



Minutes (DRAFT)

Nevada Office of Minority Health and Equity Quarterly Advisory Committee Meeting Nov. 19, 2024, at 10 a.m.

The Nevada Office of Minority Health and Equity (NOMHE) Advisory Committee held a public meeting on Tuesday, November 19th, 2024, beginning at 10:07 AM.

This meeting was held via Microsoft Teams.

Tina Dortch welcomed everyone to the November 19th, 2024, Nevada Office of Minority Health and Equity Advisory Committee meeting. She is the program manager. She identified as a Black cis-gender women and used she/her pronouns. For descriptive purposes, Tina Dortch stated that she was wearing a beige color dress with a brown sweater. She had her hair styled with twists down to her shoulders. Her background consisted of her sitting in an office with a plain color background. There was a NOMHE logo in the upper corner of the screen. She was one of NOMHE's staff supporting this meeting along with Evelyn Donis and Alexandra Neal. Before beginning Tina Dortch asked for confirmation that the recording of the meeting had begun.

Alexandra Neal confirmed that the recording for this meeting had begun.

Tina Dortch stated that the meeting was been supported by professional American Sign Language interpretation. She expressed her appreciation for these services. Close captioning was also available for this meeting. She reminded everyone to:

- Silence phones
- Individuals who wished to speak, they were advised to state their names each time. This helps with the transcription of meeting minutes.
- When not speaking, individuals were advised to remain muted. This was a virtual meeting, and everyone joined via Teams.
- Each member of the Advisory Committee was advised to keep their cameras on and to unmute their phones only when speaking for the duration of the meeting. Members were also advised to stay engaged during the meeting.
- For non-members of the Advisory Committee, they were advised to only engage their cameras when speaking.
- For individuals who wanted to give public comment, they were advised to withhold their statements until the public comment agenda item. There were two opportunities to provide public comment.
- Chair for this meeting was Nicholas Dunkle. He managed the remainder of the agenda.

Tina Dortch turned it over to Chair Dunkle and advised him to start by noting the time of the meeting.

1. Call to Order, Roll Call, and Opening Statement

Nicholas Dunkle, Chair

Chair Dunkle called the meeting to order at 10:07 AM.

Program manager Tina Dortch completed roll call.

Following the roll call, a quorum was reached. The six members in attendance were: Chair Nicholas Dunkle, Vice-Chair Dr. Samuel Hickson, Angie Wilson, Dr. Andrew Thomas Reyes, Bishop Bonnie L. Radden, and Margarita “Maggie” Salas Crespo.

The two interpreters and NOMHE staff in attendance were: Sonya (American Sign Language interpreter), Ava Smith (American Sign Language interpreter), Alexandra Neal, Tina Dortch, Evelyn S. Donis de Miranda, and Amanda Annan.

Other members of the public included: Vickie S. Ives, Ricardo Rubalcaba Paredes, Nadine Kienhoefer, Kairi Pangelinan, Miranda Branson, Livey Ann, Tami M. Conn, Joseph Filippi, Siddharth Raich, Linda Guastella, Nichole Monzon, Nicholas Hollister, Camarina Augusto, Cookie Gamiao, Jacq, Wendi Afualo, Sabrina Schnur, Tivoli Walker, Madison Hughes, Marcela Orozco, Linda Anderson, Joanne Leovy, Amber Emerson Ginn, Johara Aparece, Mayra Arteaga, Kerry Harger, Mekale Holmes, Sherae Long, Carissa Pearce, Autumn Blattman, A. Gregg, Jacqueline L. Nguyen, and Alberta Obodai.

Chair Dunkle had some opening remarks. He acknowledged the recent election and that many individuals had questions about the future. These are times of uncertainty. Unfortunately, it is difficult to maintain optimism. Amid the uncertainty, Chair Dunkle asked everyone to remember shared values to help the community. He asked everyone to think about the future which may hold many opportunities. Everyone has a share responsibility to help the community. He asked everyone to move forward with the continued cognizance of their personal and professional roles in this support. As well as their unique position to represent NOMHE in areas such as the upcoming legislative session. The session will begin on February 3rd, 2025. Chair Dunkle reminded Advisory Committee members their commitment to those who they serve and their investment in their well-being. He assured that NOMHE will continue to implement initiatives to empower them and lift their voices. Chair Dunkle congratulated NOMHE’s legislative advisor. Rachele Nguyen was not present on the call, but Chair Dunkle congratulated her for maintaining her position. Chair Dunkle advised everyone in the meeting to add their name and title in the chat box.

2. Land Acknowledgement

Bishop Bonnie Radden read the land acknowledgement. The Nevada Office of Minority Health and Equity (NOMHE), as a program of the Nevada Department of Health and Human Services acknowledges, honors, and respects the diverse Indigenous peoples connected to this land and recognize the State of Nevada is situated on the traditional homelands of the Nuwu, Newe, Numu and Wa She Shu. They offer gratitude for the land itself, for those who have stewarded it for generations, and for the opportunity to work alongside our Tribal partners. They encourage

everyone in this space to engage in acknowledgement and continued learning about the Indigenous peoples who work and live on this land since time immemorial, and about the historical and present realities of colonialism.

3. Public Comment

Nicholas Dunkle, Chair

Chair Dunkle acknowledged that there were around 44 individuals present on the meeting. Public Comment was taken during this agenda item. No action can be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair of the Advisory Committee on Minority Health and Equity placed a two (2) minute time limit on the time individuals may address the Committee. The Chair may elect to allow public comment on a specific agenda item when that item is being considered. To provide public comment telephonically, individuals were advised to dial 1 (775) 321 - 6111 any time after the Chair announced the period of public comment. When prompted individuals were asked to provide the following Meeting ID, 824 463 455 #.

No public comments were made.

4. Approval of September 10, 2024, Advisory Committee Meeting Minutes (For Possible Action)

Nicholas Dunkle, Chair

Nicholas Dunkle stated that the minutes were posted on the NOMHE website required by statute. For the Advisory Committee members who reviewed the information, Chair Dunkle asked for a motion to approve the meeting minutes.

Angie Wilson made the motion to approve the minutes.

Margarita "Maggie" Salas Crespo seconded the motion.

All were in favor. Chair Dunkle approved the meeting minutes.

5. Presentation of NOMHE Budget (For Information Only)

Nicholas Dunkle, Chair

Status of NOMHE revenue (through state funds and/or grants) and operational expenses.

