



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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date

firstname lastname
RAC Chair
name of rac
address
city, state zip code

Dear lastname:

This letter is to inform you of the department's decisions following our annual technical assistance/desktop review of or with your organization. The Office of EMS/Trauma Systems Coordination (OEMS/TS) commends the _____ Regional Advisory Council (RAC) for its accomplishments during FY07/08 and its steady progress towards improving trauma care through regional trauma system development in Trauma Service Area ___.

There were many positive findings at the annual technical assistance/desktop review.

The FY07/08 Tobacco-RAC Contract performance measure(s) listed below require(s) further action:

- (List performance measure)
This may be met by ...

The essential criteria from Rule 157.123 Regional Emergency Medical Services/Trauma Systems listed below require(s) further action:

- (List performance measure)
This may be met by ...

Please submit to our office by _____ evidence of actions taken to meet the above requirements. Our office will follow up with you in the next few weeks to discuss these findings. If you have any questions before then, please contact our office at 512-834-6700 ext. 2706; arlen.bolenbaucher@dshs.state.tx.us.

Sincerely,

Arlen Bolenbaucher
Trauma System Specialist
Office of EMS/Trauma Systems Coordination

Enclosure(s): FY07/08 Tobacco Contract Performance Measures; Rule 157.123 Regional Emergency Medical Services/Trauma Systems, Essential Criteria

c.c.: Renee Clack, Director HCQS
Emily Parsons, Manager OEMS/TS

Name of the Addressee

DATE

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