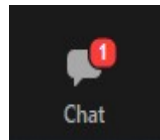


Meeting Tips



Whether you're in the room
or online please speak up
and out!



Click on this icon to send a
message to a specific
meeting attendee or to **ALL**
meeting attendees

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Welcome & Session Overview

- Abbreviated Board Meeting
- Planning Retrospective View
- Foundational Expectations & Direction
- Membership Summary
- Strategic Initiatives
- Vision for the Future
- Nice Talk ... Now What?



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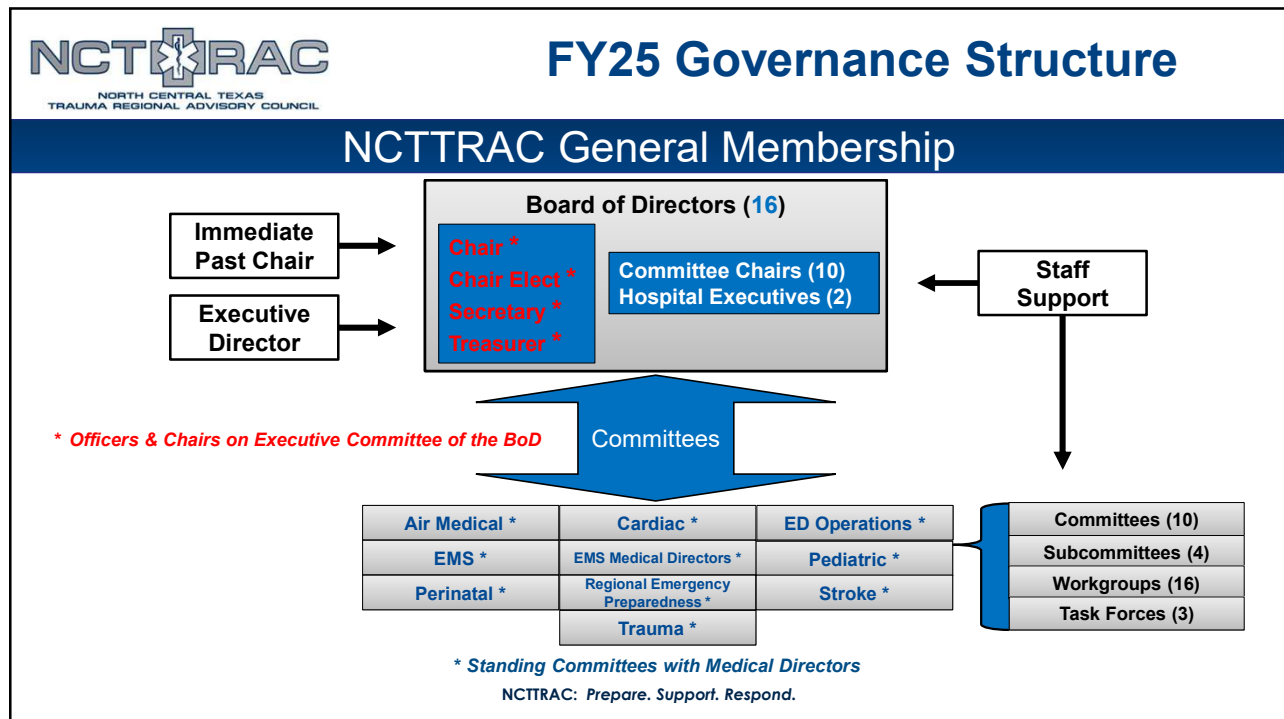


NORTH CENTRAL TEXAS
REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE

Abbreviated Board of Directors Meeting

8 April 2025

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Abbreviated Board of Directors Meeting

- Chair's Report
- Financial Reports
- Consent/Action Agenda Items
- Executive Director's Report
- Dallas Fort Worth Hospital Council Update
- Priority Program Updates

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Board Secretary - Opening Actions

Quorum?
*(minimum of **eight** required)*

—
Attendance Review

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Chair's Report

- Recognition
 - Journey of Excellence
- Board Ratifications *

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Journey of Excellence Award

The Journey of Excellence is awarded to an individual, group, or organization recognized for exemplary performance and whose contribution has exhibited integrity, vision, collaboration, inspiration, leadership, and a strong commitment to the mission, goals, and values of NCTTRAC.

8

Journey of Excellence



**Thank you
Dr. Raj Gandhi!**

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Chair's Report

- ✓ Recognition
 - ✓ Journey of Excellence
- Board Ratifications *
 - Perinatal Chair Elect
 - Dr. Christina Chan, Texas Health Presbyterian Hospital Dallas

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Abbreviated Board of Directors Meeting

✓ Chair's Report

- Financial Reports
- Consent/Action Agenda Items
- Executive Director's Report
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Treasurer's Report

Statement of Activities – February 28, 2025

NCTTRAC Statement of Activities - HPP 02/28/2025

	HCC-C YTD	HCC-D YTD	HCC-E YTD	EMTF-2 YTD	EMTF - GR YTD	Total YTD
Operating Revenue						
Program Revenue	108,975	112,642	1,733,879	89,965	143,709	2,189,171
Total Operating Revenue	108,975	112,642	1,733,879	89,965	143,709	2,189,171
Expenditures						
Personnel	60,415	63,979	756,058	67,197	0	947,650
Travel Expenses	4,994	2,601	15,952	0	6,315	29,862
Supplies Expense	0	169	5,673	0	0	5,841
Equipment Expense	0	0	10,000	0	0	10,000
Contractual Expenses	4,840	3,675	19,625	0	7,674	35,815
Other Expenses	12,481	16,700	458,912	3,270	122,965	614,327
General and Administrative E	13,622	13,483	172,148	10,509	6,755	216,518
Total Expenditures	96,352	100,607	1,438,368	80,976	143,709	1,860,013
Change In Net Assets	12,623	12,035	295,511	8,989	0	329,158

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Treasurer's Report

Statement of Activities – February 28, 2025

NCTTRAC Statement of Activities - EHS 02/28/2025								
	EMS/COUNTY ASSISTANCE	EMS/COUNTY ASSISTANCE CARRYOVER	SENATE BILL 8	EMS/RAC	RAC SYSTEMS DEVELOPMENT	UNRESTRICTED	RESERVE	TOTAL*
	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
Operating Revenue								
Program Revenue	523,249	47,796	147,485	674,230	278,971	0	0	3,860,902
Member Fees	0	0	0	0	0	615,917	0	615,917
Investment Income	0	0	0	0	0	0	36,942	36,942
Total Operating Revenue	523,249	47,796	147,485	674,230	278,971	615,917	36,942	4,513,761
Expenditures								
Personnel	0	0	30,668	199,228	102,514	124,841	0	1,404,902
Travel Expenses	0	0	0	0	0	5,258	0	35,120
Supplies Expense	0	0	1,643	456	(1)	0	0	7,938
Equipment Expense	0	0	0	0	0	0	0	10,000
Contractual Expenses	0	0	102,719	0	0	0	0	138,535
Other Expenses	0	21,447	4,647	46,583	17,501	58,510	63,048	826,062
General and Administrative Expenses	0	0	0	50,317	20,776	25,552	0	313,164
Total Expenditures	0	21,447	139,677	296,584	140,790	214,161	63,048	2,735,721
Change In Net Assets	523,249	26,349	7,808	377,646	138,181	401,756	(26,106)	1,778,040

*Total includes HPP

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Treasurer's Report

Balance Sheet – February 28, 2025

	2025	2024
Assets		
Current Assets		
Frost Bank: Frost Operating Account	417,809	468,517
Frost Bank: Frost Temp Restricted Account	631,661	1,140,182
Frost Bank: Frost Reserve Funds	1,088,696	1,080,152
Frost Bank: Payroll Account	4,614	8,304
Raymond James: Cash Account	1,058,883	1,011,795
Total Cash and Cash Equivalents	3,201,664	3,708,950
Accounts Receivable, Net	674,736	572,071
Other Current Assets		
Security Deposits	9,171	9,171
Investments	934,324	794,870
Prepaid Expense	48,769	(150)
Inventory Held for Distribution	1,002,035	1,002,035
Inventory Asset	653,271	653,271
Total Other Current Assets	<u>2,647,570</u>	<u>2,459,196</u>
Total Current Assets	<u>6,523,970</u>	<u>6,740,217</u>
Long-term Assets		
Equipment	141,572	141,572
Furniture & Fixtures	268,731	268,731
Leasehold Improvements	<u>1,659,022</u>	<u>1,659,022</u>
Total Long-term Assets	<u>2,069,325</u>	<u>2,069,325</u>
Total Assets	<u>8,593,295</u>	<u>8,809,542</u>
Liabilities and Net Assets		
Liabilities		
Accounts Payable	18,440	76,310
Accrued Expense	1,499	396
Payroll Liabilities	216,866	204,041
Lease Liability	1,424,445	1,424,445
Current Portion of Lease Liability	<u>329,275</u>	<u>329,275</u>
Total Short-term Liabilities	<u>1,990,525</u>	<u>2,034,467</u>
Net Assets	<u>6,602,770</u>	<u>6,775,075</u>
Total Liabilities and Net Assets	<u>8,593,295</u>	<u>8,809,542</u>

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Finance Report Accountability Scorecard

Task / Action Item	Estimated Completion Date	Status	Completion Date
FY2024 Form 990 Information Tax Return	4/30/2025	In Progress	
FY2024 Financial Audit	4/30/2025	In Progress	
2025 CPI for FY26 Membership Dues	3/11/2025	Completed	
HPP FY26 Budget	3/15/2025	Completed	3/24/2025
EHS Q2 Expenditure Support Form	3/31/2025	Completed	3/25/2025
HPP February B-13 Voucher	3/31/2025	Completed	3/25/2025
HPP March B-13 Voucher	4/30/2025	In Progress	

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Finance Report Investment Update

Asset Allocation[†]

	Market Value (\$)	% of Portfolio
Cash & Cash Alternatives	1,093,130.48	54.29%
Cash [‡]	1,093,130.48	54.29%
Fixed Income	379,831.58	18.86%
Equity	540,543.89	26.85%
U.S. Equity	527,822.01	26.21%
Non U.S. Equity	2,174.08	0.11%
Real Estate	10,547.80	0.52%
Alternative Investments	0.00	0.00%
Allocation Strategies	0.00	0.00%
Non-Classified	0.00	0.00%
Total Portfolio	\$2,013,505.95	100%

[†]\$1,089,769.85 is held in cash and cash sweep products

\$1,062,414.36 of Assets are held in External Accounts. Packaged products may be represented across multiple asset classes.

