented was made by Mr. Veliz and seconded by Chief Danniell Arriaga. Motion carried, unanimously.*

**24-47** Item 24-47: Presented to the Board for Discussion and Possible Action is the Approval to Change the Regularly Scheduled Seven Flags Regional Advisory Council Board of Directors Meeting from 10:00 a.m. to 2:00 p.m., Based on Comments Made by Board Members During the January 2024 Meeting – Chairman.

*SFRAC Administrator explained that this item had been placed on the agenda due to a comment made by one of the Board members a previous meeting where the chance for thorough consideration based on discussion was not available at the time. The item was originally brought up as an action of consideration to allow attendance of physicians in the RAC meetings, being that generally speaking physician's schedules in the morning are more prohibitive for the attendance of meetings and events as in the afternoon. Discussion ensued among the Board members and ultimately a motion was made by Mr. Gonzalez to move the time of regularly scheduled SFRAC meetings from 10:00 a.m., to 2:00 p.m. The motion was seconded by Ms. Letisia Colon. Motion carried, unanimously.*



**24-48 (Tab 3) Item 24-48:** Presented to the Board for Discussion and Possible Action is the Approval to Restructure the Existing Committees and Form Individual Committees for the Stroke, Cardiac/STEMI, and Neonatal/NICU From the Hospital Program Components Represented within Both Hospitals in the SFRAC Region and to Approve the Nomination and Appointment of the Respective Chairmen and Vice-Chairmen for Newly Formed Committees Having Vacancies as a Result of Staff Attrition or the Restructuring Process- Chairman.

*The restructuring of existing SFRAC committees generated participation from Board members among hospital representatives. Secondly, Board members participated in the nominations of chairman and vice chairman for each of the newly formed committees and for those existing committees which had vacancies needing to be filled. A motion to approve the restructuring of and naming of the new committees was made by Mr. Veliz and seconded by Mr. Gonzalez. Motion carried, unanimously.*

*Newly named committee and naming of respective chairman/vice chairman were approved as follows:*

*Maternal Committee (Chairman: Maria Santillan, LMC Representative, Vice Chairman: Stacey Lopez, Doctors Hospital Representative).*

*Cardiac/STEMI Committee (Chairman: Cristina Paez, LMC Representative, Vice Chairman: Rosie Tamez, Doctors Hospital Representative).*

*Stoke Committee (Chairman: Chantelle Molina, LMC Representative, Vice Chairman: Angie Avila, Doctors Hospital Representative).*

*Neonatal/NICU (Chairman: Angelica Perez, LMC Representative, Vice Chairman: Lilly Limas, Doctors Hospital Representative).*

*EMS/Prehospital (Vice Chairman: Angel Garcia, Angel Care Representative).*

**24-49 (Tab 4) Item 24-49** Presented to the Board for Review and Possible Action is a Second Request Seeking Approval and Authorization to Change the Number of Regular Board Meetings Held within a Fiscal Year (i.e., September 1<sup>st</sup> through August 31<sup>st</sup>.) from Six (6) to a Modified Quarterly Schedule [i.e., Four (4) Times a Year] to be Held on the Months of September, January, April, and August – Chairman.

*SFRAC Administrator addressed the Board and provided them with a background summary and justification for this item. He explained that the most recent changes taking place and forthcoming implemented by the Texas Department of State Health Services (DSHS) regarding the rules associated with hospitals and RAC will increase the amount of work and time required to meet and fulfill them as needed.*





*He used the expression, “work smarter not harder”, as a way to emphasize the need to manage time and effort more effectively within the RAC, and that having as many as four RAC Board meeting throughout the fiscal year to accomplish tasks can have the same if not better results as having six.*

*Discussion on the item brought on the topic of how this change would potentially change the absences and missed meetings policy currently held by the RAC By-Laws. Currently, SFRAC By-Laws stipulate that if a member misses three consecutive meetings they automatically fall into the status of a member “not in good standing” with the organization, potentially affecting their ability to receive grant funds allocated through the RAC. After discussion on the matter, it was agreed that if the change were to take place with the frequency of meetings, the policy would change from three consecutive missed meetings to two consecutive missed meetings.*

*SFRAC administrator presented Board members with the proposed months which would make up the modified quarterly schedule: September, January, April, and August.*

*A motion was made by Mr. Gonzalez and seconded by Mr. Veliz, to approve changing the SFRAC Board meeting from six throughout the fiscal year, to a four month modified quarterly schedule, and to include in the approval of the action changing the number of missed absences policy within the By-Laws, from three consecutive meetings, to two consecutive meetings; to trigger the designation of a SFRAC Board member as a member “not in good standing” with the organization. Motion carried, unanimously.*

**24-50 (Tab 5) Item 24-50:** Presented to the Board for Review and Possible Action is the Approval to Authorize the Re-Distribution of FY24 System Development Grant Award Funds and FY24 EMS County Assistance Grant Funds Among EMS Entities in Good Standing from those SFRAC EMS Entities Not Having Complied with the January 31, 2024, Deadline Submittal of SFRAC Required Membership Application as Per By-Law Guidelines – Chairman

*In accordance with the new rule as found in the SFRAC By-Laws, any member entity from the SFRAC not having submitted all required documentation by January 31, 2024, would be subject to the loss of funding for that year. As a result, Lalitas Ambulance was not in compliance and therefore their share of funds under the System Development and EMS County Assistance program was to be redistributed among the rest of the members who were in compliance. A total of \$219 will be equally redistributed among the rest of the members.*

*A motion to approve the item was made by Mr. Gonzalez and seconded by Mr. Veliz. Motion carried, unanimously.*



**24-51 (Tab 6) Item 24-51:** 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)

*No items to report from the Trauma/Injury Prevention Committee.*

Perinatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lupita Cisneros)

*No items to report from the Perinatal/NICU Committee.*

Maternal Committee (Chairman: Vacant; Vice-Chairman: Vacant)

*No items to report from the Maternal Committee.*

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Chantelle Molina)

*No items to report from the EMS/Prehospital Committee.*

Stroke/STEMI Committee: (Chairman: Vacant; Vice-Chairman: Angie Alvarez)

*No items to report from the Stroke/STEMI Committee.*

**24-52 (Tab 7) Item 24-52:** Presented to the Board for Review and Possible Action is the Approval of the Recommendation Made by the Ad-Hoc Committee to Authorize the Allocation of Available FY24 EMS RAC Exceptional Item (E.I.) Funds Equally Among Participating SFRAC EMS and Hospital Entities in Good Standing with the Organization and in Accordance with DSHS Allowable Costs Associated with EMS RAC Exceptional Item Funding. – Chairman

*SFRAC Administrator addressed the Board summarizing the proposed funding plan for the Exceptional Item (E.I.) funding as appropriated by DSHS for the SFRAC. He explained that this fiscal year E.I. funds will only be used for the purchase of the accounting system for the SFRAC and additionally, that funds will not be used for the acquisition of professional services to implement program requirements imposed by the new rules for RACs and Hospitals, that will not occur until FY25.*

*Furthermore, SFRAC administrator informed the Board that on February 23, 2024, the Board approved ad-hoc committee convened to discuss how the funds available under the E.I. fund would be used. He explained that the committee*



*agreed in recommending that the funds be allocated equally among eligible SFRAC members. The funds would be allocated to each individual EMS entity and hospital to implement their own individual respective projects based on their needs and in accordance with DSHS allowable expenses.*

*A motion to approve the item as presented was made by Mr. Veliz and seconded by Mr. Gonzalez. Motion carried, unanimously.*

**24-53(Tab 8) Item 24-53: 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 summary of the membership status, indicating that two out of all the members had not met the January 31, 2024, deadline for the submittal of entity applications. He also reminded the Board that May 31, 2024, is the deadline for board members to submit their membership dues, other wise face the consequences of becoming a member not in good standing with the organization and potentially jeopardize their funding allocation for the upcoming fiscal year.*

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

*Mr. Joe Gonzalez reported on the wristband/Pulsara project for the SFRAC region indicating that most entities and hospitals in the region are using the wristbands and Pulsara, with the exception of a few SFRAC non-member EMS entities. He indicated that the RAC will be taking steps in addressing these non-conformance issues. Other than the implementation of the wristband/Pulsara project remains a progressing work in progress.*

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

*Mr. Gonzalez provided the Board with a summary of the SB8 program in the SFRAC region, indicating that the EMT Basic level student failure rate was very high (i.e., 73.5), for advanced medics there is a forty percent (40%) failure rate. Overall, the failure rate stands at approximately seventy three percent (73%). He also reported that the effort to complete the legal logistics with the City of Laredo to enroll thirty-nine (39) new students is in process.*

- d. Discussion Regarding Reporting Hospital Data as Part of the SFRAC Committee Reports at Each of the SFRAC Board of Directors Meetings.

*SFRAC Administrator address the Board regarding this item indicating that as a*



result of trying to stay ahead of the upcoming trauma and RAC rules, the reporting of data from the hospitals should be reinstated. A discussion ensued on the item among the members, although the general indication was that reinstating the reporting of data was necessary. SFRAC Administrator indicated that this was not an action item, and that the introduction of this topic was to become a work in progress.

- e. Basic Level Presentation Regarding the CARES Program Presented by Ms. Kim Hermie BSN, RN, Texas CARES State Coordinator.

*A presentation by CARES representatives was provided to the Board.*

**24-54 (Tab 9) Item 24-54 Communication/Correspondence – Chairman.**

*The Board was presented with three sets of correspondence/communication which consisted of three letters, first a letter from DSHS closing out the fiscal review of the SFRAC and acceptance of our corrective action plan; second a participation confirmation letter from the SFRAC to LMC for their stroke re-designation; and thirdly, a participation confirmation letter from the SFRAC to Laredo Medical Center for their Neonatal/NICU program.*

**24-55 Item 24-55: Next SFRAC Board meeting – Chairman.**

FY24 Meeting Schedule	
Date	Location
Friday, September 29, 2023	Laredo Medical Center, 1700 E. Saunders, 3 <sup>rd</sup> . 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	
Friday, August 30, 2024	

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



**24-56** Item 24-56: 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.

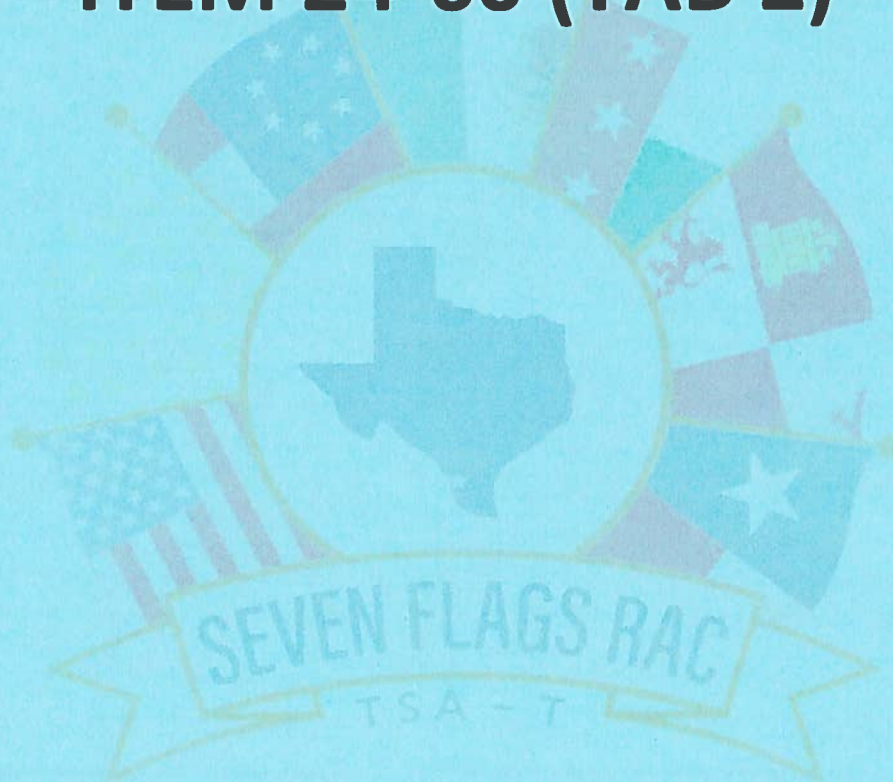
*No one registered for public comments.*

**24-57** Item 24-57: Adjournment – Chairman.

*A motion to adjourn was made by Mr. Veliz and seconded by Mr. Angel Garcia. Motion carried. Meeting was adjourned.*



## ITEM 24-60 (TAB 2)





the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1998).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to adulthood is increasing. This is due to a number of factors, including improved medical care, better nutrition, and a decrease in child mortality.

Another reason why the number of children in the world is increasing is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the age at which women are having children, and an increase in the number of children who are being born to women who are already having children.

There are a number of challenges that are associated with the increasing number of children in the world. One of the main challenges is that there are not enough resources to care for all of the children. This is particularly true in developing countries, where there is a lack of access to education, healthcare, and other basic services.

Another challenge is that there are not enough jobs for all of the children. This is particularly true in developing countries, where there is a high level of unemployment. This can lead to children being forced to work, which can have a negative impact on their health and education.

There are a number of ways that we can address these challenges. One way is to improve access to education, healthcare, and other basic services. Another way is to create more jobs for children. This can be done by supporting small businesses and providing training and education for children.

It is important that we take action to address these challenges. If we do not, the number of children in the world will continue to increase, and the challenges will become even more difficult to address.

There are a number of organizations that are working to address these challenges. One of the most well-known is UNICEF. UNICEF is a United Nations agency that is dedicated to the well-being of children. It provides a wide range of services, including education, healthcare, and nutrition.

There are also a number of other organizations that are working to address these challenges. These include the World Bank, the International Labour Organization, and the World Health Organization. Each of these organizations has a different focus, but they all share the goal of improving the lives of children.

It is important that we all work together to address these challenges. Only by working together can we ensure that every child has the opportunity to live a healthy and happy life.

There are a number of things that we can do to help. We can donate to organizations like UNICEF. We can volunteer our time. We can also simply be more aware of the challenges that children face. By doing these things, we can help to make a difference in the lives of children.

The future of children is in our hands. Let us all do our part to ensure that every child has the opportunity to live a healthy and happy life.





6721 McPherson Road  
 P O Box 450263  
 Laredo, TX 78045  
 (956) 722-8333



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

Date 3/08/24  
 Primary Account  
 Enclosures

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*EMS County Assistance*

**CHECKING ACCOUNT**

**ALERT:** As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is \$5,000 and the daily ATM withdrawal dollar limit is \$2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates	2/12/24 thru 3/10/24
Previous Balance	90,763.40	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	90,763.40
Checks/Debits	.00	Average Collected	90,763.40
Service Charge	.00		
Interest Paid	.00		
Current Balance	90,763.40		

**DAILY BALANCE INFORMATION**

Date	Balance
2/12	90,763.40



6721 McPherson Road  
 P.O. Box 450263  
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THE SEVEN FLAGS REGIONAL ADVISORY  
 COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T  
 1216 SANTA MARIA  
 LAREDO TX 78040

Date 4/10/24  
 Primary Account  
 Enclosures

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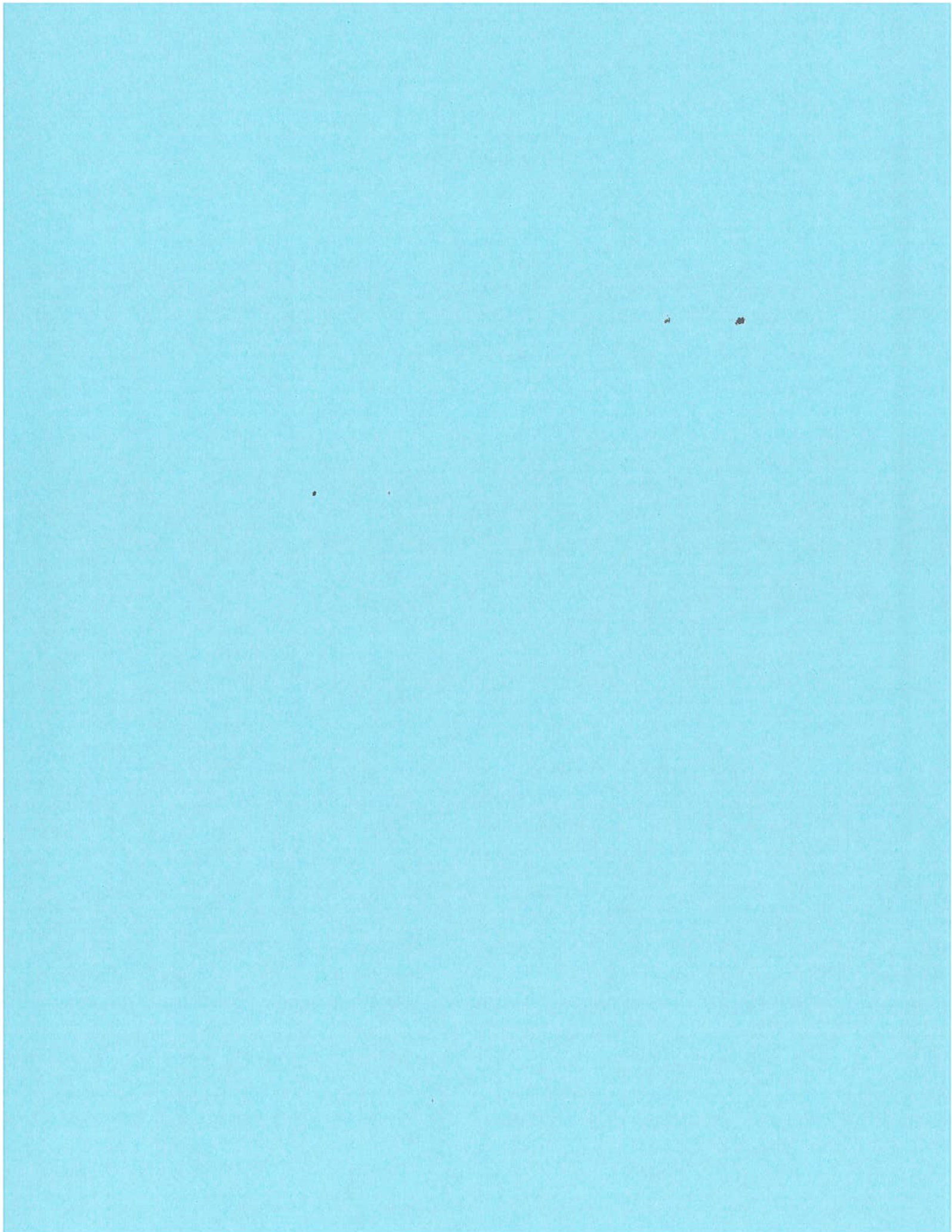
*EMS County Assistance*

