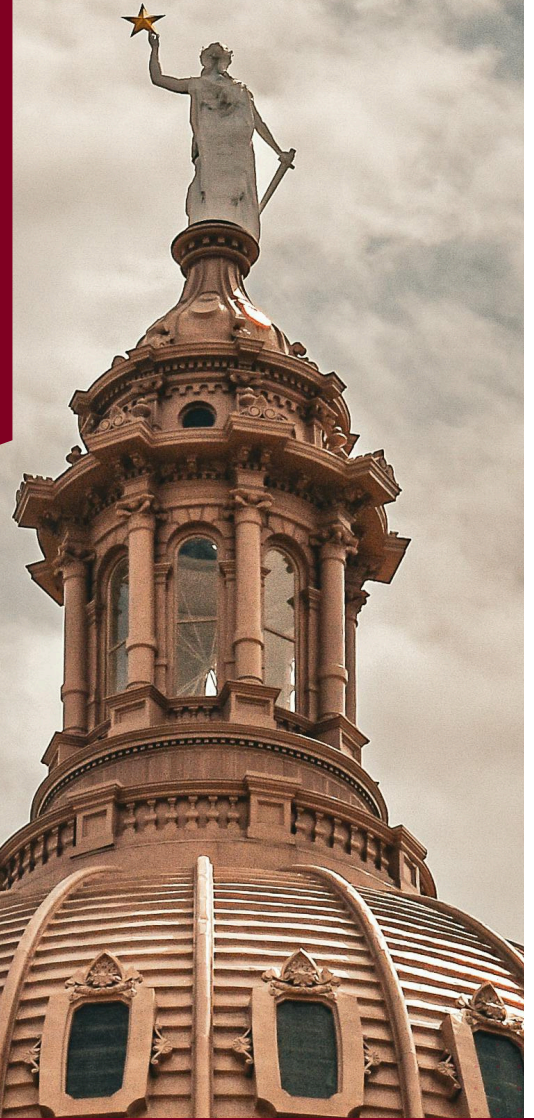




Capital Area of Texas Regional Advisory Council

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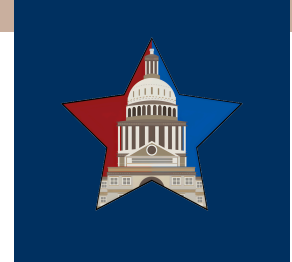
CATRAC

ANNUAL
REPORT

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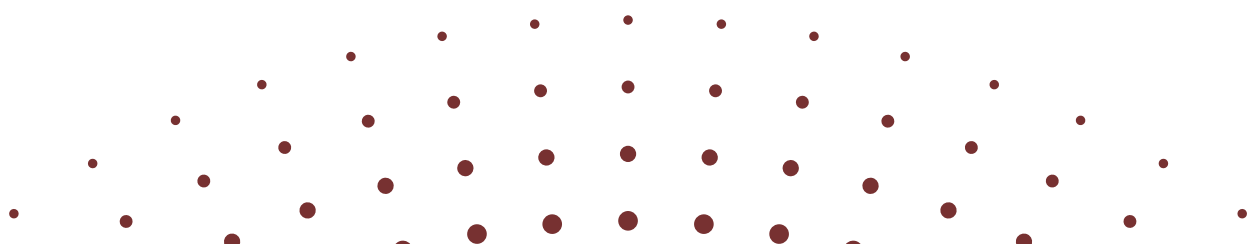
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About Us.

The Capital Area Trauma Regional Advisory Council (CATRAC) is recognized by the Texas Department of State Health Services (DSHS) as the coordinating entity for Trauma Service Area O (TSA-O), encompassing an 11-county region. Our mission is to enhance regional health outcomes by reducing the incidence of trauma, acute illness, and injury. We achieve this through strategic initiatives in education, data collection and analysis, disaster preparedness, and performance improvement.

CATRAC brings together a diverse community of stakeholders, including hospitals, EMS agencies, fire departments, first responders, long-term care facilities, and other healthcare and emergency preparedness organizations. Together, we collaborate to develop and strengthen the regional trauma and emergency healthcare system, ensuring the highest standards of care and preparedness for our communities.



CATRAC

MISSION & VISION



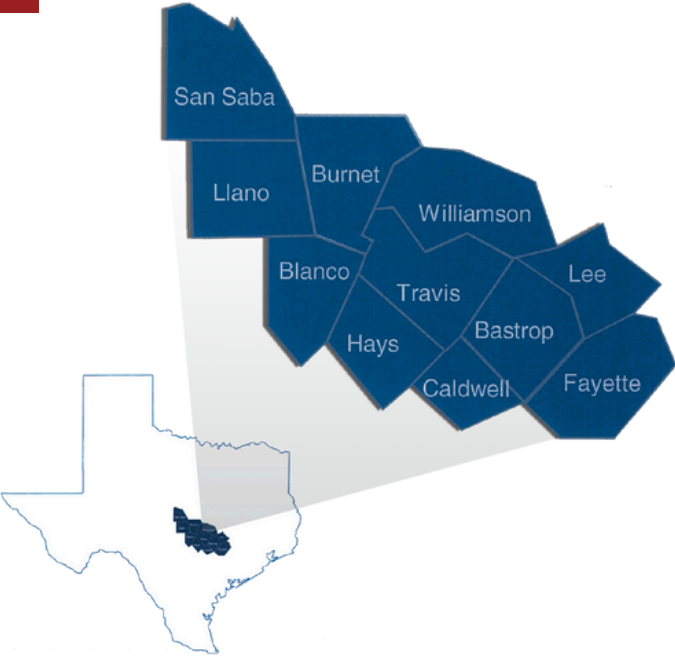
MISSION

Advance health care and emergency preparedness within the counties of Trauma Service Area (TSA) O, as designated by the Texas Department of State Health Services (DSHS).

This TSA includes the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis and Williamson.