Value Over Time[§]



Gains and Losses

Unrealized Gain/Loss	Gain (\$)	Loss (\$)	Total (\$)
Short Term	20,122.43	(8,970.58)	11,151.85
Long Term	142,190.97	(3,372.09)	138,818.88
Total	\$162,313.40	(\$12,342.66)	\$149,970.75

Realized Gain/Loss

1/1/25 - 4/1/25	Gain (\$)	Loss (\$)	Total (\$)
Short Term	0.00	0.00	0.00
Long Term	0.00	0.00	0.00
Total	\$0.00	\$0.00	\$0.00

Non-Taxable Accounts are excluded from the Realized table.

Asset Growth[§]

	YTD 12/31/24 4/1/25	2024 12/31/23 12/31/24	2023 12/31/22 12/31/23	Inception 7/5/18 4/1/25
Beginning Market Value	\$2,026,849.45	\$1,839,739.87	\$720,624.02	\$99,632.25
Contributions/Withdrawals	\$0.00	\$0.00	\$1,000,000.00	\$1,523,995.35
Income	\$19,409.68	\$89,225.63	\$29,343.06	\$239,024.92
Change in Market Value	(\$32,695.67)	\$97,883.95	\$89,772.79	\$150,910.94
Ending Market Value	\$2,013,563.46	\$2,026,849.45	\$1,839,739.87	\$2,013,563.46
Investment Results	(\$13,285.99)	\$187,109.58	\$119,115.85	\$389,935.86

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NORTH CENTRAL TEXAS

TRAUMA REGIONAL ADVISORY COUNCIL

Finance Report

Investment Update

Performance by Account Summary

Time-Weighted (Net of Fees)

	Open Date / (Close Date)	Market Value	YTD 12/31/24 4/1/25	2024 12/31/23 12/31/24	2023 12/31/22 12/31/23	2022 12/31/21 12/31/22	2021 12/31/20 12/31/21	Since Inception*
NCTTRAC Eagle MDA // xxxxx712	2/19/19	\$951,149.10	(2.41%)	16.58%	16.01%	(15.89%)	16.50%	8.19%
Eagle MDA								
Strat Domestic Bal-Taxable Bonds								
Total Portfolio	2/19/19	\$951,149.10	(2.41%)	16.58%	16.01%	(15.89%)	16.50%	8.19%

*Returns are annualized for periods greater than one year.

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		Finance Report FY26 Hospital Preparedness Program Budget				
Consolidated	HCC-C	HCC-D	HCC-E	EMTF	EMTF GR	HPP
Salaries	71,441	75,405	1,076,144	89,250	16,216	1,328,455
Fringe Benefits	22,147	23,376	333,604	27,668	5,027	411,821
Travel	9,188	7,188	31,943	0	11,626	59,945
Equipment	0	0	47,125	0	0	47,125
Supplies	718	718	69,540	468	8,084	79,528
Contractual	33,371	16,679	338,304	0	29,090	417,444
Other Services & Charges	18,479	31,979	742,598	9,948	157,646	960,648
Indirect	9,325	9,324	227,779	4,402	8,422	259,254
Total Expenses	164,669	164,669	2,867,037	131,736	236,111	3,564,222
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Finance Report FY26 HPP Budget Highlights

- The current five-year contract has been extended by an additional year, resulting in flat revenue.
- Personnel costs are allocated for 16.37 FTEs.
- Warehouse storage fees are projected to decrease by \$109,390 compared to the prior year due to the relocation of supplies & assets.
- HCC-E Contractual Allocations:
 - **Equipment** - \$47,125
 - **Subrecipient Sustainment** - \$338,304
 - **Communication Supplies:** \$100,000
 - **Preparedness Supplies:** \$100,000
 - **Response Supplies:** \$88,304
 - **Training & Exercise Development:** \$50,000

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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
- ✓ *Financial Reports*
- Consent/Action Agenda Items
- Executive Director's Report
- Dallas Fort Worth Hospital Council Update
- Priority Program Updates

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Consent/Action Agenda Items

- March Board of Directors Meeting Minutes
- March REPC Meeting Minutes
- FY25 Memberships for Approval – April (1)
- FY26 Bylaws Revision
- Regional Trauma System Plan
- Cardiac STEMI Data Report
- NCTTRAC BEFAST Campaign RAPIDO Handout
- NCTTRAC Regional Pediatric Sepsis Screening Tool
- Other Action Items

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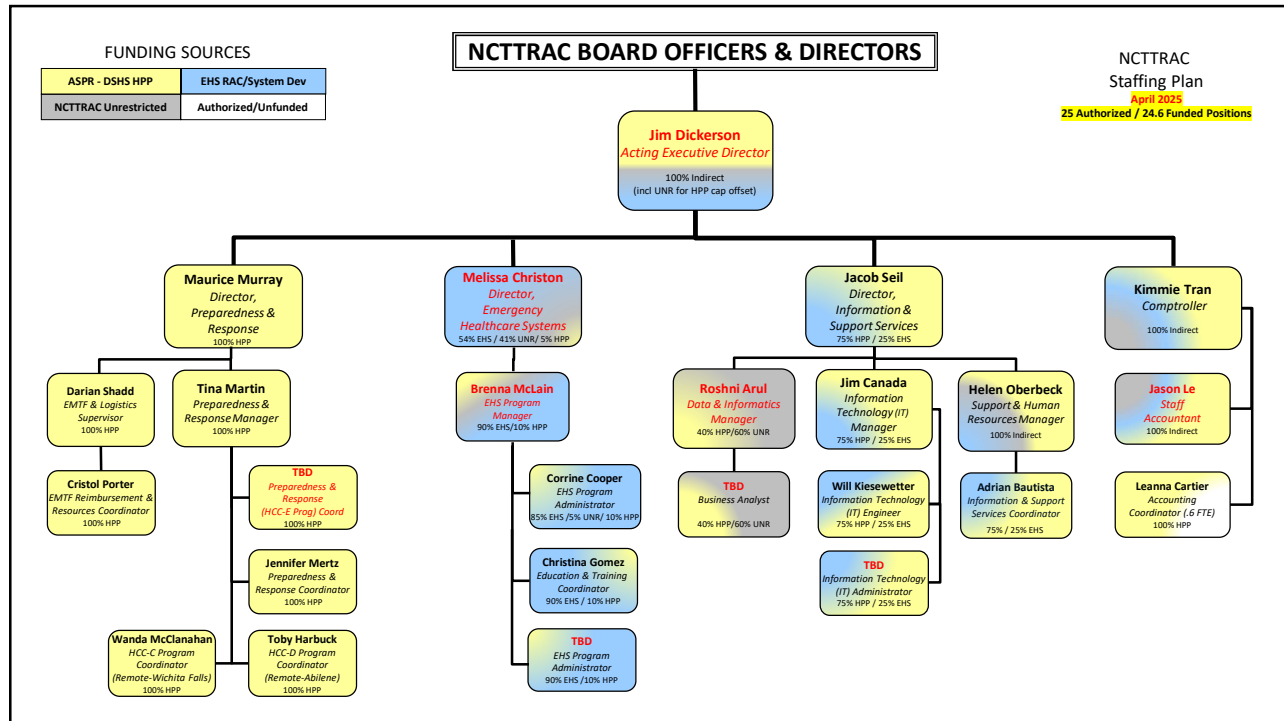


Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
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Abbreviated Board of Directors Meeting

- ✓ Chair's Comments
- ✓ Financial Reports
- ✓ Consent/Action Agenda Items
- ✓ Executive Director's Report
- Dallas Fort Worth Hospital Council Update
- Priority Program Updates

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DFW Hospital Council Update

❖ Hospital Executive – East

John Phillips



❖ Hospital Executive – West

Corey Wilson



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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
- ✓ *Financial Reports*
- ✓ *Consent/Action Agenda Items*
- ✓ *Executive Director's Report*
- ✓ *Dallas Fort Worth Hospital Council Update*
- **Priority Program Updates**

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Priority Program Updates

- Emergency Healthcare Systems
- Hospital Preparedness Program

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**NORTH CENTRAL TEXAS
REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE**

FY26 Planning & Budgeting Session

April 8th, 2025

Remember ... There are no bad ideas

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Session Overview

- Planning Retrospective View
- Foundational Expectations & Direction
- Membership Summary
- Strategic Initiatives
- Vision for the Future
- Nice Talk ... Now What?

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Quick Strat Planning Retrospective

2008 – **Contractor-facilitated, two-day session** to arrive at mission(s) & guiding philosophies; Strengths, Weaknesses, Opportunities, & Threats; our distinctive capabilities; & how we sought to measure success.

Plan elements were built around a conceptual model of **patient outcomes**; **organization and governance**; **communications**; **member participation**; **systems development**; & **program operations**.

2009/10/11 – **Annual** sessions were a deliberate **review of** initially drafted **Goals & Strategies** spreadsheets to update the original **66 plan elements**.

2012/13 – Sessions **limited to** summarize & showcase remaining **elements of interest** from Executive Director's perspective.

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Strategic Goals 2008 - 2014

Goal #1: NCTTRAC will improve patient outcomes in TSA-E.

Goal #2: The Board, committees and staff of NCTTRAC will be a cohesive, well-coordinated group that is organized to reach the desired results.

Goal #3: NCTTRAC will have a positive image through the region & state through improved internal & external communications.

Goal #4: NCTTRAC will have a wide level of participation in its activities from among its members & various stakeholders.

Goal #5: NCTTRAC will have a strong presence in development of the EMS/Trauma System.

Goal #6: NCTTRAC will have effective plans enabling optimal program operations.

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Quick Strat Planning Retrospective

2014/15/16 – Reintroduced broad-based **Needs Assessment Survey** feedback & the BoD **reduced original six Goals to one**, with expectations that **each committee develop & advance appropriate Goals & Strategies** within committee's peer-driven efforts.

Goal #1: NCTTRAC will improve patient outcomes in TSA-E.

2017 to date – Annual Needs Assessment Surveys evolve, BoD & **Committee-driven Goals/Strategies** captured & documented in **SOPs & meetings**, monitored monthly **via Accountability Scorecard** spreadsheet. Variability of state funding and contract deliverables prevent “traditional” multi-year strategic planning/goals.

