



Tulsa County Community Health Improvement Plan (CHIP) Quarterly Meeting

State of Stress and Mental Health

“To Support: Reflecting on Resilience & Rebuilding Connection”

Tuesday, January 20, 2026

**TO PROTECT
& SUPPORT**

Thank you to our CHIP partners for today's meeting!



Welcome by

Cheri Michie,

Community
Engagement
Specialist,

GRAND Mental
Health





Agenda

- Networking Activity
- CHIP Updates & Announcements
- OPHA: Policy Focused Skill-building
- Keynote Speakers
- SMH Q&A Discussion Panel
- Community Networking & Resources Sharing

Meeting Materials:

In-person: Scan the QR Code on the Screen or on the Agenda



Virtual: Check the chat for the link

CHIP Networking Activity



5-Minute Networking Chat

In-Person:

- Share business cards
- Exchange flyers & upcoming events
- Highlight community resources

Online:

- Drop your info in the chat
- Share upcoming events & resources
- Post links to flyers or websites

Goal:



Build connections, share opportunities, and strengthen collaboration!





Updates & Announcements

Christina Seymour, MBA-HC

Project Manager

Tulsa Health Department



Our Vision

Tulsa County communities will meet their health goals.

Our Mission

To protect and support Tulsa County communities in pursuit of their health goals.

Our Values

We're committed to a constant pursuit of a healthier Tulsa, and we do so by carrying out our core values:

- We believe in the value of every person.
- We believe every person must be treated equally with dignity and respect.
- We believe in giving people resources and opportunities to make informed and healthy choices.
- We believe people deserve honesty and trustworthiness in all we do.
- We believe every person will experience our services in a safe, caring, trauma-informed and confidential manner.

TO PROTECT
& SUPPORT

THD TULSA HEALTH
Department

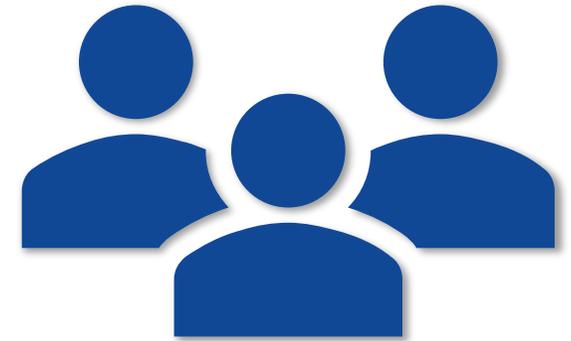
[Learn more about the THD.](#)

Tulsa County CHIP What We Are About

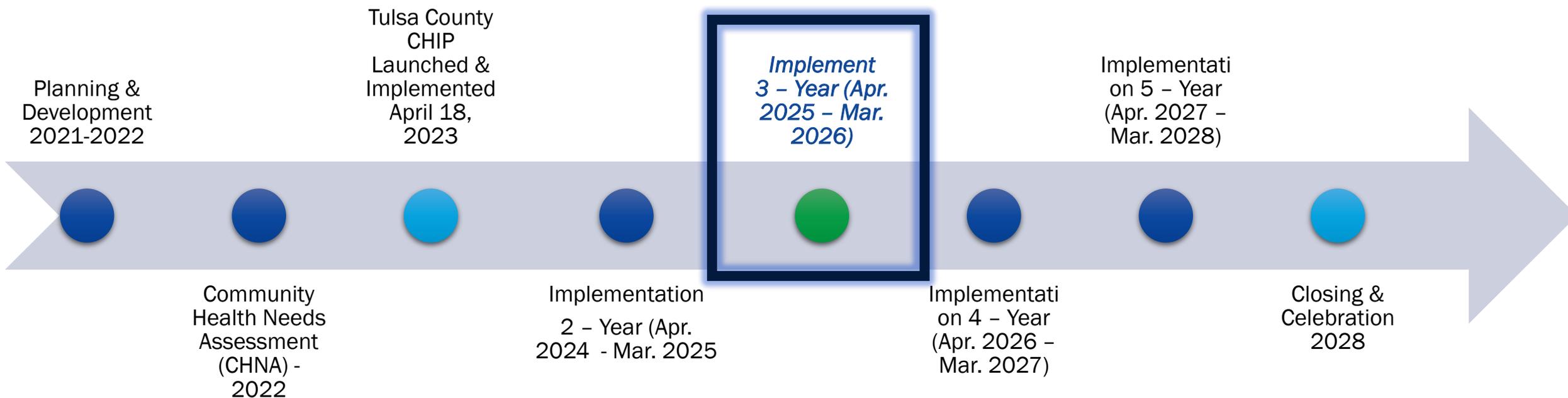
bridge the gap between health priorities and the community by sharing resources, building connections, collaborating, initiative awareness, partnerships, and putting plans into action.



THD TULSA HEALTH
Department
*Tulsa County Community
Health Improvement Plan*



CHIP Timeline (5 - Year) Where We Are Now – Year 3



Click here to learn more about the [Tulsa County CHIP](#).

2026 CHIP Vision: To Protect & Support



Grounding Our Work in Trust, Truth, and Community Voice

- 2026 is a year to rebuild trust in public health information
- Misinformation threatens mental health, prevention, and stability
- [THD's Strategic Goal #5](#): Reduce misinformation & elevate community voice
- CHIP is THD's framework to protect with truth and support with partnership

2026 CHIP in Action – From Vision to Impact

Protecting Truth, Supporting Community Power

- Quarterly meetings designed as trust-building and learning spaces
- Protect: Advance accurate, credible, culturally relevant information
- Support: Elevate lived experience, dialogue, and shared leadership
- 2026 focus: Mental Health, Chronic Disease, Housing, Collective Impact



Partner Agreement + Collaboration Form

You're part of Tulsa County's health movement!