Tina Dortch stated that this informational item presented to Advisory Committee members and the public. She was sharing this report for two reasons 1) to inform parties about NOMHE's sustainability status and 2) aid advisors in their statutory duties, which is to review the manner in which the office uses any appropriation to conduct the purposes of the office. Then advisors can make recommendations on the activities of NOMHE.

Tina Dortch provided this information in advance to all NOMHE Advisory Committee members. The budget report was consolidated into a one-page Excel document. Report was formatted to reflect a) NOMHE's revenue sources either state appropriations and/or grants and b) how to NOMHE spends these funds through operational activities. The report reflected information from 2024 fiscal year, and it was reconciled through October 18th of this year. There was a total of \$327,918, this amount represents annual budget for the state fiscal year. The information has been reflected at the bottom of the report in a blue box. That box represents the budget's summary. The amount previously stated gets distributed in two categories 1) dedicated personnel, which includes one dedicated program manager, one full time resource officer and two contractual positions. 2) The balance of the \$327,918 goes to operational expenses. With regards to additional

expenditures, there were not a lot of operational activities that has transpired since the last NOMHE Advisory Committee meeting. Tina Dortch was happy to take any questions regarding NOMHE activities or budget.

Chair Dunkle thanked Tina Dortch for that presentation. He noted that Advisory Committee members could ask questions or share any comments.

Angie Wilson mentioned something that she had already mentioned on her first meeting as a NOMHE Advisory Committee member. She expressed her willingness to help in obtaining additional funding. She shared her perspective and stated that current NOMHE's budget is low. She requested the Director's Office to look at potential additional funding during the most recent tribal consultation meeting held with the Department of Health and Human Services. She expressed her appreciation for all the hard work of the agency. And she wanted to acknowledge the growing need for the work being done.

Chair Dunkle thanked Angie Wilson for her comment. He also thanked Tina Dortch for her continued work.

6. Report on NOMHE Activities, Initiatives, and Impacts (For Information Only)
Tina Dortch, NOMHE Program Manager

Updates on NOMHE's mission-driven activities, strategic partnerships/initiatives, and status of actioning its Strategic Plan by Program Manager and/or NOMHE Staff

Tina Dortch introduced this agenda item by noting that the office will be celebrating its 20th anniversary in 2025. This represents a milestone for the office. She also reminded Chair Dunkle about potential remarks that he may have had regarding NOMHE's upcoming anniversary.

Chair Dunkle apologized and made his remarks. The office has been putting in a lot of hard work. Tina Dortch has worked tirelessly to create initiatives and engage with large communities. NOMHE will celebrate its 20th anniversary in 2025. This topic was discussed during the last meeting. NOMHE outlined their plans and activities for this celebration. Chair Dunkle asked for feedback and suggestions from the Advisory Committee members. During the last NOMHE Advisory Committee meeting, it was shared that Maggie Salas Crespo would be working with the office to put something together for the office's anniversary.

Tina Dortch stated that NOMHE staff will meet with Maggie and her team. They plan to discuss the plans and will provide an update on the February NOMHE Advisory Committee meeting. April will be the culmination to honor this milestone for the office. NOMHE is excited to do this in April as they will be able to extend the celebration to the South and the North of Nevada. Tina Dortch hopes that everyone in the call will be able to join in some fashion.

Chair Dunkle asked in what ways is the office looking to celebrate this or what are the potential ideas flying around. A more robust update will be shared at another meeting, but he was wondering how the Advisory Committee members might be able to assist.

Tina Dortch stated that due to changes in the environment, she plans to revisit initial thoughts about the celebration. She did not share any information. NOMHE will recognize individuals who made the office successful and sustainable during this celebration. This component will be maintained as the office finalizes

the planning. They want to make the celebration meaningful where they can show their strategic plan aims and recognize those who got NOMHE up to this point 20 years ago.

Chair Dunkle would like to see some kind of display with NOMHE's work. NOMHE does an amazing work, and the community would like to hear what has been done over the years.

Tina Dortch shared the following NOMHE activities and impact updates:

A QR code was shared at this point. The QR code took people to the NOMHE website, so they could access all meeting materials.

1) General Community Outreach

- a. Tendency Rights Workshop: It took place on November 13th, 2024. NOMHE was hosted at the Mexican Consulate. It was primarily for Spanish speaker in the community. All the resources and presentations were provided in Spanish. There were three primarily resource partners. One of those partners was the Research Education and Access Community Health "R.E.A.C.H". Their mission is to improve community health services and access to care regardless of race, religion, color, sex, marital status and physical challenges. They had representatives on hand who were able to provide informational resources and handouts both in English and Spanish. This event also had legal resources. The Legal Aid Center of Southern Nevada, they provided individual consultation and answer legal question related to housing that came directly from members of the community who were able just to walk in for that service. Las Vegas Councilwoman Olivia Diaz from Ward 3 kicked off the event. She was instrumental in promoting the event. She was there to encourage activities that were going with the consultations and access of resources. Her presence was really appreciated. It was because of those three organizations and NOMHE's staff that the event had a total of 60 people who were present for just a two-hour window of time. It was a predominantly Spanish speaking convening. The average age of the attendees was 40-60. Many of the attendees waited after the event ended, so they could speak with the legal aid center. This event was deemed so successful. Based on exit surveys, NOMHE learned some great lessons related to NOMHE's strategic aims. When NOMHE does these types of events, they had to be quasi-informational and constructive, and result in some type of immediate impact. NOMHE thinks that all of those points were achieved with this event. NOMHE got a suggestion for this type of events. Convene a resource session from the perspective of a landlord, specifically for those who have unique circumstances, such as rent to own or subleasing scenarios. NOMHE is investigating and perhaps create an event in the future.
- b. Impact Summit (5th convening): This has been hosted over the years by the Nevada Minority Health and Equity Coalition. They collaborate with NOMHE and the UNLV School of Public Health. Around 200 leaders showed up for a day. Those included professional partners from diverse fields. Participants spent the day how to integrate social determinants into equitable practice. All of the activities and presentations were built to achieve that outcome. The summit will continue to be a source of inspiration for transformative change. Also, it looks at addressing root causes and some of the disparities to promote inclusivity and to drive positive social change. Tina Dortch expressed her happiness and excitement for NOMHE's contribution on this activity. It took approximately 6 months to plan. There were three different tracks which were, policy and advocacy, research and evaluation, and capacity building. The NOMHE team were responsible for two breakout sessions 1)

feeding communities, challenges and solutions and 2) journey to housing stability. Tina Dortch didn't have much information about the attendance numbers and post-event surveys and inputs, but she thought that it was a very well done and interesting take on the summit. Some of the people in this meeting were present at the summit as well. Tina Dortch thanked those for supporting the summit.