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Foundational Expectations & Direction

- Traditional RAC Essential Criteria (Legacy)
- New Direction
 - RAC Performance Criteria & RAC Self-Assessment
 - RAC Self-Assessment Overview & Timeline
 - Governors EMS & Trauma Advisory Council (GETAC)
- Funding Sources
 - Hospital Preparedness Program (Federally-sourced)
 - EMTF-2 GR (State-sourced)
 - EMS/RAC (State-sourced)
 - RAC Systems Development (State-sourced)
 - EMS/County (State-sourced)
 - EMS Recruitment & Retention (State Senate Bill 8)
 - Unrestricted (Membership Dues)

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RAC Essential Criteria (Legacy)

System Management and Planning

Bylaws	Plan Components	RAC Operations
Written Mission Statement	Access to Regional EMS/Trauma Systems	Distribute System Plan to all Member Entities
Trauma & EHS Goals	Communications	Meetings are Scheduled / Conducted According to RAC Bylaws
Defined Chain of Command & Decision-Making Process	Medical Oversight	Physical & Human Resources
Committee Structure Defined	Pre-hospital Triage Criteria / Facility Triage Criteria	RAC Communications
Roles, Responsibility, and Election Process of Officers	Diversion Policies	RAC Finances Conducted in Accordance with State Contracts and other Regulatory Requirements
Voting Process	Bypass Protocols / Regional Trauma Treatment Protocols	Education & Training is Conducted to Meet the Needs Identified in Annual Assessment
Member Participation Requirements	Regional Medical Control	Education & Training is Conducted to Meet the Needs Identified in PI Activities
Fees/Dues Approved by Membership	Inter-hospital Transfers	Identified Resources Available in TSA E for Emergency / Disaster Preparedness within Written Plan
Entities caring for trauma patients encouraged to attend Meetings	Performance Improvement (PI) Program	Regional Performance Improvement Program
Bylaws Approved by Membership	Regional Helicopter Activations Guidelines	Regional Injury Prevention Program

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New Direction – RAC Performance Criteria & RAC Self-Assessment

Focus: System Development, Planning, Monitoring, & Performance Improvement

RAC Performance Criteria Elements	RAC Self-Assessment Indicators (26)	
Texas Department of State Health Services (DSHS) Rules	Epidemiology / Surveillance (2)	System Coordination & Patient Flow (2)
DSHS Contract Deliverables	Regional Leadership (1)	Prevention & Outreach (2)
Regional Self-Assessment	System Plan (5)	Rehabilitation (1)
Trauma & Emergency Healthcare System Plan	System Integration (2)	Emergency Response (3)
Regional System Leadership	Business / Finance (1)	Regional System Performance Improvement (2)
Human Resources within the RAC	EMS / Prehospital (2)	Data Management (1)
Business / Financial Planning	Definitive Care Facilities (1)	Regional Research & Publications (1)
Data Management & Information	NCTIRAC: Prepare. Support. Respond.	

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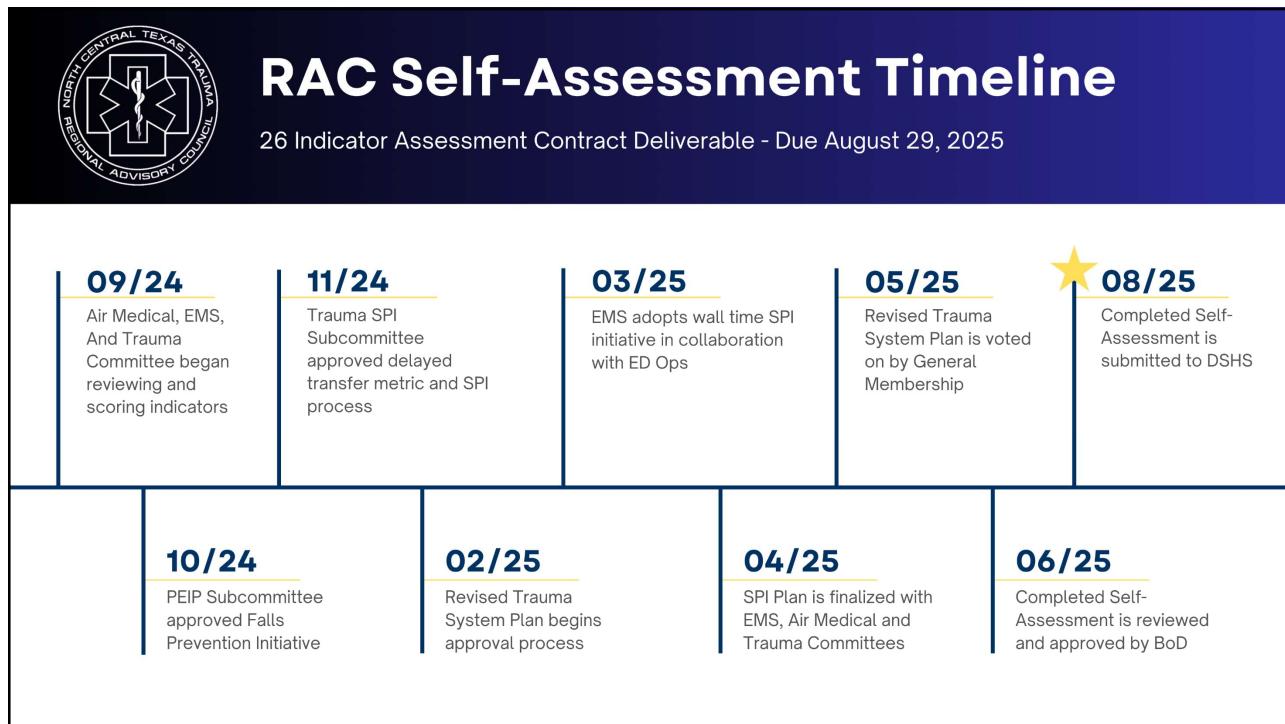
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RAC Self-Assessment Overview

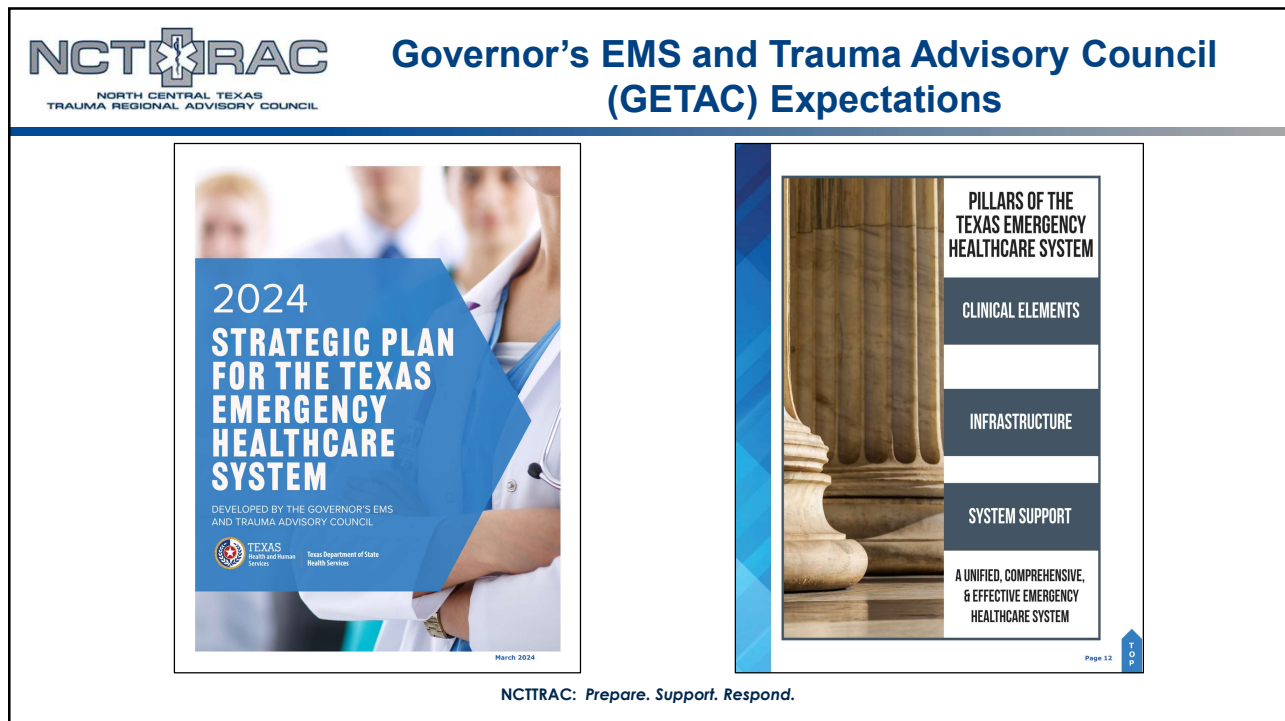
- RAC Self-Assessment & Scoring Tool (TAC 157.123)**
 - Became contractual in September 2024
 - Provides standardized regional assessment tool for all 22 Texas RACs
 - DSHS Expectations:
 - Two years to complete; first year to complete assessment; second year to inform/revise regional emergency healthcare plans based on assessment results
 - Participation expected from multiple stakeholders across all 19 counties of TSA-E
 - Assessment includes 26 indicators, 0 - 5 scoring scale:
 - < 3 = Improvement Plan required,
 - 5 = Best Practice + TED Talk, YouTube, etc.
 - Indicators are being assessed by defined service line committees
 - EMS & Trauma** initially assessed in FY25, with other service lines to follow in FY27

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GETAC Strategic Plan

Vision

A unified, comprehensive, and effective emergency healthcare system.

Mission

To promote, develop, and advance an accountable, patient-centered trauma and emergency healthcare system.