VISION

- Coordinate regional medical assets during disasters and planned events
- Decrease morbidity and/or mortality that result from injury and illness
- Provide ongoing education regarding regional health care issues
- Assist member organizations in achieving the highest level of health care and emergency preparedness
- Improve public awareness of the methods of accessing the trauma and health care system and preventing injury



FROM THE CATRAC CHAIR

As Chairman of the Board of CATRAC, I am pleased to highlight the remarkable accomplishments and progress we've made in the region. I am continually inspired by the dedication and collaboration of our staff, stakeholders, and partner agencies who are dedicated to our mission.

This year has been one of transformation and growth for CATRAC. We embraced significant changes by restructuring operations, implementing innovative technologies, and enhancing data reporting strategies, all with the goal of better supporting our community, stakeholders and improving the emergency healthcare systems.

Operational Highlights



Performance Improvement Committee

A cornerstone of our efforts has been the establishment of the Performance Improvement Committee in 2025. This committee is focused on enhancing patient outcomes, implementing best practices, and driving continuous improvement across all service lines.



Coalition and Clinical Advisory Committee

To ensure alignment and informed decision-making, we launched the Coalition and Clinical Advisory Committee, which provides valuable guidance and helps shape the healthcare coalition's strategic priorities across the 29-county region.



Whole Blood Program

We advanced the Whole Blood Program by introducing hospital disposition data collection for patients who have received whole blood in the prehospital setting. We've expanded our reach by successfully onboarding new EMS agencies, further solidifying our network and our ability to serve the region.

I want to extend my deepest gratitude to our amazing team of dedicated employees, our volunteer board members, and stakeholders for their unwavering support and collaboration. Your efforts have been instrumental in the positive impact we've achieved across our communities.

Thank you for your continued commitment to our mission.



CATRAC Chair



FROM THE EXECUTIVE DIRECTOR

As we reflect on 2024, I am proud to highlight the significant strides we have made in advancing trauma and emergency healthcare services across our region as well as refining the healthcare emergency preparedness and response capabilities. Our collective efforts have been instrumental in enhancing the communities we serve.

Strategic Planning and Data-Driven Initiatives

Under the guidance of leadership and the Board of Directors, we implemented a comprehensive strategy focusing on key areas: optimizing clinical programs, data analysis, education & injury prevention, pre-hospital initiatives, and emergency preparedness & response capabilities. In 2025, our organization will continue to support these clinical priorities while expanding comprehensive data and performance improvement projects.

Financial Stewardship

Our commitment to transparency and fiscal responsibility remains unwavering. In 2024, we diversified revenue with new initiatives and expansion of programs. Through our prudent management of resources, we continue to explore new opportunities to sustain and expand programs and services, including partnerships with those we serve.

Community Engagement and Education

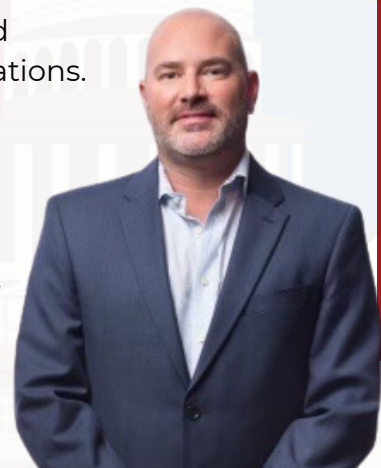
Recognizing the importance of community involvement, we have intensified our efforts in public education and awareness as well as hosted an Education Symposium for medics and nurses. These initiatives have empowered individuals with life-saving skills, while fostering a more resilient and informed public. CATRAC is excited to continue this new tradition by expanding public awareness and education programs and hosting a 2nd Annual CATRAC Education Symposium in the summer of 2025.

Emergency Preparedness and Response

In collaboration with regional stakeholders from twenty-nine countries, including hospitals, health systems, EMS providers, emergency management agencies, and public health offices, we have strengthened our emergency preparedness and response plans. This collective approach ensures a coordinated and efficient response to any crisis, safeguarding the health and safety of our communities. In 2025, we will review, exercise, and refine these multi-county regional plans.

As we welcome the new year, I am confident that we will build upon these achievements with our partnerships and collaborations. Together, we will strive for excellence in regional emergency healthcare system performance, setting new benchmarks for quality in our region.

Douglas Harron
Executive Director/CEO



Board of Directors

Executive Committee



Ben Oakley, MPA, LP
Chair
Blanco County EMS



Josh Vandever, BAAS, LP
Vice Chair- Prehospital
Fayette County EMS



Ira Wood, MD
Vice Chair- Hospital
CPRMC



John Hamilton, LP, FP-C
Secretary
CareFlite



Mike Knipstein, EMT-P
Treasurer
Williamson County EMS

Jim Persons, LP
Burnet / Williamson Counties

Samson Jesudass, MD
Ascension Seton

James Green, FP-C
Caldwell / Bastrop Counties

Ken Mitchell, MD
HCA St. David's

Ken Strange, EMT-P
Hays / Blanco Counties

Sally Gillam, DNP
Baylor Scott & White

Rodney Mersiovsky, EMT-P
Lee / Fayette Counties

Dawn Handley M.Ed., LPC
Independent Facilities

Wes Alexander, EMT-P
San Saba / Llano Counties

Mark Escott, MD
HPP Coalition Chair

Robert Luckritz, LP
Travis County

Justin Soulier, MHA, RN
Air Medical Providers

Preparedness & Response Division

CENTRAL TEXAS HEALTHCARE COALITION (TSA-L)

Bell, Coryell, Hamilton, Lampasas, Milam, and Mills

Chair: Zac Glowczwski

HEART OF TEXAS HEALTHCARE COALITION (TSA-M)

Bosque, Falls, Hill, McLennan, and Limestone

Chair: Kris Parker

BRAZOS VALLEY TEXAS HEALTHCARE COALITION (TSA-N)

Brazos, Burleson, Grimes, Madison, Leon, Robertson, and Washington

Chair: Bryan Ruemke

CAPITAL AREA TEXAS HEALTHCARE COALITION (TSA-O)

*Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, San Saba, Travis, and
Williamson*

Chair: Shandel Milburn

Regional Medical Operations Center (RMOC)

Preparedness & Response Division

Known as 7-RMOC Austin/Central Texas, the RMOC serves as the healthcare coordination center during disasters or catastrophic incidents. The RMOC can be activated by any local jurisdiction or the Texas Department of State Health Services (DSHS) to assist hospitals, healthcare systems, public health, and emergency medical services with healthcare response and coordination.