This is a shared, community-owned roadmap to improve health outcomes and promote equity across Tulsa County. As we move into the third year, we invite you to renew or pledge your commitment to this collaborative effort.

We invite you to:

- Renew or join our collaborative partnership
- Share your interests & strengths
- Strengthen cross-sector collaboration
- 🕒 *Time to complete: 15–25 minutes*

[Click here to
complete the
form.](#)

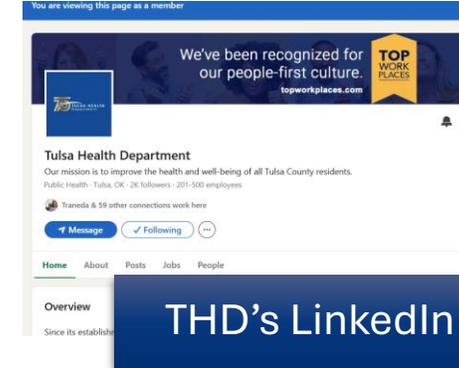


Quick Polling

For the remainder of the CHIP, what topics and/or seminars would you like to see?



Ways to stay connected, engaged, and informed



CHIP Partner Engagement Opportunities – Get Involved!



CHIP Partner to Know Presentations



CHIP Leadership Team Volunteer Roles



CHIP Partner Vendor Sign-Up – Quarterly Meetings



CHIP Workgroup Hosting

[CLICK HERE TO LEARN MORE](#)



Upcoming Meetings

CHIP Quarterly Meeting

- 2nd Quarterly - State of Chronic Disease Risk Factors and Management
 - To Protect: Advancing Prevention Through Accurate, Accessible Information
- **Tuesday, April 20th at 9 AM**

Workgroups

- ONLINE – Microsoft Teams
- Stress and Mental Health – **Tues, Feb. 17th**
- Chronic Disease Risk Factors and Management – **Wed, Feb. 18th**
- Healthy and Affordable Housing – **Thurs., Feb. 19th**

[Click here for the full schedule.](#)



Training Pre-Survey

5 Minutes



How confident are you in finding bill information, updates, and resources during Oklahoma's upcoming legislative session?



Focused Skill-building 1: Utilizing OPHA Policy Tools to Stay Informed about Legislation

Mckenzie Cowlbeck MPH, CPH,
Executive Director,
Oklahoma Public Health Association (OPHA)

Policy Resources

Keeping Up with OK's Legislative Session

McKenzie Cowlbeck, MPH, CPH (she/her)
OPHA Executive Director
Tulsa County CHIP Quarterly Meeting
January 20, 2026



About OPHA

First founded in 1919, today the Oklahoma Public Health Association (OPHA) is a nonpartisan 501(c)3 professional development & member association that protects and promotes public health in Oklahoma through education, practice, and advocacy.



Overview

- State affiliate of the American Public Health Association (APHA)
- Operations focus on professional development & state + federal policy
- 15 member Board of Directors & 2 staff
- ~1100 active members w/ 21 organizational members
- Convening public & allied health in OK

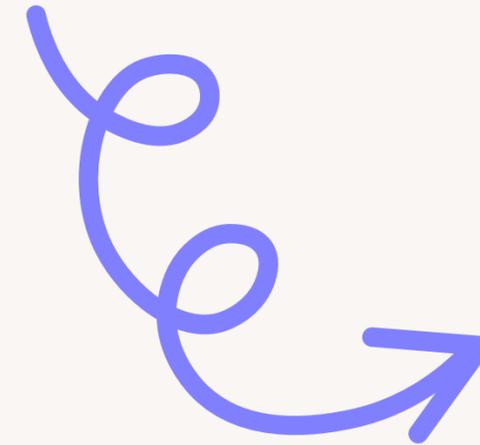


- Broad policy agenda
- Become a member or learn more @ okpublichealth.org



Bill Tracking

- Oklahoma's legislature files 2,000–3,000ish bills *each year*
- OPHA's got you covered!
 - Identifies filed public health bills
 - Tracks bills throughout session
 - Updates bill info *publicly* on okpublichealth.org/bills
 - Bill numbers & links to bill language
 - Bill authors & sponsors
 - Brief descriptions
 - Most recent update & date of update
 - Policy topic area



Bill #**Author****Sponsor****Bill Description****Updated On****Update****Topic Area**