**CHECKING ACCOUNT**

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates	3/11/24 thru 4/10/24
Previous Balance	90,763.40	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	90,763.40
Checks/Debits	.00	Average Collected	90,763.40
Service Charge	.00		
Interest Paid	.00		
Current Balance	90,763.40		

**DAILY BALANCE INFORMATION**

Date	Balance
3/11	90,763.40





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

Date 3/08/24  
 Primary Account  
 Enclosures

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**CHECKING ACCOUNT**

ALERT: As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is \$5,000 and the daily ATM withdrawal dollar limit is \$2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates	2/12/24 thru 3/10/24
Previous Balance	172,236.85	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	172,236.85
Checks/Debits	.00	Average Collected	172,236.85
Service Charge	.00		
Interest Paid	.00		
Current Balance	172,236.85		

**DAILY BALANCE INFORMATION**

Date	Balance
2/12	172,236.85



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

Date 4/10/24  
 Primary Account  
 Enclosures

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**CHECKING ACCOUNT**

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates	3/11/24 thru 4/10/24
Previous Balance	172,236.85	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	172,236.85
Checks/Debits	.00	Average Collected	172,236.85
Service Charge	.00		
Interest Paid	.00		
Current Balance	172,236.85		

**DAILY BALANCE INFORMATION**

Date	Balance
3/11	172,236.85





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MEMBER FDIC



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

Date 3/08/24  
 Primary Account  
 Enclosures

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**CHECKING ACCOUNT**

**ALERT: As of January 22, 2024, the daily point of Sale dollar limit for TCB debit cards is \$5,000 and the daily ATM withdrawal dollar limit is \$2,000. For questions, contact us at (956) 722-8333.**

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591396	Statement Dates	2/12/24 thru 3/10/24
Previous Balance	47,922.52	Days in the statement period	28
2 Deposits/Credits	2,700.00	Average Ledger	48,297.87
1 Checks/Debits	1,138.00	Average Collected	48,228.23
Service Charge	.00		
Interest Paid	.00		
Current Balance	49,484.52		

**DEPOSITS AND ADDITIONS**

Date	Description	Amount
3/05	DDA REGULAR DEPOSIT	750.00
3/05	DDA REGULAR DEPOSIT	1,950.00

**CHECKS IN SERIAL NUMBER ORDER**

Date	Check No	Amount
3/06	1014	1,138.00

\* Denotes missing check numbers

**DAILY BALANCE INFORMATION**

Date	Balance	Date	Balance	Date	Balance
2/12	47,922.52	3/05	50,622.52	3/06	49,484.52







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

MEMBER FDIC



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

Date 4/10/24  
Primary Account  
Enclosures

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1010591396  
3

**CHECKING ACCOUNT**

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591396	Statement Dates	3/11/24 thru 4/10/24
Previous Balance	49,484.52	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	47,915.56
3 Checks/Debits	2,294.31	Average Collected	47,915.56
Service Charge	.00		
Interest Paid	.00		
Current Balance	47,190.21		

**CHECKS IN SERIAL NUMBER ORDER**

Date	Check No	Amount	Date	Check No	Amount
3/22	16	1,000.00	3/18	1017*	991.10
3/26	1015*	303.21			

\* Denotes missing check numbers

**DAILY BALANCE INFORMATION**

Date	Balance	Date	Balance
3/11	49,484.52	3/22	47,493.42
3/18	48,493.42	3/26	47,190.21

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL  
 GENERAL FUND ACCOUNT  
 1216 SANTA MARIA  
 LAREDO, TX 76040

1016  
 99-2481/1149

Date: 2/20/2024

Pay to the Order of TETAIF \$ 1,000.00  
One thousand 00/100 Dollars

For 2024 Membership Fee 3717

Texas Community Bank  
 8721 McPherson Rd., Laredo, Texas 76041  
 949-797-5238

⑆ 1 149248 10 1016 ⑆ 1010591398 ⑆

DDA REGULAR CHECK 16 Date: 03/22 Amount: \$1,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL  
 GENERAL FUND ACCOUNT  
 1216 SANTA MARIA  
 LAREDO, TX 76040

1015  
 99-2481/1149

Date: 2/2/2024

Pay to the Order of Department of State Health Services \$ 303.21  
Three hundred & three & 21/100 Dollars

For #HHS 80175650001

Texas Community Bank  
 8721 McPherson Rd., Laredo, Texas 76041  
 949-797-5238

⑆ 1 149248 10 1015 ⑆ 1010591398 ⑆

DDA REGULAR CHECK 1015 Date: 03/26 Amount: \$303.21

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL  
 GENERAL FUND ACCOUNT  
 1216 SANTA MARIA  
 LAREDO, TX 76040

1017  
 99-2481/1149

Date: 3/13/2024

Pay to the Order of John R. Deizer \$ 991.10  
Nine hundred & ninety one 10/100 Dollars

For GENIC Travel (Manda Austin)

Texas Community Bank  
 8721 McPherson Rd., Laredo, Texas 76041  
 949-797-5238

⑆ 1 149248 10 1017 ⑆ 1010591398 ⑆

DDA REGULAR CHECK 1017 Date: 03/18 Amount: \$991.10





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

MEMBER FDIC



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

Date 3/08/24  
 Primary Account  
 Enclosures

Page 1  
 1010591693

**CHECKING ACCOUNT**

**ALERT:** As of January 22, 2024, the daily point of sale dollar limit for TCB debit cards is \$5,000 and the daily ATM withdrawal dollar limit is \$2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates	2/12/24 thru 3/10/24
Previous Balance	53,296.31	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	53,296.31
Checks/Debits	.00	Average Collected	53,296.31
Service Charge	.00		
Interest Paid	.00		
Current Balance	53,296.31		

**DAILY BALANCE INFORMATION**

Date	Balance
2/12	53,296.31



6721 McPherson Road  
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THE SEVEN FLAGS REGIONAL ADVISORY  
 COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T  
 SYSTEM DEVELOPMENT ACCOUNT  
 1216 SANTA MARIA  
 LAREDO TX 78040

Date 4/10/24  
 Primary Account  
 Enclosures

Page 1  
 1010591693

**CHECKING ACCOUNT**

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates	3/11/24 thru 4/10/24
Previous Balance	53,296.31	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	53,296.31
Checks/Debits	.00	Average Collected	53,296.31
Service Charge	.00		
Interest Paid	.00		
Current Balance	53,296.31		

**DAILY BALANCE INFORMATION**

Date	Balance
3/11	53,296.31





6721 McPherson Road  
 P O Box 450263  
 Laredo, TX 78045  
 (956) 722-8333



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

Date 3/08/24  
 Primary Account  
 Enclosures

Page 1  
 1010591792  
 1

**CHECKING ACCOUNT**

**ALERT:** As of January 22, 2024, the daily Point of Sale dollar limit for TCB debit cards is \$5,000 and the daily ATM withdrawal dollar limit is \$2,000. For questions, contact us at (956) 722-8333.

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591792	Statement Dates	2/12/24 thru 3/10/24
Previous Balance	371,236.96	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	371,120.88
1 Checks/Debits	250.00	Average Collected	371,120.88
Service Charge	.00		
Interest Paid	.00		
Current Balance	370,986.96		


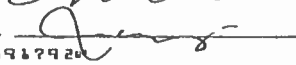
**CHECKS IN SERIAL NUMBER ORDER**

Date	Check No	Amount
2/27	1020	250.00

\* Denotes missing check numbers

**DAILY BALANCE INFORMATION**

Date	Balance	Date	Balance
2/12	371,236.96	2/27	370,986.96

<b>THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL</b> HOLDING ACCOUNT 1218 SANTA MARINA LAREDO, TX 78040		<b>1020</b> <small>05-2481118</small> <small>CHECK #1020</small>
Pay to the Order of <u>De La Guiza CPA Firm</u> , \$ <u>250.00</u>		Date <u>1/31/2024</u>
<u>Two hundred &amp; fifty and 00/100</u> Dollars		
<small>TEXAS Community Bank</small> <small>6781 McPherson Rd., Laredo, Texas 78041</small> <small>556-7344</small>		
For <u>1099 Corp. &amp; Family Re. &amp; Support</u>		
⑆ 1 4 9 2 4 8 1 0 ⑆ 1 0 2 0 ⑆ 1 0 5 9 1 7 9 2 ⑆		

DDA REGULAR CHECK 1020 Date: 02/27 Amount: \$250.00





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



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

Date 4/10/24  
 Primary Account  
 Enclosures

Page 1  
 1010591792  
 1

**CHECKING ACCOUNT**

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591792	Statement Dates	3/11/24 thru 4/10/24
Previous Balance	370,986.96	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	364,726.87
1 Checks/Debits	7,187.50	Average Collected	364,726.87
Service Charge	.00		
Interest Paid	.00		
Current Balance	363,799.46		

**CHECKS IN SERIAL NUMBER ORDER**

Date	Check No	Amount
3/15	1021	7,187.50

\* Denotes missing check numbers

**DAILY BALANCE INFORMATION**

Date	Balance	Date	Balance
3/11	370,986.96	3/15	363,799.46

<b>THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL</b> HOLDING ACCOUNT 1216 SANTA MARIA LAREDO, TX 78040		<b>1021</b> <small>68 2491140</small>
Date: <u>3/1/2024</u>		<small>⑈</small>
Pay to the Order of: <u>Jose Gonzales Jr.</u>	Amount: <u>\$7,187.50</u>	Dollars
For: <u>Seven thousand one hundred eighty seven 50/100</u>		
For: <u>5th serv. contract part</u>		
<small>⑈ 6 4 9 2 4 8 1 0 ⑈ 1 0 2 1 ⑈ 1 0 4 0 5 9 1 7 9 2 ⑈</small>		

DDA REGULAR CHECK 1021 Date: 03/15 Amount: \$7,187.50



# FY24 OPERATING BUDGET EXPENSE REPORT (MARCH - APRIL)

## FY24 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY

General Fund Projected Membership Revenue for FY24	\$15,150.00
Actual Membership Funds Collected to Date	\$14,650.00
<b>Total (+/-) %</b>	<b>(\$500.00)</b>

## 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 (Bowloathon)	\$10,305.00
<b>Total</b>	<b>\$331,117.00</b>

## 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		\$1,500.00
TETAF Dues	\$900.00		\$900.00
DHSH Re: (Payment of Disallowed Cost)	\$0.00	\$303.21	-\$303.21
CPA IRS Filing/Income Statement	\$1,000.00		\$1,000.00
RAC Chair/GETAC Travel (November 2023, Austin, Tx.)	\$3,800.00	\$1,271.35	\$2,528.65
GETAC Travel (March 2024, Austin, Tx., Required)	\$2,000.00	\$991.10	\$1,008.90
GETAC Travel (August 2024 Austin, Tx., Required)	\$3,800.00		\$3,800.00
TETAF Annual Workshop/Conference	\$0.00		\$0.00
GoDaddy Web Site Renewal (Debit)	\$400.00	\$381.09	\$18.91
Zoom	\$159.00	\$159.00	\$0.00
<b>Subtotal</b>	<b>\$13,739.00</b>	<b>\$3,281.75</b>	<b>\$10,457.25</b>
<b>Total Under/Over Budget:</b>			<b>-\$10,457.25</b>

## FY24 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted 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
Lifeline Ambulance Care	\$5,383.64		\$5,383.64
Skyline EMS	\$16,570.00		\$16,570.00
<b>Subtotal</b>	<b>\$90,724.00</b>	<b>\$5,383.64</b>	<b>\$90,724.00</b>

Grant Total: \$90,724.00

### FY24 General Fund (FY24 Bowlathon Fund Raiser)

	Funds Generated	Total Fund Utilization	Balance
Bowlathon	\$10,305.00	\$0.00	\$10,305.00
Funds Raiser Expense			
Reimbursements to Joe Gonzalez and Jorge Delgado		\$3,041.26	-\$3,041.26
<b>Subtotal</b>	<b>\$10,305.00</b>	<b>\$3,041.26</b>	<b>\$7,263.74</b>

### 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
Laredo Ambulance Care	\$3,068.06	\$219.15	\$3,287.21
Medpoint Ambulance	\$3,068.06	\$219.15	\$3,287.21
Skyline EMS	\$3,068.11	\$219.13	\$3,287.24
<b>Subtotal</b>	<b>\$46,021.00</b>	<b>\$3,068.06</b>	<b>\$46,021.00</b>

Grand Total: \$46,021.00

### 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	\$0.00	\$8,516.75
Administrative Fee (3rd Qtr.)	\$8,516.75	\$0.00	\$8,516.75
Administrative Fee (4th Qtr.)	\$8,516.75	\$0.00	\$8,516.75
<b>Subtotal</b>	<b>\$34,067.00</b>	<b>\$8,516.75</b>	<b>\$25,550.25</b>

### FY24 EMS RAC Grant (Exceptional Item Funds) \$150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Project Funding (To Be Determined)	\$150,000.00		\$150,000.00
Aplos Accounting Software Purchase and Set Up Fee		\$3,313.40	-\$3,313.40
<b>Subtotal</b>	<b>\$150,000.00</b>		<b>\$146,686.60</b>

### Senate Bill 8 Grant Program Funding

	Projected Cost	Actual Expenditures	Balance
Education/Scholarships	\$454,334.00	\$123,661.88	\$330,672.12
RAC Administration	\$73,293.09	\$40,165.75	\$33,127.34
Equipment	\$0.00		
Incentives	\$0.00		
<b>Subtotal</b>	<b>\$527,627.09</b>	<b>\$163,827.63</b>	<b>\$363,799.46</b>

### Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference
To Be Determined	\$0.00	\$0.00	\$0.00
<b>Subtotal</b>			<b>\$0.00</b>

**FY24 EMS RAC Exceptional Item (E.I.) Allocation Totals**

	Projected Cost	Actual Cost	Balance
Bronze Starr Ambulance	\$10,477.61		\$10,477.61
Laredo Fire Department EMS	\$10,477.61		\$10,477.61
Angel Care Ambulance	\$10,477.61		\$10,477.61
Webb County Volunteer Fire,	\$10,477.61		\$10,477.61
Victorious Care Ambulance	\$10,477.61		\$10,477.61
Priority EMS	\$10,477.61		\$10,477.61
Laredo Lifeline	\$10,477.61		\$10,477.61
Villa Ambulance	\$10,477.61		\$10,477.61
Texas Superior Ambulance	\$10,477.61		\$10,477.61
Zapata County Fire/EMS	\$10,477.61		\$10,477.61
Laredo Medical Center	\$10,477.64		\$10,477.64
Doctors Hospital of Laredo	\$10,477.64		\$10,477.64
Medpoint Ambulance	\$10,477.61		\$10,477.61
Skyline EMS	\$10,477.61		\$10,477.61
<b>Subtotal</b>			<b>\$146,686.60</b>







**SOUTH TEXAS DEVELOPMENT COUNCIL  
TRAVEL EXPENSE CLAIM AND TRIP REPORT**

EXPENSE ACCOUNT OF: John R. Keiser

PAY PERIOD ENDING: 3/15/2024

I certify that the expense account rendered below is true, correct, unpaid and complete to the best of my knowledge.

[Signature]  
SIGNATURE

3/13/2024  
DATE

DATE OF DEPARTURE: 3/5/2024

TIME OF DEPARTURE: 1:00 PM

DATE OF RETURN: \_\_\_\_\_

TIME OF RETURN: \_\_\_\_\_

CHARGE TO: N//A (Expense incurred by SFRAC General Fund)

DATE	EXPENSE REPORT	TOTAL
	Mileage from _____ to _____ miles @ \$ 0.67 per mile \$ -	
	Mileage from _____ to _____ miles @ \$ 0.67 per mile \$ -	
Total Actual Mileage.....		\$ -
	2 First Day/Last Day Travel \$ 48.00 (75% of Per Diem)	\$ 96.00
	2 Full Travel Day(s) \$ 59.00 (B+L+D-Per Diem)	\$ 118.00
Total Actual Meals.....		\$ 214.00
	3 Night(s) @ \$ 184.00 per night + 32.89 tax	
Total Actual Lodging.....		\$ 650.67
Other Expenses (Specify)	Daily Event Parking \$ 27.05	
Other Expenses (Specify)	Gasoline \$ 99.38	
Other Expenses (Specify)	\$ -	
Total "Other" Expenses.....		\$ 126.43
<b>TOTAL ACTUAL TRAVEL EXPENSES.....</b>		<b>\$ 991.10</b>
TOTAL ADVANCE RENDERED TO <u>John R. Keiser</u> .....		\$ -
TOTAL OWED TO <u>John R. Keiser</u> .....		\$ 991.10
TOTAL OWED TO SFRAC.....		