2024 RMOC Activations

- Cyber Attacks
- Hospital Water Intrusion
- CMA / Solar Eclipse
- Mass Casualty Incidents
- Civil Unrest
- Crowdstrike Downtime
- Hurricane Beryl
- Water Outages
- Presidential Election

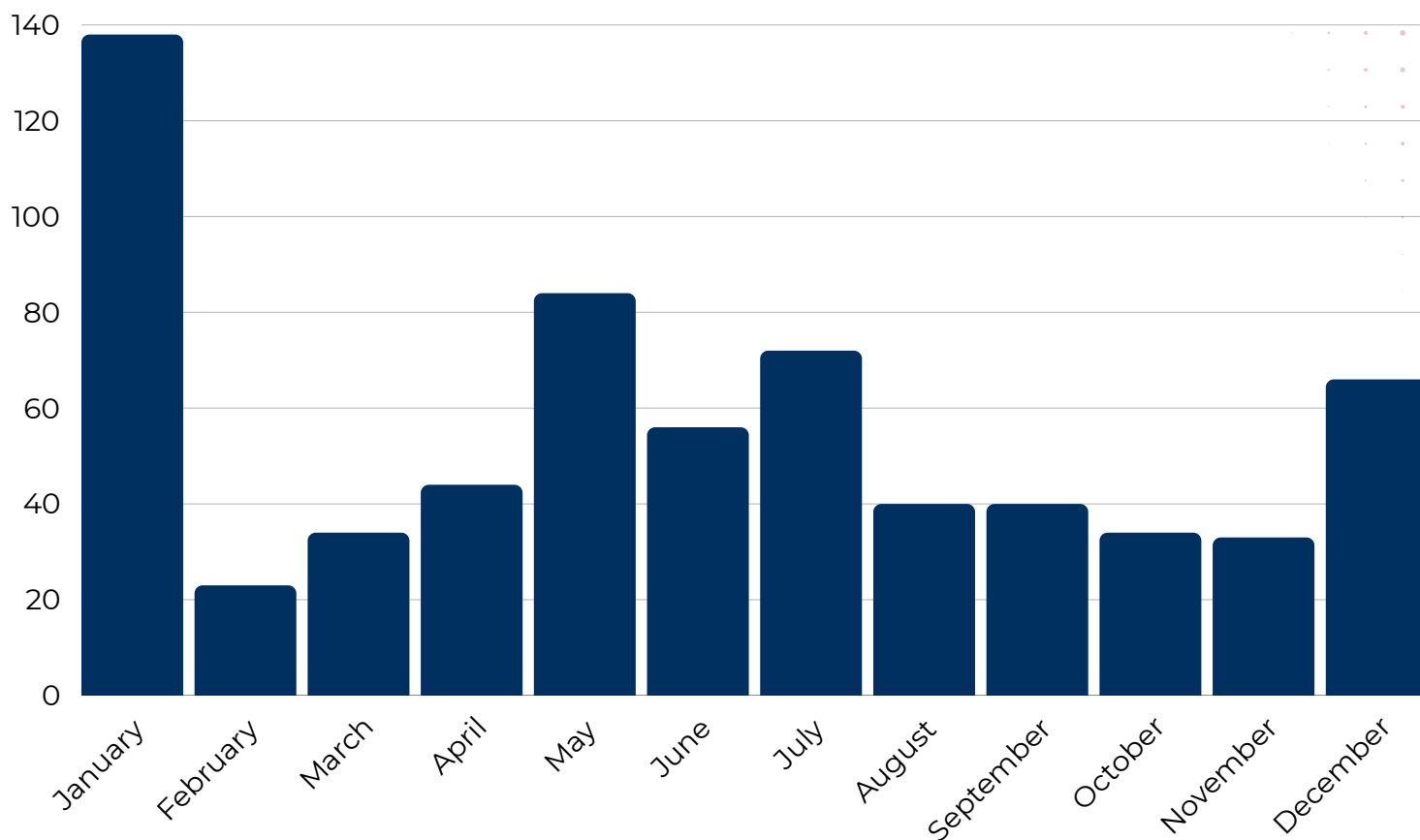


The RMOC also provides a single source for local Emergency Operations Centers (EOCs), Emergency Managers (EMs), TDEM, and other entities to coordinate planning and response activities with area ESF-8 partners, such as mental health, dialysis, and home health agencies.

DUTY OFFICER

PREPAREDNESS & RESPONSE DIVISION

Inbound Duty Officer Calls By Month



Duty Officer (On-Call 24/7).

The Duty Officer (DO) serves as the principal point of contact for CATRAC after-hours. The DO is responsible for the following:

- Monitors and answers the On-Call Duty Officer phone for the receipt and dissemination of emergency information and warnings.
- Conducts and coordinates initial assessment and notification of threats that may have direct or indirect impacts to the emergency healthcare system in the TSA L, M, N, and O regions.
- Serves as the 24-hour point of contact for EMTF-7 mobilization requests.

