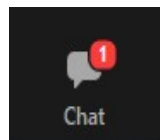


Meeting Tips



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

NCTTRAC: Prepare. Support. Respond.

1

Welcome & Session Overview

- Abbreviated Board/Virtual General Membership Meeting
- FY26 Planning & Budgeting Session Review and Progress
- FY27 Budgeting & Business Development
- Review of FY27 Member Expectations Poll
- FY27 Key Topics
- Nice Talk ... Now What?



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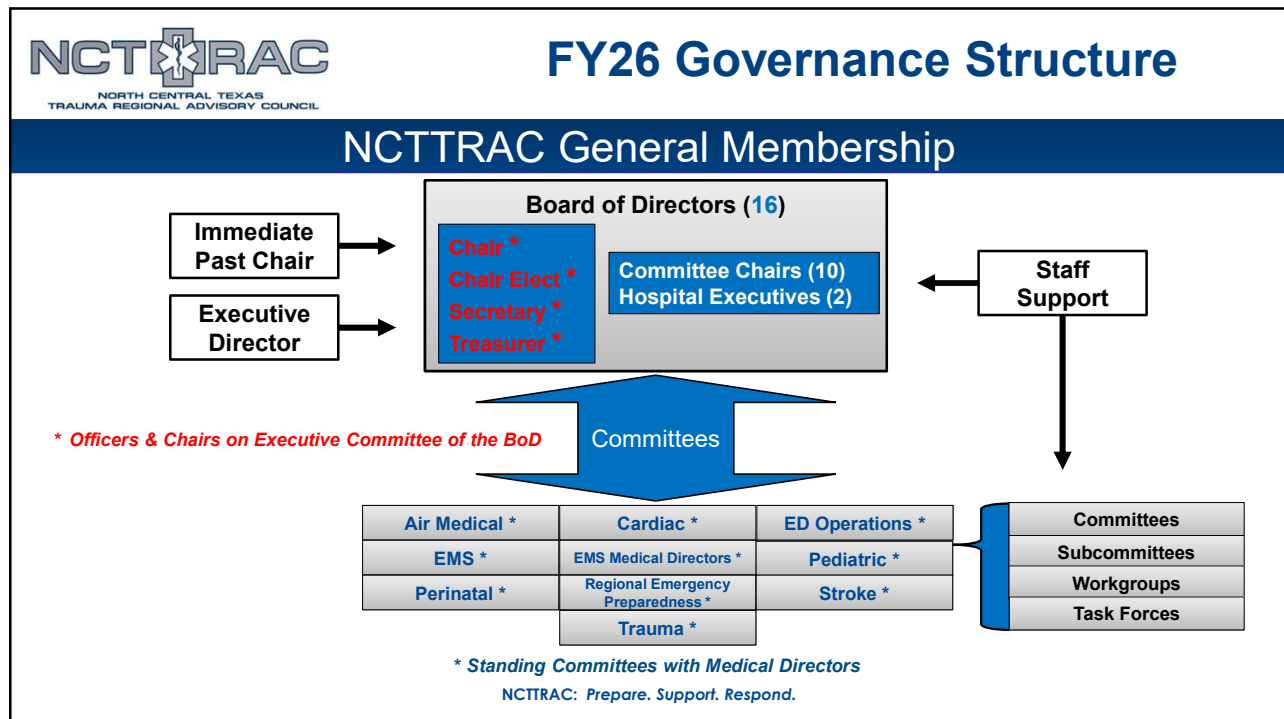


NORTH CENTRAL TEXAS
REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE

Abbreviated Board of Directors/Virtual General Membership Meeting

14 April 2026

3



4



Board Secretary - Opening Actions

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

—
Attendance Review

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Abbreviated Board of Directors Meeting

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

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Chair's Report

- Recognition
 - None
- Board Ratifications *
 - Hospital Executive - West - Natalie Whitmer, Texas Health Harris Methodist Hospital Fort Worth

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Chair's Report

- GM vote for NCTTAC Board of Directors Chair Elect
 - No candidate received majority of votes cast; result is a run-off election
- Officer Run-Off Election
 - Voting Period: April 15, 2026 – April 30, 2026
 - Run-Off Candidates:
 - Kalinda Dutton, Cook Children's Medical Center
 - Stephan Epley, Texas Health Harris Methodist Hospital Fort Worth
 - Electronic vote will be emailed to Primary Voting Representatives
 - Results of the vote will be reported during the Board of Directors Meeting on May 12

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Abbreviated Board of Directors Meeting

✓ *Chair's Report*

- Financial Reports
- Consent/Action Agenda Items
- Executive Directors Report
- Dallas Fort Worth Hospital Council Update
- Priority Program Updates

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Financial Reports

- Acceptance of Treasurer's Report *
- Finance Report
 - FY27 HPP & EMTF-GR Budget *

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Treasurer's Report

Statement of Activities – February 28, 2026

	HCC-C	HCC-D	HCC-E	EMTF-2	EMTF-GR	TOTAL
Operating Revenue	94,065	76,768	1,231,556	69,385	71,257	1,543,031
Expenditures						
Personnel	64,533	60,968	762,573	62,464	0	950,538
Travel Expenses	2,289	2,275	4,952	0	1,586	11,102
Supplies Expense	0	0	30,573	177	16,253	47,003
Contractual Expenses	10,737	187	0	0	0	10,924
Other Expenses	10,565	7,567	335,265	4,096	49,440	406,933
General and Administrative Expen:	5,941	5,771	108,712	2,648	3,978	127,050
Total Expenditures	94,065	76,768	1,242,075	69,385	71,257	1,553,550
Change In Net Assets	0	0	(10,519)	0	0	(10,519)

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Treasurer's Report

Statement of Activities – February 28, 2026

	EMS/COUNTY ASSISTANCE	EMS/RAC	RAC SYSTEMS DEVELOPMENT	PREHOSPITAL WHOLE BLOOD	RESERVE	UNRESTRICTED	TOTAL*
Operating Revenue							
Program Revenue	532,631	688,598	278,971	360,286	0	0	3,403,517
Member Fees	0	0	0	0	0	661,589	661,589
Investment Income	0	0	0	0	30,644	0	30,644
Sponsorship Income	0	0	0	0	0	1,000	1,000
Operating Revenue	532,631	688,598	278,971	360,286	30,644	662,589	4,096,750
Expenditures							
Personnel	0	224,214	124,125	7,068	0	28,821	1,334,766
Travel Expenses	0	0	0	0	0	3,934	15,036
Supplies Expense	0	1,263	0	0	0	265	48,531
Contractual Expenses	0	0	0	0	0	0	10,924
Other Expenses	11,149	40,109	17,109	689	293	126,655	602,937
General and Administrative Expen:	0	35,366	14,327	691	0	9,482	186,916
Total Expenditures	11,149	300,952	155,561	8,448	293	169,157	2,199,110
Change In Net Assets	521,482	387,647	123,410	351,838	30,351	493,432	1,897,640

*Total includes HPP

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Treasurer's Report

Balance Sheet – February 28, 2026

	Fiscal Year 2026	Fiscal Year 2025
Assets		
Current Assets		
Cash and Cash Equivalents		
Frost Bank: Frost Operating Account	318,080	417,809
Frost Bank: Frost Temp Restricted Account	1,240,600	631,661
Frost Bank: Frost Reserve Funds	201,269	1,088,696
Frost Bank: Payroll Account	773	4,614
Raymond James: Cash Account	2,016,806	1,058,883
Total Cash and Cash Equivalents	3,777,529	3,201,664
Accounts Receivable, Net	766,265	674,740
Other Current Assets		
Security Deposits	9,171	9,171
Investments	1,040,675	934,324
Prepaid Expense	26,823	48,769
Inventory Held for Distribution	478,026	478,026
Inventory Asset	585,366	585,366
Total Other Current Assets	2,140,061	2,055,656
Total Current Assets	6,683,855	5,932,059
Long-term Assets		
Equipment	188,175	188,175
Furniture & Fixtures	268,731	268,731
Leasehold Improvements	1,329,355	1,329,355
Total Long-term Assets	1,786,261	1,786,261
Total Assets	8,470,116	7,718,320
Liabilities and Net Assets		
Liabilities		
Short-term Liabilities		
Accounts Payable	189,126	18,439
Accrued Expense	1,019	1,499
Payroll Liabilities	191,626	216,866
Lease Liability	740,857	740,857
Current Portion of Lease Liability	683,588	683,588
Total Short-term Liabilities	1,806,216	1,661,249
Net Assets	6,663,901	6,057,071
Total Liabilities and Net Assets	8,470,116	7,718,320

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Finance Report

Proposed HPP Fiscal Year 2027 Budget

	HCC-C		HCC-D		HCC-E		EMTF		HPP	
	FY26	FY27	FY26	FY27	FY26	FY27	FY26	FY27	FY26	FY27
REVENUE										
State of TX DSHS	164,669	184,429	164,669	184,429	2,867,037	2,959,253	131,736	0	3,328,111	3,328,111
Total Revenue	164,669	184,429	164,669	184,429	2,867,037	2,959,253	131,736	0	3,328,111	3,328,111
Expenses										
Personnel	93,588	102,232	98,781	107,904	1,394,682	1,598,456	116,918	0	1,703,969	1,808,592
Travel	9,188	10,861	7,188	8,167	31,943	35,392	0	0	48,319	54,420
Equipment	0	0	0	0	47,125	0	0	0	47,125	0
Supplies	718	43,765	718	30,417	69,540	352,945	468	0	71,444	427,127
Contractual	33,371	0	16,679	4,100	353,369	50,000	0	0	403,419	54,100
Other Services & Charges	18,479	16,516	31,978	22,786	742,599	677,148	9,948	0	803,004	716,451
Indirect	9,325	11,055	9,325	11,054	227,779	245,312	4,402	0	250,831	267,421
Total Expenses	164,669	184,429	164,669	184,429	2,867,037	2,959,253	131,736	0	3,328,111	3,328,111
NET INCOME/LOSS	0	0	0	0	0	0	0	0	0	0

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Finance Report

HPP Budget Highlights

- The new five-year HPP contract has been divided into two contracts: **HPP (\$3.3M)** and **EMTF-GR (\$361K)**.
- Historically, DSHS allocated \$131K of HPP federal funds for administrative expenses for the EMTF program. Now that EMTF has their own contract and funds, we've allocated **15%** of that revenue to each of **HCC-C** and **HCC-D** and **70%** to **HCC-E**.
- IT supplies budget has been increased to cover the purchase of new laptops and monitors for all employees.
- Fringe costs for all HPP personnel have increased due to anticipated rises in health insurance premiums from ADP.
- Previously, subrecipient sustainment was listed as a separate line item under the contractual budget category. At the state's request, these funds have been reclassified under the supplies category.
- Liability & property insurance costs are reduced following our transition to a new vendor last year.
- Costs for MSAT Mobile Satellites have decreased due to a reduction in the number of units rented.
- The budget for A/V equipment has been reduced, as that expense is now just an annual maintenance fee.