c. NOMHE Trainings

- i. 2024 NSHE Diversity Summit: Program Office Princette Bowling continues to excel in her role as NOMHE's trainer. After a rigorous selection process that involved vetting an unprecedented number of inquiries, the annual Nevada Systems of Higher Education (NSHE) Diversity Summit planning committee selected Princette's proposal. This allowed Princette Bowling to present on the topic of transforming policy, institutional culture, and practices. She presented this information in the form of a workshop. Each of the sessions were meant to be small in nature to maximize the ability to engage in a meaningful way. But even though the number was small, each session had about 20 attendees. This workshop met capacity. That group of individuals was broken up into three smaller groups. They conducted a review of a community outreach engagement policy. They did an evaluation through the lens of inclusivity and equity. They identified opportunities to improve workplace culture, which then would also result in a more inclusive community engagement. Through that collaborative exercise, the participants were brought to a better understanding about the practical way and process a policy can be transformed in how to demonstrate that with that transformation the diverse communities' members will see that positivity and institutional change is possible.

d. NOMHE Products and Surveys:

- i. Toolkit: Achieving a Culture-Friendly Workplace: Since the NOMHE Advisory Committee last met, NOMHE has a new landing place for some of NOMHE's heartfelt and intentional important work. For the last three years has led the efforts to develop the department's wide effort on inclusive workplace. As NOMHE completed this role, NOMHE is winding down its work. There were numerous resources that NOMHE developed over the three years period. Those resources are now being added to the workplace wellness webpage (shown on the screen). This is a landing place where most of the Department of Health and Human Services activities that fall under that category are now residing for easier access by the community at large. NOMHE's work is found under the culture friendly component of the wellness at work tab. When folks go to this site, they will find information that has been segregated for employers and employees. People will find resources to create a good work environment that draws upon inclusivity and equity principles. NOMHE is really excited about this.
- ii. Nutritional Health Survey: NOMHE released a survey about nutritional health literacy and advocacy. This is something that falls under NOMHE's commitment to the determinant factors of health. NOMHE will be looking to learn more about Nevadans' health and nutrition habits including what people know about nutrition and what resources they have access to. The questions in the survey are meant to identify areas that health care providers, government and other organizations can promote to improve the nutrition access and information for everyone. In addition, to releasing the survey electronically, NOMHE will be promoting this much more intentionally. This will include doing a paper drop of the flyer to places like barber shops, churches, restaurants, community centers, and grocery stores. Tina

Dortch asked advisory committee members also use their sphere of influence to promote the survey. The best scenario is to get information from individuals at the community level. That is the purpose of this particular survey. It is going to take about 20-25 minutes to complete. NOMHE will ensure data stratification and provide granular reports in order to identify trends on this topic. NOMHE looks forward to sharing the results of the result with everyone. Alexandra Neal with NOMHE is the point person on this activity. The survey will open until December 20th, 2024.

Tina Dortch mentioned that NOMHE will be meeting to plan 2025 activities in December. They will look at their strategic plan previously shared with this group. They will decide how 2025 will play out programmatically for the office. Tina Dortch concluded the report out.

Chair Dunkle thanked Tina Dortch for the presentation. He opened the floor for any questions or comments from the advisory committee members. Chair Dunkle acknowledged Bishop Bonnie Radden.

Bishop Bonnie Radden asked if this nutritional health survey will be available in any other language besides English.

Tina Dortch stated that currently the survey is only available in English.

Alexandra Neal confirmed that currently the survey is only in English because the survey was developed by one of NOMHE's intern. NOMHE is working on translating the questions into at least Spanish. But it is taking a time due to the complexity of the information.

Tina Dortch thanked Bishop Bonnie Radden for the question. Tina Dortch understands the intent as many members of the community who really need have their voices heard perhaps do not speak English. NOMHE does recognizes that. Tina Dortch stated that translating the questions into another language will require bandwidth and capacity. The translation of a flyer is one thing, but translation of statistical data driven questions is something else. It takes another level of expertise to get the translation done. Tagalog and other languages that have been identified in addition to Spanish. Perhaps in the future the survey could be translated into other languages.

Dr. Andrew Thomas Reyes asked if healthcare providers can also complete the survey.

Tina Dortch stated that they do not discourage healthcare providers completing the survey. There will be a way to identify and deidentified the respondents. NOMHE will be able to determine if the respondent is a professional or someone from the community.

Alexandra Neal stated that this survey is open to all Nevadans regardless of where people work. Everyone is encouraged to take the survey. NOMHE is targeting outreach into the food insecure areas. NOMHE already received responses from individuals in Northern and Southern Nevada. One of NOMHE's goals is to get int to the rural and frontier areas of the state. While the survey focuses on nutrition and health literacy and access, the survey is really focusing on people's access to certain items, such as stoves, groceries within 2 miles of their homes, transportation, and ability to pay for utilities. Because of that, the survey is for everyone regardless of their socioeconomic status or their geographic location.

Tina Dortch stated that this survey was developed taking in consideration NOMHE's Strategic Plan aims. It supports the work that is happening with the work of NOMHE's Public Resource Officer as well. There will be a presentation from NOMHE's Public Resource Officer. NOMHE created a matrix of what constitutes the state's public health structure. NOMHE knows that nutrition does have a part in the community's wellness. Nutrition can have a very important role in managing chronic disease. These are very fundamental questions that get to root causes. That is the rationale for conducting this survey.

Chair Dunkle asked if there is an opportunity to get this information into different languages, especially connecting NOMHE staff with people in the community who know another language. Maybe individuals who do not speak English can still do the survey. The Advisory Committee members on this call represent very diverse communities. Chair Dunkle encouraged everyone to send this information out to their networks. This is something that everyone should push out.

Tina Dortch stated that if the survey is shared with someone whose first language is not English, there needs to be an ally or a conduit to aid the collection of the information. NOMHE does not want language access to be a barrier to collecting information of this caliber. Tina Dortch advised caution when distributing the survey.

Maggie Salas Crespo concurred with Tina Dortch. The distribution of the survey should be done intentional. She offered translation support, specifically to translate the survey in Spanish.