EMTF

PREPAREDNESS & RESPONSE DIVISION



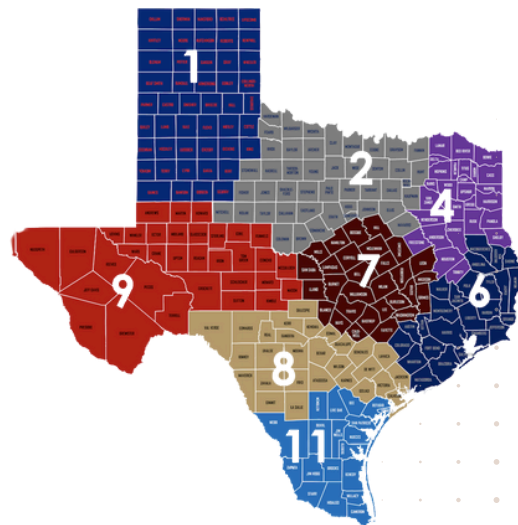
The Emergency Medical Task Force was developed to create a statewide network of regionally based, rapid response medical teams.

The goal is to provide a well-coordinated, rapid, professional medical response to large regional or state incidents. EMTF-7 is supported by the stakeholders throughout TSAs L, M, N, & O.

Components

- | | |
|--|--|
| Ambulance Staging Management Team (ASMT) | Mobile Medical Unit (MMU) |
| Ambulance Strike Teams (AST) | Registered Nurse Strike Teams (RNST) |
| Air Medical Strike Teams (AMST) | Tactical Medical Unit Support |
| AMBUS | Texas Mass Fatality Operations Response Team |
| Infectious Disease Response Unit (IDRU) | Wildland Fire Medical Support Team |
| Medical Incident Support Teams (MIST) | Radiological Response Unit (In Development) |

There are eight EMTF regions that strategically colocated with the HPP regions. These regional teams are capable of activating prepositioned regional resources on a state mission to support impacted jurisdictions with emergency medical infrastructure support.



OPERATIONS

PREPAREDNESS & RESPONSE DIVISION

279
DAYS

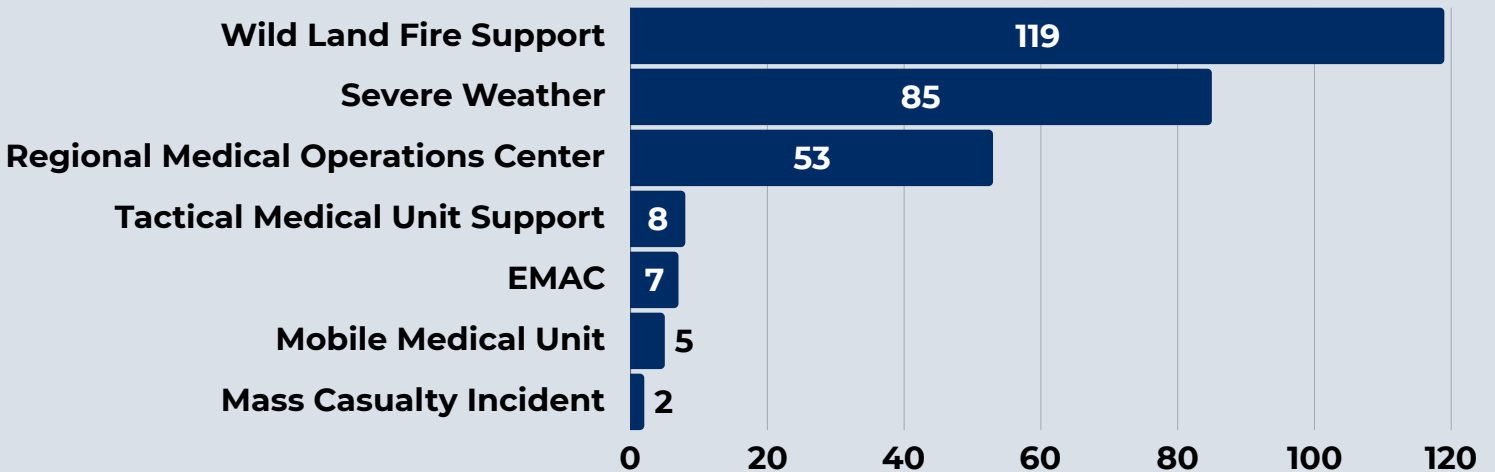
of 2024 RMOC Status:
Elevated Posture

175
DAYS

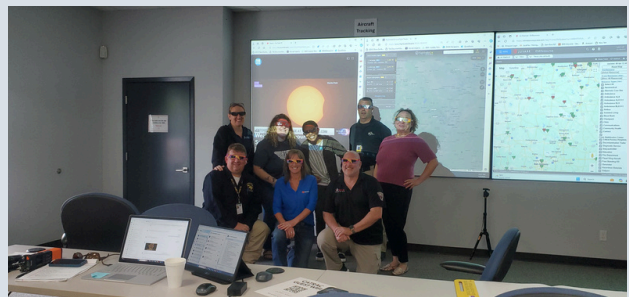
of 2024 RMOC Status:
Activated



EMTF Deployment Days by Component



Ambulance Staging at NRG Stadium for Hurricane Beryl



RMOC Activation for Solar Eclipse

HEALTHCARE COALITION

PREPAREDNESS & RESPONSE DIVISION



Purpose of HCC

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

Hazards Vulnerability Assessment (HVA)

CATRAC is responsible for developing a regional Hazard Vulnerability Assessment (HVA) analysis for TSAs L, M, N, and O. The HVA provides the region with a common understanding about hazard risks to prioritize issues.

Top Hazards and Vulnerabilities Identified in 2024:

- 1 TORNADO
- 2 EPIDEMIC
- 3 INFORMATION SYSTEMS FAILURE
- 4 MASS CASUALTY INCIDENT (MEDICAL)
- 5 ICE STORM



HEALTHCARE COALITION ACTIVITIES

PREPAREDNESS & RESPONSE DIVISION

MCI Trailers

As part of our commitment to emergency readiness, Regional Mass Casualty Incident (MCI) and Medical Facility (MF) Trailers have been strategically deployed across TSA Regions L, M, N, and O. These trailers are stocked with essential equipment and supplies, ensuring preparedness for various emergency scenarios.