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GETAC Strategic Plan

• Infrastructure

- Emergency Communication Systems
- Information Systems

• System Support

- Public Education
- Essential Emergency Healthcare Systems*
- System Funding

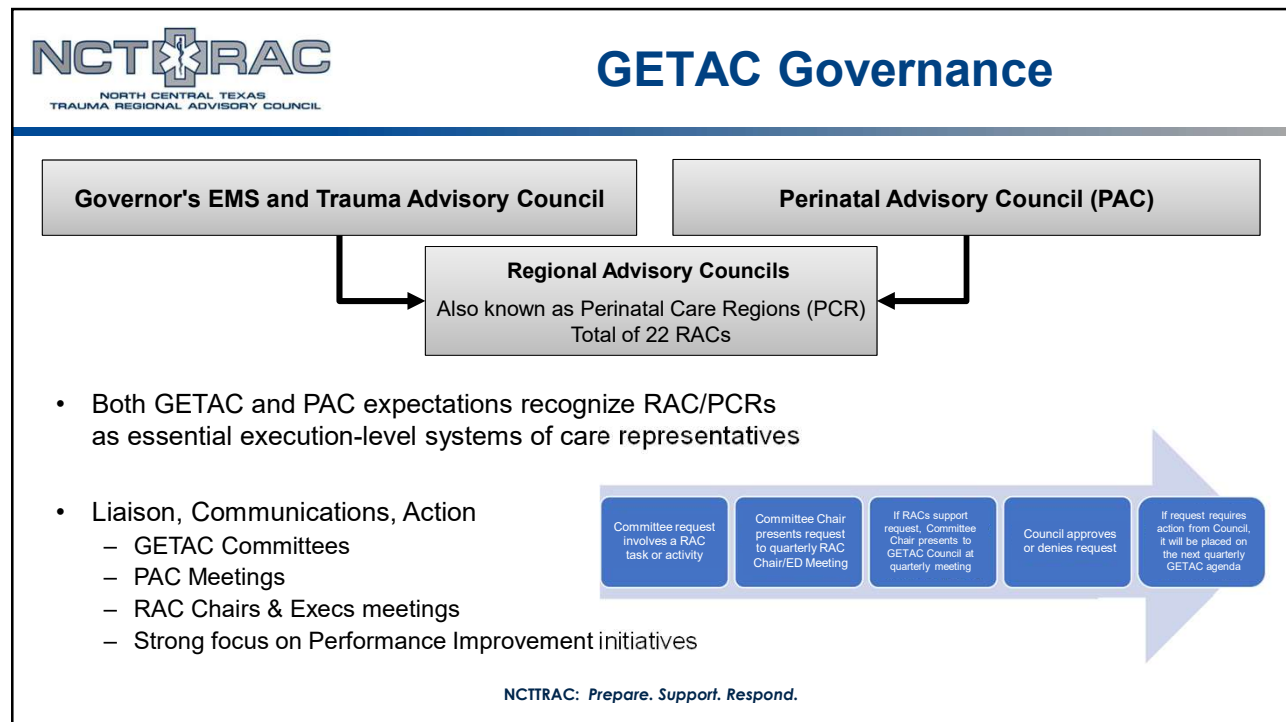
• Clinical Elements

- Prevention
- Disease*
- Injury*
- Coordinated Clinical Care
- EMS Medical Services*
- EMS Medical Direction
- System Integration
- Emergency Preparedness & Response*
- Performance Improvement & Patient Safety*

*New elements as of 2024

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Federal Contract Expectations

HPP YR 23 Hospital Preparedness Program

Purpose:

Enhance ability of healthcare systems to prepare for health & medical emergencies & disasters with primary focus on Health Care Coalition building, regional healthcare system preparedness, & Emergency Medical Task Force component development.

HPP YR 23 Funding Amount: \$3,328,111

Program Year 23 runs July 1, 2024 – June 30, 2025

Four Capabilities:

- Foundation for Health Care & Medical Readiness
- Health Care & Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

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State Contract Expectations

FY25 EMTF-2 GR

Purpose:

Rider to support the Emergency Medical Task Force of the Hospital Preparedness Program, as well as perform activities related to ongoing management program.

HPP YR 23 Funding Amount: \$236,111

Program Year 23 runs September 1, 2024 – August 31, 2025

Four Capabilities:

- EMTF Program Management
- Train and Equip Strike Teams, MIST, IDRU, etc.
- Logistics
- Disaster Response

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State Contract Expectations

FY25 EMS/RAC

• **Purpose:**

- For enhancement/delivery of patient care in Grantee's TSA

• **FY25 Funding Amount: \$674,230** (One lump sum payment)

• **Allowable expenses include:**

- Supplies
- Operational Expenses
- Education & Training
- Equipment
- Communication Systems

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State Contract Expectations

FY25 RAC Systems Development (formerly EMS Tobacco)

- **Purpose:**
 - Develop, implement & monitor a regional EMS & Trauma system plan
 - Assist DSHS in identifying critical evacuation issues for Texas hospitals & EMS providers
 - Participate in state & regional post-incident review activities as requested
 - Attend specified meetings with DSHS Program & CMS staff
 - Support Perinatal Care Region (PCR) within Grantee's TSA
- **FY25 Funding Amount: \$278,971** (One lump sum payment)
- **Allowable expenses include:**
 - Supplies/equipment/personnel costs for EMS/injury prevention and/or education programs
 - Costs of personnel, supplies & equipment to conduct trauma-related courses
 - Updating & sharing the regional EMS/Trauma System Plan
 - Educating public or trauma care providers about regional EMS/Trauma System Plan
 - Expenditures or grants to entities related to delivery of trauma patient care
 - System PI meetings, newsletters, regional registry, regional communication systems
 - Travel & registration fees for RAC staff to attend EMS/Trauma Systems related meetings/conferences
 - No more than 20% may be utilized for administrative costs

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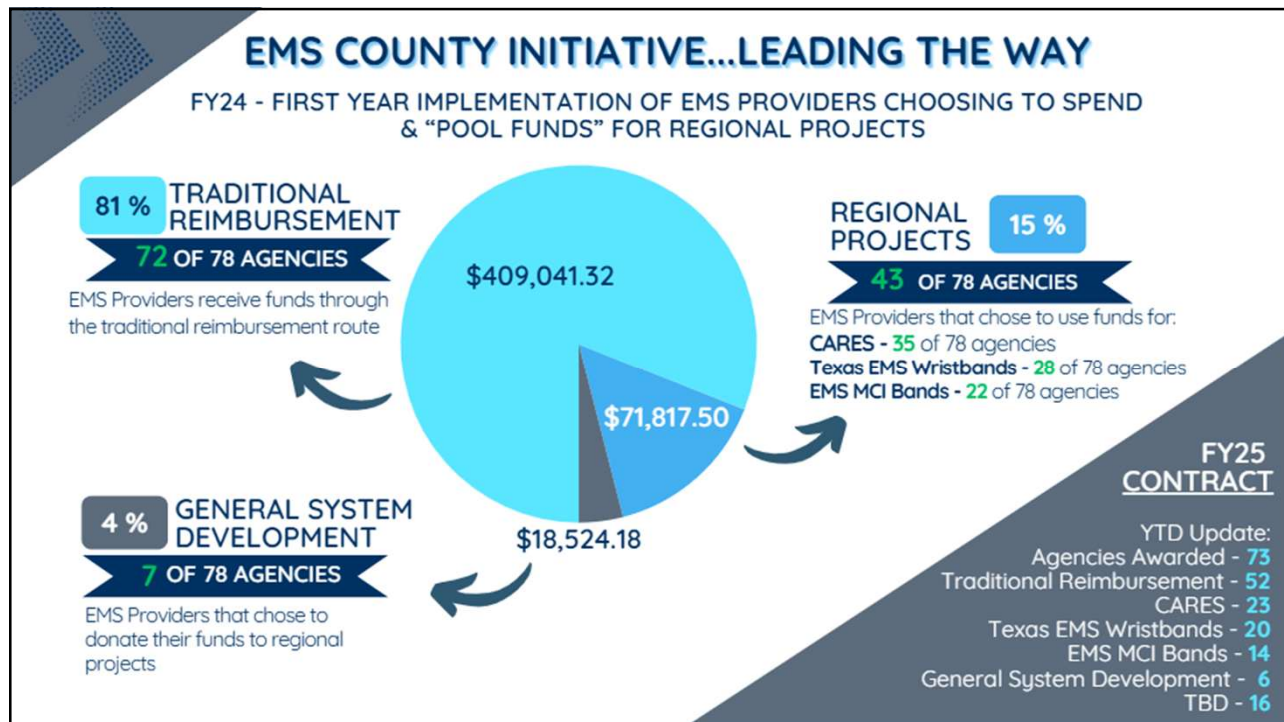
State Contract Expectations

FY25 Emergency Medical Services/County (EMS/CO)

- **Purpose:**
 - Administer EMS provider reimbursements to ensure continuation of emergency medical services
- **Total contract FY25 \$523,249** (One lump sum payment)
- **Allowable expenses include:**
 - EMS operational expenses used to maintain the viability of the organization
 - EMS supplies
 - EMS education and training
 - EMS equipment
 - EMS ambulances
 - EMS communication systems
- Utilize EMS/Regional Advisory Council (EMS/RAC) and/or RAC Systems Development funds to administer the EMS/CO deliverables

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Senate Bill 8 Contract Wrap-Up

EMS Workforce Recruitment & Retention Program (start: September 2022)
 The Texas Legislature provided \$21.7 million to distribute towards funding of EMS education & retention.

Top 3 Goals:

- Increase personnel actively working on an ambulance
- Reduce the burden in rural & underserved areas
- Retain currently certified personnel

333 scholarships

\$1.8M

- NCTTRAC **received 10%** of the contract funding (\$2.25 M) and **contributed 13%** toward the overall goal of increasing the Texas EMS workforce by 2,500 certified personnel
- Contract ended December 31, 2024
- DSHS assumed responsibility for monitoring student progress

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Senate Bill 8 Contract Wrap-Up

Contract Conclusion & Future Funding

Contract Duration: 9/1/2022 - 12/31/2024

Key Funded Activities

- Staff Costs - **\$291,498**
- Office Lease - **\$35,490**
- Operational Costs - **\$70,833**

Impact of Contract Conclusion

- Collect scholarship refunds & ensure payments are sent to the state by the July 1st deadline
- Administrative costs previously covered by the contract will now be absorbed by state contracts & unrestricted funds.