Tina Dortch thanked Maggie Salas Crespo and acknowledged Bishop Bonnie Radden for comment.

Bishop Bonnie Radden referenced Tina Dortch's comment regarding the distribution of the survey to churches. She asked how NOMHE plans to distribute the survey to these locations.

Tina Dortch stated that part of the distribution plan includes Bishop Bonnie Radden because each and one of the members of the Advisory Committee has a network. The statute mandates that the NOMHE Advisory Committee has a diverse representation. Angie Wilson has an invaluable network. Bishop Bonnie Radden has an invaluable network as well. Dr. Andrew Thomas Reyes and everyone else have an invaluable network. Primarily, that is why NOMHE is sharing the survey with everyone on the call. NOMHE will e-blast this survey as well. NOMHE already started the non-traditional approach for distribution. The survey has been delivered by hand to certain entities in different areas. The only caveat is to make sure that the distribution is intentional, to not just drop it on a table or stick it to a wall. It should be explained, and it should be provided with intention to someone. NOMHE is using all modalities, but NOMHE is often times not able to do a physical canvassing. Tina Dortch believes that a Shepherd's Breakfast is coming up soon before December 20th. There are many opportunities to promote the survey. Tina Dortch asked everyone to promote the survey as well, especially among those non-traditional networks and channels. NOMHE is also happy to attend other meetings and promote the survey.

Angie Wilson thought that the survey was well done. Angie Wilson works with a big population of American Indian and Alaska Natives on food sovereignty issues and pantry. It would be great to get this out. She also networked with all of the Nevada tribal health directors and with the Intertribal Council of Nevada. She can push the survey out to cover the Nevada tribes. Angie Wilson wants to stay involve as many of the tribes are in rural and/or frontier areas. She had a comment about the addition outreach that NOMHE has done like

the renters' right. Angie Wilson thoughts that this was remarkable. She felt grateful for all the work. It is wonderful to hear that many people state after to ask questions, had dialogue and interest on the topic. Angie Wilson thanked NOMHE for the hard work. She certainly would do her part to get the information out to the tribes.

Tina Dortch expressed her appreciation towards Angie Wilson's proposition.

Tina Dortch stated that the housing activity goes back to NOMHE's biggest purpose. NOMHE knows that secure housing is a right and that it necessitates resources. Sometimes, people do not have knowledge of existing resources to preserve their rights. Sometimes housing is seen as a wealth generator. It was brought up to NOMHE's attention that landlords are not the bad guys or the villains in this cycle. NOMHE needs to collaborate with them to better understand what the pathway is to home ownership for people. Again, the lease-subleasing is immediate housing need, and it serves a purpose. But the rent-to-own dynamic is a wealth generator. People are not very much aware of those pathways. NOMHE was encouraged to engage the landlords. This was brought out by the community members who attended the meeting.

Chair Dunkle restated that the nutritional health survey will end on the 20th. Chair Dunkle asked if there is a timeline of when the information will come out. Chair Dunkle congratulated NOMHE as it seems that a lot of their efforts are going well, the survey and the housing workshop. These focus on numerous things related to the social determinants of health. Chair Dunkle asked how the results of the survey will be used to inform those future workshops.

Tina Dortch stated that indeed the information will be used to inform future activities moving forward. Regarding the timeline, Tina Dortch hopes to finish all products before legislative session starts on February 3rd. NOMHE cannot actively reach out to elective officials, request, or suggest. But NOMHE Advisory Committee members can. NOMHE wants to give members products, like the results of the nutrition survey. There is another product that is being finalized right now, that comes out of the work of the Public Health Resource Officer. They are doing a public health infrastructure assessment. It is about pharmacy deserts. This topic is very underdiscuss. NOMHE is having that work reviewed. This is going to be another whitepaper. NOMHE wants this group to use that information. NOMHE will be updating its webpage to be much more content dense. NOMHE's webpage can be use as a landing page for information that is relevant and impactful.

Chair Dunkle asked if members of the advisory committee or the community at large could get access to the different presentations done by NOMHE.

Tina Dortch asked Chair Dunkle to clarify which presentations he was referring to.

Chair Dunkle was referring to the presentations that Princette Bowling did or any other presentations that had a DEI focus as those may include best practices.

Tina Dortch stated that the NOMHE website will have sections and Evelyn Donis de Miranda who was on the line will lead that effort. The goal is to have the NOMHE webpage be more user meaningful. So, when people land on the page it is not just for a visual effect, but it is to leave with a resource. So, things such as NOMHE's precured toolkits and grant related activities will live on the website for access. Regarding the presentations that NOMHE's staff do in various seminars, NOMHE doesn't make those available. No one had ever asked

NOMHE to see the slide deck from a presentation. There is no reason NOMHE cannot share those. If people attend the specific workshops, they will be able to get the slides. If ever there is an interest, NOMHE can ensure to make those more accessible. The more traditional products such as toolkits, pulse reports, whitepapers and survey results will live in the NOMHE's website.

7. Presentation, Discussion and Recommendations on draft 2024 Annual Diversity and Inclusion (DIL) Report (For Possible Action)

Tina Dortch, NOMHE Program Manager

Preparation for pending DIL reporting completed with assistance from Nevada Commission on Minority Affairs and the Governor's Office for New Americans, per NRS 232.0083 – NRS 232.0087.

Tina Dortch presented on this statutory requirement. Tina Dortch provided an overview.

- A. During the 81st Legislative Session in 2021, Senator Melanie Scheible introduced Senate Bill 222, which was subsequently passed and enacted into law. This legislation, codified as Nevada Revised Statutes 232.0083– 232.0087, requires state agencies that engage with or provide services to minority groups to appoint a Diversity and Inclusion Liaison (DIL) within their organization, as feasible.
- B. A DIL should fulfill four key roles:
 1. Support their state agency in fostering effective communication and enhancing cultural competence to better serve minority groups.
 2. Function as a liaison, maintaining continuous communication between their agency and members of minority communities.
 3. Offer technical assistance on new programs and services aimed at improving accessibility for minority group members.
 4. Collaborate with DILs from other agencies to enhance accessibility and inclusivity for these communities.
- C. Additionally, the bill mandates collaboration between the Governor's Office for New Americans (ONA), the Nevada Commission on Minority Affairs (NCMA) and NOMHE. Working together, these 3 agencies informally refer to our collaboration as the Minority Interagency Collaboration or MIC. MIC is required facilitate the annual meeting with DILs and Minority-Serving Organizations (MSOs).
- D. MIC is also tasked with developing an annual report that provides details of the annual meeting. That report goes out to the Governor and the Legislation Council Bureau by January 1st of each year.