Bill #	Author	Sponsor	Bill Description	Updated On	Recent Update	OPHA Topic
HB 1029	Kendrix, Gerrid	Bergstrom, Micheal	Extends the sunset year for the Oklahoma Funeral Board.	05-14-25	Vetoed by the Governor: Until the Funeral Board becomes	Health Infrastructu
HB 1030	Kendrix, Gerrid	Bergstrom, Micheal	Extends the sunset year for the State Board of Cosmetology and Barbering.	05-14-25	Vetoed by the Governor: Until the Board becomes more	Health Infrastructu
HB 1137	Stewart, Ron (F)	Weaver, Darrell	Removes provisions directing the OSBI to seek funds for an Office of Liaison for Missing and Murdered Indigenous Persons, leaving the Office's structure intact.	05-29-25	Override of the Governor's veto (Vote: Y: 40/N: 4)	Healthy Populator
HB 1224	West, Kevin	Rosino, Paul	Modifies various provisions related to health care, allows health care payors and practitioners to refuse not to participate or pay for a medical service that violates their conscience.	05-22-25	Opened for Signatures	Health Infrastructu
HB 1389	Provenzano, Melissa	Stanley, Brenda	Includes additional screening types for healthcare coverage of certain diagnostic breast cancer health treatments.	05-29-25	Override of the Governor's veto (Vote: Y: 42/N: 2)	Maternal & Reproc
HB 1575	Lawson, Mark	Seifried, Ally	Creates the Streamlined Services Act to create a study on a unified and streamlined eligibility and enrollment system within the Department of Human Services to improve access to and management of services.	05-22-25	To Secretary of State without Signature (Chap: 288)	Health Infrastructu
HB 1576	Lawson, Mark	Hicks, Carri	Requires the Oklahoma Health Care Authority to provide coverage for rapid whole genome sequencing through Medicaid when certain criteria is met, at the discretion of the Chief Operating Officer; EMERGENCY.	05-29-25	Override of the Governor's veto (Vote: Y: 36/N: 9)	Health Infrastructu
HB 1683	Roe, Cynthia	Dossett, Jo Anna	Adjusts standards related to vision care coverage to mitigate compliance issues; EMERGENCY.	05-22-25	Emergency Passed (Vote: Y: 76/N: 0)	Maternal & Reproc
HB 1688	Roe, Cynthia	Stanley, Brenda	Allows minor corrections to be made on various birth and death certificates within one year of their issuance; EMERGENCY.	05-06-25	To Secretary of State without Signature (Chap: 58)	Healthy Populator
HB 2298	Hilbert, Kyle	Paxton, Lonnie	Grants independent prescriptive authority to Advanced Practicing Nurses who meet certain requirements.	05-29-25	Override of the Governor's veto (Vote: Y: 32/N: 14)	Health Infrastructu
HB 2729	Kendrix, Gerrid	Bergstrom, Micheal	Requires courts to interpret the meaning of statute de novo in a way which favors limiting agency power and prohibits administrative agencies from awarding civil penalties that would also be subject to common law.	05-21-25	Signed by the Governor (Chap: 259)	Public Health Auth

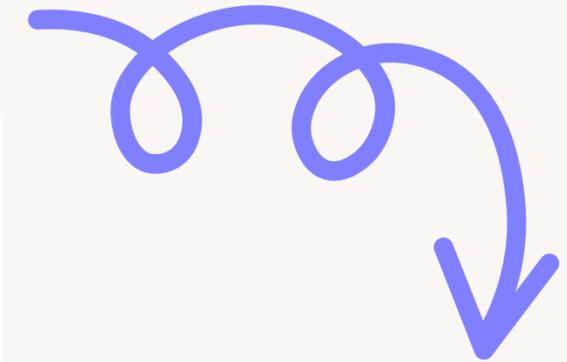
Watch Bill Debates

- Getting to the Capitol to debate at the Capitol is *inaccessible*...
- So watch recordings or stream it live!
- Step-by-step instructions are on okpublichealth.org/bills

Watch Bill Discussions Live-streamed or Recorded

Scheduling time to make it to the Capitol to watch legislators discuss bills during the already busy spring season, between work and personal commitments, and everything else is challenging at best or, more likely than not, totally unfeasible. However, there's an easy, free, and accessible way you can watch committee hearings and floor debates from anywhere and anytime. You can watch them either livestreamed or recorded on the House and Senate's respective streaming webpages! Please follow the instructions below to do so. Be sure to have the scheduled date, time, and name of the committee or chamber that will be discussing your bill at hand. Not sure where to find it? Reference OPHA's tracked bills above or look it up on oklegislature.gov's website using the bill number [here](#).

1. Navigate to the [House recording and live streams webpage](#) to watch a House committee hearing and chamber floor discussion (for bills beginning with "HB") or the [Senate recording and live streams webpage](#) to watch Senate committee hearings and chamber floor discussions (for bills beginning with "SB").
2. Click the "Recordings" or "Now Playing" tabs on the left side of the page to watch hearing recordings or live streams, respectively.
3. Identify the correct live stream or recording according to the bill's listed hearing date and time, sub/committee name, and room number. Not sure when the hearing scheduled? Check our tracking sheet below or look it up on <https://www.oklegislature.gov/BasicSearchForm.aspx>.
4. Hover over the correct live stream or recording to click to start! If watching a recording, you will likely have to fast forward to the start of the hearing.



Legislative Calendar

- Lots of dates & deadlines to keep up with
- All compiled on okpublichealth.org/legislative-calendar



2nd Regular Session 60th Legislature (Spring 2026)

- Fri, December 5 – Deadline to request drafts of bills for the 2nd Session of 60R
- Thurs, Jan 15 – Deadline to file House bills in House and Senate bills in Senate
- Mon, February 2 – Governor's State of the State Address and start of the 2nd Regular Session of the 60th Legislature
- TBA – Deadline for House bills to be voted through House Policy Committees
- Thurs, March 5 – Deadline for House bills to be voted through House Committees and Senate bills to be voted through Senate Committees
- Thurs, March 26 – Deadline for House bills to be voted through the House and Senate bills to be voted through the Senate
- TBA – Deadline for Senate bills to be voted through House Policy Committees
- TBA – Deadline for House bills to be reported from Senate Committees and Senate bills to be reported from House Committees
- Thurs, May 7 – Deadline for House bills to be voted through Senate and Senate bills to be voted through House
- Fri, May 29 – Sine Die Adjournment, the end of 2nd and final regular session of 60th Legislature (5:00pm)

Infographics & How-to's

MORE THAN EDUCATION PUBLIC HEALTH & STATE-LEVEL ADVOCACY

Contrary to common belief among public health workers in Oklahoma, the First Amendment right to free speech protects your right to express your opinions about, support, and oppose legislation. **Public health workers can do more than educate** to inform policymaking and legislation.

Education vs Advocacy & Lobbying

- Education** - Providing nonpartisan information and resources without imparting support or opposition.
- Advocacy** - Active support or opposition to a general cause or idea.
- Lobbying** - Communication with a legislator that attempts to influence and/or ask for support or opposition on specific legislation.