[Signature] 3/13/2024  
John R. Keiser Date  
Director/Administrator

\_\_\_\_\_  
Juan E. Rodriguez Date  
Executive Director



SOUTH TEXAS DEVELOPMENT COUNCIL  
TRAVEL AUTHORIZATION  
(PRIOR APPROVAL)

SUBMITTED BY:	John R. Keiser	DATE SUBMITTED:	3/4/2024
DATE OF TRIP:	March 5, 2024	DEPARTURE TIME:	
DESTINATION:	Austin, Texas	Travis	TX
	City	County	State
ESTIMATED RETURN DATE:	March 8, 2024	TIME OF ARRIVAL:	5:00 p.m.

**Purpose of the Trip:**

To attend the quarterly meetings of the GETAC Committes, RAC Chair, and GETAC.

**FISCAL INFORMATION**

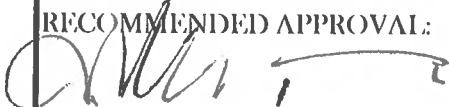
**CHARGE TO:**

Estimated Milcage:	0	miles @	0.67	per mile			
	2	First Day/Last Day	\$48.00	(75% of Per Diem)	\$	96.00	
	2	Full Travel Day(s)	\$59.00	(B+I+D=Per Diem)	\$	118.00	
Estimated Lodging:	3	Nights (s) @	\$ 184.00	per night +	\$32.89	tax	\$ 650.67
Other (Specify):	<b>Do Not Pay, This Is A SFRAC Covered Expense.</b>						
Other (Specify):							
<b>Total Estimated Expenses:</b>						<b>\$</b>	<b>864.67</b>

RECOMMENDED APPROVAL:

APPROVED:

VERIFIED FOR  
MATHEMATICAL ERRORS



JOHN R. KEISER  
PROGRAM DIRECTOR

JUAN E. RODRIGUEZ  
EXECUTIVE DIRECTOR

JOSAFAT SALDIVAR  
FISCAL OFFICER

REQUEST FOR ADVANCE:

No

FOR ACCOUNTING DEPARTMENT USE ONLY

I hereby request that the above travel expense be advanced:

Date

Need check by

(allow 5 working days for processing)

ADVANCE APPROVED:

Mr. Juan E. Rodriguez  
Executive Director

Date

Receipt

L/R #02  
T/D #01  
A Payment No. 00052370  
Ticket No. 007314  
03/07/2024 (Thu) 10:03  
03/07/2024 (Thu) 19:20  
Entry Time  
Exit Time  
Parking Time  
Parking Fee  
Rate A \$10.00  
9:17

TAX(Excluded)  
Taxi  
VISA  
Account #  
Slip #  
Auth Code  
Credit Card Amount  
Total  
\$0.82  
\$0.82  
\*\*\*\*\*2430  
62411  
0000709407  
\$10.82  
\$10.82

Thank You for Your Visit  
Please Come Again!

L/R #03  
T/D #01  
Entry Time  
Exit Time  
Parking Time  
Parking Fee  
Rate A  
7:38  
\$10.00

TAX(Excluded)  
Taxi  
VISA  
Account #  
Slip #  
Auth Code  
Credit Card Amount  
Total  
\$0.82  
\$0.82  
\*\*\*\*\*2430  
48110  
0000364643  
\$10.82  
\$10.82

Thank You for Your Visit  
Please Come Again!

A Payment No. 00048075  
Ticket No. 007182  
03/06/2024 (Wed) 10:13  
03/06/2024 (Wed) 17:51  
Entry Time  
Exit Time  
Parking Time  
Parking Fee  
Rate A  
7:38  
\$10.00

TAX(Excluded)  
Taxi  
VISA  
Account #  
Slip #  
Auth Code  
Credit Card Amount  
Total  
\$0.82  
\$0.82  
\*\*\*\*\*2430  
62439  
0000673152  
\$5.41

Thank You for Your Visit  
Please Come Again!

Receipt

L/R #02  
T/D #01  
A Payment No. 00062397  
Ticket No. 007444  
03/08/2024 (Fri) 8:44  
03/08/2024 (Fri) 11:43  
Entry Time  
Exit Time  
Parking Time  
Parking Fee  
Rate A  
3:04  
\$5.00

TAX(Excluded)  
Taxi  
VISA  
Account #  
Slip #  
Auth Code  
Credit Card Amount  
Total  
\$0.41  
\$0.41  
\*\*\*\*\*2430  
62439  
0000673152  
\$5.41

Thank You for Your Visit  
Please Come Again!

WELCOME TO  
OUR STORE

\*\*\*\*\*  
CK 1831  
619 Crossroads St  
Laredo TX 78045

Description	Qty	Amount
UNLD CR #11	17.910G	49.59
SELF @ 2.769/ G		
Subtotal		49.59
<b>TOTAL</b>		<b>49.59</b>
CREDIT \$		49.59

VALPR  
\*\*\*\*\*5269  
CARD #: 03297  
Entry: Swiped  
Auth #: 252333

OUR STORE

\*\*\*\*\*  
CK 2426  
7715 S. Zarzamora  
San Antonio TX 78224

Description	Qty	Amount
UNLD CA #08	21.288G	49.79
SELF @ 2.339/ G		
Subtotal		49.79
<b>TOTAL</b>		<b>49.79</b>
MOBILE \$		49.79

MOBILE  
ValeroProprietary  
CREDIT  
\*\*\*\*\*3297  
AUTH #: 471319



EMBASSY SUITES BY HILTON - AUSTIN  
 ARBORETUM  
 EMBASSY SUITES ARBORETUM, 9505 STONELAKE  
 BLVD  
 AUSTIN, TX 78759  
 United States of America  
 TELEPHONE (512) 372-8771 • FAX (512) 231-4099  
 Reservations  
 www.embassysuites.com or 1 800 EMBASSY

KEISER, JOHN R.  
  
 2411 SUTTON CT  
 P.O. BOX 450788  
 LAREDO TX 78045  
 UNITED STATES OF AMERICA

Room No: 514/KNGN  
 Arrival Date: 3/5/2024 4:34:00 PM  
 Departure Date: 3/8/2024 12:53:00 PM  
 Adult/Child: 1/0  
 Cashier ID: EURBANO2  
 Room Rate: 184.00  
 AL:  
 HH #  
 VAT #  
 Folio No/Che 728167 A

Confirmation Number: 55115797

EMBASSY SUITES BY HILTON - AUSTIN ARBORETUM 3/8/2024 1:00:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
3/5/2024	2972297	GUEST ROOM	\$184.00
3/5/2024	2972297	STATE ROOM TAX	\$11.12
3/5/2024	2972297	CITY ROOM TAX	\$20.39
3/5/2024	2972297	STATE COST - RECOVERY FEE	\$1.38
3/6/2024	2972566	GUEST ROOM	\$184.00
3/6/2024	2972566	STATE ROOM TAX	\$11.12
3/6/2024	2972566	CITY ROOM TAX	\$20.39
3/6/2024	2972566	STATE COST - RECOVERY FEE	\$1.38
3/7/2024	2972947	GUEST ROOM	\$184.00
3/7/2024	2972947	STATE ROOM TAX	\$11.12
3/7/2024	2972947	CITY ROOM TAX	\$20.39
3/7/2024	2972947	STATE COST - RECOVERY FEE	\$1.38
3/8/2024	2973100	MC *8762	(\$650.67)
**BALANCE**			\$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

Thank you for staying with us. Visit [embassysuites.com](http://embassysuites.com) for more information on hotel packages, subscribe to our E-announcements newsletter, or plan your next stay at close to 200 destinations.

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

1017

88-2481/1149

3/13/2024

Date

CHECK ARMOR

Pay to the  
Order of

John R. Peiser

\$991.10

Nine hundred and ninety one <sup>10</sup>/<sub>100</sub>

Dollars

Photo Safe Deposit



6721 McPherson Rd. Laredo, Texas 78041  
361-722-8333

For SEPC Travel (March - Austin)

MP

⑆ 114924810⑆ 1017 ⑈ 1010591396 ⑈



# ITEM 24- 61 (TAB 3)





**SUPPORT DOCUMENT** revised 5/12/22

In Support of Reimbursement Requests for

In Support of Reimbursement Requests for

**EMS/RAC EXPENDITURES**

**CURRENT FISCAL YEAR (FY)**

**2024**

Seven Flags Regional Advisory Council

RAC NAME

Seven Flags Regional Advisory Council

RAC NAME

Seven Flags Regional Advisory Council

Prior FY Year EMS/RAC Carryforward FY 2023 - 2024 <b>Carry over from Contract Number #</b>	\$		<b>Data Check</b>
Current FY EMS/RAC Allocation Amount	\$ 34,067.00	8,516.75	Program + Admin Costs = Current FY Expenditures. Good job!
Current FY EMS/RAC Expenditures	\$ 8,516.75		
Less: Unexpended Prior FY Carryforward (if any)	\$		
Total Unexpended Funds (Subject to Carryforward)	\$ 25,550.25		
Program Income			

**Current FY Activities**

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	3rd Quarter			4th Quarter			Total Expenditures
	March	April	May	June	July	August	
<b>Program Costs</b>							
PERSONNEL							\$ -
FRINGE BENEFITS							\$ -
TRAVEL							\$ -
EQUIPMENT							\$ -
SUPPLIES							\$ -
CONTRACTUAL							\$ -
OTHER							\$ -
<b>TOTAL COSTS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Administrative Costs</b>							
PERSONNEL							\$ -
FRINGE BENEFITS							\$ -
TRAVEL							\$ -
EQUIPMENT							\$ -
SUPPLIES							\$ -
CONTRACTUAL							\$ -
OTHER							\$ -
INDIRECT							\$ -
<b>TOTAL COSTS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,516.75

Name & phone number of Person Completing this Form

the 1990s, the number of people aged 65 and over in the United States is projected to increase from 20 million to 35 million (U.S. Census Bureau 1996).

As the number of people aged 65 and over increases, the number of people aged 75 and over is also expected to increase. The number of people aged 75 and over in the United States is projected to increase from 10 million in 1990 to 15 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 75 and over increases, the number of people aged 85 and over is also expected to increase. The number of people aged 85 and over in the United States is projected to increase from 3 million in 1990 to 5 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 85 and over increases, the number of people aged 95 and over is also expected to increase. The number of people aged 95 and over in the United States is projected to increase from 1 million in 1990 to 2 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 95 and over increases, the number of people aged 100 and over is also expected to increase. The number of people aged 100 and over in the United States is projected to increase from 0.5 million in 1990 to 1 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 100 and over increases, the number of people aged 105 and over is also expected to increase. The number of people aged 105 and over in the United States is projected to increase from 0.2 million in 1990 to 0.5 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 105 and over increases, the number of people aged 110 and over is also expected to increase. The number of people aged 110 and over in the United States is projected to increase from 0.1 million in 1990 to 0.2 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 110 and over increases, the number of people aged 115 and over is also expected to increase. The number of people aged 115 and over in the United States is projected to increase from 0.05 million in 1990 to 0.1 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 115 and over increases, the number of people aged 120 and over is also expected to increase. The number of people aged 120 and over in the United States is projected to increase from 0.02 million in 1990 to 0.05 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 120 and over increases, the number of people aged 125 and over is also expected to increase. The number of people aged 125 and over in the United States is projected to increase from 0.01 million in 1990 to 0.02 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 125 and over increases, the number of people aged 130 and over is also expected to increase. The number of people aged 130 and over in the United States is projected to increase from 0.005 million in 1990 to 0.01 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 130 and over increases, the number of people aged 135 and over is also expected to increase. The number of people aged 135 and over in the United States is projected to increase from 0.002 million in 1990 to 0.005 million in 2000 (U.S. Census Bureau 1996).

As the number of people aged 135 and over increases, the number of people aged 140 and over is also expected to increase. The number of people aged 140 and over in the United States is projected to increase from 0.001 million in 1990 to 0.002 million in 2000 (U.S. Census Bureau 1996).















<b>SUPPORT DOCUMENT</b> <small>revised 5/12/22</small>		In Support of Reimbursement Requests for	In Support of Reimbursement Requests for
<b>EI EXPENDITURES</b>			
<b>CURRENT FISCAL YEAR (FY)</b>	<b>2024</b>	RAC NAME <b>Seven Flags Regional Advisory Council</b>	RAC NAME <b>Seven Flags Regional Advisory Council</b>

EI Allocation Amount	\$ 150,000.00	Program & Administrative Costs	Data Check
Total EI Expenditures	\$ 3,313.40	3,313.40	Program + Admin Costs = Current FY Expenditures. Good job!
Total Unexpended Funds	\$ 146,686.60		
Program Income	\$ -		

Current FY Activities	3rd Quarter				4th Quarter			
	March	April	May	3rd Quarter Totals	June	July	August	4th Quarter Totals
INDIRECT COSTS <small>List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.</small>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ALL NON-PERSONNEL INDIRECT COSTS								
TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	March	April	May	3rd Quarter Totals	June	July 2022	August	4th Quarter Totals
<b>Program Costs</b>								
PERSONNEL				\$ -				\$ -
FRINGE BENEFITS				\$ -				\$ -
TRAVEL				\$ -				\$ -
EQUIPMENT				\$ -				\$ -
SUPPLIES				\$ -				\$ -
CONTRACTUAL				\$ -				\$ -
OTHER				\$ -				\$ -
<b>TOTAL COSTS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Administrative Costs</b>								
PERSONNEL				\$ -				\$ -
FRINGE BENEFITS				\$ -				\$ -
TRAVEL				\$ -				\$ -
EQUIPMENT				\$ -				\$ -
SUPPLIES				\$ -				\$ -
CONTRACTUAL				\$ -				\$ -
OTHER				\$ -				\$ -
INDIRECT				\$ -				\$ -
<b>TOTAL COSTS</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Name & phone number of Person Completing this Form





<b>SUPPORT DOCUMENT</b> <small>revised 5/12/22</small>	
<b>EI EXPENDITURES</b>	
<b>CURRENT FISCAL YEAR (FY)</b>	<b>2024</b>

EI Allocation Amount	\$ 150,000.00
Total EI Expenditures	\$ 3,313.40
Total Unexpended Funds	\$ 146,686.60
Program Income	\$ -

<b>Current FY Activities</b>		Total Expenditures
<b>INDIRECT COSTS</b>	List costs by individual. If applicable and report all Non Personnel indirect costs as one lump sum	\$ -
	All Non-Personnel Indirect Costs	
<b>TOTAL COSTS</b>		<b>\$ 3,313.40</b>
		\$ 3,313.40

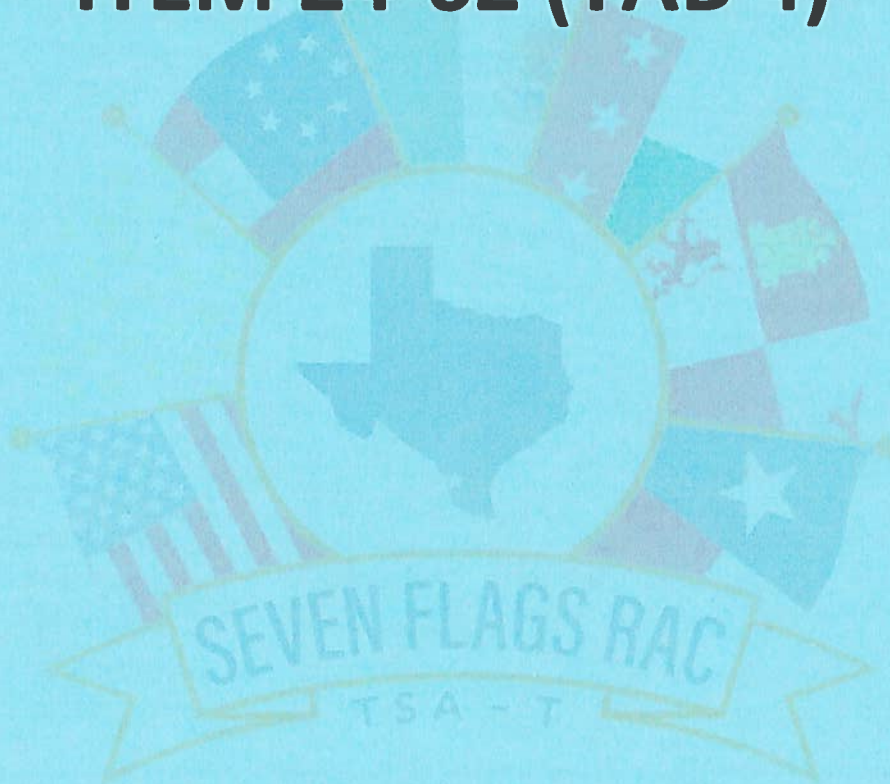
**MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS**

		Total Expenditures
<b>Program Costs</b>		
	PERSONNEL	\$ -
	FRINGE BENEFITS	\$ -
	TRAVEL	\$ -
	EQUIPMENT	\$ -
	SUPPLIES	\$ -
	CONTRACTUAL	\$ -
	OTHER	\$ -
	<b>TOTAL COSTS</b>	<b>\$ -</b>
<b>Administrative Costs</b>		
	PERSONNEL	\$ -
	FRINGE BENEFITS	\$ -
	TRAVEL	\$ -
	EQUIPMENT	\$ -
	SUPPLIES	\$ -
	CONTRACTUAL	\$ -
	OTHER	\$ 3,313.40
	INDIRECT	\$ -
	<b>TOTAL COSTS</b>	<b>\$ 3,313.40</b>
		\$ 3,313.40

**Name & phone number of Person Completing this Form**



## ITEM 24-62 (TAB 4)



**John R. Keiser**

---

**From:** dignicare3@gmail.com  
**Sent:** Thursday, February 29, 2024 5:10 PM  
**To:** John R. Keiser  
**Subject:** Digni Care LLC  
**Attachments:** EMS papers.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

We would like to join your RAC we just got approved February 27, 2024. We are just waiting for the hard copy. Our license #1001101. Thank you very much

Ramon Rojas  
9563349438  
Manuel Aguilera  
2102044712  
Digni Care LLC  
9562202715

[Sent from Yahoo Mail on Android](#)



Seven Flags Regional Advisory Council  
Trauma Service Area "T"

**EMS Membership RAC Application Form FY 2024**

(PLEASE PRINT)

Name of Organization:	Digni Care LLC			
Name of CEO or Chief:	Ramon Rojas			
Phone Numbers:	Office: 956 2202715	Fax:		
Email Address:	digni.care3@gmail.com			
Physical Address:	1812 Commerce Dr Suite 8			
Mailing Address:	1812 Commerce Dr Suite 8			
Person Representing the Organization as Director or Officer on the RAC:	Ramon Rojas			
Phone Numbers:	Office:	Cell: 956 3349438	Pager:	Fax:
Email Address:	ray.firefighter-6@yahoo.com			
Mailing Address:	3710 Celite Loop			
Alternate Representative:	Manuel Aguilera			
Phone Numbers:	Office:	Cell: 910 2044712	Pager:	Fax:
Email Address:	Magu.lera2003@yahoo.com			
Mailing Address:	1608 Doctora Eve Lane			
Alternate Representative:				
Phone Numbers:	Office:	Cell:	Pager:	Fax:
Email Address:				
Mailing Address:				
Alternate Representative:				
Phone Numbers:	Office:	Cell:	Pager:	Fax:
Email Address:				
Mailing Address:				



## ITEM 24-63 (TAB 5)



## COOPERATIVE AGREEMENT OF AFFILIATION

This agreement ("Agreement") is made by Seven Flags Regional Advisory Council (the "Council") and the City of Laredo (the "City") through the Laredo Fire Department.