Tina Dortch stated that the report is around 12 pages and is broken down into the following sections.

- Year in Review: This section provides updates on the success, the efforts, and outcomes of actioning the previous recommendations. Recognizable action was taken on two of the recommendations made in 2023.
 - Enhance Diversity, Equity, and Inclusion (DEI) Awareness at the State and Community Levels: In response to this recommendation, during the third quarter of 2024, the MIC members held five trainings covering the objectives related to the provisions of NRS

232.0083–232.0087 in order to ensure familiarity with the responsibilities that come with the DIL role. Each training was recorded and stored on the Teams Group for asynchronous learning by current and future DILs. The link, accessible by only DILs, is found in the reports Appendix.

- **Improve Visibility of Diversity and Inclusion Liaisons (DILs) on State Agency Websites:** This is actually a requirement of the statute. While agencies do not have to have a DIL, if they do, they must update their website with their DIL’s contact information. In response to this recommendation, in 2024, the MIC performed an audit to ensure that the 56 websites from all state agency having designated a DIL followed the NRS. Since the first year of the law’s enactment in 2021, increased compliance with the provision requiring DILs be promoted on agency websites occurred. By 2024, 22 of the 56 agencies with DILs (39.3%) promoted them via their website as required by statute.
- **Annual Meeting**
 - The required annual meeting took place on July 24, 2024. 67 attendees participated including DILs from 56 agencies and 13 Minority Serving Organizations. The MSO representation ranged from immigrant support organizations, health care entities, to educational institutions.
 - Using 12 carefully designed questions MIC facilitated a dynamic conversation between DILs and MSOs allowing ideas to form that served to address challenges and improve collaboration.
 - This year’s annual meeting was unique in that Senator Scheible was invited as a guest speaker. She explained her intentions for sponsoring the law creating DILs, her satisfaction with its implementation and mentioned potential amendments to the original legislation.
- **Training Modules:** Five training modules designed for DILs were developed and conducted for the first time in 2024.
 1. **Diversity and Inclusion Liaison 101:** This training did a deeper dive, allowing DILs to learn more about their role and duties.
 2. **Cultural Competency on Interacting with the LGBTQ Community:** This training provided information on inclusive terminology and guidance on best practice when interacting with the LGBTQ community. Also, this training talked about Senate Bill 109 that focuses on collecting SOGIE data.
 3. **Cultural Competency on Interacting with People with Disabilities:** This training offered information on the different type of disabilities and how to properly serve this community based on their needs.
 4. **Cultivating a Culture of Inclusivity:** This training provided information on how to better understand the meanings behind promoting diversity. Participants learned about the benefits of fostering equity, inclusion, and belonging, especially in the workplace.
 5. **Systemic Racism:** This training provided background information on systemic

racism, including examples of what it looks like in practice.

- Recommendations

- The 2024 recommendations presented in this section were developed based on the input received by the DILs and MSOs during the July 24 annual meeting, specifically input derived as DIL and MSO attendees responded to questions during the facilitated discussion.
 1. All DILs to complete two training opportunities, identified and/or designed to enhance their familiarity with their roles and improve their capacity to perform them effectively per provisions of NRS 232.0083 – 232.087 including the pre-existing Customer Service section of State’s ADA focused Supervisor Training module, and the five newly recorded DIL 101 training modules.
 2. DILs and MSOs to co-design methods improve state agency awareness of community needs and improve community awareness of municipal programming.
 3. Expand DIL and MSO interaction beyond the annual meeting to maximize resource sharing. DILs will be able to attend the meetings of the Commission on Minority Affairs.
 4. Improve Visibility of Diversity and Inclusion Liaisons (DILs) on State Agency Websites. NOMHE would like to see a 100% adherence to this, but also improved quality of the information on the respective websites. In the meeting, individuals expressed their hardship identifying the DIL information on their websites.

Lastly, per statute, the Report will be sent to Governor Joe Lombardo and the Legislative Council Bureau by December 31, 2024. The document will also be found on the ONA website.

Angie Wilson thanked for the explanation of the DILs and what their particular role is. It is helpful, especially for new members. This information has been helpful to understand the context of what this is.

Maggie Salas Crespo congratulated Tina Dortch, as she has been a lead for the MIC. It is great to see the work for this bill. Maggie Salas Crespo is eager to see the report. The priorities are great. It provides hope to see the work of minority agency placed somewhere in writing. She offered assistance in engaging the MSOs and increase their participation. She believes that there are much more organization out there that should be part of this initiative, especially other non-profits that provide direct service. Maggie Salas Crespo volunteered herself to assist with this. She would like to know the next meeting dates, so she can help identify MSOs that can participate.

Tina Dortch acknowledged Maggie Salas Crespo accuracy. There were 67 participants and while that is a lot of people, there were only 13 MSOs. NOMHE invited more than 13, Tina Dortch was not sure about the exact number. There needs to be a more robust cohort group of MSOs who have minority communities as part of their clientele.

ASL interpreter notified Chair Dunkle about his voice sounding very muffle and that it was hard to hear him. Interpreter was missing part of Chair Dunkle’s dialogue.

Chair Dunkle acknowledged the dysfunction.

Chair Dunkle asked for a motion to approve the report.

Angie Wilson made the motion to approve the report.

Bishop Bonnie Radden seconded the motion.

All were in favor. Chair Dunkle carried the motion.

8. Presentation, Discussion and Possible Acceptance of Maternal Mortality and Severe Maternal Morbidity draft 2024 Legislative Report (For Possible Action)

Vickie Ives (Child, Family and Community Wellness – Bureau Chief) and Tami Conn (Child, Family and Community Wellness – Deputy Bureau Chief)

Overview to highlight inclusion of NOMHE’s Advisory Committee recommendations provided during its September 10, 2024, meeting as required per NRS 442.767.

Vicky Ives serves as the chief for family and community wellness. She was grateful for joining this body again. Both Vicky Ives and Tami Conn were hoping to share feedback on the Maternity Mortality Review Committee (MMRC) after they received the information that the NOMHE Advisory Committee provided. The MMRC will be making an adjustment to the recommendations that focuses on patient should educate themselves to advocate more efficiently for themselves. They are changing that, so that will be reflected in the final report. So many members gave rich and important feedback on that. Recommendations are based on a specific individual or case as opposed to large data. The CDC offers definitions on what it means giant versus large impact recommendations. Vicky Ives turned it over to Tami Conn to provide an overview on that because it is something helpful. Any feedback related to the recommendation on the report was appreciated.