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Finance Report

Proposed EMTF-GR Fiscal Year 2027 Budget

	EMTF-GR	
	FY26	FY27
REVENUE		
State of TX DSHS	361,111	361,111
Total Revenue	361,111	361,111
Expenses		
Personnel	21,243	203,059
Travel	11,626	10,905
Equipment	0	0
Supplies	133,084	7,992
Contractual	29,090	0
Other Services & Charges	157,645	106,769
Indirect	8,423	32,386
Total Expenses	361,111	361,111
NET INCOME/LOSS	0	0

- Budget Highlights
 - State funded so the budget period is September 1st, 2026 through August 31st, 2027
 - Revenue remains \$361,111
 - BATAAN Travel expenses have been moved to the "Other" budget category, with an estimated cost of \$20K
 - Palo Pinto Training & Exercise costs are budgeted at \$10K
 - AMR Warehouse expenses are projected at \$24K annually

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Financial Reports

- ✓ *Acceptance of Treasurer's Report **
- ✓ *Finance Report*
 - ✓ *FY27 HPP & EMTF-GR Budget **

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Abbreviated Board of Directors Meeting

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

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Consent/Action Agenda Items

- Approved Interim Items
 - Voted and Approved: April 10, 2026
 - NCTTRAC Bylaws (FY27)
 - 2027 Membership & Participation SOP

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Consent/Action Agenda Items *

- March Board of Directors Meeting Minutes
- March REPC Committee Meeting Minutes
- FY26 Memberships for Approval – April (2)
- NCTTRAC Infant Safe Sleep Resource Toolkit
- Other Action Items

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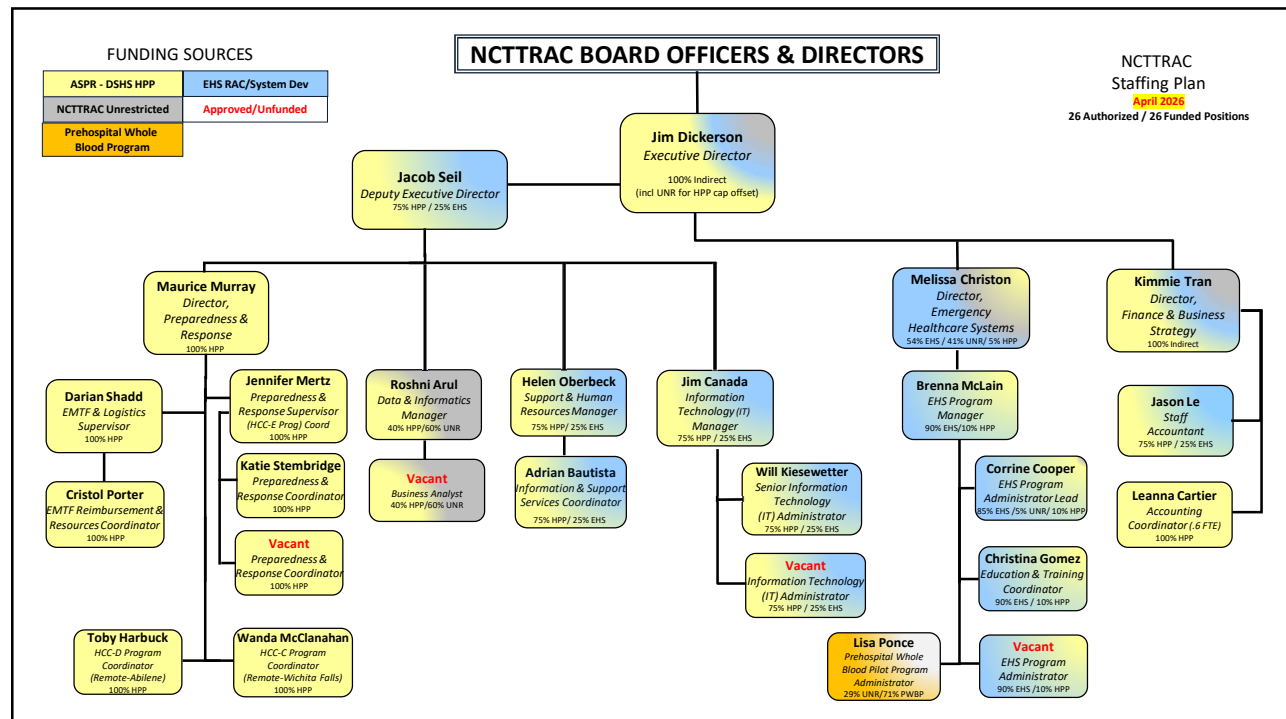


Abbreviated Board of Directors Meeting

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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
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- ✓ *Executive Directors Report*
- Dallas Fort Worth Hospital Council Update
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Dallas-Fort Worth Hospital Council Update

❖ **Hospital Executive – East**

John Phillips



❖ **Hospital Executive – West**

Natalie Whitmer



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Abbreviated Board of Directors Meeting

- ✓ *Chair's Comments*
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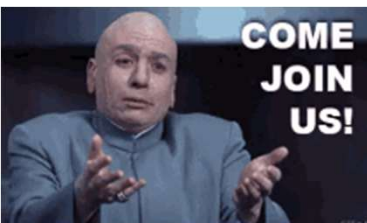


Priority Program Updates

- Emergency Healthcare Systems
 - Hospital Preparedness Program

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	Call for Committee Chair Elect Nominations!
FY26 Open Position	Position Responsibilities
We're not going away, still asking... EMS Medical Directors Committee needs a Chair Elect	• Serve as Chair in committee meetings in their absence • Serve as a Subject Matter Expert (SME) in document reviews • Attend Board of Directors meeting in place of the Chair as needed • SME assistance with Taskforces & Workgroups • Attend GETAC EMS Medical Director meetings as needed (<i>virtual option available</i>)
Easy-peasy! Only meets quarterly	

27

	DSHS Prehospital Whole Blood Pilot Program/PTP WG Update
• RAC Data Collaborative (RDC) Data Platform in beta testing stage • Program Eligibility & Operational Assessment sent to 11 EMS Agencies • Program MOU to be reviewed by NCTTRAC legal team • QinFlows (blood warmers) - ordered; received • APRUs (refrigeration units) - ordered; pending • World Dracula Day blood drive	DSHS Contract: 2/17/26 - 8/31/27  \$1.2 Million
NCTTRAC PHWB/PTP WG: Open meetings are held <u>virtually</u> every Month, 3:00 PM – 4:00 PM; next meeting May 14, 2026.	

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World Dracula Day

May 26, 2026

Upcoming Blood Drive
 NCTTRAC partnering with
 Methodist Mansfield Medical Center
 & Mansfield Fire Department

Hosting a Blood Drive? NCTTRAC would love to partner with you!

Contact: Lisa Ponce; lpnce@ncttrac.org



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PEDIATRIC QCPR TRAINING MANIKINS

3

NCTTRAC is pleased to announce the availability of **three infant** and **three junior QCPR manikins** to support pediatric readiness and **hands-on simulation training** across TSA-E; all equipped with QCPR technology to provide **real-time performance feedback**.

NOW AVAILABLE FOR MEMBER CHECK-OUT

- Must be a NCTTRAC member in "good standing" to reserve
- "Equipment Check-out Agreement" must be signed for equipment pick up
- Only two (2) manikins per member organization can be checked out at a time
- Equipment can be picked up Monday - Friday at the NCTTRAC offices
- Equipment must be returned to the NCTTRAC offices within two (2) weeks

3



FOR MORE DETAILS & RESERVATION REQUEST FORM VISIT
WWW.NCTTRAC.ORG/COMMITTEES/PEDIATRIC



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FY26 EMS County Assistance (a.k.a. pass-through funds)

Update *(as of 4/9/2026)*

- FY26 distribution amount: **\$532,631.00**
- Eligible EMS Providers: **79**
- Paid for CARES enrollment fee: **38**
- Donated to Regional Projects: **\$16,628.93**
 - Azle Fire Department
 - Lewisville Fire Department
 - Prosper Fire Rescue

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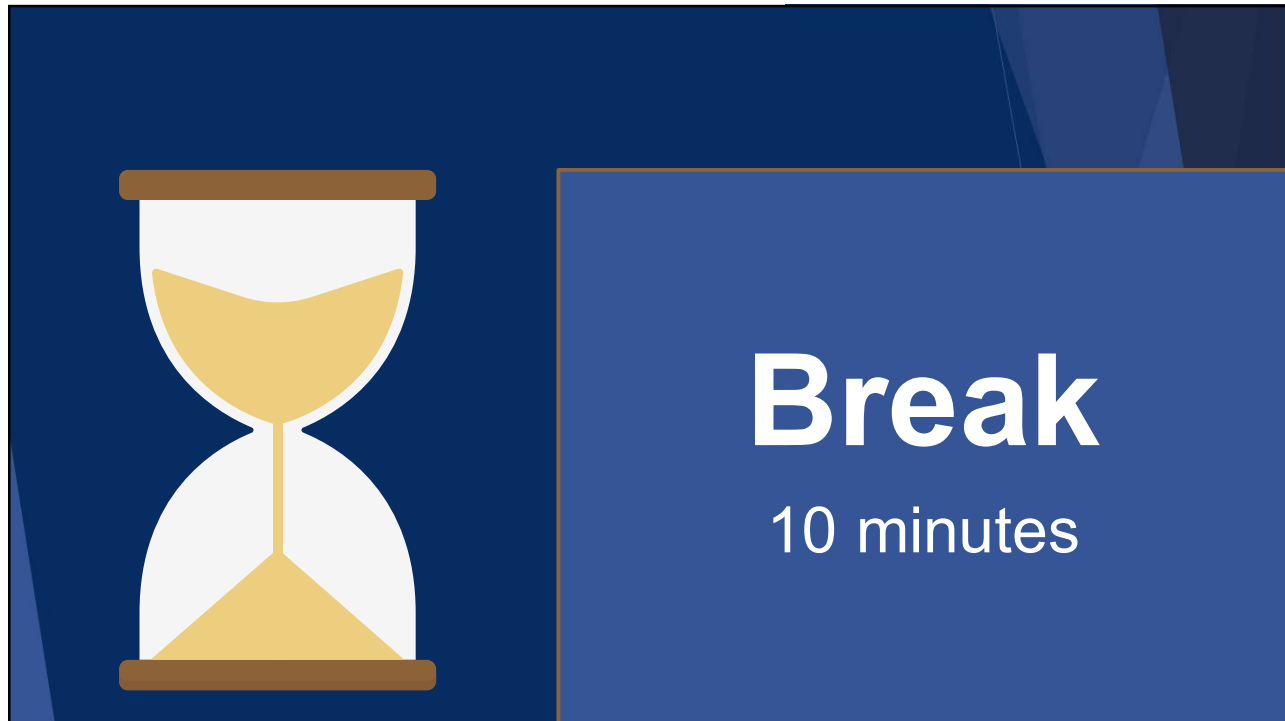


Priority Program Updates

- ✓ *Emergency Healthcare Systems*
 - Hospital Preparedness Program

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REGIONAL ADVISORY COUNCIL FOR
TRAUMA, ACUTE, & EMERGENCY HEALTHCARE**

FY27 Planning & Budgeting Session

April 14, 2026

Remember ... There are no bad ideas

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Why Are We Here?