**WHEREAS**, the Council operates a Regional Advisory Council in Trauma Service Area "T"; and

**WHEREAS**, the City through the Fire Department wishes to provide emergency medical and trauma services to the City of Laredo, Texas and likewise host a program of clinical education at their Administrative Building for its Emergency Medical Technician and Paramedic students; and

**WHEREAS**, the Council is willing to provide state allocated funding to support these endeavors;

**NOW, THEREFORE**, in contemplation of the relationship to be established between the parties and in consideration of the mutual covenants contained herein, the parties mutually agree as follows.

1. **Purpose:** This Memorandum of Understanding (MOU) is entered into by and between the City of Laredo Fire Department and the Seven Flags Regional Advisory Council (Seven Flags RAC) with the primary purpose of facilitating the allocation of state funding from Seven Flags RAC to the City of Laredo Fire Department. The primary objective of this collaborative agreement is to address and enhance Trauma Service Area "T" needs, specifically focusing on the improvement and organization of trauma care services within the region. Through this MOU, both parties intend to foster the development of effective trauma care initiatives, ensure efficient resource utilization, and ultimately contribute to the betterment of emergency medical services and patient outcomes within Trauma Service Area "T".
2. **Duties of the City:** The City agrees to fulfill the following obligations during the term of this Agreement.
  - (a) The City shall utilize allocated state funding for the improvement and organization of trauma care services
  - (b) The City shall collaborate with Seven Flags RAC in planning and executing trauma care initiatives
  - (c) The City shall participate in Information sharing and coordination to enhance trauma care services.
3. **Duties of the Council:** The Council agrees to fulfill the following obligations during the term of this Agreement:
  - (a) The Council shall include the City in the allocation of state funding as appropriate to support trauma care improvement as agreed upon while the City continues to be a fully vested participant in the Seven Flags Regional Advisory Council.
  - (b) The Council shall facilitate communication and coordination among regional stakeholders for trauma care initiatives.
  - (c) The Council shall collaborate closely with the City of Laredo Fire Department to enhance trauma care services

(d) The Council may advise the City of any serious deficits noted in the in the ability to provide state funding to the City throughout the fiscal year.

4. Parties' Relationship. During the agreement, neither the City nor its designees shall be considered an employee, agent, partner, or servant of the Council. It is understood and agreed that the Council retains the ultimate right to refuse grant funding, if the City is unable to adhere to the obligations and limitations expressly stated in this Agreement.
5. Indemnification Provisions. The Council agrees to indemnify and hold harmless the City, its shareholders, officers, and employees from and against any claim, loss, damage, cost, expense, including attorney's fees, or liability arising out of or related to the performance of non-performance by the Council, its shareholders, officers, and employees or any services to be performed or provided by the Council under this Agreement.
6. Term. The term of this Agreement shall be for five (5) years for the effective date signed at the end of this document. Notwithstanding the terms specified herein, this agreement may be terminated by either party as provided in the Termination section of this Agreement.
7. Termination. This Agreement may be terminated prior to the expiration of the term hereof by mutual agreement of the parties; provided however, no such termination shall be effective unless terminated by either party with 30 days' written notice.
8. Confidentiality. Both parties agree to treat all non-public information obtained during the course of this collaboration as confidential and to take all necessary measures to protect it.
9. Modification Agreement. This agreement contains the entire understanding of the parties and shall be modified only by and instrument in writing signed on behalf of each party hereto.
10. Notices. All notices shall be in writing and shall be delivered to the following address or at such different addresses as shall be directed by the Parties from time-to-time.

To City: Guillermo Heard  
Fire Chief  
Laredo Fire Department  
616 E. Del Mar  
Laredo, Texas 78045

To Council: John R. Keiser  
Seven Flags Regional Advisory Council  
1002 Dicky Lane  
Laredo, Texas 78045

11. Governing Law. This agreement is made in Texas and shall be constructed, interpreted, and governed by the laws of such state. The Parties consent to venue in Webb County, Texas for any action under this Agreement.
12. No Wavier. No waiver of a breach of any provision of this Agreement shall be Construed to be a waiver of any breach of any other provision. No delay in acting with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach.
13. Authorization of Agreement. Each party represents and warrants to the other that the execution of this Agreement has been duly authorized, and that this Agreement constitutes a valid and enforceable obligation of such party according to its term.
14. Section Headings. The headings of sections contained in this Agreement are for convenience only, and they shall not, expressly or by implication, limit, define, extend, or construe the term of provisions of the sections of this Agreement.



**IN WITNESS WHEREOF**, the City and the Council have executed this Agreement, in multiple originals, to be effective as of the date on which this Agreement is fully executed.

**CITY OF LAREDO**

\_\_\_\_\_  
Joseph Neeb  
City Manager  
City of Laredo

\_\_\_\_\_  
Date

**ATTEST:**

\_\_\_\_\_  
Jose A. Valdez, Jr.  
City Secretary

**RECOMMENDED:**

\_\_\_\_\_  
Guillermo Heard  
Fire Chief  
City of Laredo Fire Department

\_\_\_\_\_  
Date

**Seven Flags Regional Advisory Council**

\_\_\_\_\_  
Jorge D. Delgado  
Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Silvestre Rodriguez  
Vice Chairman

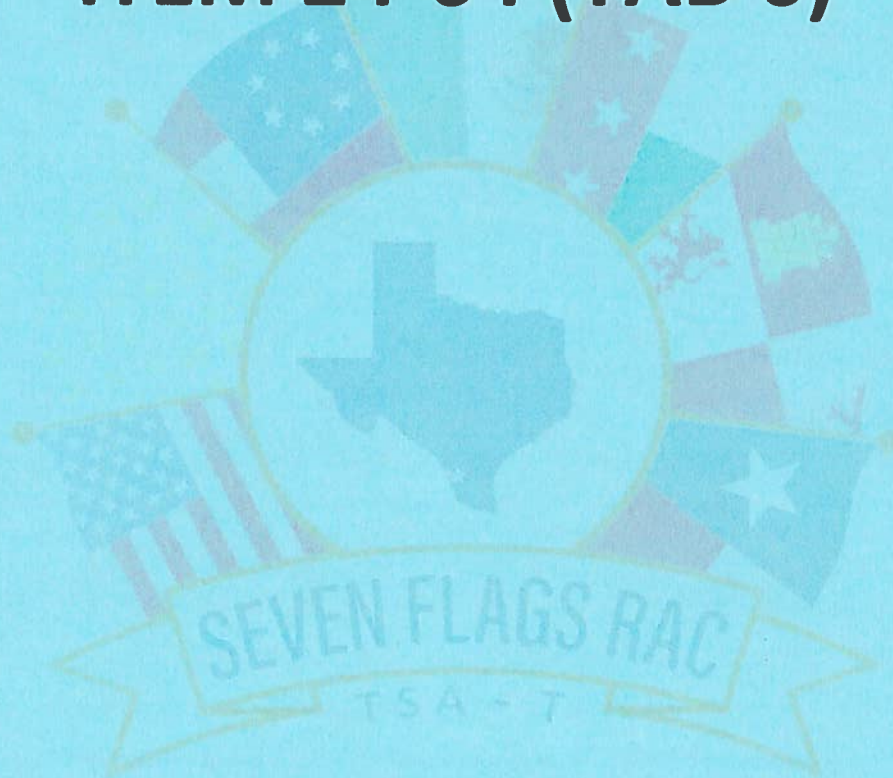
\_\_\_\_\_  
Date

\_\_\_\_\_  
John Keiser  
Regional Programs Director  
Trauma Council Administrator (TSA-T)

\_\_\_\_\_  
Date



# ITEM 24-64 (TAB 6)





**Seven Flags Regional Advisory Council  
Trauma Service Area "T"**

# **BYLAWS**

*Amended and Board Approved Effective:  
April 30, 2024*

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

**ARTICLE I**

**AUTHORITY**

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

**ARTICLE II**

**MISSION, DESIGNATED JURISDICITON AND PURPOSE**

**Mission**

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

**Designated Jurisdiction**

- 2.03. The following counties have been designated by the State of Texas or approved upon petition to the Seven Flags Regional Advisory Council with subsequent approval by the State of Texas to be included in TSA "T": Jim Hogg, Webb, and Zapata.

**Purpose**

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

**“Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws”**

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

**ARTICLE III  
MEMBERSHIP**

**Membership Composition and Qualifications/Roles**

- 3.01. Membership qualifications require that the member entity conduct and possess licensure to provide service within the Trauma Service Area (TSA) “T” and be:
- (a) Hospital: An individual or individuals designated by a hospital located in TSA T. Hospital members shall not be eligible to receive EMS County Assistance Funds.
  - (b) EMS Service Provider: An individual or individuals designated by an EMS land or air Service provider located in TSA T.
  - (c) First Responder Organization: An individual or individuals designated by a First Responder Organization Service located in TSA T.
  - (d) Education: An individual or individuals designated by an Education Institution involved in trauma service training located in TSA T. Educational entity members shall not be eligible for RAC related funding with the exception of Local Planning Grant (LPG) Funds as appropriated by DSHS either through the RACs as an allocation to the region or directly through competitive grants let by DSHS.
  - (e) Member At-Large: At-Large Members shall:
    - (i) Participate in listening and communicating issues, needs, and interests among Directors of the Board in order to identify potential problems and opportunities, to work effectively toward common goals, and develop objectives and action plans for selected projects.
    - (ii) Provide the Board of Directors with information based on experience, expertise, or special insight as a subject matter expert, if level of knowledge is suitable and applicable to the needs of the Board as deemed appropriate by a majority of the Board. A member At-Large may be exempt from paying membership dues. Additionally, a Member At-Large is not eligible to receive any program funding. Members at Large shall not be counted in constituting a quorum and shall not have voting power.
  - (e) Ex-Officio Member: An ex-officio Board member is a member who does not have membership with an organization but is able to serve on the board. This member serving as ex-officio is able to do so because of another position the person holds, such as a state employee or representative.

**“Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws”**

Unlike other board members, the ex-officio board member has the privilege of partaking in some board activities, but this is not required. The ex-officio member shall not be counted in constituting a quorum and shall not have voting power. The ex-officio member may contribute to the Board’s business by participating in item discussion and committee activities. Lastly, Ex-Officio members are not eligible to receive any program funding.

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

**Special Qualifications for Hospitals**

- 3.02. Membership status for new hospitals shall be provisional for six (6) months.
- 3.03. Continued membership status for hospitals will be dependent on a commitment to trauma care as demonstrated by trauma facility designation or involvement in the designation process as prescribed in Texas Administrative Code, Title 25, Chapter 157, Rule §157.125 Requirements for Trauma Facility Designation.

**Provisional Membership Status for New Members**

- 3.04. If a new entity wishes to become a member of SFRAC, the applicant must submit an application with the ~~SFRAC within~~ SFRAC within ten (10) days of their intent in applying for membership or within the time necessary to be included on the agenda for the next most recent Board meeting during which membership will be considered. The Secretary or Administrator shall present the application for membership to the Board of Directors, which shall, ~~at its next meeting,~~ approve or disapprove such application. Subsequent to the Board’s approval of membership status, prorated membership dues (as applicable) shall be submitted to the SFRAC within 30 days of Board approval.
- 3.05. The Secretary shall then notify the applicant of the action of the Board of Directors. If membership is granted to the entity, then the said entity shall remain with a provisional status until the beginning of the next fiscal year and shall become eligible for funding after one fiscal year of participating as a SFRAC member in good standing. Recognition of an entity will not take effect until their application is on file, dues paid, and application for membership is approved by the Board of Directors.

**"Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws"**

**Dues**

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

**Prorated Dues for New Members**

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

**Participating Member in "Good Standing"**

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

**Membership Renewal Application**

- 3.09. A membership application is required to be submitted to the SFRAC office at the start of each fiscal year. All existing members must submit their application and dues at the beginning of every fiscal year with their primary and three alternate representatives listed. Recognition of a member entity will not take effect until their application is on file and dues are paid with the SFRAC office.
- 3.10. An existing member in "Good Standing" that does not renew their membership four (4) months after the fiscal year has begun (i.e., January) will result in the member's "Good Standing" status to be revoked and deemed as a member "Not in Good Standing", for the remainder of the fiscal year, and must wait until the beginning of the following fiscal year to renew their membership. (Note: A member with a "Not in Good Standing" status may be subject to losing their privilege in receiving program grant funds during the existing fiscal year. Under this rule, the SFRAC Board of Directors has the ultimate authority to approve any exceptions and/or allowances.

**Late Payment Fee for Membership Renewal**

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

**Resignation**

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

**Reapplication**

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

**Member "Not in Good Standing"**

- 3.14. A Member entity shall be deemed to be **"Not in Good Standing"** if a Member entity miss ~~three~~ two (3 2) consecutive scheduled Board meetings, and/or if any of the Active Participation requirements (i.e., submittal of membership documents, application and payment of dues) are not met. Member "Not in Good Standing" **will not be considered eligible for fund allocations during the proceeding (i.e., forthcoming) fiscal year.**
- 3.15. A member entity who is discontinued funding for disciplinary action levied against a participating hospital, EMS Service, First Responder Organization by the Texas Department of State Health Services may re-apply for Membership. The Secretary shall present all applications for membership to the Board of Directors. The Secretary shall then notify the applicant of the action of the Board of Directors.

**Removal of Member**

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



### Active Participation

- 3.17. Active Participation as a member within the SFRAC is defined as meeting all compliance requirements listed below under Section 3.19, (a) – (h). ~~is defined as: 1) Attendance at a minimum of one (1) of the Standing Committee Meetings (as applicable); 2) attendance to a minimum of one (1) event (as applicable); and 3) regular attendance of SFRAC regularly scheduled Board meetings.~~

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### SFRAC Events

- 3.18. SFRAC events shall be coordinated by any of the SFRAC Permanent Committees of the organization or by the Board itself. ~~Each member entity shall receive at least one month's notice [through their representative(s)] via email of their required attendance/participation.~~ A minimum of one event attended by the member entity is required. Each participating entity must sign in during the event to be accounted as having participated.