Limitations for OK State Employees

- Federal and state laws have **limited ability** to restrict your free speech rights by regulating the **content** of your speech, **but may regulate the context** of your speech - the when, where, and how you advocate.
- It is best to avoid engaging in advocacy or lobbying 1) **during work hours**, 2) **on or using work property**, or 3) **while in workwear** (uniforms, work IDs, insignias, etc).

Guidance for OK State Employees

Public health workers may **advocate** and **lobby** 1) **outside of the workplace**, 2) **outside of work hours and capacity**, 3) **using personal property**, and 4) **in non-work attire**.



Sources: Political Activities, DOJ Justice Management Division Departmental Ethics Office, Accessed 2024; Lobbying Guide 2021-2022, OK Ethics Commission Accessed 2024. Questions? Contact oklahomapublichealth@gmail.com and visit www.opha.net/your-right-to-advocate for more info.

Public health is a worthwhile investment



Investing in public health empowers the state to improve health and wellbeing for all Oklahomans. OK spends \$222 per person to public health, which is better than the US average of \$183 per person, but **more funding can do more good**.¹ Investing in public health **saves money in the long term**.

- Every \$1 invested yields improved health outcomes equal to as much as \$88 saved by county public health departments.²
- For every \$1 spent on childhood vaccinations, our country saves \$10.90.³

Challenges that highlight OK's need to invest in public health

Insurance coverage. Oklahoma's uninsurance rate is the 2nd worst in the country - 11.7% compared to the national average of 8%. Uninsurance did improve from 14.3% to 11.7% between 2019 and 2022, but more effort is needed to close the covered gap that worsened by the 2023 Medicaid (SoonerCare) unwinding.¹



Rural primary care provider shortage. Primary care provider coverage is an important indicator of access to healthcare. Only 2 of Oklahoma's 77 counties have the recommended number of primary care providers, highlighting provider shortages in rural areas across the state.⁴

Asthma. Increased by 28% from 9.6% to 12.3% of adults between 2017 and 2022.¹

Fruit & vegetable consumption. Only 3.8% of adults report eating 2+ fruits and 3+ vegetables daily - another 2nd lowest rate in the country.¹

ACEs. 18.3% of Oklahoma's children ages 0-17 have had two or more adverse childhood experiences (ACEs). The national average is 14%.¹

Youth tobacco use. In 2021, 22.1% of Oklahoma high schoolers reported using any tobacco product, including e-cigarettes. Each year, 7,500 people die from smoking-related illnesses in Oklahoma and \$1.6 billion is spent on health care costs due to smoking.⁵

Premature death. Increased 17% from 10,873 to 12,764 years lost before age 75 per 100,000 population between 2020 and 2021.¹

Sources: America's Health Rankings analysis of Trust for America's Health, U.S. HHS, Accessed 2024; Muller C. Fact Sheet: How Investing in Public Health Will Strengthen America's Health. Center for American Progress. Published 2022.; Vaccines Are Cost Saving. Vaccinate Your Family. Published 2020.; Map of Health Professional Shortage Areas: Primary Care, by County, 2024 - Rural Health Information Hub. Ruralhealthinfo.org. Published 2024.; National Tobacco Control Program (NTCP) State Fact Sheets. Published 2023. U.S. HHS, Centers for Disease Control and Prevention. Questions? Email oklahomapublichealth@gmail.com.

These are the line numbers so you can easily reference amendments and language of interest.

HOW TO READ OKLAHOMA LEGISLATION (BILLS) BY OPHA

1st/2nd Session of the ## Legislature (year) Each bill needs at least one Representative and one Senator to become law.

HOUSE/SENATE BILL: 0001 BY: BILL AUTHOR(S)

AS INTRODUCED

This paragraph begins with the phrase "An Act relating to" followed by brief descriptions of how the bill is changing existing law. The following is an example: An Act relating to ABC; exceptions to DEF; regulating GHI; The second part of this paragraph will list the which laws (called Oklahoma Statute, abbreviated O.S.) are affected by the bill. The following is an example: repealing O.S. Sections #-###.# and #-###, which relate to JKL regulations; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY. ## O.S. year, Section ###.#, is amended to read as follows:

A. Amendatory sections in bills will start by citing the section it is changing. It will also have ~~strikethroughs which indicate language that is removed from existing law~~ and **bolding to indicate language to be added to law.**

B. Sections are often subdivided into a combination of smaller units, such as subsections, clauses, and items. Like this one!

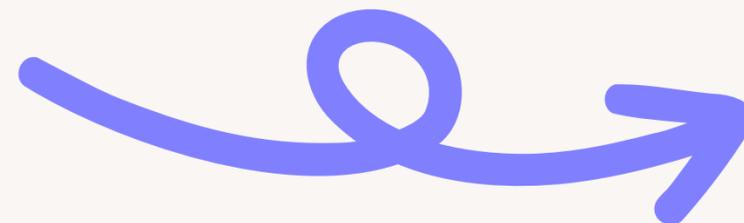
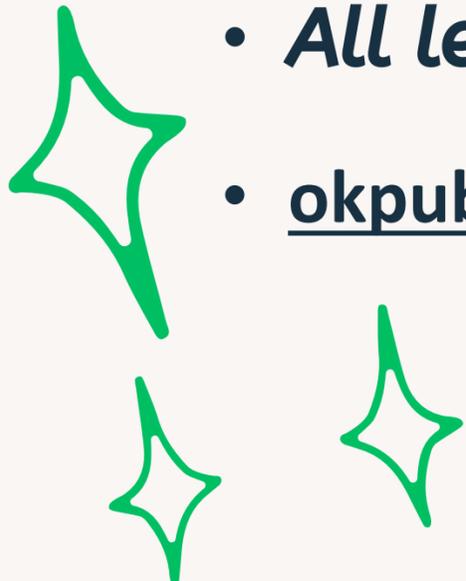
SECTION 2. NEW LAW New sections are language to be become law.