- Identify programs, problems, and opportunities that NCTTRAC should address in FY27 and beyond
- Enhance consistency between NCTTRAC operations, contractual demands, and member expectations/needs
- Results of this process will inform the FY27 Budget

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Session Overview

- FY26 Planning & Budgeting Session Review & Progress
- FY27 Budgeting & Business Development
- Review of FY27 Member Expectations Poll
- FY27 Key Topics
- Nice Talk ... Now What?

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FY26 Planning & Budgeting Session Review and Progress

- FY26 Planning & Budgeting Session Highlights & Recommendations
- Hospital Preparedness Program RFA
- Infrastructure Assessment & Right-Sizing
- World Cup 2026 Preparations
- Pulsara Utilization & Active Participation Requirements
- Data & Information Management

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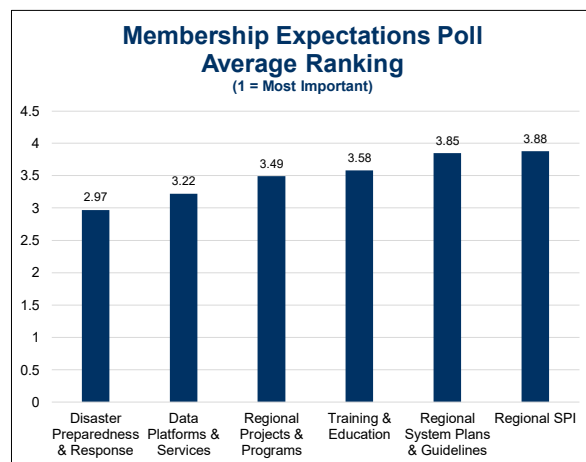
FY26 Planning & Budgeting Session Highlights & Recommendations

Organizational Priorities

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

Strategic Objectives (FY26)

- *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*



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FY26 Planning/Budgeting Session Review and Progress

✓ FY26 Planning & Budgeting Session Highlights & Recommendations

- Hospital Preparedness Program RFA
- Infrastructure Assessment & Right-Sizing
- World Cup 2026 Preparations
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Hospital Preparedness Program: RFA

- HPP Request for Application (RFA) 2026 – 2030 submitted in July 2025
 - **December 8, 2025** – Letter of Award received

Legal Entity Name	Total Funding February 1, 2026 – August 31, 2030	
	HPP	
North Central Texas Trauma Regional Advisory Council	HPP	\$16,640,555
	EMTF-GR	\$1,805,555

- **February 17, 2026** – HPP & EMTF-GR contracts **executed**:
 - HPP – \$1,386,712.00 (February 2026 – June 30, 2026)
 - With all funds reinstated we are beginning to fill vacancies:
 - HPP Preparedness & Response Coordinator (posted)
 - EMTF contractual funds were removed from this contract
 - EMTF-GR – \$210,648.00 (February 2026 – August 31, 2026)

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FY26 Planning & Budgeting Session Review and Progress

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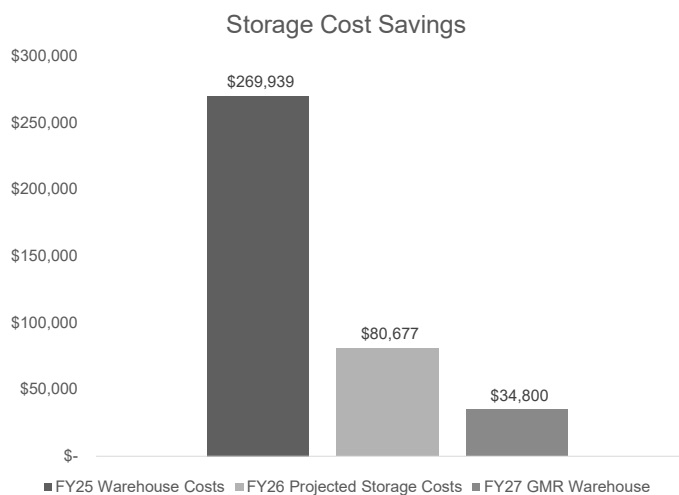
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Infrastructure Assessment & Right-Sizing

- Executed agreement with Global Medical Response (GMR)
- Move-in scheduled for March/April
- Address: 1700 E. Mayfield Rd.
Arlington, Texas 76014
- Public Storage:
 - EMTF Response Caches
 - IDRU / RRU
 - Office Supplies
- NCTTRAC Office:
 - Communication Equipment
 - Phone / Radios / Starlinks



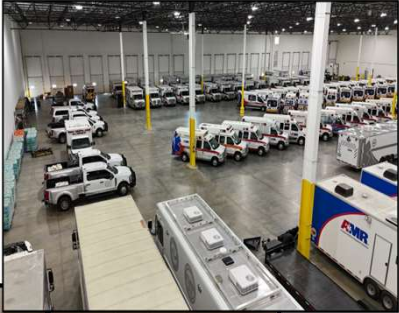
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TRAUMA REGIONAL ADVISORY COUNCIL

Infrastructure Assessment & Right-Sizing




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FY26 Planning & Budgeting Session Review and Progress

- ✓ *FY26 Planning & Budgeting Session Highlights & Recommendations*
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- RAC Budget Policy

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FIFA World Cup 2026: Overview

- The Stage is Set
 - The 2026 edition of the World Cup will be the first with **48** teams
 - Hosting of the tournament will be shared between Canada, Mexico, and the USA
 - Final will be played on 19 July 2026, in New York, New Jersey
- Dallas Host City
 - Dallas (AT&T) Stadium will stage a total of **nine** matches from the biggest-ever World Cup, including one semi-final.
 - Fan Festival
 - Opens June 11 – July 19, 2026
 - Largest in the USA (est. 35,000 per day)
- EMCC Activation
 - June 8 - July 20, 2026
 - Staff / Liaisons
 - TOC / JOC



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FIFA World Cup 2026: Health & Medical Expert Planning Team (EPT)

- North Texas FWC26 Health & Medical EPT
 - Leadership Council
 - NCTTRAC Staff
 - Dallas-Fort Worth Hospital Council
 - Dallas Fire-Rescue
 - Baylor Scott & White Health
 - Texas Health Resources
 - DSHS Public Health Region 2/3
 - Subcommittees & Workgroups
 - Public Health
 - Education & Communications, Syndromic Surveillance, HCID/Bioterrorism, Public Health Preparedness
 - Healthcare
 - Hospital / EMS



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Countries Coming to Dallas



Netherlands (7)



Japan (19)



Croatia (11)



Argentina (2)



England (4)



Austria (24)



Jordan (64)



Sweden (38)

Base Camps:
Frisco – Sweden
Mansfield – Czechia



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TRAUMA REGIONAL ADVISORY COUNCIL

FIFA World Cup 2026: Preparations

Meeting Breakdown by Type	Key Deliverables
• Leadership Council: 19 • Leadership Forum: 15 • EPT Subcommittees: 7 – Health & Medical: 13 – EMS: 6 – Public Health: 13 • Education & Communication: 9 • Syndromic Surveillance: 8 • HCID/Bioterrorism: 9 • Public Health Preparedness: 13 – Safety & Security Workshop: 16 – ASPR/DSHS: 9 – Family Reunification: 4 – Mass Fatality: 1	• Presentations to DFWHC • NCTTRAC FIFA World Cup 2026 Response Framework • SME Panel Framework – Heat Illness Mitigation & Management – Man-Made & Natural Disasters – Medical Surge Preparedness & Management • EMS/Hospital Checklist • Language Selection Chart • PCCI Dashboard • Public Health – #FIFAWC26 Triage Tag – Country Communicable Risk Factors

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FIFA World Cup 2026: Preparations Continued

- NCTCOG MetroX
 - October 27 - 29, 2025
 - Complex Coordinated Terrorist Attack (CCTA) impacting multiple jurisdictions and sites within the region.
- FEMA Targeted Violence Mass Casualty Hospital Response Workshop
 - March 10, 2026
 - Participants: 135
- NCTTRAC Medical Response and Surge Exercise (MRSE)
 - April 8 - 10, 2026
 - Participants: Over 100
- Pulsara
 - 101/201 Trainings
 - November 17, 2025
 - Boot Camp
 - December 8, 2025
 - Family Reunification
 - April 28, 2026
 - Patient Tracking Workgroup
 - April 14, 2026
- DSHS World Cup Tabletops
 - Mass Casualty Incidents / Radiation
 - May 4, 2026
 - Infectious Disease Response
 - May 19, 2026

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FIFA World Cup 2026: Preparations Continued

- REPC's Support :
 - Regional Communication Network
 - Everbridge Expansion
 - (45) Starlinks (Trauma Centers in "Centers of Gravity")
 - Handheld Devices for hospitals and EMS
 - (1000) Stop The Bleed Kits
 - 1 Million Texas EMS
 - 100K MCI Wristbands
 - (4) Flexmort Mortuary Systems
 - (2) Decon Response Units
- Homeland Security Conference
 - August 2025 – Washington, DC
 - AAR for Club World Cup Championship
 - Heat issues
 - Geopolitical Issues with ICE
 - Low attendance
 - Pyrotechnics
 - All 13 Host Cities attended
 - August 2026 – Louisville, KY
 - AAR for FIFA World Cup 2026
- **ARE YOU WORLD CUP READY?**

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FY26 Planning & Budgeting Session Review and Progress