#### Types of Events

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

#### Compliance Requirements for Participating Members

- 3.19. Each Hospital, EMS Service, and First Responder Organization which has been designated membership must meet all the following categorical participation requirements with the SFRAC in order to become eligible for state grant funding. Hence, "Participating" as a member is defined as having met with all the requirements listed in this section, 3.19(a) through 3.19(h).
- (a) **State Trauma Registry:** All participating hospitals and EMS entities must upload to the State Trauma Registry via electronic medium as required by Texas Administrative Code, Title 25, Chapter 103, Injury Prevention and Control, Rule §103.13, "Who Shall Report," and Rule §103.19, "Electronic Reporting". Reporting must be done in accordance with registry submission guidelines. Compliance will be determined after verification is obtained through the State Trauma Registry Office.
  - (b) **Licensure Compliance:** All participating hospitals must be licensed general hospital and designated trauma facility or considered in "Active pursuit" of designation by the Texas Department of State Health Services. Verification of licensure compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating hospital by

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

- (c) **Licensure Compliance:** All participating EMS Services must be licensed EMS Provider by the Texas Department of State Health Services. Verification of licensure compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating EMS Service by the Texas Department of State Health Services is considered prima facie evidence for the Seven Flags RAC to discontinue funding for the rest of the current fiscal year (Reapplication for membership will be required at the end of the current fiscal year for reconsideration for the following year). This is not limited to letters of reprimand, administrative penalties, probation and/or fines sanctioned by the Texas Department of State Health Services for not maintaining licensure compliance or violation of licensure statutes/rules.
- (d) **Licensure Compliance:** All participating First Responder registered First Responder Organization with the Texas Department of State Health Services. Verification of registration compliance will be obtained through the Texas Department of State Health Services. Disciplinary Action levied against a participating hospital by the Texas Department of State Health Services is considered prima facie evidence for the Seven Flags RAC to discontinue funding for the rest of the current fiscal year (Reapplication for membership will be required at the end of the current fiscal year for reconsideration for the following year). This is not limited to letters of reprimand, administrative penalties, probation and/or fines sanctioned by the Texas Department of State Health Services for not maintaining licensure compliance or violation of licensure statutes/rules.
- (e) **Submission of a needs assessment:** All participating hospitals and EMS entities must submit to the RAC Administrator a needs assessment at the beginning of each fiscal year in the form provided by the SFRAC.
- (f) **Affidavit Acknowledging Utilization of RAC Regional Protocols Regarding Patient Destination and Transport:** All participating EMS Services must file a copy of the signed affidavit form at the beginning of every fiscal year with the Seven Flags RAC office. All EMS Services are required to comply with the aforementioned in accordance with Texas Administrative Code, Title 25, Chapter 157, Rule §157.130(d)(2)(B) and Rule §157.131(d)(2)(B), "demonstrate utilization of the Regional Advisory Council

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regional protocols regarding patient destination and transport in all TSA's in which they operate."

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

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

**ARTICLE IV  
BOARD OF DIRECTORS**

- 4.01. "Board", when used in relation to any power or duty requiring collective action, means "Board of Directors".
- 4.02. The business and affairs of the Board and all powers vested shall be exercised by or under the authority of the Board of Directors, subject to limitation imposed by the Act, the Articles of Incorporation, or these Bylaws. No single entity shall place undue influence on the governance of the Corporation.

**Minimum Number of Directors and Board Officers**

- 4.03. The number of Board Officers of this Regional Advisory Council (RAC) shall be at least four (4): Chairperson, Vice Chairperson, Secretary and Treasurer, all of whom must be residents of the State of Texas. The number of Board Directors

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may be increased or decreased from time to time by amendment of these Bylaws, but no decrease shall be the effect of shortening the term of any incumbent directors.

**Board Officer and Director Appointments**

- 4.04. Board Officers shall be approved for appointment by the Active Members of the SFRAC through nomination. Each EMS and Hospital entity Board Director will be entitled to name three (3) alternate individuals and each will have the authority to cast a vote in the absence of the designated Board Director. Each Director position representing a given entity will count as one (1) vote, regardless of the number of alternates. Appointed alternates may cast one (1) vote only for a given Board Director representing a given entity. Trauma designated facilities will each appoint a Board Director. Each member EMS Provider and First Responder Organization shall also appoint a Board Director. Similarly, Board Officer votes count for the given entity they represent. Appointment of Directors shall be made by the given agencies/entities/organizations that the Director is representing while serving on the Board. The SFRAC Board shall recognize and approve the slate of Officers to serve on the Board for each new fiscal year at the first meeting of each fiscal year held in October, (if necessary). Identification of appointed members by given participating agencies/entities/organizations will be done using the SFRAC's "Membership Application Form.
- 4.05. Each of these Directors shall be an individual who is an employee or agent of a Hospital facility, EMS provider or First Responder Organization and who has been designated by that Hospital, EMS provider or First Responder Organization as a candidate for Director.

**Director Term of Office**

- 4.06. The term in office of each director shall be for one (1) year and may continue to serve consecutive terms or until his or her successor is appointed by the CEO/Owner of the entity being represented.
- 4.07. Entities with multiple facilities may designate one person to act as Director for all its entities and such person shall have one vote for each facility at meetings of the Directors of the Corporation.

**Director Vacancy**

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

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- 4.09. Vacancies in the Board of Directors shall exist in the case of happening of any of these events: (a) the death, resignation, or removal of any Director, or (b) the authorized number of Directors is increased.
- 4.10. In the event that the office of the Chair becomes vacant, the Vice Chair will succeed the Chair and hold office for the unexpired Chair's term. After completion of the vacant Chair's term, the Board shall elect a Chairman. If the office of the Vice-Chair, Secretary, or Treasurer, becomes vacant by reason of death, resignation, removal, or otherwise, the Board shall elect a successor who shall hold office for the unexpired term and until his successor is elected after expiration of the term. Vacancies may be filled by any of the remaining Directors. Each Officer so elected shall hold office until his successor is elected at a regular or special meeting of the Board.

**Director Resignation**

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

**Director Removal**

- 4.12. Any Director failing to attend 75% of the scheduled Board of Directors meetings within the contract year may be removed from office by vote of a majority of the Board. If a hospital director is removed, the hospital shall be requested to appoint a new director to finish the current term. If an EMS Director is removed, the EMS Provider, which employs that director, shall be requested to appoint a new director to finish the current term.
- 4.13. Any Director may be removed, either with or without cause, by a majority vote of the Board, at any regular or special meeting, provided however, that the removal shall be without prejudice to the contract rights, if any, of the person removed.

**Voting by Alternate**

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

**Board of Directors Compensation**

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

**ARTICLE V  
OFFICERS**

- 5.01 There shall be the following Officers of the Board of Directors elected by the Board of Directors annually on alternating terms and each shall serve until the successor of such officer is elected.
- (a) Chairman
  - (b) Vice-Chairman
  - (c) Secretary
  - (d) Treasurer
- 5.02. An officer who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Board of Directors.

**Nominations**

- 5.03. Nominations of Officers to the Board of Directors shall be made during the August Board of Directors meeting of the SFRAC. Individuals may nominate candidates by the following methods: (1) During the aforementioned meeting at the indicated time on the agenda, (2) In writing during the meeting at the indicated time of the agenda (must fill out the SFRAC nomination form), (3) In writing to the SFRAC Secretary via e-mail, fax or U.S. Mail on the SFRAC nomination form. All nominations received adhering to the previously mentioned process will be placed as an agenda item in the August Board of Directors meeting. Candidates accepting the nominations will then be placed on the election ballot for voting in the October Board of Directors meeting.

**Elections**

- 5.04. Election of new officers will be held in August with the new officers assuming office during the October meeting of the Board of Directors.
- (a) To be eligible for an officer position as Vice-Chair, Treasurer or Secretary, the individual must be a SFRAC Board Director affiliated with a member entity that is currently participating and is in good standing with the Seven Flags RAC for one (1) year prior to being nominated. The individual must reside in the State of Texas and has not been found in violation resulting in a felony.
  - (b) To be eligible as Chairman of the Board an individual must meet the same eligibility criteria as Vice-Chair, Treasurer and Secretary, with the only exception that the individual may not necessarily be a Board Director at the time of nomination. Additionally, the nominated Chairman need not necessarily be a member of or affiliated with a SFRAC member entity.
  - (c) Candidates may run for only one office at a time.
  - (d) To facilitate transition of administration, officers will be installed at the next regular Board of Directors meeting following the nomination.

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**Officers Term of Office**

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

**Installation of Board Offices**

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

**Removal and Resignation of Officer**

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

**Duties of the Chairman**

- 5.07. Unless duties are otherwise performed by Administrator or Executive Director of the SFRAC, the Chairman shall:
- (a) Preside over all meetings of the Executive Board, Board of Directors and at any Special Meeting of the Corporation.
  - (b) Make interim appointments as needed with the approval of the Board of Directors.
  - (c) Sign all contracts after approval of the Board of Directors. The chairman may assign the SFRAC Administrator to sign program contracts on his behalf with approval from the SFRAC Board.
  - (d) Call a special or emergency meeting when necessary.
  - (e) Will act as the registered agent of the corporation and must file with the Texas Secretary of State's Office in a timely fashion.
  - (f) Sign all legal/non-profit corporation documents for the SFRAC.

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- (g) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation, or removal of the Chairman, he or she must tender over his or her letter of completion of term or resignation and must be sent to the financial institution immediately where the RAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.
- (h) Travel as required to meet contractual obligations and/or stakeholder meetings (local, statewide, or national) to accurately represent the Seven Flags RAC at the GETAC and TETAF meetings. GETAC meetings considered mandatory are scheduled in February and August during the year and the Chairman may assign a Board Officer or Board Director to attend the DSHS RAC Chair meeting on his/her behalf. During non-mandatory RAC Chair meetings, the Chairman may include the SFRAC Administrator, in addition to a Board Officer or Director, to attend the DSHS RAC Chair meeting on his/her behalf.

**Duties of the Vice Chairman**

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

**Duties of the Secretary**

- 5.09. Unless duties are otherwise performed by the Administrator or Executive Director of the SFRAC, the Secretary of the Board of Directors or a person designated by the Secretary shall:
- (a) Call the roll.
  - (b) Determine if a quorum is present at every meeting if needed.
  - (c) Record the minutes of all proceedings of the Executive Board, Board of Directors Special and/or Emergency meetings.
  - (d) Handle the correspondence of the organization.
  - (e) Send a Board of Directors listing to each member.



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- (f) Present the minutes to each member at the current meeting.
- (g) Shall receive all written Alternates by members prior to every meeting.
- (h) Must be placed on the authorized signature card at the financial institution where the Seven Flags RAC conducts their banking affairs. After the completion of the elected term, resignation or removal of the Secretary, he/she must tender over his/her letter of completion of term or resignation and must be sent to the financial institution immediately where the SFRAC conducts its' business affairs to serve as tangible evidence that he or she is no longer affiliated with the Seven Flags RAC.

**Duties of the Treasurer**

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

**Officer Salaries**

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

**ARTICLE VI  
MEETINGS**

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**Frequency**

- 6.01. Meetings of the Board of Directors shall take place a minimum of six four (6 4) times a year). The date and place of the next meeting will be determined at the end of each meeting. Meetings of the Board will be held throughout the year on the 30<sup>th</sup> day of each of the following months: ~~September, October, January, February, May, and August~~ September, January, April and August. If the 30<sup>th</sup> falls on a weekend, then the meeting would be held on the Friday preceding the weekend.
- 6.02. Committee Meetings shall take place a minimum of six four (6 4) times a year as part of each Board meeting. Committees may meet independently throughout the course of the year as needed.
- 6.03. Meetings of the Board of Directors and/or Committee(s) shall take place as called upon by the Board of Directors Chairman or designated Administrator representing the Seven Flags Regional Advisory Council for the Trauma Service Area - T.
- 6.04. The Administrator for the Seven Flags Regional Advisory Council designated to coordinate and call upon its members and officers to convene Committee and/or Board of Director meetings on behalf of the Chairman, Officers, and General Membership.

**Parliamentary Authority**

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

**Quorum**

- 6.03. A quorum for conducting the business of the Board of Directors and General Membership Meetings shall not be less than one half (1/2) of the Members present.
- 6.04. In the absence of a quorum, a majority of the Members present may adjourn the meeting. At the discretion of the members present informational items on the agenda may be presented and discussed. However, action items shall not be presented or discussed until the next re-scheduled meeting or the next regular meeting.
- 6.05. Notice of time and place of a re-scheduled meeting that was adjourned need not be given to absent Members if the re-scheduled meeting will be at the next regular meeting of the Board and the time and place has been previously provided.

**Special Meetings**

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- 6.06. A Special meeting of the Board of Directors shall be called by the Chairman, or if he/she is absent, is unable too, or refuses to act; a special meeting shall be called by the Vice-Chairman or by any two Officers of the Board.
- 6.07. Written notice of the time, place, and purpose of special meetings of the Board of Directors, shall be delivered to each Member personally, via mail, e-mail, fax, or by phone at least five (5) days before the meeting. If the address of a Board Member is not shown on the records and is not readily ascertainable, notice shall be addressed to him in the city or place in which meetings of the Board are regularly held. Notice of the time and place of holding an adjourned meeting need not be given to absent Board members if the time and place are fixed at the meeting adjourned.

**Voting by Board of Directors, Chairman and Board Officers**

- 6.08. Each Hospital, EMS Service, and First Responder Organization which has designated membership shall be entitled to one (1) vote at any meeting of the Board of Directors, except the Provisional Members who shall not vote until completion of their first fiscal year. The Chairman of the Board shall be entitled to cast a vote only in situations where a vote is needed to break a tie in voting among the members.
- 6.09. Every action or decision made by a majority of the Directors present at any meeting duly held at which a quorum is present is the action of the Board of Directors. Each Director who is present at a meeting will be deemed to have assented to any action taken at such meeting unless his/her dissent to the action is entered in the minutes of the meeting, or unless he/she shall file his/her written dissent thereto with the Secretary of the meeting or shall forward such dissent by registered mail to the Secretary of the Corporation on the next business day after such meeting.
- 6.10. Any action required or permitted to be taken by the Board of Directors under any provision of the Texas Business Corporation Act may be taken without a meeting, if all members of the Board shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of the Board. Any certificate or other document filed under any provision of the Act which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors to so act, and such statement shall be prima facie evidence of such authority.

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**Action by Consent of Board Without Meeting**

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

**Electronic Voting**

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

**Meetings via Telephone or Other Means of Communication**

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

**Conduct of Meetings**

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

### Adjournment

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

### Notice of Adjourned Meeting

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

## ARTICLE VII

### COMMITTEES

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

#### Examples of Select (i.e., Ad-Hoc) Standing Committees

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

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

#### Standing (i.e., Permanent) Committees

- 7.03. Standing (i.e., Permanent) committees of the SFRAC are as follows: EMS/Pre-hospital Committee, Trauma/Injury Prevention Committee,

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Perinatal/NICU/Maternal Committee, Stroke Committee, Neonatal/NICU—and Stroke Cardiac/STEMI Committee.

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

**Committee Appointments**

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

**Committee Responsibilities**

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

**ARTICLE VIII  
FISCAL POLICIES**

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

**Approval of Payables**

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

**Authority and Execution of Instruments**

- 8.03. The Board, except as otherwise provided in these Bylaws, may authorize any officer or officers, agent or agents, or the SFRAC administrator to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances and, unless so authorized, no officer, agent or employee shall have any power or authority to bind the Corporation by any contract or engagement or in pledge its credit or to render it liable pecuniary for any purpose or to any amount, unless authorized by the Board of Directors.
- 8.04. Unless otherwise specifically determined by the Board, or otherwise required by law, formal contracts of the Corporation, promissory notes, deeds of trust, mortgages and other evidence of indebtedness of the Corporation and other corporate instruments or documents, and certificates shares of stock owned by the Corporation, shall be executed, signed or endorsed by the Chairman or Vice-Chairman, and may have the corporate seal affixed thereto.

**Endorsement without Countersignature**

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

**Deposits**

- 8.06. All funds of the Corporation shall be deposited from time to time to the credit of the Corporation with such banks, trust companies, or other depositories as the Board of Directors may select or as may be selected by any officer or officers, agent or agents of the Corporation to whom such power may be delegated by the Board of Directors.

**Check Endorsement**

- 8.07. All checks must be signed by at least two (2) of the four (4) Officers of the Board of the Corporation. Each of the four (4) Board Officers shall be designated as signatory of checks for the Corporation. A signatory cannot sign on a check made out under the same name as a signing signatory. Checks equaling or exceeding two thousand dollars shall be signed by the aforementioned and must be approved by the Board of Directors at the earliest convenience unless there is a direct impact that will affect funding or is in the best interest of the Seven Flags RAC to proceed with the issuance of such a check to conclude SFRAC business or meet specific contract requirements/obligations. The same will be allowed if there are

**"Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws"**

extenuating circumstances that will directly affect or impact the Corporation financially by not issuing of a check or payment on behalf of the Seven Flags RAC and would not be feasible to have a formal meeting to obtain such an approval by the Board of Directors. In such cases, the Chairman, Treasurer, or Secretary of the Corporation may give verbal consent to issue out the check(s) after it is determined that by not issuing out the said check(s), it would not be in the best interests of the Seven Flags RAC. This section shall not apply to EMS County Funding distributions as they remain pass through funding for EMS Providers that have meet eligible requirements.

**Books of Account**

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

**Annual Operating Budget**

- 8.09. The SFRAC Regional Administrator will develop the operating budget for each year and present it to the Board of Directors for approval. The budget will be adopted when approved by the Directors.
- 8.10. The operating budget shall be composed of the following funding sources: Entity Dues (Hospitals, EMS Services, First Responder Organizations) Public & Private Donations, Fund Raising Income, and State Grant Funding (i.e., EMS County Assistance Fund and System Development Fund, as well as any other fund/award made available by DSHS in any given year or time period.)

**Budget Allocations**

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

(a) 100% Funds from the "EMS/-RAC" Contract" portion (SB 911, HB 1131, HB 3688) awarded by the Texas Department of State Health Services is will be used allowed to be used for administrative services—(i.e., Contract for Administrativbe services with STDC) or programmatic purposes, depending on the needs and funding structure at the time.

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

(b)(c) Up to thirty-five percent (35%) from the System Development Fund Contract awarded by the Texas Department of State Health Services may be used for

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administrative purposes. Percentage shall not exceed 35% as per contractual requirements.

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

~~(d)~~(e) Entity dues collected may be used for administrative or programmatic purposes as deemed appropriate by the Board for each fiscal year.