Tami Conn acknowledged that individuals had some questions about the different definitions on the report, especially the levels of impact and how the recommendations were categorized. Tami Conn shared information from the CDC and its mortality team as they give these definitions.

- Definitions of levels: This refers to where the recommendation would be focus at and at what level.
 - For example, patient/family level is defined as an individual before or after pregnancy. It could also mean their family, those internal or external to the household, or anybody else close to the individual with influence on them.
 - Provider: An individual with training and expertise who provides care, treatment, and/or advice. It doesn’t have to be physician.
 - Facility: Is a physical location where direct care is provided. It ranges from small clinics and urgent care centers to hospitals.
 - System: Interacting with entities that support services before, during, and after pregnancy. These can range from healthcare systems and payors to public services and programs.

- Community: Is a grouping based on a shared sense of place or identity. It can range from physical neighborhoods to a community based or common interest.

These definitions are somewhat broad, but perhaps they can help frame where the MMRC comes from on some of their recommendations. The prevention type doesn't necessarily reflect on the report, so Tami Conn did not go over that. She did go over expected impact, which was the area where members had questions. Maybe, members felt that there was a medium or small recommendation that should have been extra large or giant. They all have broad definitions.

- Expected Impact

- Small: This could have to do with education/counseling, community or provider-based education.
- Medium: This could be a clinic intervention and coordinator of care across continuum, maybe protocols in place, or prescriptions.
- Large: It is long-lasting protective intervention. Something that could be put in place that overtime would have a protective intervention factor.
- Extra Large: Refers to the change in context, so promoting environments, large environmental changes that can help support healthy living, and accessible services. Something that could affect the population on a wider scale instead of a few individuals.
- Giant: Address social drivers of health, so it is even larger than extra-large. It focuses on changing those key drivers of health, such as poverty and equity.

The MMRC uses these definitions to categorize the recommendations in the report.

Vicky Ives hoped that this overview was helpful for the committee. Vicky Ives thanked Evelyn as she provided some lovely minutes that helped support including these recommendations in the draft report. Vicky Ives asked the members of the advisory committee to share anything that wasn't captured already. She would like to receive any additional information to update the report. There is a pending 5-year needs assessment for the Maternal Child Health Block grant. The outcomes of the needs assessment will drive how the funds will be used for the next 5 years. They will be sharing that needs assessment opportunity once it is available. This would be another venue to provide recommendations that could impact funding use.

Angie Wilson showed her appreciation for all the information. She wanted to follow up on something discussed in the previous meeting. There are risks in the Native American and tribal communities in Nevada. There have been incidents that have not been reflected in the data. The answer to that was that data could not be shared due to confidentiality issues as people could be identified due to the lower number of cases. Angie Wilson expressed her concern towards the prevalence of access to care around these issues and higher mortality rates in American Indian communities. She wanted to know if a footnote could be added to the report to reflect that. By just looking at the data, it seems that there are no issues in tribal communities, which is not true. She wanted to reiterate the importance of that, especially if funding will become available for this.

Vicky Ives stated that her team did reach out to the Office of Analytics on the framing and the multiple year piece as well. That will definitely be reflected in the final draft, especially the framing around suppression. The MMRC is fairly new. On the prior report, in the case pregnancy related disease, there was a six times higher

burden disparity among AI/AN, pregnant persons, and post-partum persons. In this year's report, that was not noted. The story of the suppression is crucial.

Tina Dortch commented on the second time that the advisory committee provides input for this report. This is mandated by statute. Tina Dortch believes that this is a perfect example of government working well including legislation that is meaningful. Tina Dortch was very excited about the rebuts conversation that took place in September. She was able to see the reflection of that in the final recommendations.

Chair Dunkle recognized Angie Wilson's comments regarding the report of adding a footnote. Chair Dunkle asked for a motion to approve the report with the recommended addition.

Tina Dortch asked Chair Dunkel to proceed.

Chair Dunkle asked for a motion to approve the current draft with the addition of Angie Wilson's desired addition.

Angie Wilson made the motion to approve with additional comments.

Andrew Reyes seconded the motion.

All were in favor. Chair Dunkle carried the motion.

9. Overview of Patient Protection Commission (PPC) and Recent Activities (For Information Only) **Joseph Filippi (Nevada PPC – Executive Director)**

Overview of the Nevada PPC including its recent activities to address health care workforce shortages in Nevada.

Joseph Filippi introduced himself and stated that he would give an update on the Patient Protection Commission and its responsibilities, especially recent activities of the commission in regard to addressing the health care workforce shortage. The Nevada Patient Protection Commission is a governor appointed body, which consists of 12 members. They are people from the health care and other industries in the state. The commission is fortunate to have four ex-officio or non-voting members from Nevada state agencies tasked with providing health care services and regulating health care insurance. Those four members include Director Richard Whitley from the Department of Health and Human Services, Scott Kipper who is the Insurance Commissioner from the Division of Insurance, Russell Cook who is the Executive Director of the Silver State Health Insurance Exchange and also a solicitor and lastly, Glover who is the Executive Officer over the Public Employee Benefits Program (PEBP). Out of the 12 voting members, three positions remain open. Jalyn Behunin serves as a register nurse who practices primarily at a non-profit hospital. Dr. Bayo Curry-Winchell and Wendy Simmons serve as members as well and they advocate on behalf of patients. Walter Davis has experience advocating for persons who are not covered by a policy of health insurance. Floreine Khan represents the general public. Dr. Ikram Khan (Chair) is a provider of healthcare who operates for profit businesses in the state. Marilyn Kirkpatrick is a commissioner for Clark County, and she presents a non-profit hospital in the state that spends the largest amount of on hospital care for indigent persons. Dr. Andrea Peterson advocates for persons with special health care needs and has education and experience in

healthcare. Bethany Sexton represents the private, non-profit health insurer in the state with the highest percentage of insurers. The commission's responsibilities can be found in NRS chapter 439.902 through 918, especially in section 916. The commission has the authority to systematically review issues related to healthcare in the state, specifically issues related to the equity, accessibility, and affordability of healthcare statewide. The commission is also charged with making informed recommendations to the governor in the legislature on how to address any issues identified, and then also make these recommendations to improve health care for all Nevadans. Section 439.918 indicates the commission to collaborate and coordinate with existing state government entities that study or address issues related to health care access, quality, and affordability. It also requests the commission to increase patient medical record access and interoperability, and then finally it requests every six months for the commission to prepare a semiannual report related to the commission's activities and also provide any recommendations to issues identified.