- ✓ *FY26 Planning & Budgeting Session Highlights & Recommendations*
- ✓ *Hospital Preparedness Program RFA*
- ✓ *Infrastructure Assessment & Right-Sizing*
- ✓ *World Cup 2026 Preparations*
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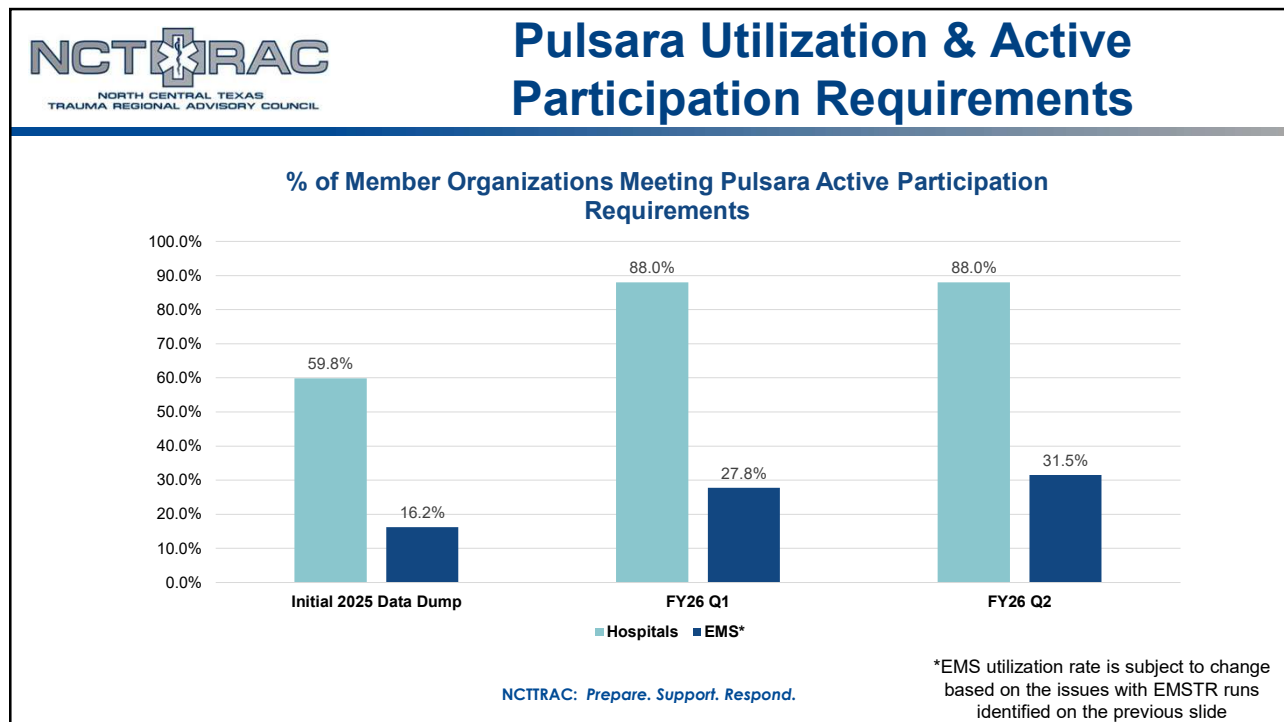


Pulsara Utilization & Active Participation Requirements

- **Beg. 9/1/2026, Pulsara Daily Use = Active Participation Requirement**
- Pulsara Utilization Data & Compliance Tracking
 - Identified issue w/DSHS EMSTR EMS Runs data; working with small group of volunteers to evaluate impact & next steps
 - Building draft PowerBI Pulsara Regional Utilization Dashboard
 - Alpha agreement with Pulsara for regional utilization monitoring
- Regional Standardization Projects
 - *NCTTRAC Regional Pulsara Playbook*
 - *NCTTRAC Regional Pulsara “Issues” List*
- Regional Champion “Success Stories” Video Series

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TRAUMA REGIONAL ADVISORY COUNCIL

FY26 Planning & Budgeting Session Review and Progress

- ✓ *FY26 Planning & Budgeting Session Highlights & Recommendations*
- ✓ *Hospital Preparedness Program RFA*
- ✓ *Infrastructure Assessment & Right-Sizing*
- ✓ *World Cup 2026 Preparations*
- ✓ *Pulsara Utilization & Active Participation Requirements*
- *Data & Information Management*
- *RAC Budget Policy*

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 Data & Information Management Maturation & Application		
Initiative	Details	Key Indicators
NCTTRAC Regional Trauma Registry	Trauma patient-level data; TQIP & TX reporting standards. Trauma Committee Active Participation Requirement for eligible hospitals.	46 (88%) of Trauma Centers enrolled 35 (67%) of Trauma Centers submitting data N=52 Eligible Member Trauma Hospitals
Prehospital Transfusion Program	Previously accepting prehospital blood transfusion data in the NCTTRAC RedCap server; currently working to integrate previous data efforts with DSHS PHWB Pilot Program data initiative/requirements	Pending Integration w/DSHS PHWB Pilot Program
Ambulance Patient Turnaround Time	EMS data (including APOT) from agencies and ESO. Includes breakdown between EMS arrival to handoff and handoff to back to service. Moving toward recurring data submissions and SPI analysis.	41 (35.7%) Agencies Submitted Data (N=115 Member EMS Agencies) 519,905 Total Records Submitted
GWTG	Get With The Guidelines. Data from American Heart Association's GWTG, an in-hospital initiative, supports adherence to evidence-based guidelines and enables continuous improvement in patient care	37 (75.5%) Stroke Facilities Enrolled with AHA 29 (59.2%) Stroke Facilities in RAC Super User Enrollment process (N=49 Member Stroke Centers)
CARES	Cardiac Arrest Registry (CARES Reports, Resuscitation Academy, Best Practices, HeartSafe Communities)	46 (40.0%) Agencies Enrolled 5 (4.3%) Agencies In Progress (N=115 Member EMS Agencies)
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 Data & Information Management Maturation & Application		
Initiative	Details	Key Indicators
NPRQI (Future)	National Pediatric Readiness Quality Initiative. NPRQI provides hospitals with insights to advance clinical care and help improve overall Pediatric Readiness. Achieve 70% regional participation in the National Pediatric Readiness Quality Initiative for facilities and EMS agencies.	6 (6.2%) Hospitals Enrolled (N=97 Member Hospitals)
Daily Pulsara Utilization	Pulsara providing NCTTRAC with quarterly utilization data reports. Working through potential issue w/DSHS EMSTR EMS runs data. Will be used to determine FY27 Active Participation.	EMS: % of patient transports w/patient channel created Hospitals: % of patient channels acknowledged
Maternal Severe Hypertension (MSH)	Achieve a regional percentage (for all designations) of 80% of all birthing patients, per admission, presenting with hypertension to be treated within 1 hour.	# Maternal Designated Facilities enrolled: 51
Delayed Trauma Transfers	Goal is to improve transfer times for critically/severely injured trauma patients. Using transfer data from NCTTRAC Regional Trauma Registry to target cases that don't meet SPI criteria and gather additional data about reasons for transfer delays.	SPI Goal: 80% of severely injured trauma pts transferred within two hours of ED arrival 2025 Performance: 32 of 136 (23.53%) of eligible transfers were transferred within two hours of ED arrival
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Session Overview

- ✓ *FY26 Planning & Budgeting Session Review & Progress*
- **FY27 Budgeting & Business Development**
- **Review of FY27 Member Expectations Poll**
- **FY27 Key Topics**
- **Nice Talk ... Now What?**

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FY27 Budgeting & Business Development

- RAC Funding & Support
- Federal & State Contract Expectations
- RAC Budget Policy, Considerations, and Direction
- Business Development – Staff Ideas

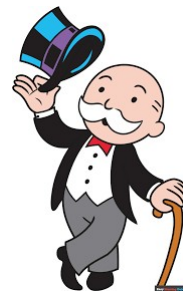
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RAC Funding & Support

- RACs play “Monopoly” annually – Pass Go, collect contract \$\$\$
- Contracts have flattened & becoming uncertain
- Expenses continue to outpace our revenue
- Raising membership dues may help short term, but not a sustainable option
- Expectations are for RACs to find sustaining funds outside of the provided contracts
- RACs need cash-flow-producing **Assets & Services**:
 - Use existing assets
 - Purchase additional assets (w/ROI)
 - Consider fees for existing services & programs
 - Establish fees for additional services & programs
- A feasibility focus needed for FY26 & beyond ... more to follow



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FY27 Budgeting & Business Development

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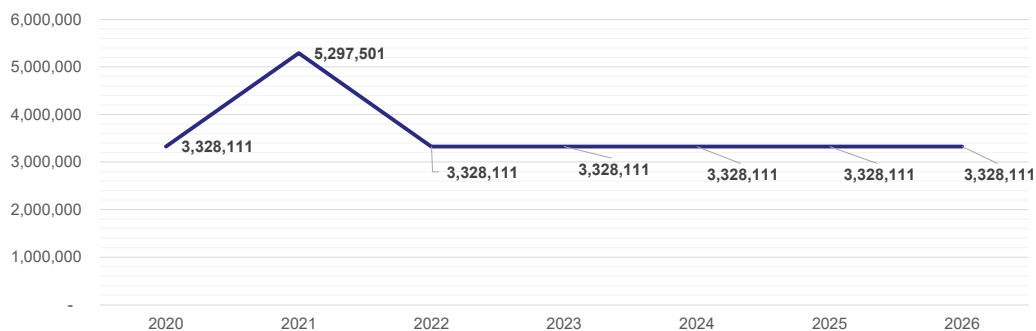
Federal Contract Expectations

HPP YR 24 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.

HPP YR 24 Funding Amount: \$3,328,111

Program Year 24 runs July 1, 2025 – June 30, 2026



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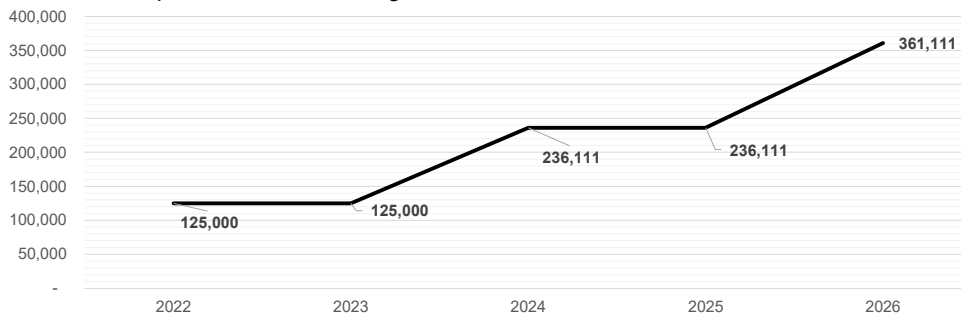
State Contract Expectations

FY26 EMTF-2 GR

Purpose: Rider granted annually since 2022 to support the Emergency Medical Task Force of the Hospital Preparedness Program, as well as perform activities related to ongoing program management.