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

**EMS County Assistance Grant Program**

- 8.12. Pursuant to the Texas Administrative Code, Title 25, Part 1, Chapter 157, Rule 157.130(c)(2)(A) and 157.131(c)(2)(A), all "EMS County Assistance " contracted funds will remain a 100% pass thru and shall not be subject to any administrative fee(s) unless previously authorized by all the eligible EMS entity(s) in writing and approved by all eligible EMS entity(s) within that specific county. To further clarify, this does not prohibit a single or several eligible EMS entity(s) from voluntarily returning a specific amount and/or percentage of their entity's funds within a fiscal year. If an eligible entity(s) wishes to voluntarily return funds to the RAC for its operations, then, the entity(s) can do so by completing the SFRAC "Voluntarily Return of Funds Form."
- 8.13. All eligible EMS entities shall receive an equal share of the total county funds awarded within the "EMS County RAC" contract(s) through the Texas Department of State Health Services. *Example: If county is awarded the sum of \$10,000.00 and there are five (5) eligible EMS entities, then, each EMS Service shall receive \$2,000.00.* If an entity chooses to relinquish their share of EMS County Assistance Funds, then the total of the funds returned shall be incorporated equally among the remaining entities on the eligible recipient list within the county of which the forfeiting entity officially resides. Entities must meet all participation requirements as provided in 2.23 herein in order to become eligible to receive the aforementioned funding. Eligible entities shall be notified of their funding status at a regular meeting of the General Membership. All entities receiving funding must complete a SFRAC expenditure report (i.e., reimbursement request form) and attach all supporting invoices and/or receipts for their expenditures within the specific contract period as set forth by the Texas Department of State Health Services EMS County RAC contract(s).

Funds may be redistributed to other member providers within the Trauma Service Area under basically three conditions: 1) a provider entity has notified the SFRAC in writing that they wish return the funds initially allocated to them; 2) a provider entity is no longer in service and has notified the SFRAC in writing that they have no use for the funds; and 3) a provider entity fails to meet the reimbursement submittal deadline and other Member in Good Standing provisions prescribed in

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the SFRAC By-Laws. In such cases, the SFRAC may be asked by DSHS to develop and submit a redistribution plan to be approved by DSHS. Funds which are redistributed must revert back to eligible EMS entities within an affected county, only. However, if only a single member which represents a given county becomes ineligible to receive EMS County Assistance Funds during a current and active grant cycle, and there are no other member entities within that given county to have the funds in question re-allocated, re-distributed or re-assigned to them, those funds then revert back to the state (i.e., DSHS).

All reimbursement request forms and financial supporting documentation shall be submitted no later than May 31<sup>st</sup>.

**System Development Grant Program**

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

**EMS/RAC Program**

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

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and implementing functional RAC committees, working on system plans, and handling coordination with increased number of trauma facilities due to Texas' increasing population.

**Receipt of Gifts and Contributions**

- 8.146. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the general purposes or for any specified purpose of the Corporation with no personal gain or profit.
- 8.157. The Corporation may not indemnify any person who was, is, or is threatened to be named defendant or respondent in a proceeding, whether civil, criminal, administrative, arbitrative, or investigative.
- 8.168. The Corporation may undergo different types of audits according to the amount of funds received state and federally.
- 8.179. A check request form must be completed for all accounts payable and approved by the Administrator and Treasurer. Should a Board Member incur unexpected costs, a reimbursement request form must be completed along with invoice and/or receipts attached. The Treasurer will review and approve payment.

**Annual Report**

- 8.1820. An annual report will be completed by the SFRAC Administrator for approval from the Board of Directors and then submitted to the Texas Department of State Health Services.

**Fiscal Year**

- 8.1921. The fiscal year of the Corporation shall coincide with the State of Texas fiscal year commencing on September 1<sup>st</sup> of every year and ending on August 31<sup>st</sup> of the following year.

**Travel By Board Members**

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

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

**ARTICLE IX  
ADMINISTRATOR**

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

**ARTICLE X  
CORPORATE RECORDS, REPORTS, AND SEAL**

**Minutes to Meetings**

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

**ARTICLE XI  
DISSOLUTION CLAUSE**

- 11.01 Upon the dissolution of the organization, the Directors shall, after paying or making provision for payment of all of the liabilities of the organization, dispose of all of the assets of the organization exclusively for the purposes of the organization in such manner, or to such organization or organizations organized and operated

***“Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws”***

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

**ARTICLE XII  
AMENDMENT OF BYLAWS**

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

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

**ARTICLE XIII  
AMENDED BYLAWS**

13.01 These Bylaws (hereinafter, referred to as the “Bylaws”) of the Seven Flags Regional Advisory Council on Trauma (SFRAC), Trauma Service Area T, a non-profit corporation (hereinafter referred to as the (“Corporation”)), are adopted effective 16<sup>st</sup> day of December 2014, to supersede the previous bylaws and amendments of the Corporation by action of the Board of Directors of the Corporation.

Adopted by the General Membership on the 16<sup>th</sup> day of August, 2006.

Amended by the General Membership on the 9<sup>th</sup> day of November 2006.

Amended by the General Membership on the 17<sup>th</sup> day of October, 2007.

Amended by the General Membership on the 22<sup>nd</sup> day of August, 2012.

Amended by the General Membership on the 21<sup>st</sup> day of August, 2014.

***"Seven Flags Regional Advisory Council on Trauma, Trauma Service Area T Bylaws"***

Amended by the General Membership on the 16<sup>th</sup> day of December 2014.

Amended by the General Membership on the 18<sup>th</sup> day of August 2015.

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

Amended by the General Membership on the 31<sup>st</sup> day of March, 2017.

Amended by the General Membership on the 12<sup>th</sup> day of February 2018.

Amended by the General Membership on the 30<sup>th</sup> day of May 2019.

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

Amended by the General Membership on the 30<sup>th</sup> day of September 2023.

Amended by the Board of Directors on the 30<sup>th</sup> ~~day~~<sup>th</sup> day of April, 2024.

**Seven Flags Regional Advisory Council on Trauma, Trauma Services Area T.**

**Attest:** \_\_\_\_\_  
Chairman

**Attest:** \_\_\_\_\_  
Secretary



# ITEM 24-65 (TAB 7)





A DIVISION OF WINSTAR INSURANCE GROUP

13625 Ronald W Reagan Blvd  
Bldg. 3, Suite 100  
Cedar Park, TX 78613  
Phone: (800) 252-9435

**Seven Flags RAC**  
**P O Box 450094**  
**Laredo, TX 78045**

<b>Invoice # 12656</b>	Page 1 of 1
Account Number	Date
SEVEFLA-01	4/22/2024
Balance Due On	
7/15/2024	
Amount Paid	Amount Due
	\$1,425.00

You can now pay ONLINE. To make a payment online, click here: <https://winstar.appliedpay.com/>

RECEIVED  
4/22/24

Commercial Package	Policy Number: VFNU-TR-0014677	Effective: 7/15/2024 to 7/15/2025
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
60927	7/15/2024	7/15/2024	RENB	Renewal of Commercial Package	\$1,425.00

**Total Invoice Balance: \$1,425.00**

We Appreciate Your Business! To pay online go to: <https://winstar.appliedpay.com/>

Please note that a \$25 late fee will be applied to any payments that are not received by the due date indicated.



the 1990s, the number of people aged 65 and over in the United States is projected to increase from 20 million to 35 million (U.S. Census Bureau 1997).

As the number of people aged 65 and over increases, the number of people aged 75 and over is also expected to increase. The number of people aged 75 and over in the United States is projected to increase from 10 million in 1990 to 15 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 75 and over increases, the number of people aged 85 and over is also expected to increase. The number of people aged 85 and over in the United States is projected to increase from 3 million in 1990 to 5 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 85 and over increases, the number of people aged 95 and over is also expected to increase. The number of people aged 95 and over in the United States is projected to increase from 1 million in 1990 to 2 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 95 and over increases, the number of people aged 100 and over is also expected to increase. The number of people aged 100 and over in the United States is projected to increase from 0.5 million in 1990 to 1 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 100 and over increases, the number of people aged 105 and over is also expected to increase. The number of people aged 105 and over in the United States is projected to increase from 0.2 million in 1990 to 0.5 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 105 and over increases, the number of people aged 110 and over is also expected to increase. The number of people aged 110 and over in the United States is projected to increase from 0.1 million in 1990 to 0.2 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 110 and over increases, the number of people aged 115 and over is also expected to increase. The number of people aged 115 and over in the United States is projected to increase from 0.05 million in 1990 to 0.1 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 115 and over increases, the number of people aged 120 and over is also expected to increase. The number of people aged 120 and over in the United States is projected to increase from 0.02 million in 1990 to 0.05 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 120 and over increases, the number of people aged 125 and over is also expected to increase. The number of people aged 125 and over in the United States is projected to increase from 0.01 million in 1990 to 0.02 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 125 and over increases, the number of people aged 130 and over is also expected to increase. The number of people aged 130 and over in the United States is projected to increase from 0.005 million in 1990 to 0.01 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 130 and over increases, the number of people aged 135 and over is also expected to increase. The number of people aged 135 and over in the United States is projected to increase from 0.002 million in 1990 to 0.005 million in 2010 (U.S. Census Bureau 1997).

As the number of people aged 135 and over increases, the number of people aged 140 and over is also expected to increase. The number of people aged 140 and over in the United States is projected to increase from 0.001 million in 1990 to 0.002 million in 2010 (U.S. Census Bureau 1997).



**Property & Casualty  
Summary of Coverages**

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**PREPARED FOR:**

**SEVEN FLAGS REGIONAL ADVISORY COUNCIL**

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## FOREWORD

The actual insuring agreements are in the policies, not in this summary of coverages. This summary is not binding on your organization, VFIS or the insurance companies we represent. Actual coverage is provided only by the policy.

This document reflects coverage information that is **in-force** as of the document preparation date.

Policies included in this summary:

<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>
VFNU-TR-0014677-03	07/15/2023	07/15/2024

## GENERAL INFORMATION

**First Named Insured:** SEVEN FLAGS REGIONAL ADVISORY COUNCIL

**Mailing Address:** PO BOX 450094  
LAREDO, TX 78045-0150

## CRIME

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

VFIS offers a broad range of fidelity coverages which are customized to meet the needs of emergency service organizations including the following.

- **Employee Dishonesty** provides reimbursement for the loss of your organization's money or other property resulting from dishonest acts of your volunteers or employees.
- **Computer and Funds Transfer Fraud** will pay for loss the insured sustains arising directly out of the loss of or damage to money, securities, and property other than money and securities. This loss must result directly from the use of any computer to fraudulently cause transfer of that property from inside the premises or banking premises to a person outside those premises, or to a place outside those premises.
- **Fraudulent Impersonation** will pay for loss the insured sustains arising directly from having, in good faith, transferred money, securities or other properties in reliance upon a transfer instruction purportedly issued by an employee, customer or vendor, but which proves to have been fraudulently issued by an imposter.
- **Identity Fraud Expense** is the compensation of expense sustained that was incurred by the insured or any employee as a result directly from identity fraud.

Your selections are indicated below.

### Covered Entity

SEVEN FLAGS REGIONAL ADVISORY COUNCIL

<b><u>Employee Dishonesty – Blanket</u></b>	<b><u>Limit</u></b> \$150,000	<b><u>Deductible</u></b> None	<b><u>Faithful Performance</u></b> No
<b><u>Computer and Funds Transfer Fraud</u></b>	<b><u>Limit</u></b> \$10,000	<b><u>Deductible</u></b> None	
<b><u>Fraudulent Impersonation</u></b>	<b><u>Limit</u></b> \$10,000	<b><u>Deductible</u></b> None	
<b><u>Identity Fraud Expense</u></b>	<b><u>Limit</u></b> \$10,000	<b><u>Deductible</u></b> None	

**AUTO**

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

<b><u>Coverage</u></b>	<b><u>Symbols</u></b>	<b><u>Limits</u></b>
Bodily Injury / Property Damage Combined Single Limit	8,9	\$1,000,000
"No Fault" or Statutory Personal Injury Protection		Not Included
Medical Payments		Not Included
Uninsured Motorists		Not Included
Underinsured Motorists Insurance		Not Included
Physical Damage Comprehensive		Not Included
Physical Damage Collision		Not Included

**Liability Coverage Extensions**

<b>Hired and Borrowed Vehicles</b>	Included (Excess)
<b>Commandeered Automobile</b>	Included (Primary)
<b>Volunteers/Employees as insureds under Non-Owned Automobiles</b>	Included (Excess)
<b>Garage Liability</b>	Not Included
<b>Fellow Member Liability</b>	Included

## GENERAL LIABILITY / PROFESSIONAL HEALTH CARE LIABILITY

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

<u>Coverages</u>	<u>Limits</u>
Each Occurrence or Medical Incident.....	\$1,000,000
Personal and Advertising Injury (each offense).....	\$1,000,000
Fire Damage Legal Liability (any one fire).....	\$1,000,000
Medical Expense (each person).....	\$5,000
General Aggregate (the total payable in any policy term).....	\$3,000,000
Products / Completed Operations Aggregate (the total payable in any policy term).....	\$3,000,000

**Optional Coverages (apply only if checked)**

- Employer's (Stop Gap) Liability
- Owned Watercraft Liability (boats exceeding 100 horsepower)
- Pollution Liability – Above Ground Storage Tanks

### Coverage Extensions

<b>Volunteers and Employees as Insureds</b>	Included
<b>Blanket Additional Insureds</b>	Included
<b>Fellow Member Liability</b>	Included
<b>"Good Samaritan" Liability</b>	Included
<b>Intentional Acts</b>	Included
<b>Pollution Liability</b>	Included
<b>Liquor Liability</b>	Included
<b>Contractual Liability</b>	Included
<b>Owned Watercraft Liability (up to 100 hp)</b>	Included
<b>Non-Owned Watercraft Liability</b>	Included
<b>Owned Personal Watercraft (jet skis and waverunners)</b>	Included
<b>Expanded Aggregate Limit</b>	Per Named Insured (unless you have selected a \$10,000,000 aggregate limit) and Per Location

## MANAGEMENT LIABILITY

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

	<u>Limits</u>
Each Offense or Wrongful Act.....	\$1,000,000
Aggregate (the total payable in any policy term).....	\$3,000,000
Defense Expense for Injunctive Relief.....	\$50,000

"Claims made" basis
  "Occurrence" basis

Management Liability coverage protects you against claims for monetary damages arising out of:

- **Employment-related practices**, such as wrongful termination, failure to promote or sexual harassment,
- Errors in the **administration of employee benefit plans**, such as Accident and Sickness coverage, Group Life or Workers' Compensation, and
- Other wrongful acts.

### Coverage Extensions

<b>Outside Directorship Liability</b>	Included
<b>Blanket Additional Insureds</b>	Included
<b>Expanded Aggregate Limit</b>	Per Named Insured <small>(unless you have selected a \$10,000,000 aggregate limit)</small>
<b>Fair Labor Standards Act Suit Defense Coverage</b>	\$100,000 for each claim limit
<b>Unintentional Release Of HIPAA Information</b>	\$100,000 limit

### Cyber Liability and Privacy Crisis Management Expense

- **Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event.
- **Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying all Federal and State statutory requirements.
- **Cyber Extortion Expense** reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period.