SECTION 3. The final section will always go into effect if signed into law, with the emergency effective November 1 of the same year if an emergency clause is included. Emergency clauses are commencing effect as soon the gover

Policy Fridays

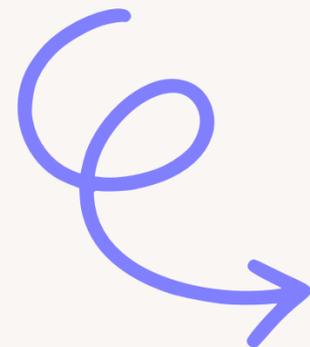


- 30-minute virtual discussions at 10:00–10:30 AM
- Updates & lively conversations
- Every Friday during the legislative session (February thru May)
- Select Fridays in the interim (June thru January)
- Welcome to anyone interested about state and federal public health policy
- ***All levels of policy knowledge and experience are welcome***
- okpublichealth.org/policy-fridays



Annual Policy Day

- **Thursday, April 9th!**
- Morning education-only session at the OKC OK Center for Nonprofits
- Afternoon advocacy session at the state Capitol (in-person)
- Bill updates from legislators, experts & advocates
- Tabling partner organizations
- Learn more at okpublichealth.org/policy-day



Stay Engaged!

Website

<https://okpublichealth.org>

Follow On

LinkedIn: Oklahoma Public Health Association

Instagram: @okpublichealth

Facebook: Oklahoma Public Health Association

Staff Contacts

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&

Tracy Freudenthaler PhD, MPH, MCHES
Administrator
tracy@okpublichealth.org

Training Post-Survey

5 Minutes



How confident are you in finding bill information, updates, and resources during Oklahoma's upcoming legislative session?



Keynote Speaker: National Alliance on Mental Illness (NAMI) Tulsa

Malayna Hasmanis, M.Ed, MPA

Executive Director

NAMI Tulsa



Keynote Speaker:

City of Tulsa – Fire Department

Justin Lemery

Chief of Emergency Medical Services and Mobile Integrated Healthcare

Tulsa Fire Department

City of Tulsa

TULSA FIRE DEPARTMENT

Intersection of 911, Stress, and Mental Health



SOCIAL CONNECTION IN AMERICA

TULSA FIRE DEPT.

In recent years, a U.S. Surgeon General's advisory and a World Health Organization global commission report identified social connection as an urgent public health priority. Indeed, **social connection is as essential to our health as exercising and maintaining a healthy diet.** Strong, healthy connections are associated with a **50% increase in odds of survival.** Without them, we are at risk of **early death, heart disease, poor mental health, and more.**



When we are socially connected, we live longer, but we also live **safer, healthier, and more prosperous lives.**



SOCIAL CONNECTION

Infrequent contact
Small social networks
No social participation

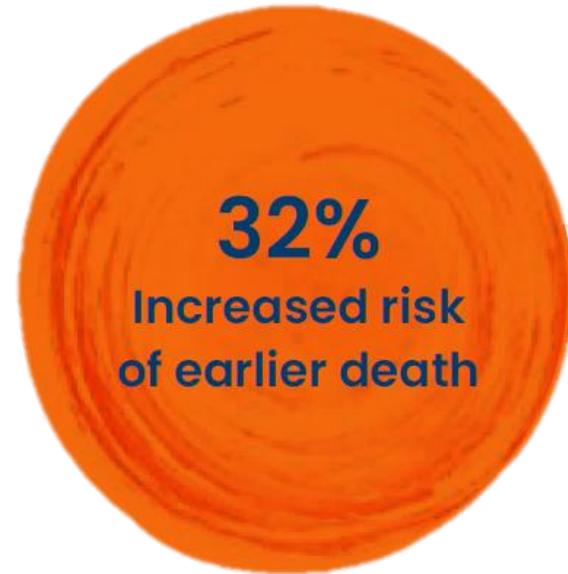
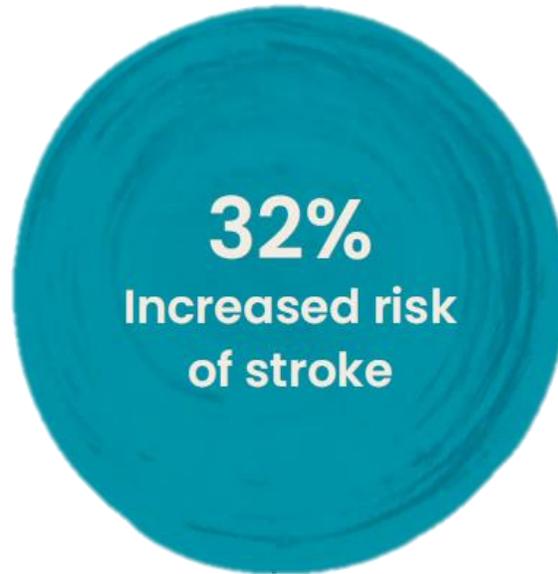
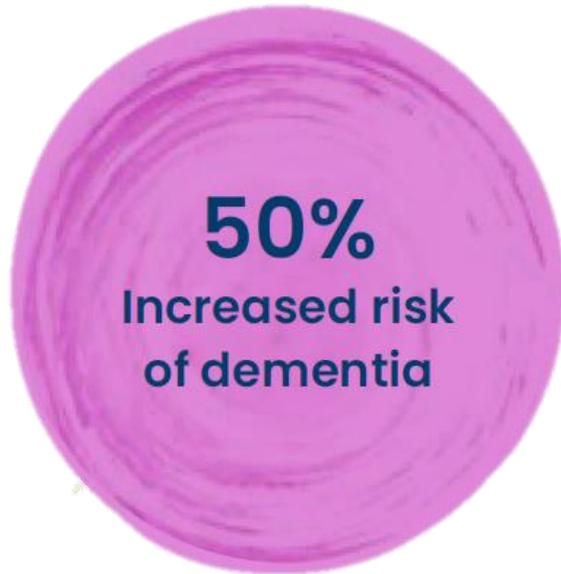
- Is a continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.
- It is the feeling of belonging and having enough support and care.
- **Social disconnection** reflects deficits in relationships and roles, including their functions and quality. Two closely studied in the social connection study were **social isolation** and **loneliness**.