HPP YR 24 Funding Amount: \$361,111

Program Year 24 runs September 1, 2025 – August 31, 2026



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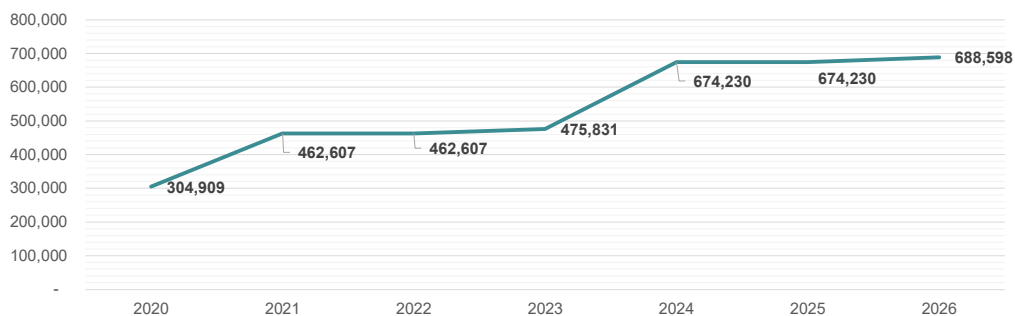
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State Contract Expectations

FY26 EMS/RAC

- **Purpose:** Enhancement/delivery of patient care in Grantee's TSA
- **FY26 Funding Amount:** \$688,598 (One lump sum payment)
- **Allowable expenses include:** Supplies, Operational Expenses, Education & Training, Equipment, Communication Systems



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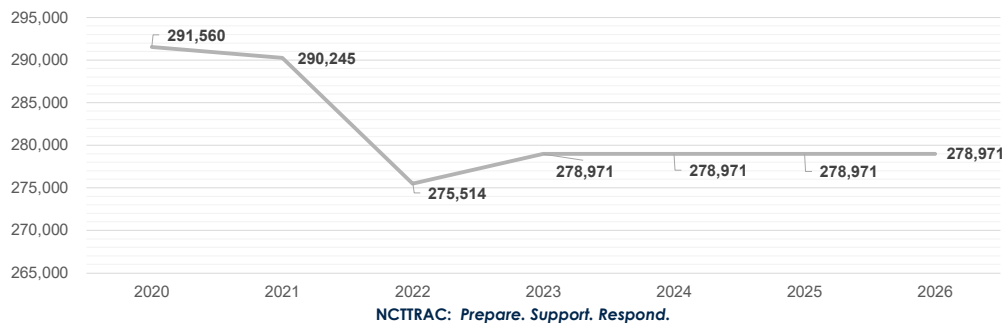
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State Contract Expectations

FY26 RAC Systems Development (formerly EMS Tobacco)

- **Purpose:** Enhancement and delivery of patient care in the trauma service area and to perform activities for the purpose of developing, implementing, and monitoring a regional EMS and Trauma System Plan.
- **FY26 Funding Amount: \$278,971** (One lump sum payment)
- **Allowable expenses include:** Costs for EMS and injury prevention programs, trauma-related training, system planning and education, and resources that support trauma patient care, including personnel, supplies, equipment, communication systems, and staff travel for relevant meetings. Up to 20% of funds may be used for administrative costs.



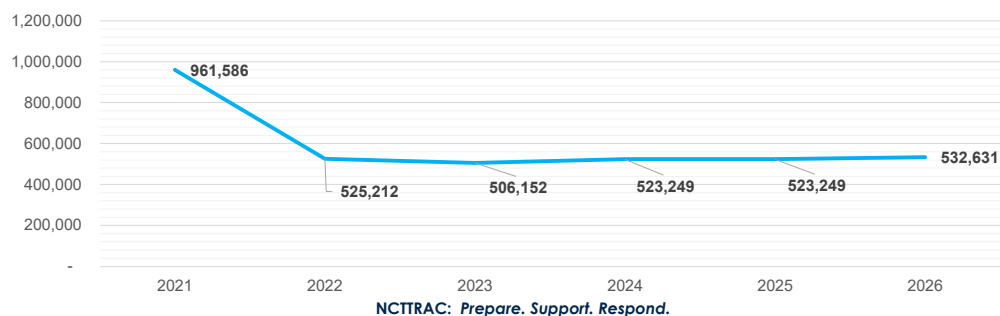
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State Contract Expectations

FY26 Emergency Medical Services/County (EMS/CO)

- **Purpose:** Administer EMS provider reimbursements to ensure continuation of emergency medical services
- **Total contract FY26 \$532,631** (One lump sum payment)
- **Allowable expenses include:** Costs necessary to sustain EMS operations and maintain organizational viability, supplies, education and training, equipment, ambulances, and communication systems.
- EMS/Regional Advisory Council (EMS/RAC) and/or RAC Systems Development funds are used to administer the EMS/CO deliverables



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State Contract Expectations

FY26 Prehospital Whole Blood Program

- **Purpose:** Perform activities to support EMS providers administering whole blood to patients in the field suffering from extreme blood loss due to trauma, maternal hemorrhage, or other significant medical conditions. Funds are mainly pass-through
- **Total contract \$1,220,354**
- **Allowable expenses include:**
 - Supplies (Whole blood, blood warmers, thermometers, etc.)
 - Regional monitoring fees
 - Equipment related to PHWB
 - Education and Training
 - Personnel but only up to \$70,000 per individual

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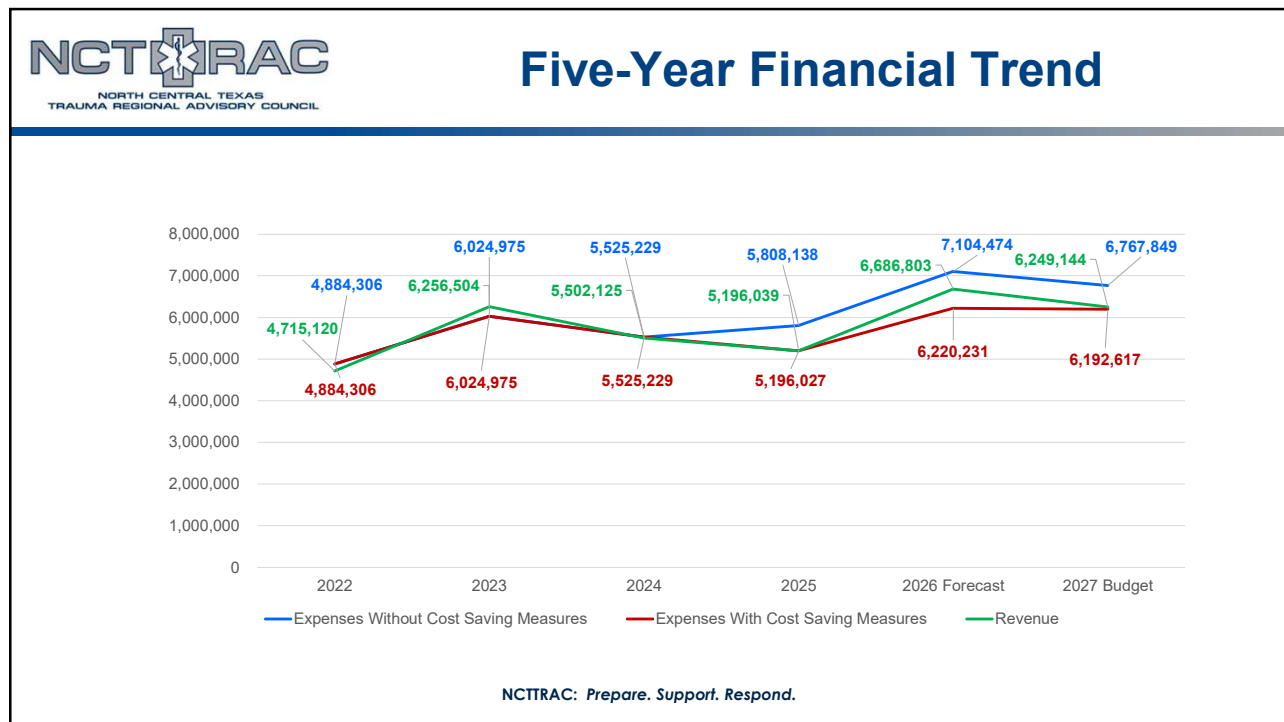