**Cyber Liability**

Each Event Limit:	\$1,000,000	Each Electronic Information Security Event
Retroactive Date:	None	

**Privacy Crisis Management Expense**

Each Event Limit:	\$50,000	Each Privacy Event
Retroactive Date:	None	
Deductible:	\$0	Each Privacy Event

**Cyber Extortion Expense**

Each Event Limit:	\$20,000	Each Cyber Extortion Threat
Deductible:	\$0	Each Cyber Extortion Threat

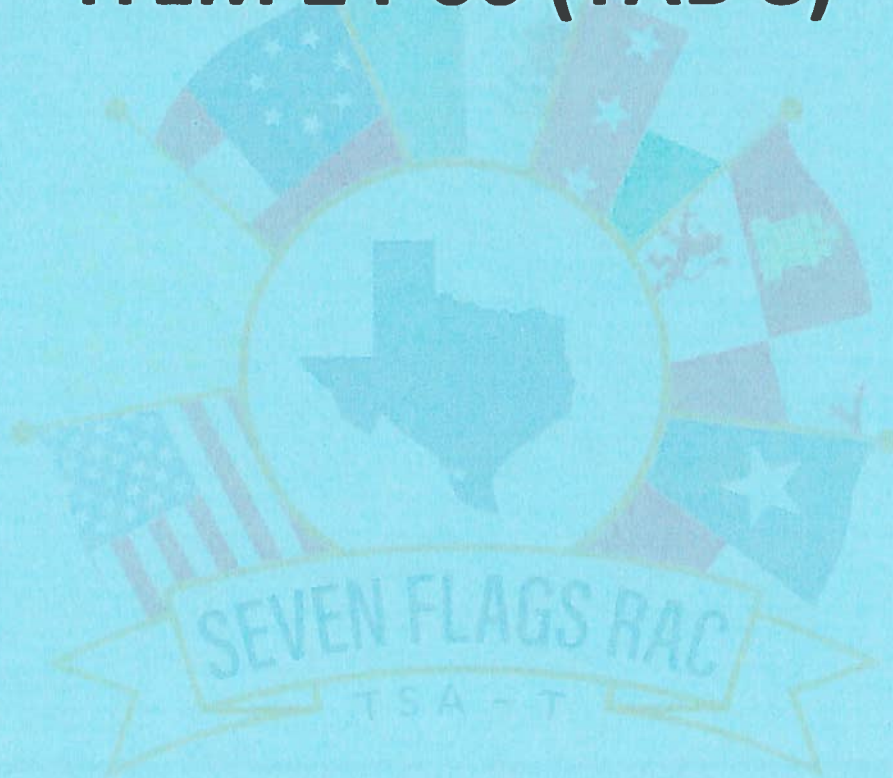
**Privacy Crisis Management Expense  
and Cyber Extortion Expense**

Aggregate Limit:	\$50,000	Aggregate
------------------	----------	-----------

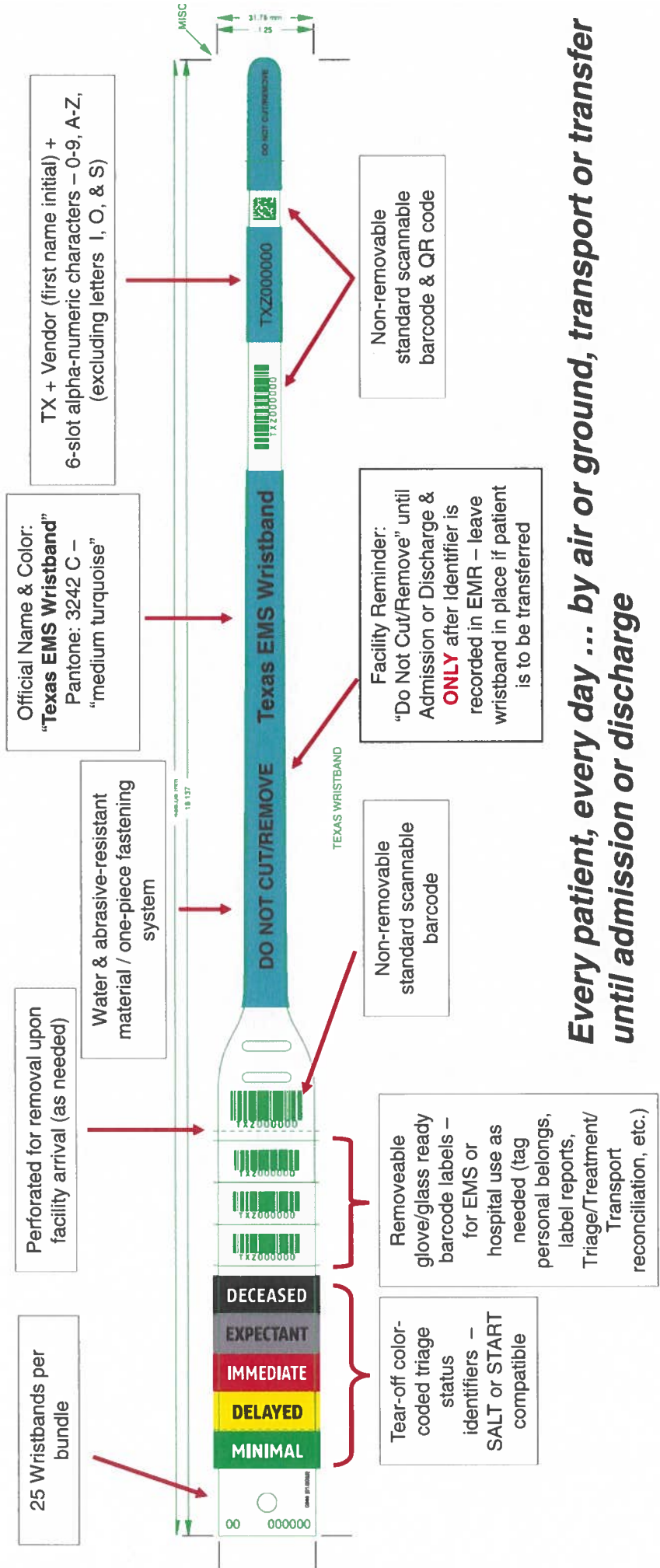




## ITEM 24-66 (TAB 8)



# EMS MCI Wristband



**Every patient, every day ... by air or ground, transport or transfer until admission or discharge**

RAC Point of Contact				Shipping Location				Band Count and Cost Information			
Requesting RAC	Contact Name	Contact Phone Number	Contact Email	Building Name (if applicable)	Shipping Street Address	City	Zip Code	Boxes (500 Bands per Box)	Total Cost of Bands (\$185 per Box)	Shipping Cost	Total Cost (with shipping)
TSA-O Capital Area Trauma RAC	Richard C. Strobacker	512-656-8765	rstrobacker@pluggervillefire.org	Building 2, Central Receiving Facility	911 W. Pluggerville Parkway	Pluggerville	78660	19	\$ 3,515.00		
TSA-O Capital Area Trauma RAC	Mike Knipstein	512-943-1264	mknipstein@wico.org	Williamson County EMS	3189 SE Inner Ln.	Georgetown	78627	2	\$ 370.00		
TSA-H Deep East Texas RAC	Carmen Stuck	936-671-3153	dstuck@detrac.org	City of Lufkin Fire Administration Building - Attn: DETRAC	111 South 3rd Street	Lufkin	75901	2	\$ 370.00		
TSA-A Panhandle RAC	Keith P.J. Lemons	806-679-4634	kl@lemons@panhandlepac.com		16800 127	Canyon	790154	4	\$ 740.00		
TSA-I Texas "I" RAC	Danny Lipdike	325-456-2370	dexecutivedirector@teasi/rac.org		2030 Pulliam Street Suite 2	San Angelo	76905	40	\$ 7,400.00		
TSA-G Philly Woods RAC	Loretta Kuhn	983-593-4722	loretta@az.g.org	RAC-G Training Center	12918 State Hwy 64 West	Tyler	75704	15	\$ 2,775.00		
TSA-F Northeast Texas RAC	Russell Thrasher	903-640-3824	rthrasher@netrac.org	NETRAC	1128 Clarksille St - Suite 150	Paris	75460	50	\$ 9,250.00		
TSA-V Lower Rio Grande Valley RAC	Nathan Ramon	956-564-2852	nathan@lsv.org	Trauma Regional Advisory Council	1407 N. Stuart Place Rd, Suite A	Harlingen	78552	13	\$ 2,405.00		
TSA-K Concho Valley RAC	Danny Lipdike	325-456-2370	dexecutivedirector@covrac.org		2030 Pulliam Street Suite 2	San Angelo	76905	40	\$ 7,400.00		
TSA-L Central Texas RAC	MJ Khammash	512-929-1668	mhammash@acadian.com	Acadian Ambulance Main - Austin TX	4100 Ed Bluestein Blvd., Suite 100	Austin	78721	10	\$ 1,850.00		
TSA-O Capital Area Trauma RAC	Matt McMain	830-330-1932	mmcmain@ccesad2.com	Blanco Fire/EMS	431 Blanco Ave	Blanco	76606	2	\$ 370.00		
TSA-I Central Texas RAC	Christine Reeves	254-770-2316	creeves@centralteasrac.org	Central TX COG Building	2180 N Main Street, Suite H5	Belton	76513	5	\$ 925.00		
TSA-T Seven Flags RAC	Jose Gonzalez, Jr.	956-251-0841	jgseier@svfcog.org.us	Laredo Medical Center	1720 E. Busiamante	Laredo	78040	11	\$ 2,035.00		

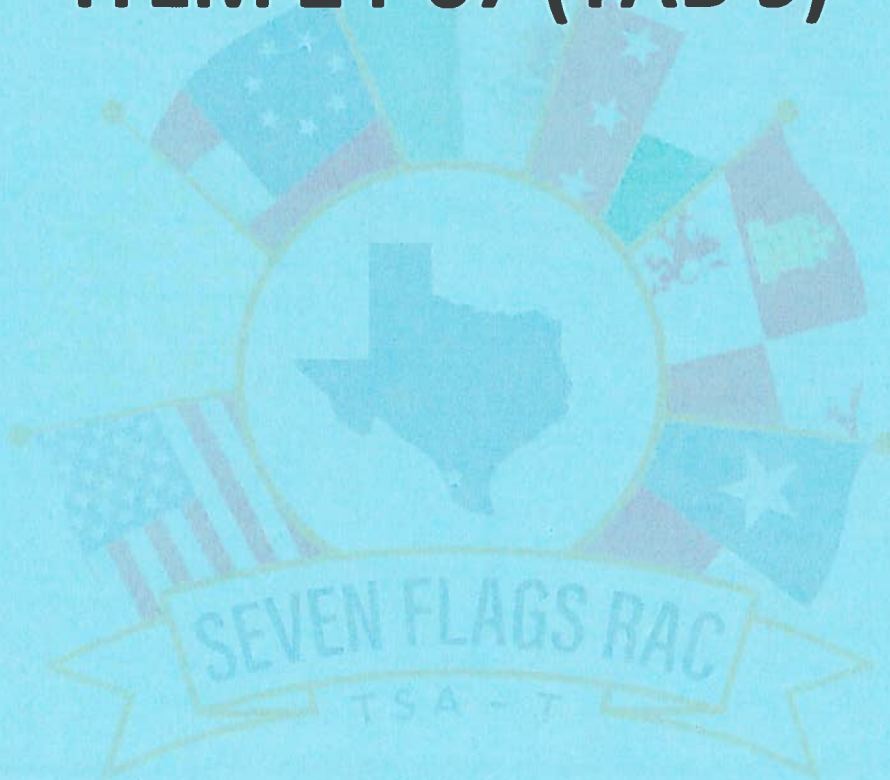
By submission of this form, you will receive an invoice from NCTRAC for the full cost of the wristband.

Agreed Yes

Thank you for organizing! Understood. CSreeves



## ITEM 24-67 (TAB 9)







# FY24 NEONATAL / NICU COMMITTEE

**CHAIRMAN:**

**ANGELICA PEREZ**  
(LMC)

Present:  Absent

**VICE-CHAIRMAN:**

**LILLY LIMAS**  
(DOCTORS)

Present  Absent

**MEETING DATE:**

**APRIL 30, 2024**

**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

# FY24 MATERNAL COMMITTEE

**CHAIRMAN:**

**MARIA SANTILLAN**  
(LMC)

Present:  Absent

**VICE-CHAIRMAN:**

**STACEY LOPEZ**  
(DOCTORS)

Present  Absent

**MEETING DATE:**

**APRIL 30, 2024**

**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.cisneros@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		



# FY24 STROKE COMMITTEE

**CHAIRMAN:**

**CHANTELLE MOLINA  
(LMC)**

**MEETING DATE:**

**APRIL 30, 2024**

Present:  Absent

**VICE-CHAIRMAN:**

**ANGIE AVILA  
(DOCTORS)**

**LOCATION:**

**LAREDO MEDICAL  
CENTER, LAREDO, TX.**

Present  Absent

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

# FY24 CARDIAC / STEMI COMMITTEE

**CHAIRMAN:**

**CRISTINA PAEZ (LMC)**

Present:  Absent

**VICE-CHAIRMAN:**

**ROSIE TAMEZ (DOCTORS)**

Present  Absent

**MEETING DATE:**

**APRIL 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 24-68 (TAB 10)





**ITEM 24-68-a. (TAB 10)**



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)	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						
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						
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						
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						
T	Doctors Hospital of Laredo (Fully Vested)	Webb	Yes	N/A	Yes	12-6-2023/ 12-18-2023	#062123425	FY24 Membership Fees: \$1,950/Paid: \$1950/Bal. \$0	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						
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						
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						







# ITEM 24-69 (TAB 11)





Date: April 17, 2024  
To: Texas Initial EMS Education Programs  
From: Joseph Schmider, Director  
Subject: Senate Bill 8 Incentive Project

Due to the overwhelming support of the Texas Emergency Medical Services (EMS) Recruitment and Retention Initiative by Texas EMS providers, EMS education programs, Regional Advisory Councils (RACs), and many stakeholders, I am excited to report the following:

- Since October 2022, over 2610 scholarships have been processed, totaling over \$14.7 million dollars.
- RACs have supported scholarships for Paramedic, Advanced Emergency Medical Technician (AEMT), and EMT students.
- Today, we have 7,478 more certified EMS personnel than we had in 2022.

The challenge we continue to face is the availability of funds for additional scholarships. To increase these funds, beginning June 1, 2024, we will stop the incentive program completely, and any incentive reimbursement that is not submitted before 23:59 on May 31, 2024, will not be funded.

You may recall that we ended the incentive program in June of 2023, but allowed RACs to maintain funds for students who were currently in programs but had not yet tested. These would have been students that started their education before September 1, 2023. Ending the incentive payment will provide the remaining funds in each RAC to be reallocated for more scholarships.

Thank you for understanding and for supporting this valuable program that continues to enhance our state EMS system.

Sincerely yours,

A handwritten signature in cursive script that reads "Joseph Schmider".

Joseph Schmider,  
Texas State EMS Director

Cc

Regional Advisory Council Executive Directors

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

There are a number of reasons why the world's population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. This is due to a number of factors, including the fact that women are now having children at a younger age, and that there are more children surviving to adulthood.

Another reason why the world's population is growing so rapidly is that the number of people who are surviving to old age has increased. This is due to a number of factors, including the fact that people are now living longer, and that there are more people surviving to old age.

There are a number of other reasons why the world's population is growing so rapidly. One of the main reasons is that the number of people who are migrating to other parts of the world has increased. This is due to a number of factors, including the fact that there are more people who are seeking better opportunities elsewhere.

Another reason why the world's population is growing so rapidly is that the number of people who are being born in other parts of the world has increased. This is due to a number of factors, including the fact that there are more people who are being born in other parts of the world.

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# **Texas Pediatric Emergency Operations Plan Template for Hospitals**

**April 2024**

**Acknowledgment**  
**Pediatric Preparedness Workgroup**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Role</b>
<b>Brent Kaziny, MD, MA</b>	Principal Investigator Gulf 7 Pediatric Disaster Network, Medical Director of Emergency Management, Co-Director Disaster Preparedness Domain	Texas Children's Hospital and EMS for Children Innovation and Improvement Center	National Pediatric Disaster Organization Representative
<b>Christi Thornhill, DNP, APRN, ENP, ACNP-BC, CPNP-AC, CP-SANE</b>	Trauma Program Director CARE Team, Fostering Health and Surgical Clinical Excellence Program	Cook Children's Medical Center	Pediatric Committee Representative
<b>Connie G. Vega</b>	HPP Program Specialist, Permian Basin Health Care Coalition Specialist	Border RAC TSA J	Regional HPP and HCC Representative
<b>Crissie Richardson, MS, RN, CEN, CPEN</b>	Director of Nursing, Vice Chair, TXENA Peds Committee	Premier Care, ER and Urgent Care	FSED Representative
<b>Lori Upton</b>	Chief Executive Officer	Southeast Texas Regional Advisory Council	Disaster Preparedness and Response Committee Representative
<b>Michael Bell, MPH, PMP, CTCM</b>	Hospital Preparedness Program Manager	Center for Health Emergency Preparedness and Response, Division for Regional and Local Health Operations	State HPP Representative
<b>Suzanne Curran, RN, BSN</b>	Director of Emergency Healthcare Systems - Trauma and Pediatrics	Southeast Texas Regional Advisory Council	RAC Representative
<b>Nichole Davis, MD, MEd</b>	Site Principal Investigator Gulf 7 Pediatric Disaster Network, Associate	Texas Children's Hospital	Children's Hospital Disaster Preparedness Representative

**Acknowledgment**  
**Pediatric Preparedness Workgroup**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Role</b>
	Director Pediatric Disaster Preparedness		
<b>Eric Parmley, RN</b>	Trauma Nurse Coordinator	Texas Children's Hospital	Pediatric Injury Prevention Representative
<b>June Ness-Delgado</b>	Trauma Process Improvement Coordinator	Corpus Christi Medical Center	General Hospital with no Pediatric ED, admits peds to adult ICU
<b>Lisa Treleaven, Ed.D., LPC</b>	Family Advisory Network Representative	Texas EMS for Children and Texas Parent to Parent	Patient and Family Advocate
<b>LeAnne Young, MSN, RN, TCRN</b>	Assistant Clinical Director Trauma and Injury Prevention	Texas Children's Hospital	Level I Pediatric Trauma Center Representative
<b>Ragan Stevens, RN</b>	Pediatric Neonatal Transport Team, Nurse	Medical City Healthcare	Specialty Care Transport
<b>Stacy Greiner, MSN, RN, C-NPT</b>	Pediatric Neonatal Transport Team, Supervisor	Medical City Healthcare	Specialty Care Transport
<b>Geoffrey Lowe, MD</b>	Pediatric Emergency Medicine, Children's Health, Dallas	UT Southwestern Medical Center	Children's Hospital Disaster Preparedness Representative
<b>Sam Vance, MHA, LP</b>	Manager, EMS for Children State Partnership Grant, Texas	Baylor College of Medicine	EMS for Children

*Special thanks to the Louisiana Hospital Association and Louisiana EMS for Children Program for providing their state's pediatric emergency operations plan as a template.*

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## Introduction

These guidelines are a resource to assist hospitals and healthcare entities in addressing the unique needs of children in disaster planning, and are based on the [\*Texas Pediatric Disaster Preparedness Guidance for Hospitals\*](#). Hospitals should strive to incorporate pediatric components into their organization's Emergency Operations Plan (EOP).<sup>1</sup> Note that these guidelines represent current information within the medical and disaster literature at the time of publication. The recommendations in these guidelines do not indicate an exclusive course of treatment or serve as a standard of medical care. The strategies and recommendations in this document provide a foundation and may need to be augmented or tailored to meet the needs of individual organizations. Hospitals should consult with key representatives within their organization to assure consistency and compliance with local policies, as well as state and federal plans, statutes, and rules.<sup>2</sup>

This plan is intended to serve as an appendix to a hospital's Emergency Operations Plan (EOP) **OR** as a stand-alone plan to address a hospital's readiness and response to a disaster involving an influx of pediatric patients into the Emergency Department (ED). Other plans, policies and procedures may be referenced within this document that outline specific normal operating procedures which may be followed in a disaster scenario.