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Unrestricted Funds

• Purpose

- These funds are utilized to cover unfunded DSHS Program costs and NCTTRAC discretionary budget items and non-allowable program/contract costs such as food, investments, advertising, public relations, entertainment, fund raising, interest expense, individual membership and license fees

• Total FY25 Unrestricted Revenue: **\$615,917**

• Source of Funds

- Membership dues
- Sponsorships

• Major Expenses

- Salaries for Data Personnel
- TETAF Subscription
- RDC Database & Trauma Registry

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Membership Return on Investment

• Staff Support Delivers

- Facilitation of 33+ Committees/Subcommittees, etc.
- EMS County Allotment (\$514K, 78 providers)
- Training and Education (\$79K, 700 attendees)
- Awarded Scholarships (\$1.8M, 333 recipients)
- Response Reimbursements (\$6.8M / 32 organizations)
- HPP Sustainment Transferred to Subrecipients (\$336K)
- Supplies/Equipment Hosted for Disaster Deployment
 - HPP (\$256K)
 - EMTF-2 (\$42K)
- Data Registries (4) and Dashboards (65)

**\$7.4M
Distributed
FY24 to
Current**

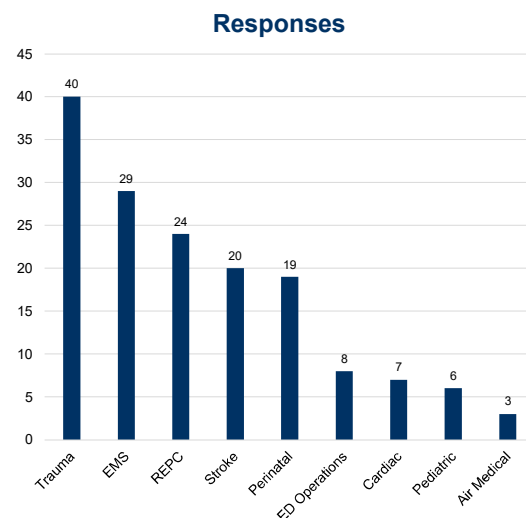
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FY26 Membership Expectations Poll – Summary

- **Purpose:** Gather info about which NCTTRAC services are most important to our members
- Poll ran during March Committee meetings
- 1 Question: “Please rank the following services that NCTTRAC provides in order of importance to you”
 - Data Platforms & Services
 - Disaster Preparedness & Response Support/Coordination
 - Regional Projects & Programs
 - Regional System Performance Improvement (SPI)
 - Regional System Plans & Guidelines
 - Training & Education
- **156 Total Responses**



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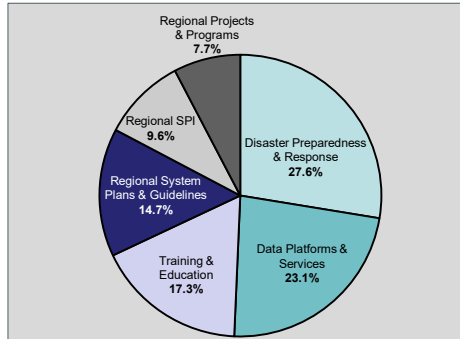
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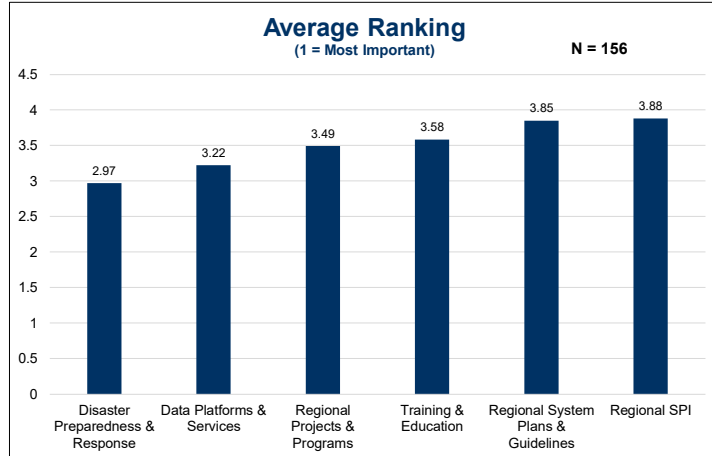
FY26 Membership Expectations Poll – Main Takeaways

Top 3 Most Important Services

1. Disaster Preparedness & Response
2. Data Platforms & Services
3. Regional Projects & Programs



% of Responses Ranked as Most Important



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FY26 Membership Expectations Poll – Committee Rankings

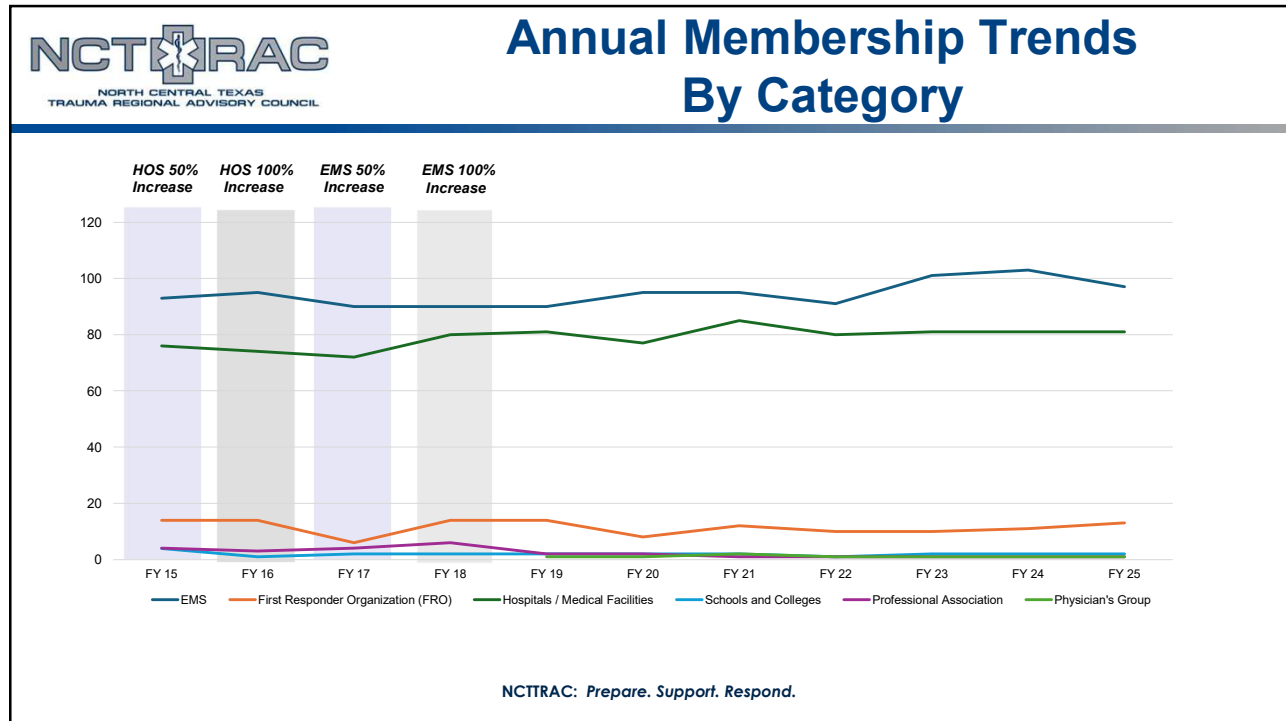
Top 3 NCTTRAC Services by Committee

Ranking	Trauma (n=40)	EMS (n=29)	REPC (n=24)	Stroke (n=20)	Perinatal (n=19)
Most Important	Disaster Preparedness & Response	Disaster Preparedness & Response	Disaster Preparedness & Response	Data Platforms & Services	Regional Projects & Programs
2 nd Most Important	Training & Education	Data Platforms & Services	Regional Projects & Programs	Regional System Plans & Guidelines	Training & Education
3 rd Most Important	Regional SPI	Regional Projects & Programs	Data Platforms & Services	Disaster Preparedness & Response	Data Platforms & Services

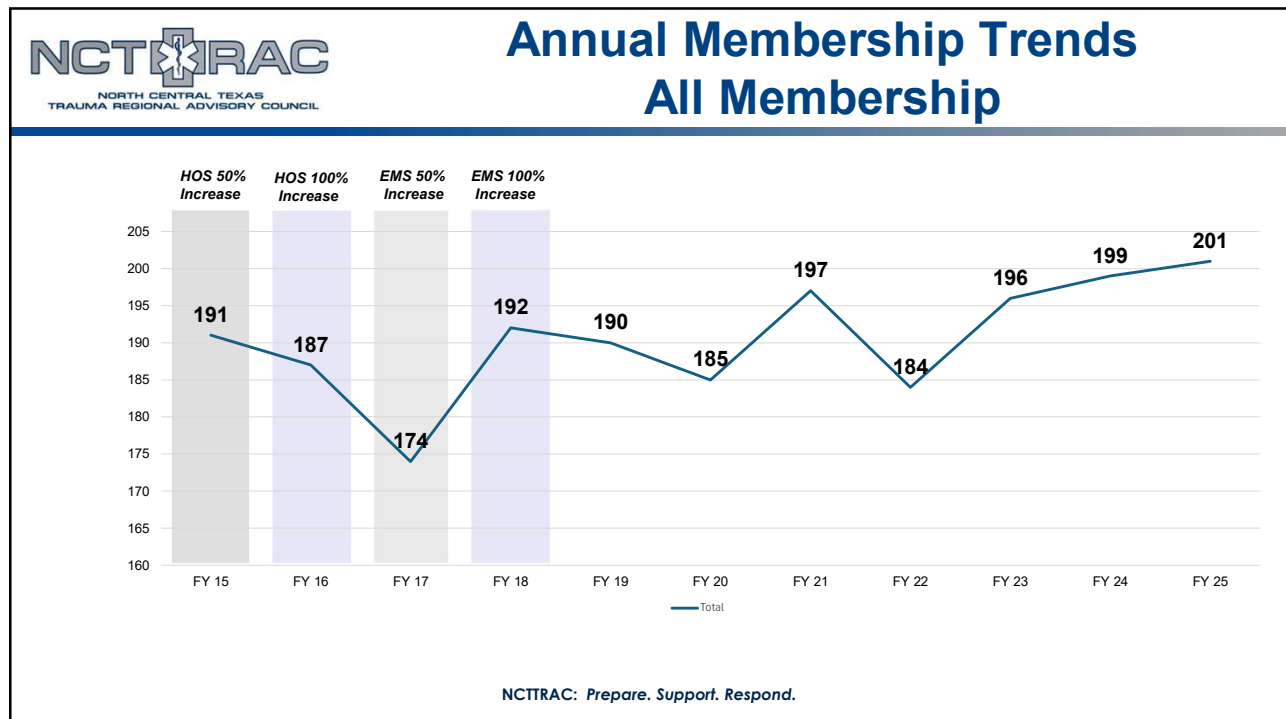
Top 3 NCTTRAC Services by Committee

Ranking	ED Ops (n=8)	Cardiac (n=7)	Pediatric (n=6)	Air Medical (n=3)
Most Important	Disaster Preparedness & Response	Data Platforms & Services	Data Platforms & Services	Regional SPI
2 nd Most Important	Regional Projects & Programs	Regional SPI	Training & Education	Data Platforms & Services
3 rd Most Important	Regional System Plans & Guidelines	Disaster Preparedness & Response	Regional Projects & Programs	Regional Projects & Programs