FY27 Budgeting & Business Development

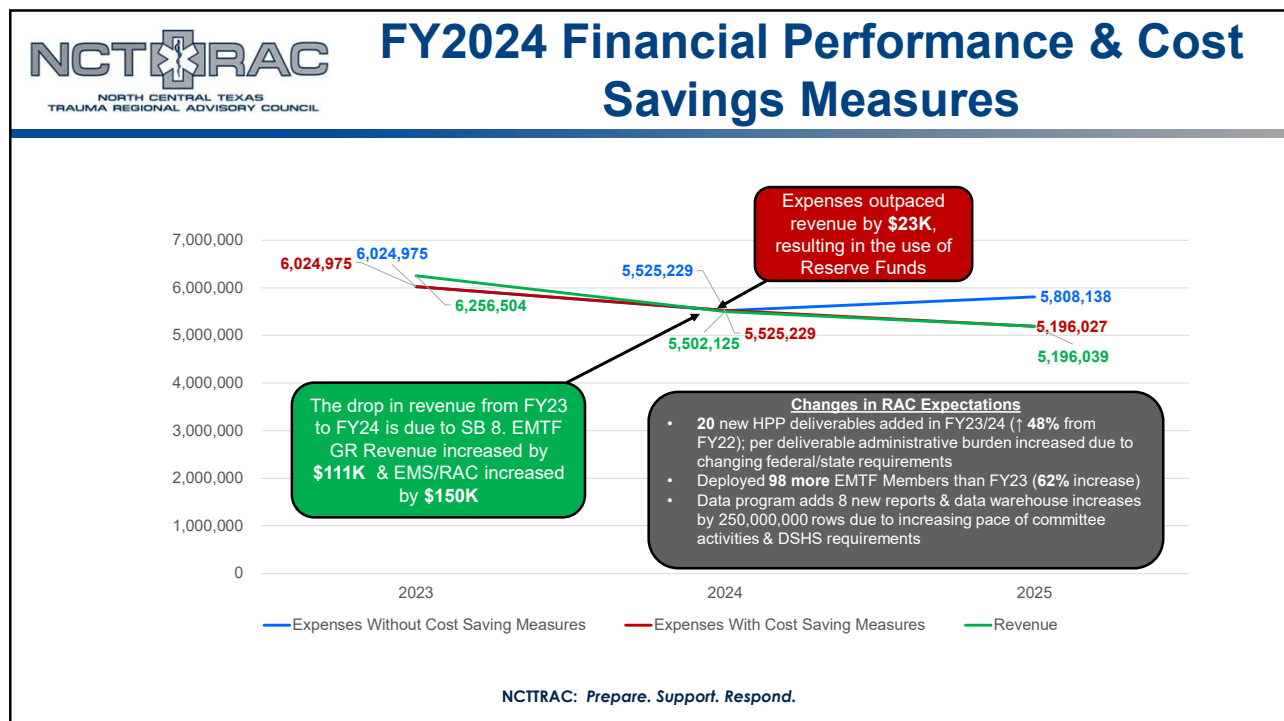
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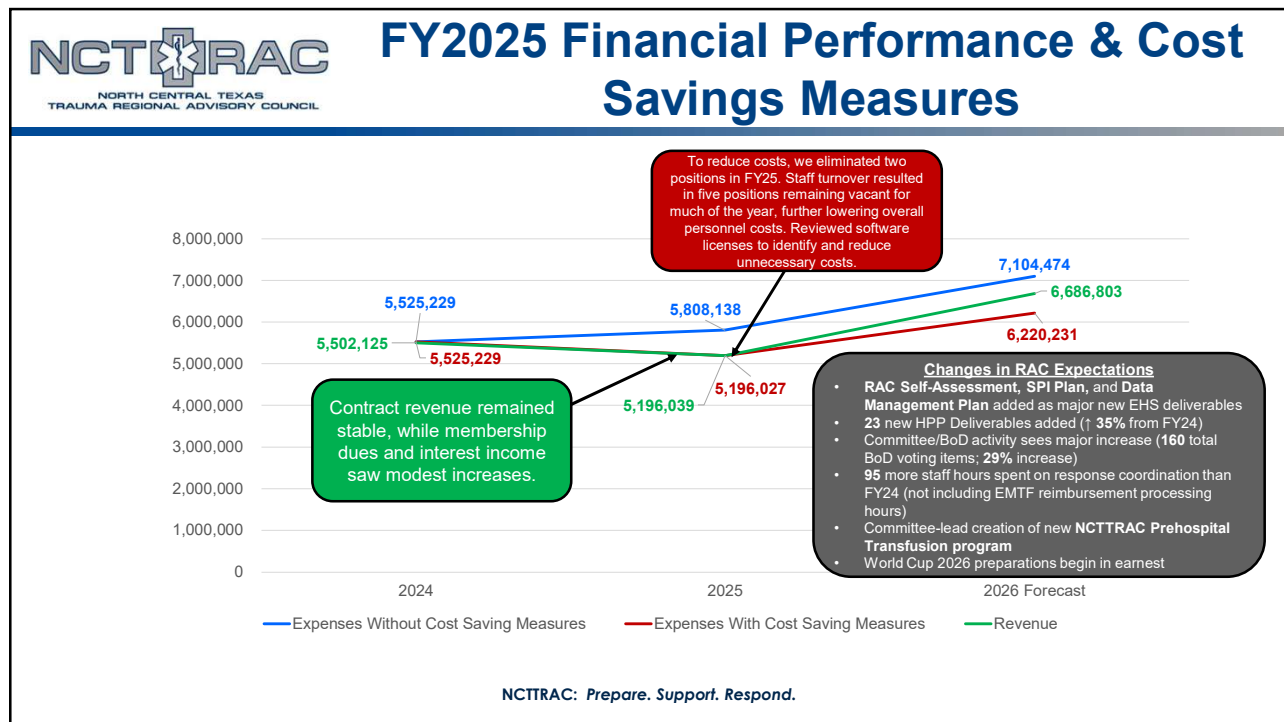
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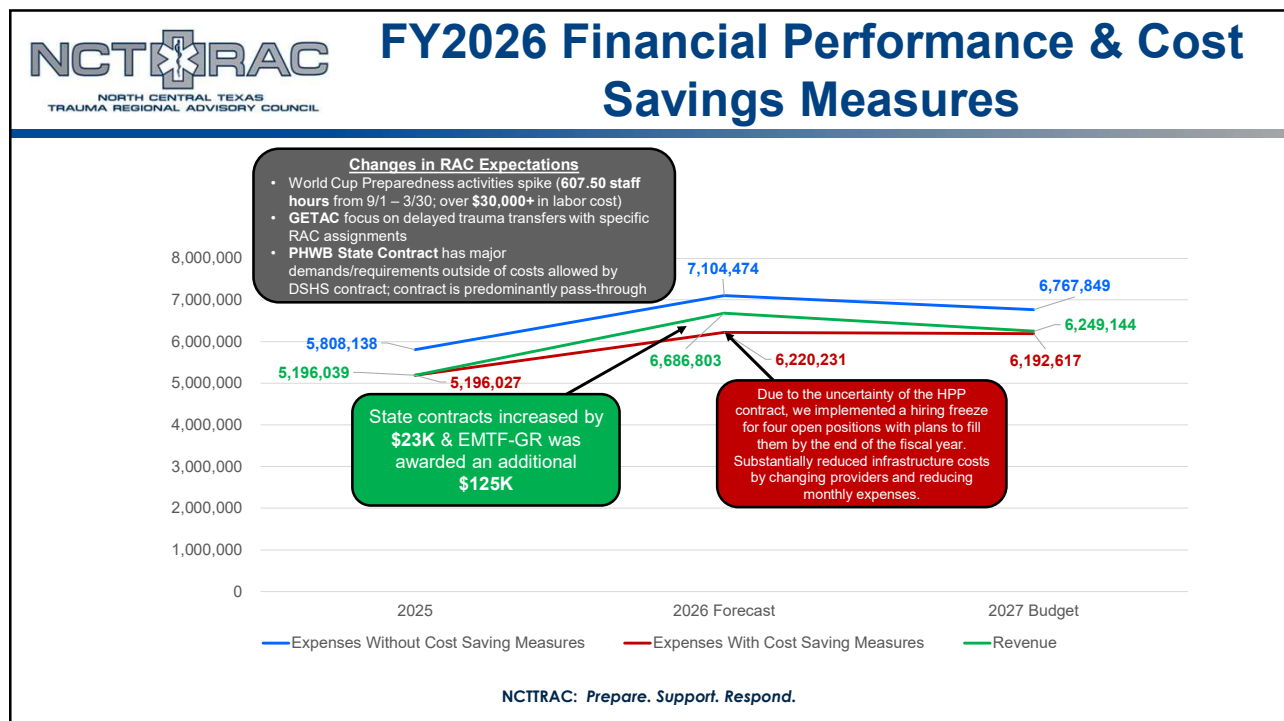
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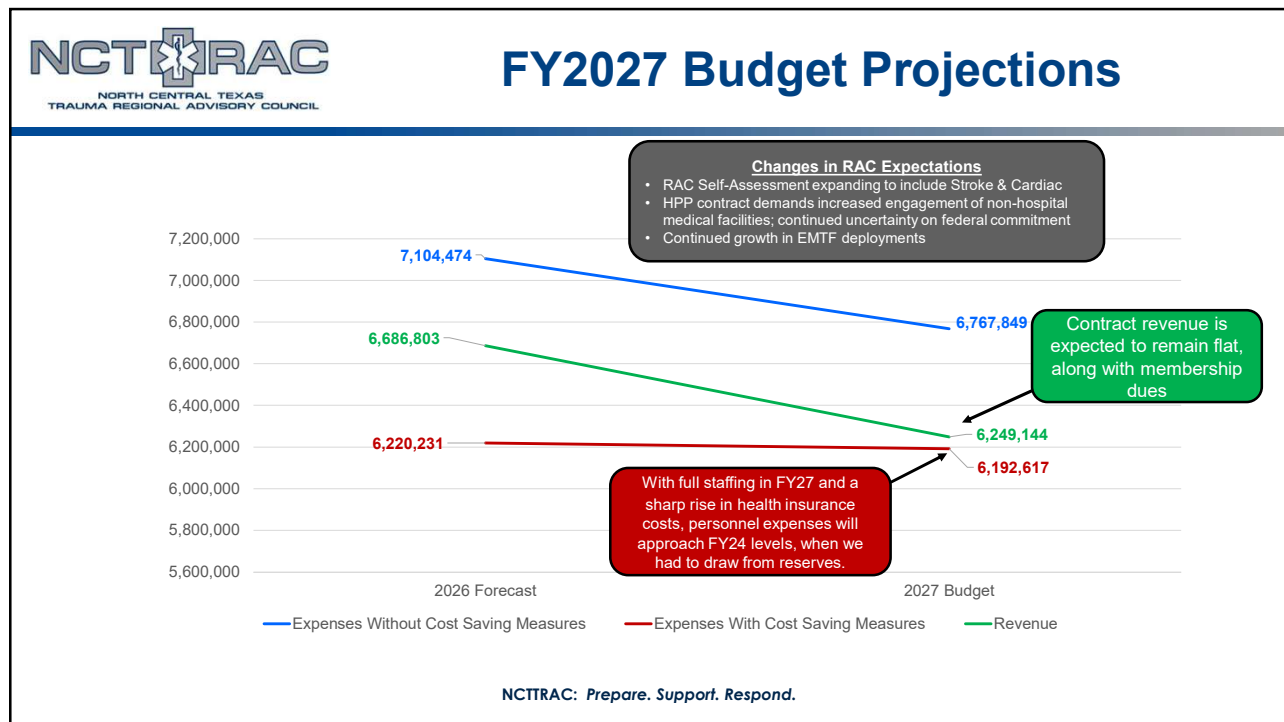
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RAC Budget Policy, Considerations, and Direction

- FY26 revenue remains flat, apart from a \$125K increase for EMTF-GR and the new Prehospital Whole Blood contract.
- As reported in the March Board meeting, membership dues will remain unchanged next year. Agencies and hospitals paying by credit card will continue to cover the related fees.
- The new federal contracts limits cumulative salary increases to no more than 20% of the total salary budget over the duration of the grant agreement.
- Due to a significant increase in insurance costs, fringe benefits will be budgeted at 35% of total salaries, up from 31%.
- NCTTRAC has implemented a 15% de minimis rate on the Modified Total Direct Cost (MTDC) base to allocate indirect costs across contracts.