Training/Drills/Exercises

CATRAC works to improve regional healthcare systems through ongoing training and exercises. Our staff develops training to support the region's preparedness, response, and recovery goals. These activities assess emergency readiness and enhance the knowledge and skills of the HCC workforce.

Hydration and Cooling Resources

Traffic and Scene Management Tools

Command and Communication Tools

Medical Supplies

Evacuation and Patient Transport Resources

21 Communication Drills

6 MCI Drills

3 Functional Medical Surge Exercises

3 Amateur Radio Drills

1 Pediatric/Burn Surge Tabletop Exercises

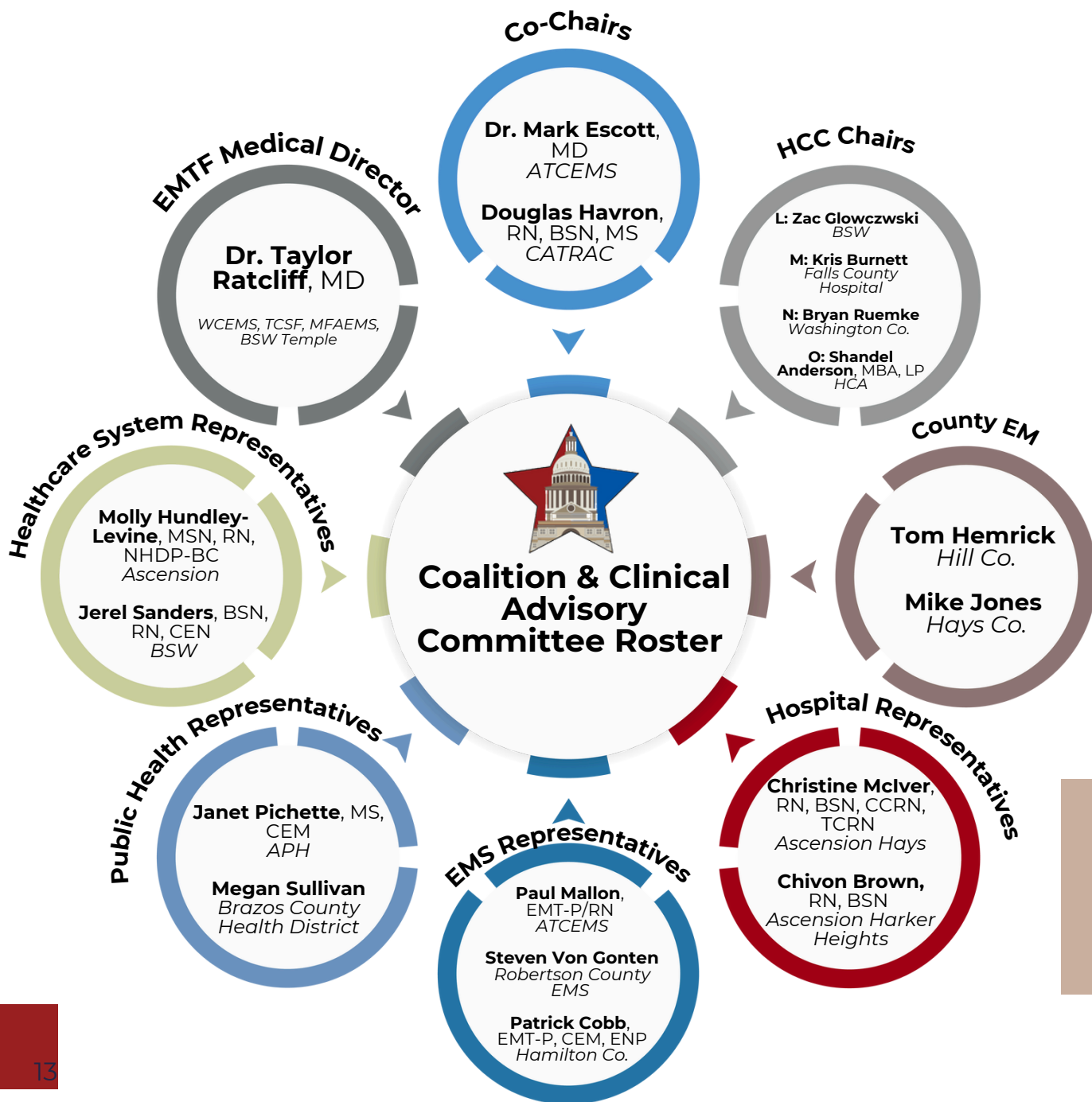
New Partnerships



COALITION & CLINICAL ADVISORY COMMITTEE

PREPAREDNESS & RESPONSE DIVISION

CATRAC has formalized a Coalition & Clinical Advisory Committee, expanding beyond contract deliverables of the healthcare preparedness program and previous structure provided by the clinical advisory council. This enhanced structure will include designated members from across the multi-regional stakeholder group.



Emergency Healthcare Systems (EHS) Committee

Chair: Dr. Taylor Ratcliff

CARDIAC WORKGROUP

Chair: Dr. Robert Schutt

PEDIATRIC WORKGROUP

Chair: Dr. Kate Remick

Vice Chair: Dr. Sanya Desai

PERINATAL WORKGROUP

Chair: Dr. John Loyd

Vice Chair: Dr. Charlie Jaynes

STROKE WORKGROUP

Chair: Dr. Gaurang Shah

TRAUMA WORKGROUP

Chair: Tara Neeley

EMERGENCY HEALTHCARE SYSTEMS



CATRAC is dedicated to the provision of quality healthcare for the community and the surrounding region. It provides accessible, comprehensive, compassionate, high-quality healthcare to all disaster and emergency healthcare patients regardless of age, race, religion, sex, nationality, ability to pay, diagnosis or prognosis, to assure that all patients receive the optimal level of care.