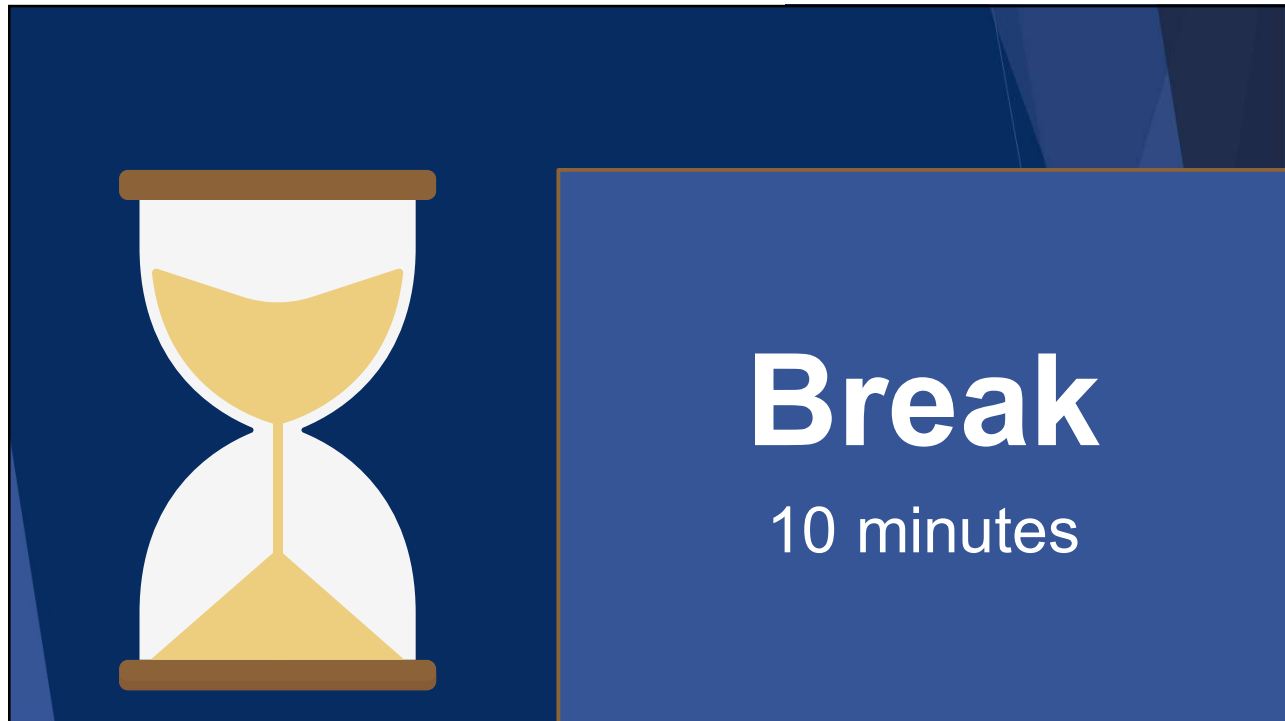
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Strategic Initiatives (FY'26)

- Pre-Hospital Transfusion Program
- Hospital Preparedness Program RFA
- Infrastructure Assessment & Right-Sizing
- World Cup 2026 Preparations
- Pulsara Utilization & Active Participation Requirements
- Data & Information Management Maturation & Application
- RAC Budget Policy, Considerations & Direction
- Others we've missed?

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Prehospital Transfusion Program (PTP)

- Regional Direction:
 - Focusing on NCTTRAC rural counties:
 - Cooke, Erath, Fannin, Palo Pinto, & Somervell
 - Upgrading PTP equipment for better standardization & integration
 - Regional benefit: Provides & optimizes limited resources in rural communities
 - REPC is committing \$47K in sustainment funds towards the project
- GETAC Whole Blood Taskforce:
 - Goal to have a unit of Whole Blood available in every county in Texas
 - \$10M rider sponsored in the current legislature
 - RACs are likely to be called on to develop & administer programs
 - Level I Trauma Centers to be potentially utilized as blood bank augments



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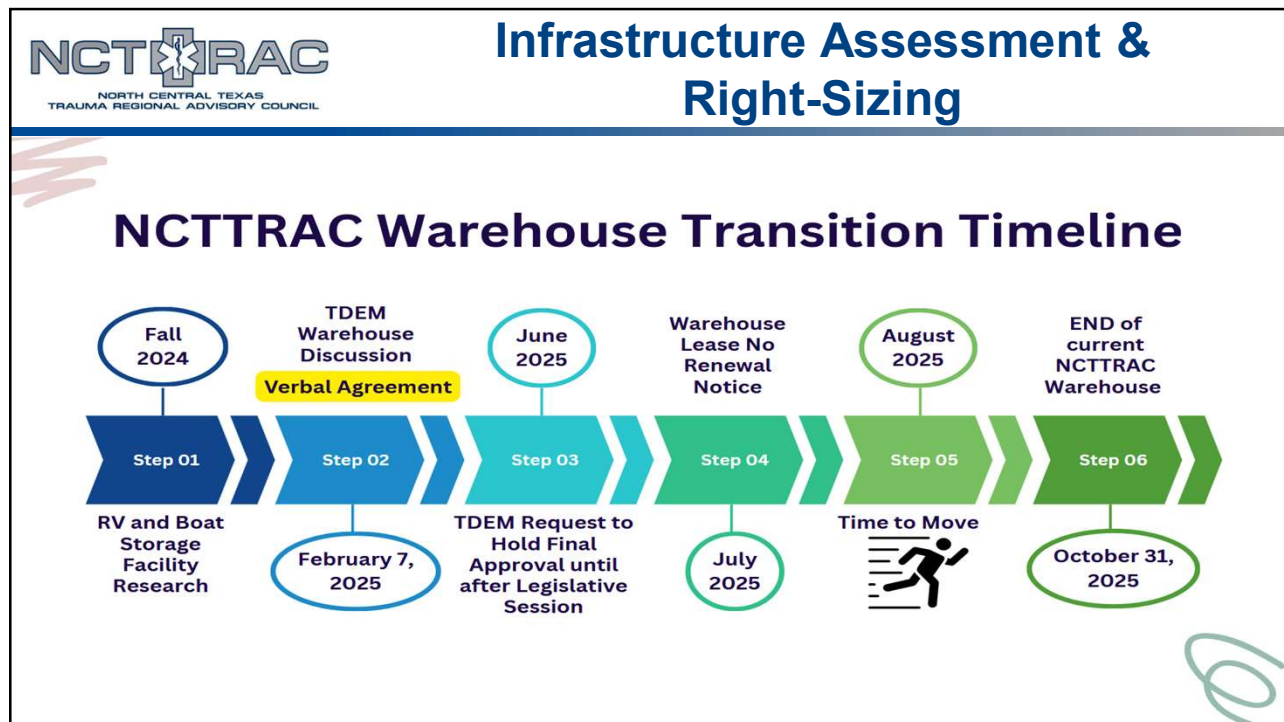


Hospital Preparedness Program Request for Applications (RFA)

- What we know from DSHS
 - RFA is scheduled for release in April 2025
 - Bridge contracts will be required for HPP YR 24
 - July 1, 2025 – June 30, 2026
 - NCTTRAC staff working on new Letter of Agreement (LoA) amendment between NCTTRAC and subrecipients becoming "evergreen" - continues until either party elects to terminate

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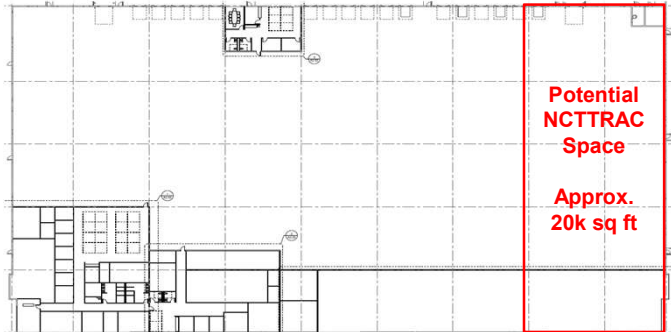


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NCTTRAC
NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

Infrastructure Assessment & Right-Sizing

- TDEM Warehouse
 - 116,000 sq ft Warehouse (90,000 sq ft Climate Controlled)
 - Verbal agreement between TDEM/ NCTTRAC to share 20,000 sq ft
 - 8.5 miles from NCTTRAC Offices
 - Serves as a Regional EOC

Potential NCTTRAC Space
Approx. 20k sq ft

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World Cup 2026 Preparations

- World Cup Workgroup established by REPC
 - Co-Chairs
 - NCTTRAC Staff
 - DFW Hospital Council
 - Dallas Fire-Rescue Medical Director
 - 12 Expert Planning Teams (EPTs)
 - EPT Meeting Cycle
 - 24 months out – quarterly
 - 12 months out – monthly
 - 6 months out – weekly
 - World Cup '26 is June 7 – July 19, 2026
 - AT&T Stadium will host 9 matches
 - including a semi-final match



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World Cup 2026 Preparations

- | | |
|--|---|
| <ul style="list-style-type: none"> • Sports and Special Events <ul style="list-style-type: none"> – 5 courses scheduled and hosted at NCTTRAC • MRSE <ul style="list-style-type: none"> – May 20, 2025 – 95 facilities/organizations registered for the MRSE – 98 facilities/organizations registered for the MRSE AAR • Metro X <ul style="list-style-type: none"> – October 27-29, 2025 | <ul style="list-style-type: none"> • Family Reunification <ul style="list-style-type: none"> – Working with Pulsara to develop advanced training for MIST/OEMs/Public Health • Are you World Cup Ready? <ul style="list-style-type: none"> – Does your organization use Pulsara Day-to-Day? – Does your organization use wristbands? On every patient? |
|--|---|

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World Cup 2026 Preparations

- \$150K from REPC to support:
 - Regional Communication Network
 - Everbridge Expansion
 - Starlinks (Level I/II Trauma Centers & "Centers of Gravity")
 - Handheld Devices for hospitals and EMS
 - Stop The Bleed Kits
- White House Taskforce for World Cup 2026 established March 2025
- Club Championship 2025
 - June 14, 2025 – July 13, 2025
 - Test run for World Cup '26
- Homeland Security Conference
 - August 2025 – Washington DC
 - AAR for Club Championship
 - All 13 Host Cities will attend