Furthermore, Joseph Filippi spoke about the governor's recent executive order. On April 11th, 2024, Governor Joe Lombardo signed an executive order 2024-002 and the order directs the Patient Protection Commission to make recommendations aimed at addressing the state's health care workforce shortage in the state, so more patients have access to quality health care statewide. It requests that the commission review available data and national best practices to provide recommendations for the following areas:

- A. Attract and retain talent to address healthcare workforce challenges in urban and in rural communities.
- B. Create recommendations for improving access to primary care and public health services.
- C. Remove unnecessary state administration hurdles that might prevent or impact recruitment and retention of health care workers.
- D. Identify sustainable funding strategies for strengthening the state's health care workforce, and this also includes supporting competitive Medicaid reimbursement.
- E. Ensure recommended strategies for increasing provider reimbursement are based on payment methodologies that incentivize and reward for better quality and value for the taxpayer dollar.
- F. Identify strategies for evaluating new and existing state investments in efforts to improve the capacity and size of the state's health-care workforce.

Joseph Filippi stated that there are issues with Nevada's ranking when compared to the national average of certain health care provider types. Per 100,000 pop, Nevada ranks below the national average and 48th in the nation for primary care physicians per capita. Joseph Filippi position had been vacant for over a year and when he first took this role in April 2024 the commission had not met for some time. Their first meeting of the year was in May 2024. The first thing they did in this first meeting was issue two solicitations for recommendations from the general public. One of those solicitations was asking all interested parties to provide recommendations on how to address the health care workforce shortage in the state. And the second solicitation was geared more to health care providers, asking them how Nevada Medicaid can improve their billing experience and also how can Nevada Medicaid increase provider utilization. In total, nearly 50 recommendations were received through the workforce solicitation. The recommendations showed common themes, which included recommendations to increase provider reimbursement rates, expand education and

training programs, improve access to care, generally implementing interstate licensure compacts and reciprocity agreements, reducing administrative barriers for providers. For the second solicitation related to Nevada Medicaid providers had similar themes. They suggested increasing provider reimbursement rates. They also asked to streamline the credentialing and the onboarding process for providers and also just to reduce the overall administrative burden for providers. The commission has been meeting monthly to hear from subject matter experts who are already working in the state related to healthcare workforce initiatives and also looking at national and available data. In October 2024, the commission conducted a work session and ultimately came to a vote to provide some initial recommendations to the state. Those recommendations will be included in the next semiannual report, which is due on January 1st, 2025. Those recommendations are:

- Increase diversity of health care provider workforce. The commission discussed how lack of diversity may deter perspective medical graduates from completing graduate medical education in Nevada. A recent JAMA study suggested that additional efforts are needed to increase the representation of Black, Hispanic, and Native American people in healthcare professions. Measuring and reporting on the representation of these groups in the health care workforce may encourage these efforts.
- Develop workforce incentives to recruit occupations in undersupply and target rural or underserved communities to improve access to care.
- Support and strengthen health care career pipelines, expand training and educational opportunities, and engage with youth early about health care career opportunities.
- Establish a statewide physician wellness program and to address provider burnout and also provide wellness training to providers.
- Streamline licensure and credentialing processes.
- Reduce provider administrative barriers.

A more detailed report with all the recommendations is being finalized, which will be submitted to the Governor by January 1st, 2025.

Joseph Filippi provided an overview of the legislative process. The Patient Protection Commission specifically statute allows them to request up to three draft requests for each legislative session. Joseph Filippi also provided an update on those requests. The Nevada legislature meets every other year for a 120-day session. They meet to adopt a two-year budget and to enact new laws or revise existing laws. These ideas are drafted as new legislation measures, and they are often referred to as Bill Draft Requests (BDR). Those are submitted to the Legislative Council Bureau proposing additions, deletions, or changes to Nevada revised statutes. Joseph Filippi displayed an infographic developed by the legislature. The infographic showed that the bill draft is the beginning of a longer legislative process. Once a bill draft is submitted, it is assigned a bill number and referred to a legislative committee. The bill must pass the committee hearings and House floor debates in each house, both the Assembly and the Senate. If the bill passes by the Assembly in the Senate, the governor may choose to sign it into law, allow it to go into law without signatures, or veto it. A veto override requires 2/3 majority vote from each of the houses within the legislature.

The Patient Protection Commission proposed the following bills.

- 2021 Senate Bill five was passed. This required that the Department of Health and Human Services to establish a data dashboard for data related to telehealth access and the dashboard includes a patient demographic and utilization information currently based on Medicaid claims.
- 2021 Senate Bill 40 established an All-Payer Claims Database (APCD), which allows Nevada to collect data to improve health care transparency by permitting the examination of costs, quality and utilization. Currently, the Nevada Division of Health Care Financing and Policy adopted regulations to which required the establishment of the APCD. The submission portal is actually scheduled to launch in early 2025.
- 2023 Assembly Bill seven. This mandates that all providers of healthcare, unless otherwise excepted, implanted intraoperative electronic health record by January 1, 2030. The bill also required the director of the department to establish an electronic health information advisory group to develop regulations on implementing an electronic health record system in the state.

Moving forward to the legislative session in 2025, the PPC is able to submit up to three BDR and they have submitted all three of them, which are related to the health care workforce. As of last week, each BDR has a number.