Trauma Designated Centers **23**

Stroke Designated Centers **20**

Maternal Designated Centers **17**

Neonatal Designated Centers **17**

77

5

4

47

8

**Prehospital
Agencies**

**Air
Medical
Agencies**

**Pediatric
Hospitals**

Hospitals

**Rehab
Centers**

WORKGROUP PROJECTS

EHS COMMITTEE

PERINATAL WORKGROUP

- Incorporation of midwives and birthing centers
- Updated Perinatal system plan
- Creation of Dot map
- OB/GYN considerations for Emergent transfers
- TETAF and ACOG Q/A sessions



PEDIATRIC WORKGROUP

- NPRP assessments, PPN survey
- Pediatric Readiness Initiative
- Pediatric Photo Guidelines for Pulsara
- 5-Year Goal for Pediatric Readiness with Board Endorsement
- Endorsement of the W.H.A.L.E Project

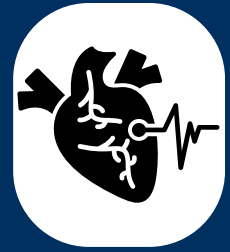


WORKGROUP PROJECTS

EHS COMMITTEE

CARDIAC WORKGROUP

- Development of STEMI Receiving Center Criteria
- Updated Cardiac EMResource View



STROKE WORKGROUP

- Updated Prehospital Stroke Transport Guidelines with Pediatric and Population Density considerations



TRAUMA WORKGROUP

- High/Moderate Risk Criteria
- Emergent Transfer criteria
- Updated Trauma system plan
- Regional Hospital Capabilities Matrix



Prehospital Committee

Chair: Dr. Heidi Abraham

WHOLE BLOOD WORKGROUP

Chair: Dr. Emily Kidd

EMS MEDICAL DIRECTORS
WORKGROUP

Chair: Dr. Andrew Chou

WORKGROUP PROJECTS

PREHOSPITAL COMMITTEE

TASK FORCES

- Wall Times Escalation Process
- EMS County Pass Through
- Transport of Decedents
- Bloodborne Pathogen First Responder Process
- Updated Prehospital System Plan



WHOLE BLOOD WORKGROUP

- Standardizing Whole Blood Reporting
- Starting Whole Blood Patient Outcomes
- Whole Blood Data Presentation



EMS MEDICAL DIRECTORS

- Regional Hospital Capabilities Matrix
- EMS and Air Medical CCT Capabilities Matrix

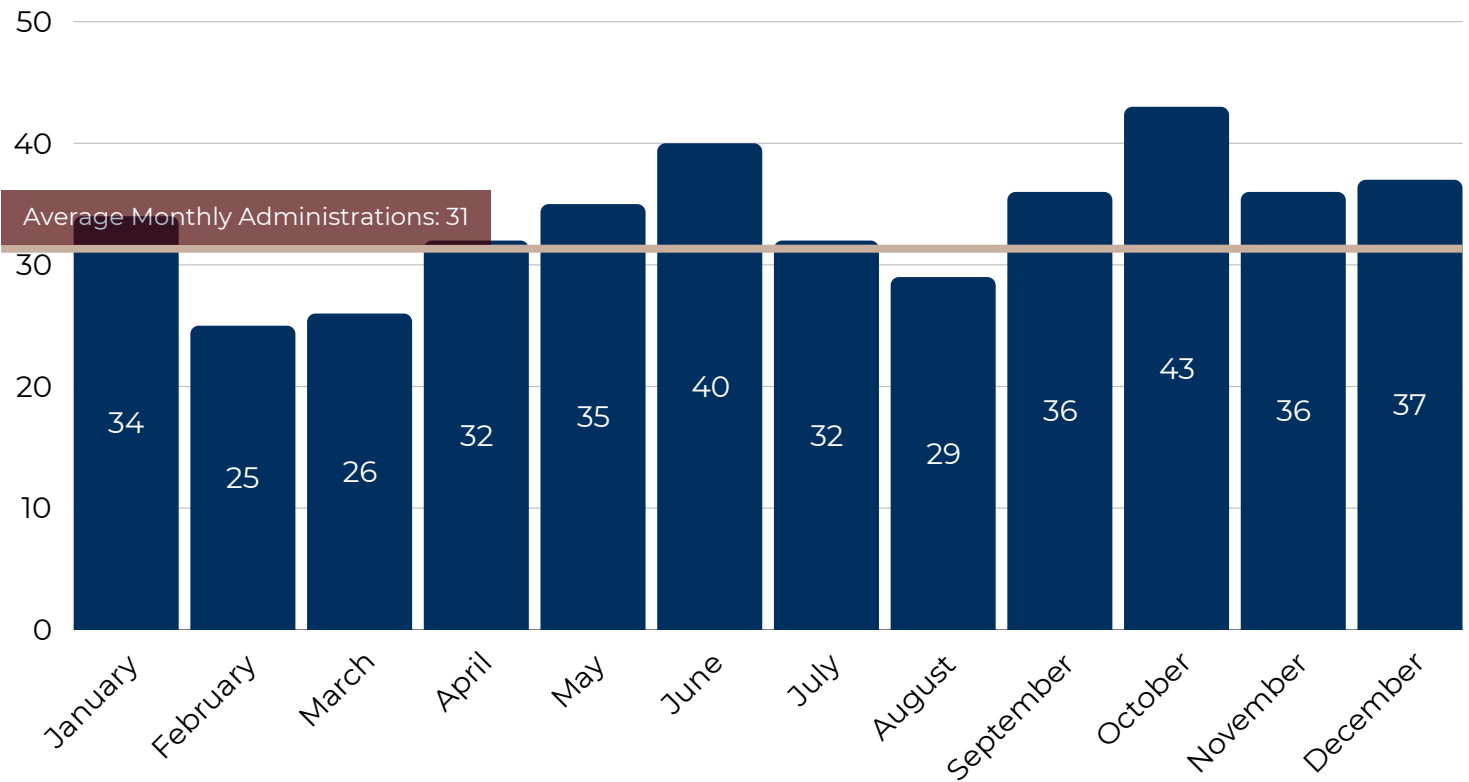
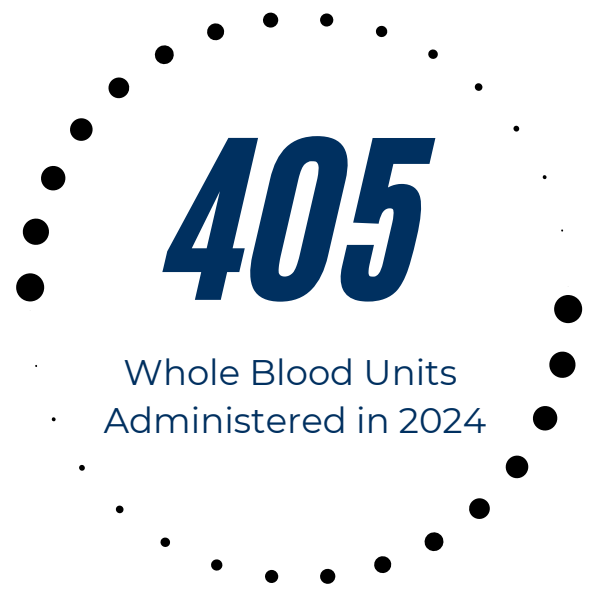