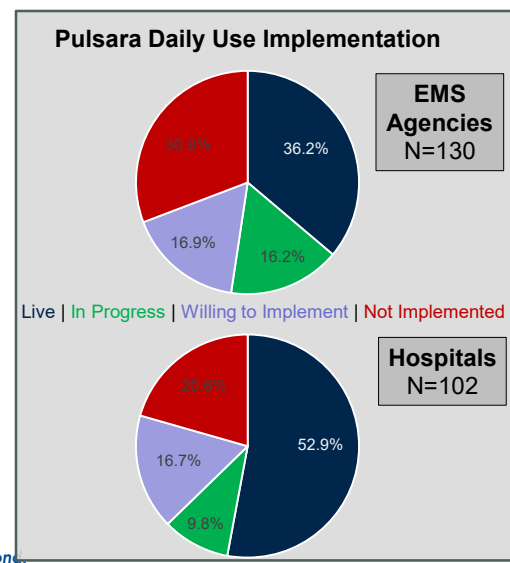
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Pulsara Utilization & Active Participation Requirements

- Regional Pulsara Workgroup created by the NCTTRAC Board of Directors
 - **Purpose:** Improve regional utilization of Pulsara as an everyday tool
- Short-Term Value: improve pre-hospital to hospital communications, improve regional MCI patient tracking
- Long-Term Value: get all hospitals and EMS on a common system that is used every single day
- Ties in with statewide initiatives in both disaster and daily use (EMTF deployments, mass patient movement, TX EMS Wristband, etc)



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Pulsara Utilization & Active Participation Requirements

- Pulsara Utilization Workgroup has recommended that daily use of Pulsara become a NCTTRAC Active Participation requirement
- Pulsara Utilization Workgroup finalizes recommendation/language
 - COMPLETE, 3/20/2025
- Recommendation is discussed among other committees
 - IN PROGRESS, APRIL 2025
- Recommendation is brought to the Board of Directors
- If Board approves, recommendation is built into the Membership & Participation SOP and is sent to the General Membership for vote

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Pulsara Utilization & Active Participation Requirements

- Active Participation is defined in Membership & Participation SOP
- Each committee can set committee-specific AP requirements
- Failing to meet Active Participation requirements affects:
 - NCTTRAC Voting Privileges
 - EMS County Assistance Funds (EMS Agencies Only)
 - Designation Support Letters (Hospitals Only)
- Current Active Participation Requirements:
 - Meeting Attendance (6 meetings over at least 3 quarters)
 - Voting & Survey Responses
 - Data Submission

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Pulsara Utilization & Active Participation Requirements

- “Each EMS Agency must create a Pulsara patient channel and share it with the receiving hospital on at least **50%** of their patient transports”
 - Total # of Patient Channels created & sent to hospitals (Pulsara) / Total # of EMS Transports (DSHS EMSTR)
 - “Total # of EMS Transports” to be determined by averaging the last 2 years worth of data from the DSHS EMSTR
- “Each hospital must acknowledge in Pulsara at least **50%** of the total number of patient channels sent to the facility by an EMS agency”
 - Total # of EMS patient channels acknowledged (Pulsara) / Total # of EMS patient channels sent to hospital (Pulsara)
- Go-live date is 9/1/2026; required percentage will increase by 10% to a max of 80% each Fiscal Year
- Requirement is annual, but NCTTRAC will show status quarterly
- Utilization data to be pulled from Pulsara by NCTTRAC, but if data isn’t available by implementation date then agencies/hospitals will submit quarterly aggregate reports to NCTTRAC

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Data & Information Management Maturation & Application

Source	Details	FY26 Proj. Cost	Enrollment
DFWHC Foundation IQSC	Hospital inpatient and outpatient data; enrollment controlled by DFWHCF (not NCTTRAC)	\$40,000 Annual Program Fees	95 hospitals
NCTTRAC Regional Trauma Registry	Trauma patient-level data; TQIP & TX reporting standards		23 (40%) TCs Enrolled 15 (26%) TCs In Progress (N=57 Trauma Centers)
RDC	RAC Data Collaborative (Currently Stroke; Cardiac/other areas planned)	\$25,000 Annual Participation Fee*	15 (31%) SCs Enrolled 1 (2%) SCs In Progress (N=48 Stroke Centers)
CARES	Cardiac Arrest Registry (CARES Reports, Resuscitation Academy, Best Practices, HeartSafe Communities)	\$0	34 (34%) Agencies Enrolled 18 (18%) Agencies In Progress (N=101 Member EMS Agencies)
EMSTR	State EMS & Trauma Registry (historic difficulty getting useful data)	\$0	N/A
TCHMB	Texas Coalition of Healthy Mothers & Babies; Project-specific data-sets (most recently Newborn Temps)	\$0	96% (49 of 51 Maternal Centers)
REDCap - PTP	Pre-hospital blood transfusion data; includes ground providers w/NCTTRAC-purchased equipment and air medical providers*	\$4,900 Annual AWS Server Hosting Fee	1 EMS Agency Fully Enrolled
ePCRs (ESO & ImageTrend)	Ambulance Patient Offload Time (APOT) Data	\$0	37 (37%) Agencies Submitting Data (N=101 Member EMS Agencies)

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Data & Information Management Maturation & Application

- Improve utilization of all existing registries/programs
- RAC Data Collaborative (RDC) vs Get With the Guidelines (GWTG)
- Expand REDCap use beyond pre-hospital transfusion
- Align with SMART Aims from GETAC SPI Workgroup ("System Collaborative for Outcome Review" - "SCOR")
 - Time from arrival to departure for unstable injured patients (transfers)
 - Door-to-needle time for patients with acute ischemic stroke
 - Rate of severe maternal morbidity events
 - Percent of 9-1-1 (air and ground) EMS "stroke" patients with a stroke screening scale
 - Pediatric readiness score for designated trauma centers

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RAC Budget Policy Considerations & Direction

Modification to Indirect Cost Rate in Budget

- Indirect versus Direct Costs
 - **Direct Costs:** Costs that can be specifically identified with a particular project, activity, or program
 - **Indirect Costs:** Costs that are not directly attributable to a specific project but are necessary for general operations.
- Current Method for Allocating Indirect Costs
 - Indirect costs are prorated based on the number of FTEs (Full-Time Equivalents) assigned to each contract.
 - With the exception of executive salary caps, there are no restrictions on recovering indirect costs from state and federal contracts.
- Why Change is Needed
 - Recent federal and state regulatory updates now require organizations to have an approved indirect cost rate.
 - To remain compliant and recover allowable indirect costs, NCTTRAC must choose between using the de minimis rate of Modified Total Direct Costs or develop a negotiated indirect cost rate

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RAC Budget Policy Considerations & Direction

De Minimis (Recommended)

- Simple to apply, no documentation required
- Immediately available for use
- Reduces administrative burden
- Minimize risk
- May recover less than actual indirect costs
- Minimizes the risk of repayment to DSHS for reimbursed indirect costs, as long as NCTTRAC remains within the allowable de minimis rate.

Negotiated Indirect Cost Rate

- Can reflect actual indirect costs more accurately
- Potential to recover a higher amount
- Requires time and effort to prepare a rate proposal
- Needs annual monitoring and updates
- Increases the risk of repayment to DSHS if indirect costs are not properly documented or if the negotiated rate is not followed precisely.

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Committee Initiatives

- Regional project ideas:
 - Pediatric Readiness (Pediatric Simulation Equipment, WHALE - We Have A Little Emergency)
 - Perinatal Initiatives (Sleep Sacks)
 - EMS & Cardiac Regional Projects (AED, Blood Pressure Cuffs)
 - Trauma Initiatives (Stop The Bleed Kits)
 - Prehospital Transfusion Program (APRU - Autonomous Portable Refrigeration Unit)
 - Regional EMS registry
- Utilize traditional Unobligated Budget Request (UBR) process
 - Committee submits UBR to BoD; Staff reviews for appropriate funding source

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"Vision for the Future"

NCTTRAC

Planning & Budgeting Session

April 8, 2025



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Over 40 Years of Applicable Experience

- ***Plano Fire-Rescue (33 years)***
 - 1981 - 2014
 - Positions held: FRS, FAO, Lt., Capt., EMS Bat. Chief, Asst. Chief
 - 300+ Personnel workforce
 - EMS / Fire Operations, Special Operations, Training, Health, Wellness & Fitness
 - Major Accomplishments:
 - ISO Class One
 - CAAS Accreditation
 - CFAI Accreditation
 - 50% Utstein x 3 consecutive years
 - Community Paramedic Program
- ***NCTTRAC (10 years)***
 - 2014 - Present
 - Positions held: EMTF Coord., EHS Sup., EHS Mgr., HPP Deputy Dir., EHS Dir.
 - 20+ Personnel workforce, 300+ Members
 - EHS, HPP, EMTF
 - Ongoing Efforts:
 - Increase Healthcare Coalition & EMTF growth & participation
 - System Development & Performance Improvement – Education, Plans, Programs & Products
 - Establish Data Initiatives, Indicators, & Resources
 - Manage Contracts & Deliverables – EHS, HPP, Senate Bill 500, Senate Bill 8, etc..
 - Preparedness & Response planning

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Personal Pillars

- Faith
- Family
- Recreation
- Cowboys & **Rangers**
- Mountains vs. **Beach**
- “Honey”
- Grands: “Millie” & “Judd”
- Grand-dogs: “Annie” & “Nash”



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Perpetuating & Improving

Coalition Building

Build and cultivate internal and external relationships to achieve meaningful results across multi-disciplinary emergency healthcare service lines and response partners.

System Development

Continuously evaluate and assess the changing emergency healthcare landscape to adjust and adapt strategy to meet regional needs.

Performance Improvement

Establish processes to identify and adopt industry-specific performance measures that align with available data sources to drive measurable, evidence-based, quality results.

Preparedness & Response

Continue to develop and initiate strategic plans and partnerships to lead, support, and sustain preparedness and response efforts at the regional and state level.

Organization & Leadership Development

Proactively and consistently focus strategy, interactions, and service delivery on excellence, fostering strong internal and external relationships.

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Coalition Building

Maintain Confidence

Promote and sustain trust through organizational competency, transparency, and accountability.

Strengthen Networks

Provide opportunities, tools, and resources to foster relationships across various multidisciplinary systems of care.