- Senate Bill 40 (BDR #38-451): It would establish a Medicaid Healthcare Workforce Fund. This would leverage Medicaid federal funds to support the expansion of graduate medical education programs, fellowship programs, and also apprenticeship and loan repayment programs. Also, it is meant to improve the capacity and size of the state's health care workforce. Also, it would increase access to care for Medicaid recipients.
- Senate Bill 29 (BDR# 38-450): This would focus on increasing provider reimbursement that incentivizes and reward for better quality and value of the taxpayer dollar. This would increase Medicaid reimbursement rates by 5% for physicians and advanced practice registered nurses. It would also give an additional 3% rate increase for rural services offered and an additional 3% rate increase for physicians and APRNs who participate in value-based payment models. Also, it would also request the Nevada Medicaid seek federal authority to establish an accountable care payment model to promote more high quality and coordinated primary care.
- Senate Bill 34 (BDR# 54-449): This seeks to reduce barriers for licensed health care providers that wish to practice in Nevada. It would authorize the state to enter into multiple licensure compacts. The bill would request Nevada to join five different compacts. It would join the audiology and speech language pathology compact, which currently has 33 states. It would request Nevada to join the nurse licensure compact, which currently includes 40 states and two territories. It would request Nevada to join the occupational therapy licensure compact, which currently has 31 states. Also, it would ask to join the physical therapy licensure compact, which has 38 states and one territory. The last compact would be the physician assistant compact, that one has fewer states at 13. The compacts would allow these individuals to enter the state more easily. It streamlines the licensing onboarding process and application process. It allows the providers to ultimately apply for a license at one point in time. These providers can be licensed in a neighboring state within the compact and they can easily

start practicing in Nevada by just selecting Nevada as a state they would like to practice in. There would be some fees associated with that, but the money would go to the licensing boards.

Dr. Samuel Hickson thanked Joseph Filippi for the presentation. Also, he had some questions, 1) the presentation seems to demonstrate a heavy focus on providers that focus on the physical health of a patient. Dr. Samuel Hickson asked Joseph Filippi to talk about any initiatives and or bills that might be examining increasing access to mental and behavioral health services within the state.

Joseph Filippi responded by indicating his agreement with the statement. The commission has been focusing more on primary care services. He does agree that the health care access is not just physical, but also includes mental health. The recommendations broadly are attempting to address the shortage of health care providers, regardless of the type of healthcare provider. If Medicaid creates this workforce fund that establishes more graduate medical education slots in the state, it is not just primary care doctors that will benefit from, it will also benefit psychologists and psychiatrist and other types of providers. Additionally, increasing reimbursement rates for physicians and nurses. Ultimately, a lot of the recommendations would address all of the healthcare needs of a persons and not just the physical needs, but their mental health needs as well.

Dr. Samuel Hickson stated that his next question, 2) in regards or not there would be investigation of oversight into whether the educational opportunities that exist now adequately prepare upcoming practitioners to enter the community. It is one thing to increase access to it, but if the education is insufficient, then it doesn't necessarily serve the community. How does the office intent to oversee and or investigate whether or not the educational standards are meeting national standards?

Joseph Filippi stated that the commission requires to collaborate and coordinate among other entities that are working in this space. He shared an example; the new Behavioral Health Workforce Development Center was established during the last session. UNLV is responsible for implementing that center, to they work closely in the educational realm. The commission could definitely look into those issues but also collaborate with other responsible organizations.

Dr. Andrew Thomas Reyes asked about the streamlining credentialing process for the healthcare workers and the compacts.

Joseph Filippi stated that he was referring to the Medicaid onboarding and credentialing. Through Medicaid or even the Nevada Division of Insurance, they provide credentials to providers of healthcare and receive a lot of feedback on how that process can be cumbersome. For example, providers who have a contract with Medicaid also have credentials with managed care organizations through Medicaid. It seems that Nevada Medicaid is streamlining that process. They are trying to implement a centralized credentialing process where the provider of healthcare only needs to fill out a credentialing application one time and that would suffice for all of the managed care organizations and whatnot.

Alberta Obodai introduced herself as part of the office of Congresswomen Susie Lee. She asked Joseph Filippi if he could put his contact information into the chat. They recently had a conversation with African American

women who were providers. They were talking about reimbursement from Medicaid and how delayed it is and how it is very difficult. Oftentimes, once they have provided services to a patient it takes a long time to get reimbursed. She would like to get input from Joseph Filippi on this matter and the recommendations of the commission.

Joseph Filippi accepted to provide his information and stated that he agrees with Alberta Obodai's comment.

Dr. Samuel Hickson had another question for Joseph Filippi. He asked if the commission took into consideration the public's opinion about what they need in the healthcare space.

Joseph Filippi stated that yes, indeed, they hold public meetings where members of the public can offer public comment. The commission wants the input from the consumers and many patients as possible to identify what their needs are. Over the last few months since he has been in this position, they primary focused on how to address the healthcare workforce shortage, specifically to the executive order directing the commission to do so.

10. Discussion and Approval of Future Meeting Dates, Agenda Topics (For Possible Action) **Nicholas Dunkle, Vice Chair**

Chair Dunkle stated that the next NOMHE Advisory Committee meeting dates are:

- February 11th, 2025, from 10:00 to noon or until adjournment.
- May 13th, 2025, from 10:00 to noon or until adjournment.
- August 12th, 2025. This would be an in-person meeting.

These dates were previously confirmed, with the exception of August 12th, 2025.

Chair Dunkle asked members to indicate if August 12th, 2025, worked for them.

Angie Wilson stated that she is available on that day.

Maggie Salas Crespo also indicated that she is available.

Dr. Andrew Thomas Reyes is also available on August 12th, 2025.

Dr. Samuel Hickson is also available.

Bishop Bonnie Radden is also available.

Chair Dunkle stated that he is also available. He asked for a motion to approve the upcoming meeting dates.

Tina Dortch advised the Chair to also asked for a motion to approve topics for the upcoming meetings.

Chair Dunkle asked members for any additional items that they would like to discuss in the upcoming meeting on February 11th, 2025.

Angie Wilson stated that she would like to discuss the new administration potential impacts.

Angie Wilson made a motion to approve with additional topics.

Maggie Salas Crespo seconded the motion.

All were in favor.

11. Public Comment

Nicholas Dunkle, Chair

Public Comment was taken during this agenda item. No action can be taken on a matter raised under this item until the matter is included on an agenda as an item on which action may be taken. The Chair of the Advisory Committee on Minority Health and Equity placed a two (2) minute time limit on the time individuals may address the Committee. The Chair elected to allow public comment on a specific agenda item when that item is being considered. To provide public comment telephonically, individuals were asked to dial 1 (775) 321 - 6111 at any time after the Chair announced the period of public comment. When prompted individuals were asked to provide the Meeting ID, 824 463 455 #.

12. Adjournment

Nicholas Dunkle, Chair

Chair Dunkle asked for a motion to adjourn the meeting at 12:12 PM.

Maggie Salas Crespo made the motion to adjourn the meeting.

Angie Wilson seconded the motion.

All were in favor, Chair Dunkle adjourned the meeting at 12:12 PM.