WHOLE BLOOD PROGRAM

PREHOSPITAL COMMITTEE

Outcomes

In 2024, the Whole Blood Workgroup began collecting hospital disposition data for EMS patients receiving whole blood in the field, including outcomes such as survival, rehabilitation, and discharge home. This work is showcasing the impacts of whole blood administration patient survival and recovery. Data collection was also expanded to categorize the types of emergencies requiring whole blood, including medical, trauma, obstetric, and other cases. These efforts aim to optimize the use of whole blood in pre-hospital care. CATRAC has 6 participating prehospital agencies in 2024.



Education & Injury Prevention Committee

Chair: Rhonda Manor-Coombes

EDUCATION SYMPOSIUM

EDUCATION AND INJURY PREVENTION



The Education and Injury Prevention Committee had a busy year planning the 2024 Educational Symposium on July 26. Our speakers shared insights on burn management, acute aortic dissections, prehospital use of ketamine, tracheostomy problem-solving, and more. Continuing Education credits were administered by Blanco County EMS and TETAF. Special thanks to Williamson County EMS for generously hosting the event!

Continuing Education Credits:
20 Nursing Attendees
36 EMS Attendees

Thank you to our presenters!

Frank Stokes



Dr. Taylor Ratcliff



Dr. George Arnaotakis



Sarah Andrews



Mike Knipstein



Dr. Farzan Ghodsianzadeh



Julia Ruth



Dr. Rama Heyratifar



Dr. Hamidreza Saber



EDUCATION SYMPOSIUM

EDUCATION AND INJURY PREVENTION



Gold Sponsors



Silver Sponsors



Bronze Sponsors



Symposium Volunteer Team

- Rhonda Manor-Coombes
- Jenna Price
- Erin Henderson
- Gay Kurtz
- Christan Davis
- Jim Persons
- Jessica Toothman



COMMUNITY TRAINING



EDUCATION AND INJURY PREVENTION

CATRAC facilitates a variety of community-based trainings, including Stop the Bleed (STB) and Take10, to equip any individual with simple techniques to save lives.

The **“Stop the Bleed”** campaign was launched during an event at the White House to provide bystanders of emergency situations with the tools and knowledge to stop life threatening bleeding. The goal of this initiative is to build national resilience by empowering the general public to be aware of the simple steps that can be taken to stop or slow life threatening bleeding, and to promote the general public’s access to Bleeding Control Kits in public spaces, while they travel, and in the home.

Take10 training is a community-based program that teaches individuals how to perform compression-only CPR (chest compressions) in a quick, 10-minute session, essentially training them to be bystanders who can potentially save a life during a cardiac arrest by immediately starting chest compressions when needed.

244+

STB STUDENTS TRAINED

44+

STB INTSTRUCTORS TRAINED

27+

TAKE10 STUDENTS TRAINED

EMPOWERING OUR COMMUNITY

After completing Stop the Bleed training, students reported:

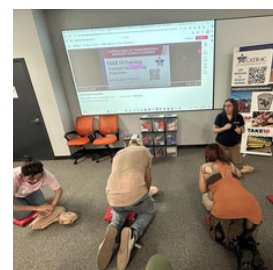
Higher confidence



Willingness to respond to future emergencies



Successful skill preparation



INJURY PREVENTION OUTREACH



The Education and Injury Prevention Committee prioritizes empowering the community with knowledge and awareness on public safety issues. This can be done by attending public events or creation of creation of public safety flyers to disperse in our neighborhoods, schools, and local coffee shops!

Firework Safety

Firework safety is no joke in Texas where we love any excuse to celebrate like July 4th or New Years! Did you know that the sparklers you hold in your hand can get up to 2000°F?

FIREWORK SAFETY

- 1 Always have a bucket of water/hose nearby in case of accidents.
- 2 Never hold a firework in your hand when lighting.
- 3 Only light one firework at a time.
- 4 Never try to relight or pickup fireworks that have not ignited fully.
- 5 Point fireworks away from people and buildings.
- 6 Never allow children to play with fireworks without direct adult supervision.

FACTS:

- Firecrackers & sparklers are the top types of fireworks injuries.
- Hands & fingers are the most injured body parts, followed by head and face.
- Sparklers can reach up to 2000 °F
- 35% of firework injuries were under the age of 15.