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RAC Budget Policy, Considerations, and Direction

The Situation

- Contract revenues are staying relatively flat & there is continued uncertainty over federal funding for HPP
- Expenses continue to increase dramatically and we have already executed most cost-cutting measures that don't result in a cut to programs/services
- Unfunded demands on NCTTRAC continue to grow

The Response

- **We must begin diversifying revenue streams to make NCTTRAC less reliant on state/federal contracts**
 - “Control our own destiny”
 - Concurrently, NCTTRAC will continue to appropriately engage in advocacy activities to strengthen RAC role in state and federal planning

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FY27 Budgeting & Business Development

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- **Business Development – Staff Ideas**

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Business Development Staff Ideas

Optimizing Existing Operations

- Utilize unrestricted and reserved funds to acquire equipment for deployment and rental opportunities
- Expand educational programming and training classes
- Broaden and diversify the membership base
- Actively recruit sponsorship speakers for committee meetings and vendor sponsorships at general membership events
- Offer Suites 100 and 150 as rentable spaces for partners and community events
- Introduce tiered membership levels that provide increasing benefits and value, encouraging upgrades while catering to varying member needs and budgets.

Exploring New Opportunities

- Host an annual fundraiser to generate donations and sponsorship revenue while raising organizational awareness
- Develop a dedicated job board for member professions featuring paid listings for employers

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FY27 Budgeting & Business Development

- ✓ *RAC Funding & Support*
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Session Overview

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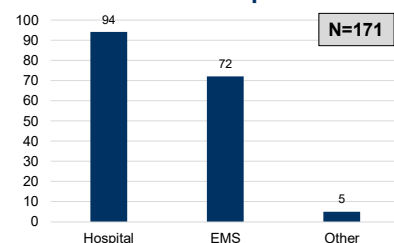
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FY27 Membership Expectations Poll – Summary

- **Purpose:** Identify which NCTTRAC services are most important to our members and what operational problems are our members facing.
- Poll ran from March 4 – March 18; shown in Committee meetings & emailed to members
- 2 Questions:
 - “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
 - “What are the major operational problems affecting your organization?”
 - Open text response

Individual Responses



Organization Type	# Responding Organizations	% of Member Orgs Responding
Hospitals	65	77.4%
EMS	69	62.2%
Other	4	28.6%
Total	138	66.0%

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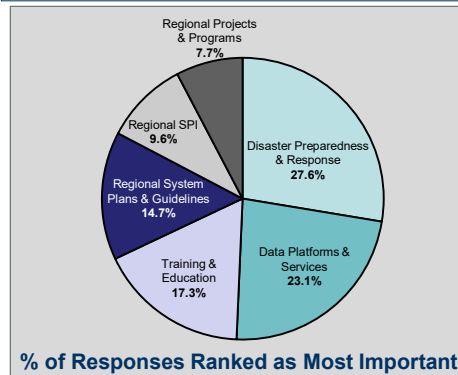


FY27 Membership Expectations Poll – Most Important Services

FY26

Top 3 Most Important Services

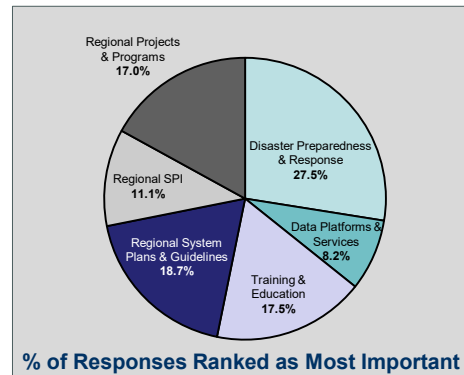
1. Disaster Preparedness & Response
2. Data Platforms & Services
3. Regional Projects & Programs



FY27

Top 3 Most Important Services

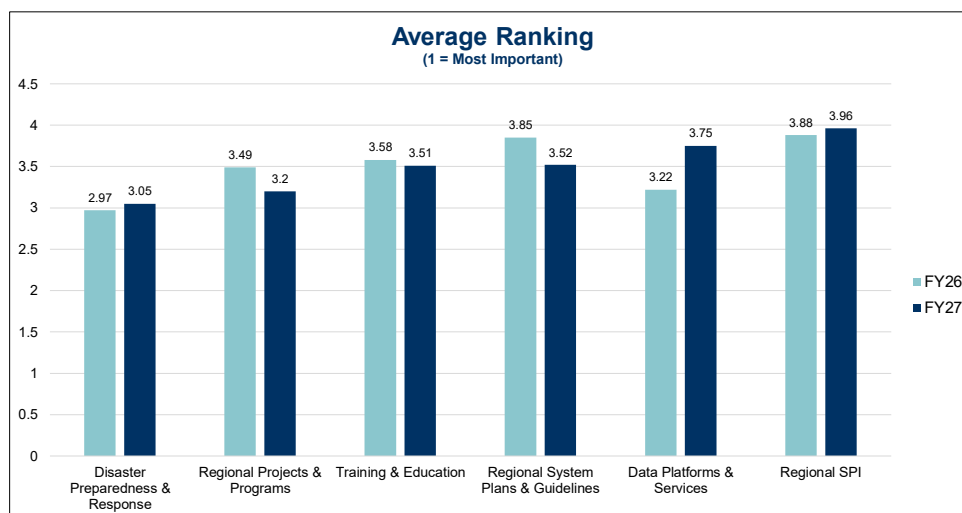
1. Disaster Preparedness & Response (=)
2. Regional Projects & Programs (↑ 1)
3. Training & Education (↑ 1)



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FY27 Membership Expectations Poll – Most Important Services



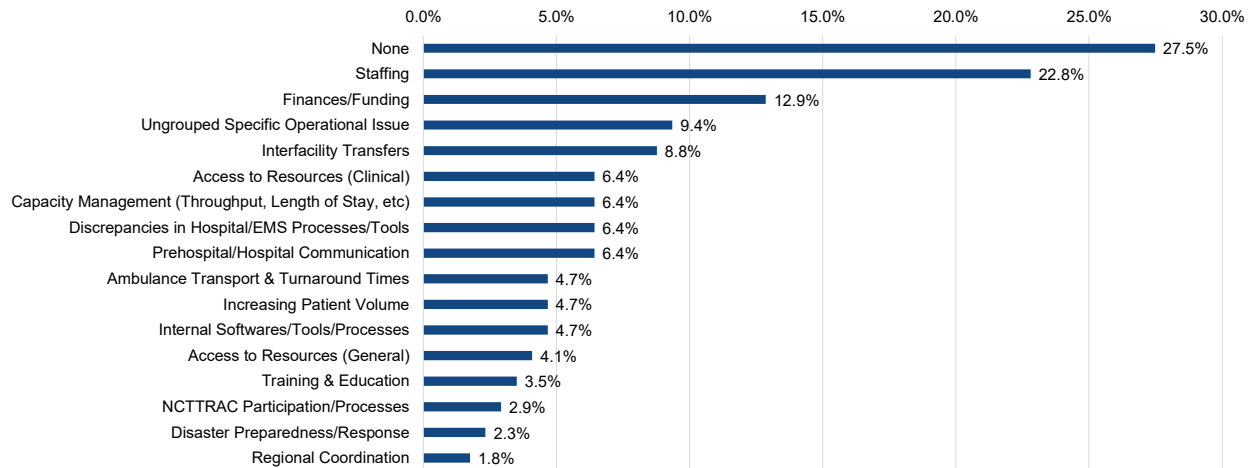
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FY27 Membership Expectations Poll – Operational Issues

Member Operational Issues by % of Responses



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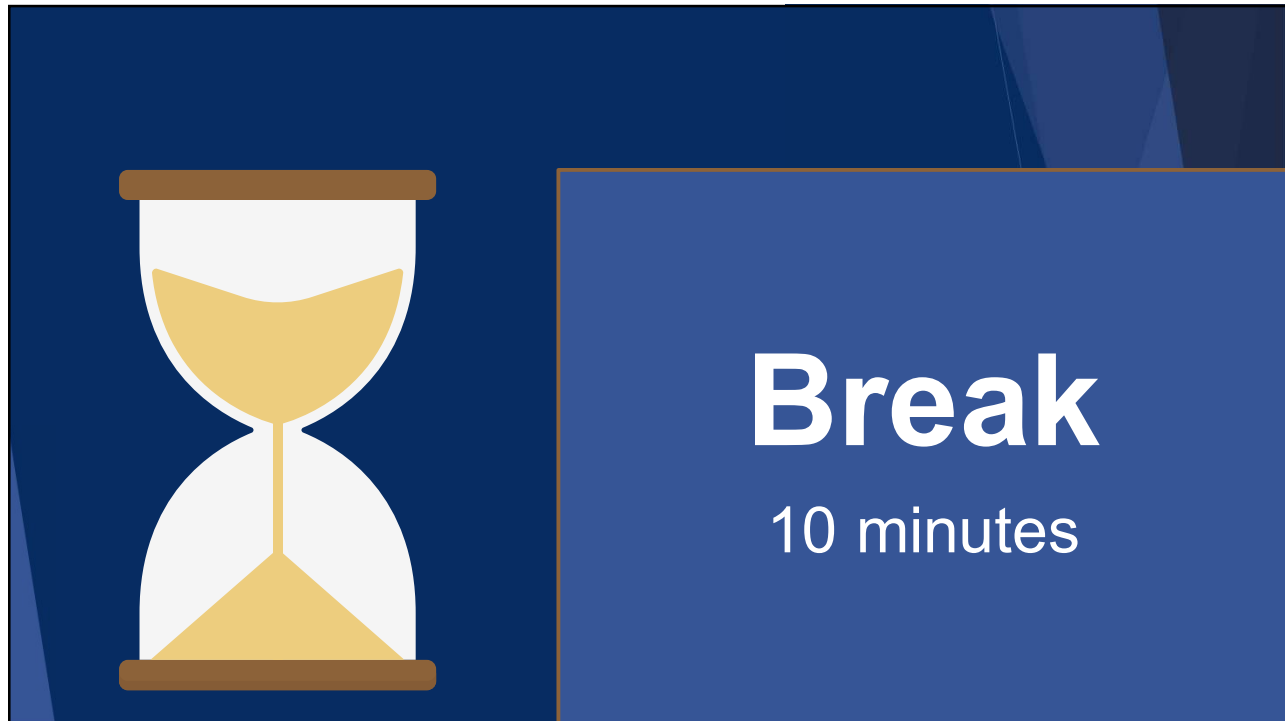
FY27 Membership Expectations Poll – Operational Issues Main Takeaways

- Main issue facing NCTTRAC Members is the same issue facing NCTTRAC: **Expectations and Demands are outpacing available Resources**
- How can NCTTRAC help address these issues?
 - Reducing administrative burden on member organizations?
 - Regional job board?
 - Building/buying centralized services?