TULSA FIRE DEPT.



LACKING SOCIAL CONNECTION CAN LEAD TO SERIOUS HEALTH RISKS

TULSA FIRE DEPT.



COMMUNITY RISKS DRIVING CHANGE

TULSA FIRE DEPT.



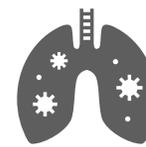
Mental Health
Illness



Substance Use
Disorder



Homelessness



Chronic Illness

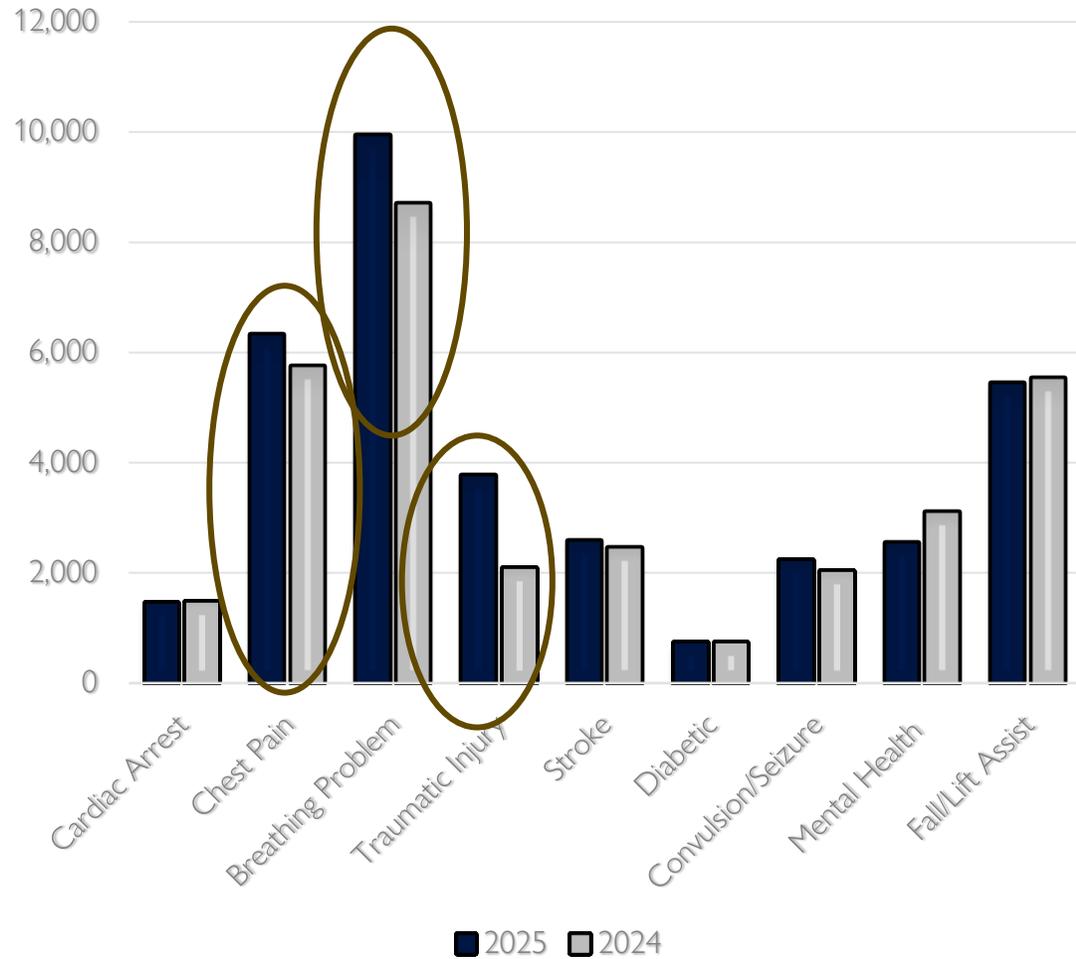


Mobility

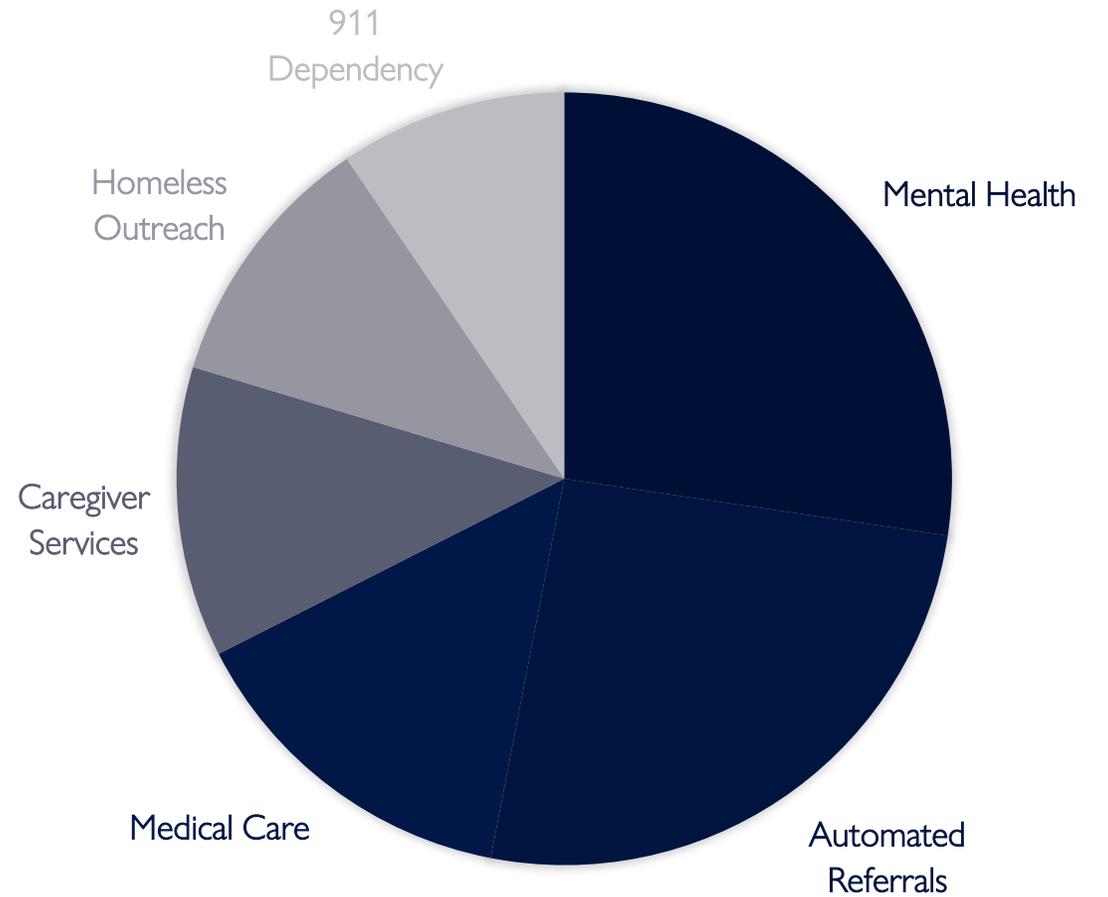


TFD RESPONSETREND

TULSA FIRE DEPT.



MIH REFERRALS



MOBILE INTEGRATED HEALTHCARE