Provide Value

Strenuously seek feedback to provide “value-added” products, programs, and services that meet or exceed coalition needs and expectations.



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System Development

Assess Needs

Utilize data to identify, evaluate, and inform strategic direction, regional planning, and the prioritization and distribution of regional resources.

Key Collaboration

Understand competitive landscape; engage subject matter experts and strategic partners to identify current and future opportunities.

Effect Change

Leverage strategic partnerships and technology to provide innovative, creative, and adaptable solutions to meet regional needs and requirements.



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Performance Improvement

Define Performance

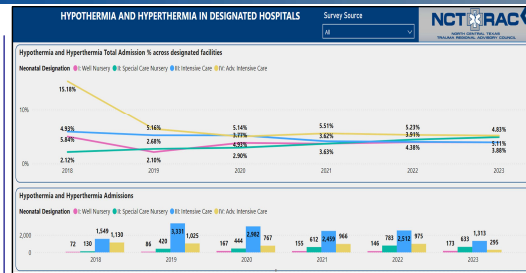
Establish specific, measurable, well-defined performance improvement goals, focused on intra-facility/agency comparison.

Establish Sources

Continue to develop and provide data sources to allow for meaningful and measurable system performance improvement across multiple service lines.

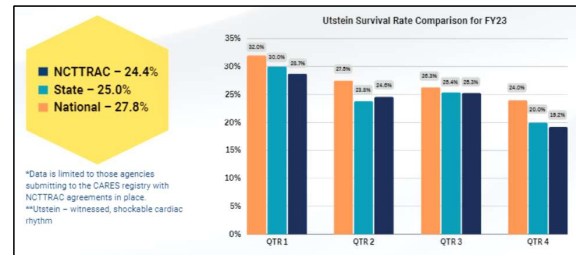
Measure & Share

Establish and share best practices; use appropriate follow-up methods to educate, affect, and sustain impactful recognized improvement.



Newborn Admission Temperature (NAT) Project

Cardiac Arrest Registry to Enhance Survival (CARES)



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Preparedness & Response

Standard Approach

Encourage flexible standardization for increased efficiency and effectiveness in addressing regional issues and concerns.

Build Partnerships

Leverage strategic relationships to establish and maintain a comprehensive preparedness and response footprint in support of regional and state-sponsored response activities.

Support to Sustain

Engage appropriate leadership to encourage funding and support commensurate with the scope and size of response activities and participation

OPERATIONAL PLANNING WORKSHEET															1. DATE & TIME PREPARED FOR DISASTER				2. OPERATIONAL PERIOD (DATE & TIME) (HOURS)			
INCIDENT NAME: 24-0010 (SLU), Tropical															3. PERSONNEL				4. REPORTING LOCATION			
5. WORK ASSIGNMENTS															7. PERSONNEL				8. REPORTING LOCATION			
N/A															24				N/A			
EMTF 1															24				N/A			
EMTF 2															153				N/A			
EMTF 4															23				N/A			
EMTF 6															22				N/A			
EMTF 7															41				N/A			
EMTF 8															49				N/A			
EMTF 9															9				N/A			
EMTF 11															52				N/A			
7															0				N/A			
ICR 215 EMTF 6.32															373				220			
10. TOTAL PERSONNEL (ON HAND)															4				4			
11. TOTAL PERSONNEL (ON HAND)															4				4			

EMTF-2 provided 153 (41%) of the 373 total personnel who responded to Hurricane Beryl

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Organization & Leadership Development

Cultivate Trust

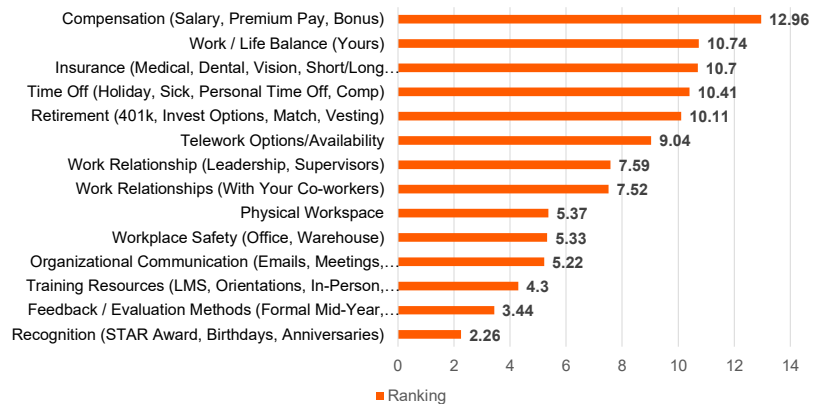
Develop a high-trust environment that inspires creative thinking and problem-solving, utilizing effective quality-driven management and leadership practices.

Empower Accountability

Collaboratively develop operational and strategic objectives; establish a shared vision for success, provide necessary resources, support execution efforts, and provide outcome feedback.

Service-Focused

Empower decision-making at all levels that allows for managed risks, encourages and rewards servant leadership, and recognizes "fail first to succeed" as a step towards success.



Building a Better Future ... Today, Tomorrow, Together

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Thoughts for Staff ...

- **We're in good shape**; no significant changes are needed; **keep building and improving**
- **Promote a Climate of Trust** – encourage innovation, creativity & collaboration, and empowered decision-making
- **Take calculated and managed risks** – Why not? vs. Why?
- **Manage By Objective:**
 - Set direction, provide resources, get out of the way, measure & share how we did
 - View "fail first to succeed" as progress towards success
 - Become less necessary to lead
 - Clearly define roles with flexibility, back-up, & succession
- **Work smarter** – automate and integrate while using current capabilities/opportunities to their fullest potential
- **Keep it simple** – quality, integrity, compliance, transparency, accountability, fairness, and sustainability free of unnecessary complexity, overprocessing, and unrealistic deadlines
- **Enhance employee satisfaction** – provide competitive compensation and benefits, promote work-life balance, and provide professional growth and development opportunities
- **Define, recognize, & celebrate success**

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Thoughts ... for You

- **We're in good shape**, no significant changes needed; **keep building and improving**
- **Explore additional funding opportunities** that may offer and provide extra value, support, and sustainability
- **Maintain organizational maturity & transparency** by promoting growth, fiscal responsibility, compliance, and maintaining staffing & infrastructure needs within validated expectations
- **Get major items across the finish line**, including Data and SPI initiatives, Prehospital Transfusion, Pulsara, World Cup '26 planning, RAC Self-Assessment, among others
- **Focus on three to five** operational objectives within a given year that have regional impact and can be reasonably accomplished with the available staff & resources
- **Foster & maintain good relations** with internal/external partner agencies (DSHS, TDEM, HCCs, other RACs)
- **Explore new & emerging technologies** to provide functional access to our plans, products, and programs
- **Enhance member engagement** by exploring strategies to improve participation, networking, and collaboration
- **Prepare the NexGen "RAC"** by creating a culture and climate of trust and transparency through collaboration, unity, diverse perspectives, empowerment, and innovation

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Conclusion

Organizational Priorities

- Coalition Building/Relationship Management
- System Development
- Performance Improvement
- Preparedness & Response
- Organization & Leadership Development
- Vision, Mission, & Outcomes-driven

Guiding Principles

- Integrity
- Primary Knowledge
- Due Diligence
- Creative Thinking
- Critical Thinking
- Problem-solving
- Thoroughness & Attention to Detail

Strategic Objectives (FY'26)

- **RAC Performance Criteria & Self-Assessment**
- **Hospital Preparedness Program RFA retention**
- **Infrastructure review – Warehouse/Offices**
- **Data Initiatives & System Performance Improvement**
- **Prehospital Transfusion Program development/support**
- **World Cup '26 Planning, Exercise & Coordination**
- **RAC funding & support**

Vision, Mission, & Philosophy

- **Promote & coordinate systems of care**
- **Be a leader in promoting quality emergency healthcare and preparedness**
- **Prepare. Support. Respond.**
- **Promote a culture that engages & inspires excellence**

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As We Move Forward

- Continue to assess current & future opportunities & needs:
 - Meet with key internal/external stakeholders & staff
 - Discuss ... Stop or do less; start or do more; keep on doing
 - Develop action steps & timelines as needed:
 - Establish goals for Strategic Objectives (FY'26) to be accomplished over the next 12 - 24 months
 - Measure and share progress

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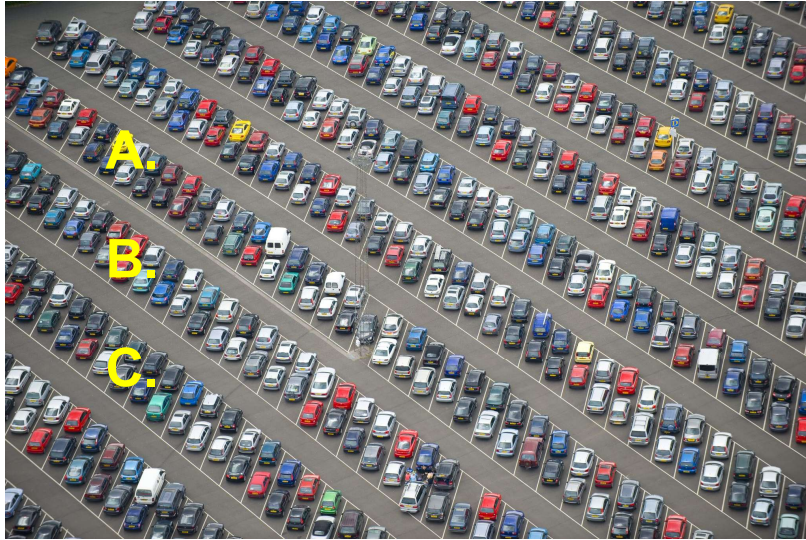


Thank You

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Parking Lot Items?



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OK...Nice Talk...NOW WHAT??

- **April 2025**
 - Document session highlights from today's meeting
 - Harvest consensus & model fiscal impact on FY26 (& FY27) Budget
 - Share session highlights with committees
- **May 2025**
 - Draft actions for BoD & Committee FY26 "game-planning" & SOP updates
 - Refine program, personnel & infrastructure costs-to-revenue projections to inform & present FY26 Budget recommendations
- **June 2025**
 - BoD reviews & provides direction on FY26 Budget Draft
- **August 2025**
 - Board final approval of FY26 Budget, effective September 1, 2025

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And Finally...



Let's Adjourn

NCTTRAC: *Prepare. Support. Respond.*