Member Problem/Issue	# of Responses	% of Responses
Staffing	39	22.8%
Finances/Funding	22	12.9%
Interfacility Transfers	15	8.8%
Access to Resources (Clinical)	11	6.4%
Capacity Management	11	6.4%
Discrepancies in Hospital/EMS Processes/Tools	11	6.4%
Prehospital/Hospital Communication	11	6.4%

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 NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL	Session Overview
✓ <i>FY26 Planning & Budgeting Session Review and Progress</i> ✓ <i>FY27 Budgeting & Business Development</i> ✓ <i>Review of FY27 Member Expectations Poll</i> ➤ FY27 Key Topics ➤ Nice Talk ... Now What?	
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FY27 Key Topics

- Prehospital Whole Blood Pilot Program
- RAC Self-Assessment
- Rural Emergency Healthcare Considerations & Support
- RMOCC Development and Future Impacts
- Additional Topics

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Prehospital Whole Blood Pilot Program

Goal: To establish a data-driven, partner-integrated prehospital whole blood program in every county of TSA-E.



GETAC Prehospital Whole Blood Task Force
Texas Whole Blood Program

All 19 Counties Operating PHWB Pilot program

- Improved patient outcomes
- Enhanced EMS capabilities

Data Transparency & Reporting

- Monthly performance dashboard shared with partners
- Key metrics tracked

Data Quality & Accountability

- Standardized data capture
- Audit process in place for data validation
- Ownership of reporting responsibilities
- Continuous quality improvement implemented

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Prehospital Whole Blood Pilot Program

PHWB Workgroup Co-Leads

- Sheri Adams - Grand Prairie Fire Department
- Karen Yates - Methodist Mansfield Medical Center

In Progress

- RAC Data Collaborative (RDC) Data Platform in beta testing stage
- *Program Eligibility & Operational Assessment* sent to 11 EMS Agencies
- Program MOU to be reviewed by NCTTRAC legal team
- Qinflows (blood warmers) - ordered; received
- APRUs (refrigeration units) - ordered; pending
- World Dracula Day blood drive

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Contract:
2/17/2026 – 8/31/2027
\$1.2 Million

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FY27 Key Topics

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RAC Self-Assessment

Utilizing the DSHS Scoring Criteria, all 22 RACs are required to complete an annual self-assessment, engaging committees and stakeholders to evaluate and improve EMS, trauma, and emergency healthcare systems.

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

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RAC Self-Assessment

- Required action:
 - **Score of 0 – 2:** requires an action plan for improvement
 - **Score of 3:** minimum required for each specified indicator
 - **Score of 5:** recognized as best practice and shared with other RACs
- All 26 indicators are supported by relevant documentation
- Revised on the even years of the Department contract
- FY26 RAC Self-Assessment included **EMS** and **Trauma** service lines
- FY27 RAC Self-Assessment must include the additional **Cardiac** and **Stroke** service lines

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FY26 NCTTRAC Self-Assessment Scores

Indicator	Score	Indicator	Score
1. Epidemiology	3	14. Definitive Care Facilities	4
2. Epidemiology - Surveillance	3	15. System Coordination & Patient Flow	4
3. Regional Leadership	3	16. System Coordination & Patient Flow	4
4. System Plan	3	17. Prevention and Outreach	4
5. System Plan	3	18. Prevention and Outreach	5
6. System Plan	4	19. Rehabilitation	3
7. System Plan	3	20. Emergency Response	4
8. System Plan	4	21. Emergency Response	4
9. System Integration	4	22. Emergency Response	4
10. System Integration	3	23. Regional System Performance Improvement	3
11. Business/Finance	5	24. Regional System Performance Improvement	3
12. EMS/Prehospital	3	25. Data Management	3
13. EMS/Prehospital	3	26. Regional Research & Publications	3

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FY27 Key Topics

- ✓ *Prehospital Whole Blood Pilot Program*
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- Additional Topics

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Rural Emergency Healthcare Considerations & Support

- **Access & Coverage Gaps**
 - Limited EMS coverage areas and extended response/transport times
 - Hospital/FSED closures or lack of nearby trauma-capable facilities
- **Workforce Challenges**
 - Difficulty recruiting and retaining EMS and clinical staff
 - Limited access to specialty training and continuing education
- **Clinical & Operational Needs**
 - Limited access to blood products
 - Equipment/resource constraints
 - Variability in clinical protocols and capabilities

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Rural Emergency Healthcare Considerations & Support

- **Infrastructure & Technology**
 - Gaps in communications (radio, cellular, etc.)
 - Limited or no telemedicine capabilities
- **Financial Constraints**
 - Limited funding streams
 - High cost of maintaining readiness with low call volumes
 - Grant dependency and sustainability concerns

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Rural Emergency Healthcare Considerations & Support

- **Opportunities for Improvement**

- Regionalize and share service models
 - Utilize RAC regional guidelines/best practices
- Expand telehealth and remote support
 - Enhance hospital-level diagnostic capability
- Promote prehospital whole blood programs
 - Prioritize rural communities
 - Build regional partnerships with EMS, hospitals, and blood providers
 - Utilize data to demonstrate impact
- Introduce mobile care units
 - Mobile Stroke Units
 - Mobile Medical Units
- Target training and workforce development initiatives
 - EMS scholarship programs

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FY27 Key Topics

- ✓ *Prehospital Whole Blood Pilot Program*
- ✓ *RAC Self-Assessment*
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- *Additional Topics*

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National RMOCC Summary

- There is a broad national push for the development of Regional Medical Operations Coordination Centers (RMOCCs)
 - National Institute for Defense Health Cooperation (NIDHC), National Academies of Science, Engineering, and Medicine (NAEM), and American College of Surgeons (ACS) Committee on Trauma (COT)
 - December 2025 National RMOCC Summit
- General concept: develop a standing system/structure to oversee coordination of resources & patient/casualty distribution in daily and mass population events
- Large Scale Combat Operations (LSCOs) could introduce 1,000 new patients for 100 days straight into the civilian emergency healthcare system

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RMOCC

Regional Medical Operations Coordinating Center

“A construct for regional patient distribution to avoid or mitigate crisis conditions by equitably deploying health care resources across a state, territory, or region”

Centralized command center that coordinates real-time communication and resource management across a region

- Situational awareness of healthcare resources
- Coordination of patient tracking and distribution
- Real-time evaluation of capacity and capability
- Workforce and supply sharing



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RMOCC

Regional Medical Operations Coordinating Center

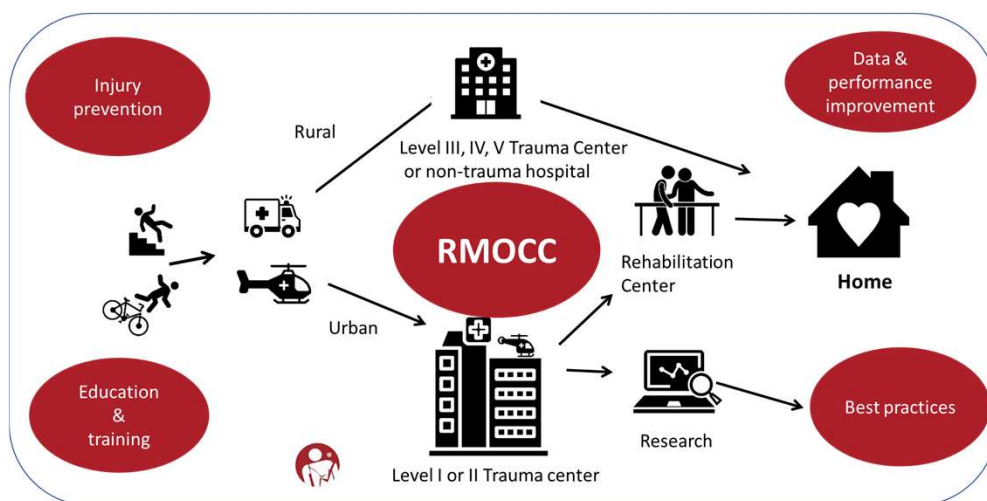
Key Functions

- Multi-disciplinary collaboration between hospitals, EMS, public health departments, emergency management agencies, and military
- Supports access to healthcare assets consistently across a region
- Coordinates patient movement day-to-day with surge capability
- Acts as an adjunct and does not affect patient movement and process within existing hospital systems



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Daily RMOCC Use for Coordination of Emergency Care

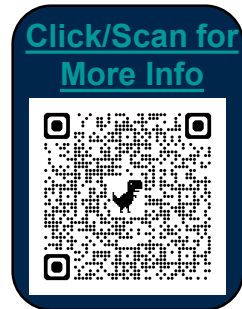


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National RMOCC Summary

- Points of Emphasis
 - Successful RMOCCs can't be a disaster-only system; they require day-to-day infrastructure and coordination roles that are then expanded during a disaster.
 - No current funding for comprehensive RMOCC development. HPP is closest, but can't be used on day-to-day clinical functions.
 - No consensus on who is responsible for developing RMOCCs, but most likely drivers are HCCs, RACs (in TX), and Level I & II Trauma Centers
 - ACS COT to release draft RMOCC Standards
- **Should NCTTRAC pursue a day-to-day RMOCC and, if so, how?**



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Day-to-Day RMOCC Considerations

- “Buy” vs “Build”
 - Partner with existing infrastructure/entity
 - Cheaper up-front costs, pre-existing relationships & subject matter expertise
 - Limited flexibility/control, few existing entities cover entire region, loss of potential future revenue
 - Develop a NCTTRAC-owned and operated structure
 - Can custom-build to exact needs/specs, neutral entity avoids business/competition risks, potential for future revenue
 - Expensive to establish infrastructure, up-front costs would eat into reserves
- Potential Issues to Solve/Services to Provide
 - Interfacility transfer delays?
 - Mental health pre-hospital patient navigation?
 - Telehealth consults for specialty patients in rural hospitals?

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FY27 Key Topics

- ✓ *Prehospital Whole Blood Pilot Program*
- ✓ *RAC Self-Assessment*
- ✓ *Rural Emergency Healthcare Considerations & Support*
- ✓ *RMOCC Development and Future Impacts*
- **Additional Topics**

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Additional Topics

- RAC Board Structure?
- Others?

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FY27 Key Topics

- ✓ *Prehospital Whole Blood Pilot Program*
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- *Nice Talk ... Now What?*

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

- **May 2026**
 - Document session highlights from today's meeting
 - Harvest consensus & model fiscal impact on FY27 (& FY28) Budget
 - Share session highlights with committees
 - Draft actions for BoD & Committee FY26 "game-planning" & SOP updates
- **June 2026**
 - BoD reviews & provides direction on FY27 Budget Draft
- **August 2026**
 - Board final approval of FY27 Budget, effective September 1, 2026

NCTIRAC: Prepare. Support. Respond.

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Thank You

NCTIRAC: Prepare. Support. Respond.

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And Finally...



NCTTRAC: *Prepare. Support. Respond.*