MIH addresses root cause issues during emergency and non-emergency response



Graphic adapted from de Beaumont Foundation and Trust for America's Health, (January 2019)
"Social Determinants and Social Needs: Moving Beyond Midstream"

TULSA FIRE DEPT.



MIH OBJECTIVES



TULSA FIRE DEPT.



911 Reduction

ED Reduction

911 Resources Returned

Improve Outcomes

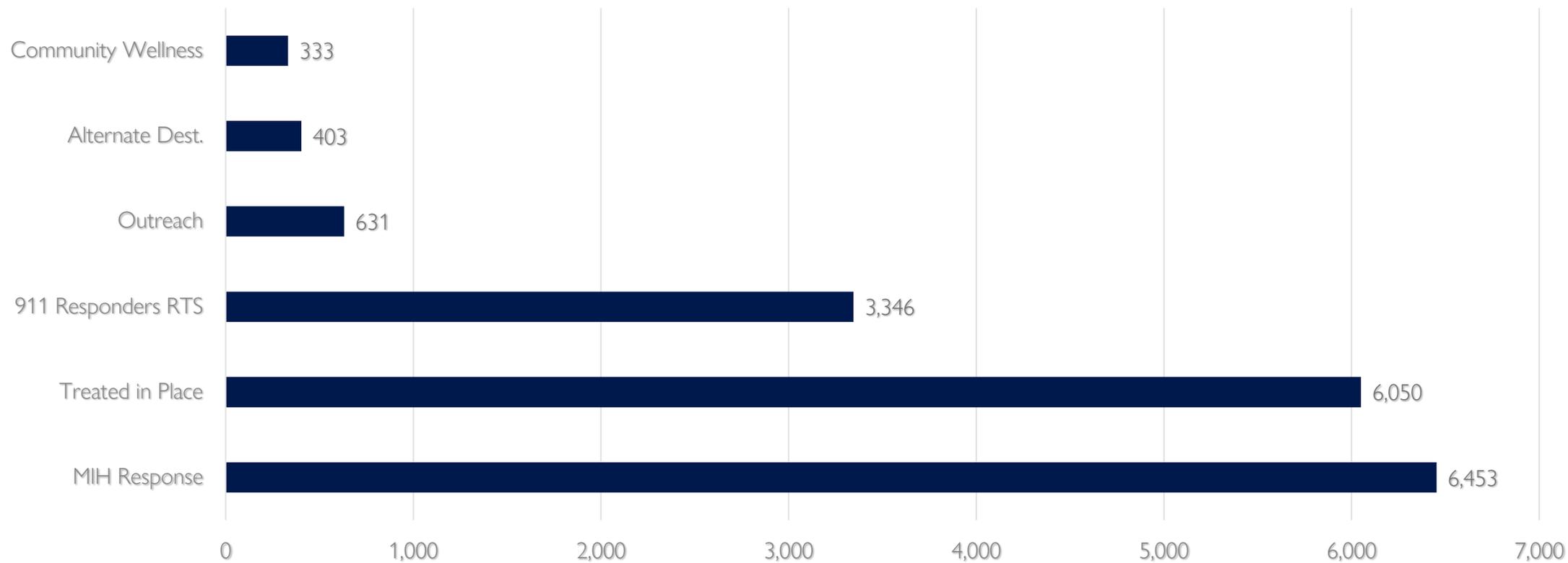
Collaborate

Continuum of Care

BY THE NUMBERS

TULSA FIRE DEPT.