## Background

Texas has the nation's second largest pediatric population with 7.5 million children under the age of 18, which is 25% of the state's population.<sup>3</sup> Regulatory entities require that emergency plans account for at-risk populations. It is recognized that pediatric patients, due to their anatomical and cognitive differences between age ranges, should be factored as an at-risk population.

## Purpose

Hospitals designated as children's hospitals or with significant capability and capacity likely have EOPs inclusive of the pediatric population they routinely serve. The 2021 National Pediatric Readiness Assessment found that only 48% of hospital emergency departments (EDs) nationwide include children in their disaster plans.<sup>4</sup> In Texas, only 46% of hospital disaster plans address issues specific to the care of children.<sup>5</sup>

The Pediatric Preparedness Workgroup was established to develop and identify resources to assist in ensuring pediatric considerations are included in hospital disaster planning. The Workgroup is multidisciplinary and includes representatives from the Texas Emergency Medical Services for Children (EMSC) Program, Pediatric and Disaster Preparedness and Response Committees of the Governor's EMS and Trauma Advisory Council (GETAC), Texas Health and Human Services Center for Health Emergency Preparedness and Response Program, Gulf 7. Pediatric Disaster Network, among others.



## Emergency Operations Plan

[HOSPITAL NAME] maintains a comprehensive emergency operations plan (EOP) developed, reviewed, and tested by a team of individuals representing various departments across the facility who are essential for continued business, functional and clinical operations of the hospitals during disasters.<sup>6</sup> Plans are reviewed [frequency] including supplemental plans/annexes and policies and exercised [frequency]. The EOP and emergency management (EM) program is also developed based on the patient population, including identified at-risk populations. Pediatrics due to their prevalence (25% of the population of Texas) and their unique physiological needs across the spectrum of the population, are identified within the EOP as an at-risk population.<sup>6</sup>

The program includes utilization of a pre-established incident command structure based upon roles, including redundancies in roles and positions. [HOSPITAL NAME] utilizes the Hospital Incident Command Systems (HICS).<sup>6</sup> Essential to this pediatric plan is the identification of a Pediatric Emergency Care Coordinator (PECC).

[Insert: HICS org chart sample]

[Hospitals list out the role of persons who would be most appropriate, samples below]

The following roles may already be organic to the organization and Incident Command (IC) structure or developed as a part of an Emergency Management program or other program focused around responding to the care of pediatric patients. These positions are supported by hospital administration and designation on committees to represent the care of children in disasters.

- ED medical director
- Pediatric Emergency Care Coordinators (PECCs)
- Lead nurse or nurse with pediatric training or specific pediatric certifications
- Hospital-based pediatricians and other sub-specialists (e.g. trauma surgeons, anesthesiologists)
- Pediatric nurses and advanced practice providers
- Perinatal professionals (e.g. neonatologists, nursery and obstetrical nurses)
- Child-life specialists
- Staff with psychosocial expertise (e.g., mental health specialists, social workers, spiritual care, and hospice staff)<sup>2</sup>

This team of pediatric champions should work to identify service lines throughout the hospitals to routinely participate in surge planning and exercising. This may include but is not limited to

- Medical services: including critical care, emergency department, surgical and anesthesia, nursing, respiratory and therapeutic care
- Support services: including phlebotomy, pharmacy, radiology, central supply, environmental services and communications

- Identify a staff member to champion pediatric disaster care. This person may serve in the role of the PECC
- Pediatric Champion, any other clinician with credentials or specialized training for pediatric treatment and care

### **Hazard Vulnerability Assessment**

Hazard vulnerability assessments are required by the Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) to focus planning efforts. In addition to incorporating pediatrics into the EOP as an at-risk population, [HOSPITAL NAME] conducts annual risk assessments. These assessments are carried out internal to the hospital as well as in conjunction with a community wide HVA in coordination with the Healthcare Coalition (HCC).

[HOSPITAL] carries out the pediatric risk assessment by [facility to list the HOW - select one OR all methods in which they already are and plan to conduct a pediatric focused risk assessment]

- Facility-based HVA summarizing top hazards with input or engagement by a pediatric champion(s) to correlate direct pediatric impacts, clinical and non-clinical.
- Facility OR HCC conducts pediatric specific HVA or risk assessment, designed to address the risks to the pediatric population. (ex. [HVA Pediatric Template](#))
- Community-based HVA which is summarized collectively at the HCC level and correlates top risks and impacts to the pediatric population.
- Participates in external risk assessment or HVA with relevant partners and stakeholders such as nearby schools/school systems, daycares, emergency management agencies or other clinical pediatric partners.
- [LIST ANY OTHER METHODS]

[Hospital INSERTS Pediatric risk summary here; Any supplemental information/reports can be included as an attachment. An attachment may list out schools, daycare centers, libraries and other places in which children congregate.]

### **Regional Healthcare Coalition (HCC) Engagement**

[HOSPITAL] participates in the [Region X] healthcare coalition by attending [quarterly/monthly/bi-annual] HCC meetings. Engagement with this group enables the hospitals to understand regional response concepts of operations, access to resources external to the facility and a single point of contact through the regional HPP and HCC regional representative.

The HCC meetings allow for collective planning by various hospital partners within the region along with other EMS and Emergency Management officials. Specific planning and training topics are addressed during HCC meetings allowing opportunities to engage with other essential partners necessary for pediatric planning, such as school system officials, EMS for Children

program, American Academy for Pediatrics. Outlined below are other partners the hospital should consider engaging with during drills/exercises, education, or real event response.

Develop relationships with key state and regional partners to aid in pediatric disaster response such as:

- EMS Agencies / Fire Departments
- Texas Department of Emergency Management (TDEM)
- EMS for Children State Partnership program
- Texas Department of State Health Services
- Children's Services
- Burn Programs
- Law Enforcement
- Local Health Departments

### Patient Management and Surge Capacity

#### Medical

This section outlines the clinical aspects of key function areas that will support pediatric surge.

[Hospital] has identified the following supplies, equipment, space and staff that will be essential to supporting pediatric **clinical care** during a surge incident.

#### Equipment, Supplies

- [Location of] pediatric monitoring equipment, resuscitation equipment, and respiratory and airway management equipment.
- Location of, or access to other supplies not in ED but that may be used in a surge, such as adult equipment that can be converted or used to support a pediatric surge [hospital to list what departments/service areas]
- Pharmaceutical supplies and medications, including conversion procedures for administration of drugs [hospital to list how this is done]
- During extreme emergencies or large-scale events, the hospital may request additional pediatric clinical supplies within the region from neighboring hospitals with more advanced pediatric capabilities.

#### Space

##### [Hospital lists]

- Identified space(s) that can be used for pediatric surge within the ED
- Space external or adjacent to the ED that may be used for pediatric surge
- Other spaces may be used as an alternate triage and treatment site; hospital has a plan to activate the use of this space and has carefully considered its feasibility for the pediatric population
- Conversion of adult beds/units into pediatric capable areas [hospital lists what unit/area]

## Staff

### [Hospital lists]

- Roles and positions in facility that may be essential to providing pediatric care in the ED as well as other departments/services to ensure safe clinical care and treatment is provided - such as phlebotomy, radiology, social work, housekeeping, etc. [hospital to list]
- Staff are trained in pediatric disaster response through [hospital identifies avenues in which staff are trained in peds] this includes FEMA courses, clinical courses such as PALS, [hospital to list others as relevant]. A roster of the staff with pediatric training is maintained [where] and can be pulled by [who]
- Pediatric Emergency Care Coordinator (PECC) within the HICS [provide primary and backup role(s)]
- Hospital outlines avenues to obtain additional pediatric staff, external to hospital (is this covered in the EOP regarding emergency credentialing procedures?)
- Hospital surging as a receiving site for pediatric patients in an evacuation may request staff of evacuating site accompany patients to receiving location
- Hospital defines methods and procedure to utilize telemedicine in a disaster or emergency surge event, if possible

## **Non-Medical**

### Equipment, Supplies

Staff designated to support the uninjured or sheltering pediatrics during a surge event should know where to access non-medical supplies maintained on site. The following items are maintained [where], in what quantity [hours], or may be obtained through [what channels, local non-profits/groups].

- Age-appropriate foods, dextrose in water, infant formula, bottles, and nipples
- Diapers, wipes, pediatric sized gowns and clothing
- Cribs, beds and blankets
- Toys, games, art supplies, bubbles, and dolls

### Space

The spaces outlined below are identified and used for holding non-injured pediatric patients or visitors. The intent of this space is to house the non-injured patients arriving at the ED as green patients for assessment or triage from the scene of an incident or are accompanying injured adults or caregivers. Additionally, this pre-identified space may be used to house non-injured patients or visitors who are sheltering-in-place (SIP) during an event, including children of staff members (may be covered within other part of EOP addressing Staff and SIP policies).

### [Hospital lists]

- Primary space
- Secondary space

- Additional planned space(s) considered (i.e. conference rooms, cafeterias, office areas, etc.)
- Bathrooms should be readily available to the children

The safety and security of this space has been evaluated to ascertain that it is sufficient for the needs of the non-injured pediatric patient. Spaces selected have been evaluated using the following criteria [hospital lists all that apply, includes others]

- The area must be proofed from choking hazards. Cords, wires and other strangulation or electrical hazards have been identified or a plan to eliminate
- The area should be away from stairwells and other fall-risks.
- Furniture and equipment that could topple over has been identified and/or there's a plan to eliminate. Windows should be locked.
- Access to chemical or cleaners has been identified and a plan exists to eliminate
- Proximity to non-clinical pediatric supplies and resources such as sustenance, hygiene, comfort items and toys/games.
- Security measures have been identified

#### Staff

There should be enough staff and security to ensure the safety of the children. Since this space is for the non-injured pediatrics within the facility, a non-clinical team of staff can be assigned to provide oversight and management of these areas. The following services or departments may be called upon to identify staff to support this space

- [hospital lists departments/services internal. If external partners are considered and planned for, hospital outlines the process to solicit, the legal/liability and references any existing policies for the recruitment and rapid credentialing/onboarding procedures of such staff or volunteers]

#### **Inter-facility Transfer Agreements/Guidelines**

[Hospital] maintains policies and procedures for transferring pediatric patients to hospitals with more robust pediatric capabilities when patient triage and assessment warrants a higher level of care is needed. [Hospital outlines or directs to existing procedures]. The pediatric facilities within the nearest proximity to [HOSPITAL] in which providers routinely transfer pediatric patients to are [Children's Hospital name] and/or will send to [Acute Care Hospital with advance pediatric services and in-patient capabilities].

- Arrangement for transport of pediatric patients will occur through [list routine transfer mechanisms or protocols for requesting transport services].
- When routine transfer mechanisms cannot be utilized, alternate methods may be used. [list alternative transfer mechanisms]

## Safety and Security

During events with pediatric patients, the hospital's security plan and procedures will be activated. The following section outlines additional considerations for pediatric patients and visitors during a surge event.

[Hospital lists, where applicable]

- Person(s) or role(s) responsible for assessing if the current situation or event activation involves pediatrics or the potential to involve pediatrics and the need for these established security measures
- Secured areas for use to stage non-injured children from surge
- Secured area to conduct reunification of both injured and non-injured patients.
- Staff assigned to assist in identification, notification, protection, location, and reunification of children and their parents / legal guardians.
- Staff may work with communications department to receive and direct inquiries regarding reunification efforts.
- Considerations for security procedures during sheltering-in-place or evacuation scenario with pediatrics, both patients and visitors
- Implementation of missing child protocol activation and any other protocols during events in which routine procedure may be interrupted
- Staff are pre-identified to serve as physical security to monitor safe areas for both injured and non-injured children along with the ingress/egress routes to these areas.

## Decontamination

Direct reader to the pediatric decontamination plan here. Crosswalk elements listed below to make sure that plan covers essential procedures and processes to consider.

- Area established for decontamination is [Hospital identifies here, the area(s) considered is within proximity to ED, access to water, areas for tentage to protect from the elements (children at higher risk for hypothermia) and for privacy].
- Decontamination equipment is stored [where] and is inclusive of supplies that are best used for pediatrics i.e. soft brushes and various sized gowns/clothing, etc.
- Process should include at minimum, the following steps. [Hospital to outline procedure for carrying out this process for the varying ages/sizes of children
  - Infants: not mobile, not verbal
  - Toddler: mobile, not verbal
  - Children: mobile and verbal, may not be able to express themselves without parent/guardian present
  - Teenagers: mobile and verbal, may be able to express themselves without parent/guardian present

- Disrobe patient
  - Wipe down skin
  - Irrigate eyes
  - Provide clean patient gowns / blankets
- Procedures allow for keeping families together when possible and include allowing parents to wash children if feasible and with direct guidance. [Staff member/role to provide guidance listed].
- Hospital should consider the following when developing plans and building out process listed above for each pediatric patient age group:
  - Plan to move small / immobile children through showers as they are a fall risk. Consider using a laundry basket or other safe way to move child through shower instead of holding.
  - Aim for a 3–6-minute shower with a water temp of between 98° F-110° F/36.6°C-43.3 °C (avoids hypothermia) and max water pressure of 60psi (avoid damage to skin)

### **Reunification/Patient Identification**

[HOSPITAL] is aware that pediatric patients presenting to the facility from the scene of an incident may not be accompanied by a parent or guardian, may not be verbal to identify themselves, and may or may not be injured. This pediatric patient will need to be identified and family notification will be a priority of the hospital as care and assessment is provided.

The hospital lists patient tracking methods used at facility:

- [Role(s) serves as patient tracking coordinator/manage] Reference HICS position, patient tracking manager and job action sheet
- Systems used will be Texas Wristband Project, spreadsheet, patient tracking log, etc.

Hospital outlines methods to assist with reunification including [Hospital to list]

- Location of secured private area to contact families of potentially injured/ill children at hospital
- Access to translators for non-English speaking and visually/hearing impaired families
- Involves communications staff for providing public or outward facing guidance through messaging

### **Mental Health Issues**

- [PECC, behavioral health specialist or social worker] will help identify and connect patients with referral resources in the community for children experiencing trauma (e.g.,

behavioral health specialists with expertise in trauma treatment of children) and/or loss (e.g., children's bereavement centers/camps or hospice programs).

- [Hospital] has a protocol created for behavioral health professionals to be available on-call to provide services onsite during disasters **OR** if no mental or behavioral health professional is on staff, [Hospital] has signed agreements or MOUs with qualified behavioral health professionals.
- Qualified behavioral health professionals, with expertise to provide services to children, are members of hospital staff and provide coverage 24/7/365 with ability to surge during a disaster.
- Working through the HCC, hospital may gain access to community, local or state-run programs that can provide pediatric behavioral health services on-site, in the community or through tele-health capabilities.

### **Children with Special Healthcare Needs**

Policies within the hospital address resources or procedures for how to accommodate for some of these unique needs. The [PECC/Social Worker] helps ensure appropriate staff and departments are aware of how policies apply to pediatrics. Additionally, hospitals should understand the risks of their community and probability that they will need to serve pediatric patients with healthcare needs during disasters.

[Hospital outlines policies or procedure for providing care to the following pediatric patient groups]

- Non-English-speaking children or their parents/guardians
- Children who are hearing and seeing impaired
- Children who are oxygen and/or electrically dependent
- Children who are non-verbal or cognitively impaired
- Children who are medically complex with gastrostomy tubes, tracheostomies, LVAD, Ventricular Peritoneal Shunts, etc.

[HOSPITAL] connects with various external partners to assist with planning for these populations as well as may solicit their aid during response to emergencies, such as hurricanes.

[Hospital to select any of the following or include additions]

- Pediatric primary care or therapy centers
- Pediatric day health centers that may be able to provide a site for power during large scale power loss events
- Non-government organizations who represent children with functional and access needs
- Local schools and education centers with programs for children with unique needs
- [Others]



The regional Healthcare Coalition may also be able to provide guidance to hospitals to assist with linking parents/guardians to sites and special interest groups for resources. Some sites plan to assist with providing the needed support to families with children who have unique healthcare needs, such as locations of pediatric day health centers in the community and neighboring communities, medical needs shelters or other sites to access power, non-government organizations or collaborative groups to support with supplies and staged sites to exchange oxygen tanks.

### **Disaster Exercises and Drills**

As a part of [HOSPITAL] emergency management program, a necessary step includes conducting drills based on probable scenarios outlined within the facility HVA. Drills and scenarios exercised are inclusive of children of varying ages when possible, including infants (< 1yrs), toddlers (1-3 yrs.), school-aged children (4-12 yrs.), adolescents (> 13 yrs.) and children with special health care or functional access needs. During drills, exercises and education opportunities, the use of the pediatric equipment and any mock or simulation equipment may be used.

The following criteria are considered when planning drills, exercises, and education:

- Coordination between departments and service lines for exercise planning and the role each plays in response to pediatric patients.
- Facilitate disaster-related learning activities (FEMA, ICS courses, lectures, etc.) that include pediatric considerations and priorities for all staff.
- Collaborate with hospital emergency management and the PECC to ensure pediatric needs are addressed in the exercise planning process.

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