Tell us if this was helpful

Presented by the CATRAC Education/Injury Prevention Committee

Source: cpsc.gov and dhs.gov

Carbon Monoxide Safety

The committee caters to all parts of the community by offering bilingual versions of flyers and surveys to capture the thoughts of our diverse region. We want to ensure everyone is aware of the dangers of carbon monoxide especially in the colder months when people might use generators or alternative heat sources.

SEGURIDAD CON EL MONÓXIDO DE CARBONO

El monóxido de carbono (CO) es un gas altamente tóxico que es incoloro, inodoro e insípido.

SÍNTOMAS FÍSICOS DEL ENVENENAMIENTO POR CO

EXPOSICIÓN LEVE Dolor de cabeza Síntomas parecidos a los de la gripe Náuseas	EXPOSICIÓN MEDIA Dolor de cabeza intenso Vómito Confusión	EXPOSICIÓN SEVERA Inconsciencia Convulsiones MUERTE
--	---	--

CAUSAS PRINCIPALES DE INTOXICACIÓN POR CO

- Prender un coche en un garaje cercan
- Electrodomésticos a gas (estufa, secadora, calentadores de agua)
- Chimeneas de gas o leña y chimeneas obstruidas
- Calentadores de gas portátiles

¡EL ENVENENAMIENTO OCURRE EN MINUTOS!

CONSEJOS DE SEGURIDAD

- LOS GENERADORES **SIEMPRE** DEBEN USARSE AL AIRE LIBRE
- INSTALAR Y PROBAR** ALARMAS DE CO
- NUNCA USE UNA ESTUFA U HORNO DE GAS PARA CALENTAR UN ESPACIO O CASA**
- LA ESTUFA/PARRILLA DE CAMPAMENTO SOLO DEBE USARSE AL AIRE LIBRE

Presentado por el Comité de Educación/Prevención de Lesiones de CATRAC

Cuéntanos si esto fue útil:

Source: safefire.org and dhs.gov

EMS SCHOLARSHIPS

EDUCATION & IP

Senate Bill 8 provided for the allocation of funds for EMS scholarships. The Texas Department of State Health Services (DSHS) provided financial support for EMS scholarships through grants, aimed at increasing the workforce of qualified emergency medical technicians and paramedics by covering educational costs for training and certification.



157

SCHOLARSHIPS AWARDED



131

PARAMEDICS SPONSORED



3

AEMTS SPONSORED



23

EMTS SPONSORED

Fund Distribution

Name	Sum of Amount
Williamson County EMS	\$99,199
Buda Fire Department	\$87,998
Travis County ESD #1	\$82,029
Travis County ESD #2- Pflugerville Fire	\$72,000
Acadian	\$46,849
Allegiance Mobile Health	\$16,000
Lee County EMS	\$16,000
San Marcos-Hays County	\$16,000
Hamilton County Hospital District EMS	\$8,000
Blanco County ESD2	\$8,000
North Blanco County-EMS	\$8,000
Luling- EMS	\$3,999
Travis County Fire Rescue ESD 11	\$3,200

Data Committee

Chair: Diana Norris



DATA COMMITTEE

CATRAC has made remarkable progress in advancing data-driven decision-making to enhance regional healthcare policies. A key milestone has been the establishment of an agreement with ESO as our vendor for both the EMS Repository and Trauma Registry. This collaboration spans the entire continuum of care—from prehospital EMS services to hospital outcomes—ensuring a comprehensive approach to improving patient care.



On the Horizon



CATRAC will focus on defining and incorporating datasets for additional service lines beyond trauma and prehospital care, such as stroke, cardiac care, and maternal health. This will allow for a more holistic approach to improving patient outcomes across the region.



By leveraging ESO and Tableau, CATRAC will develop advanced analytics dashboards to provide stakeholders with actionable insights. These tools will empower decision-makers to identify trends, address gaps, and implement targeted improvements in patient care.



CATRAC plans to deepen partnerships with regional members through committees and workgroups to maximize actionable insights using data. This increased engagement will ensure alignment across the region and foster collective innovation in healthcare delivery.

2024 REQUESTS

In 2024, we fully implemented a request form on our website to simplify and centralize the submission process for various inquiries. Stakeholders can now easily request distribution list memberships, access to resources, training opportunities, media materials, and participation letters.

The form has proven to be a valuable tool in improving efficiency and accessibility. By streamlining these processes, we have reduced manual follow-ups, improved response times, and ensured a more organized approach to managing requests.

258 Requests

95% Fulfilled

135 DISTRIBUTION LIST MANAGEMENT REQUESTS

58 PARTICIPATION LETTER REQUESTS

17 TRAININGS REQUESTS

13 RESOURCE REQUESTS

10 EQUIPMENT REQUESTS





Douglas Havron
RN, BSN, MS
Executive Director / CEO



Tony Serpe
MBA-HA, NRP
**Healthcare Preparedness
Program Manager**



Kat Ruiz
BSHA
**Emergency Healthcare Systems
(EHS) Program Manager**



Daniel Sturdevant
BS, AAS, LP, EMS-I
EMTF-7 Coordinator



Alesia Palmer
MBA, MAcc
Financial Controller

Our Team



**Jasmine Castañeda
de Morales**
Data Analyst



Sangeetha Dattam
Emergency Healthcare
Systems (EHS) Program
Administrator



Nancy Roller
Program Coordinator



Branden Thorpe
Emergency Operations
Specialist



Jake McDonald
Emergency Operations
Specialist



Lindsay Upson
Staff Accountant



Adam Stocking
HCC-L Coordinator



Herman Iles
HCC-N Coordinator



Briana Pizarro
MBA
HCC-M Coordinator



512-926-6184



administrator@catrac.org



www.catrac.org



1120 Toro Grande Blvd. Cedar Park, TX 78613