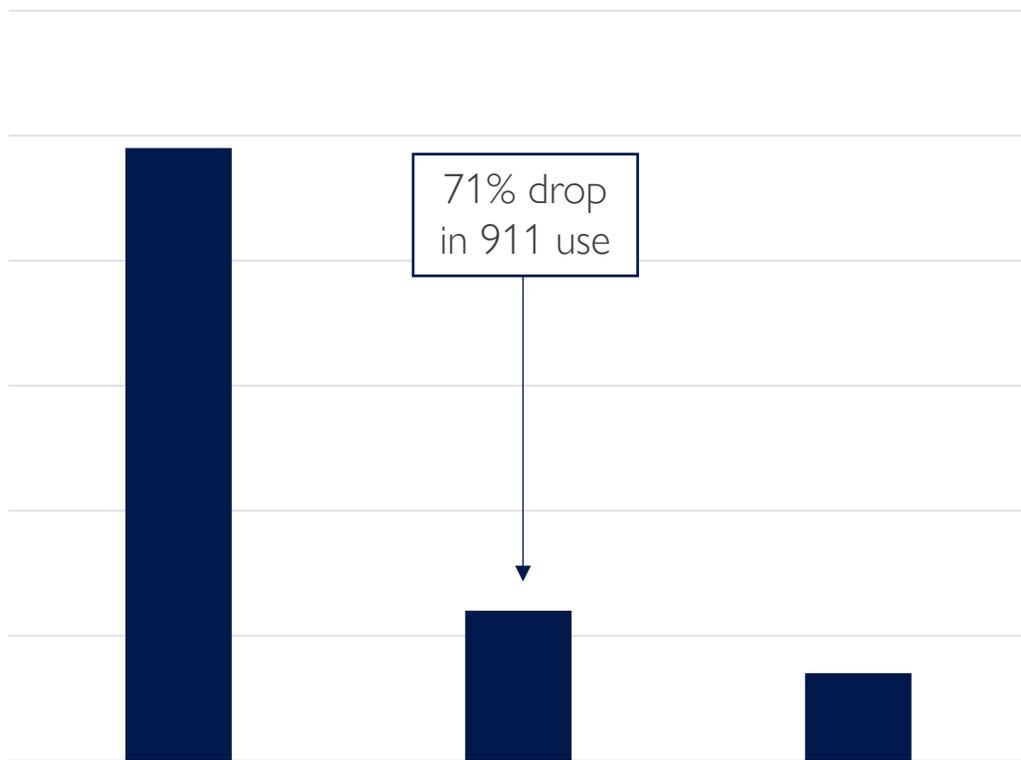
MIH Services Provided



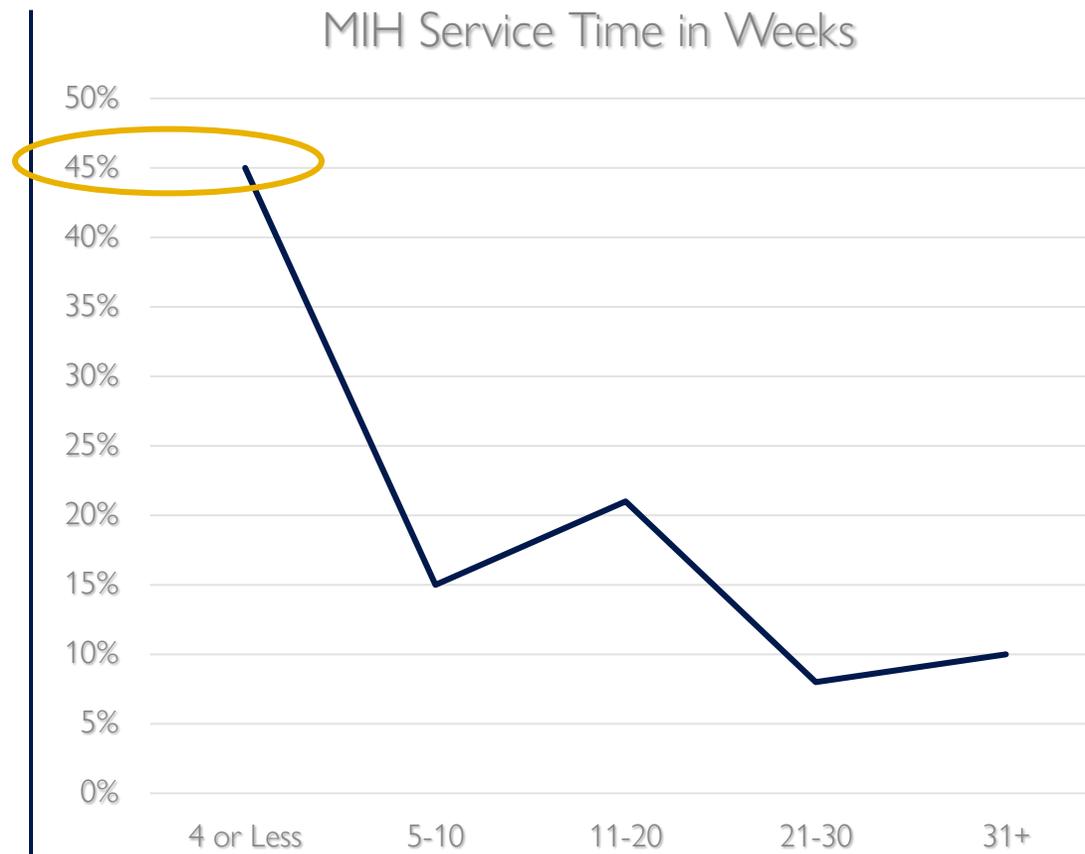
KEY HIGHLIGHTS

TULSA FIRE DEPT

Impact of MIH on 911



MIH Service Time in Weeks



TFD CARES

Community Assistance Referrals and Educational Services



Who

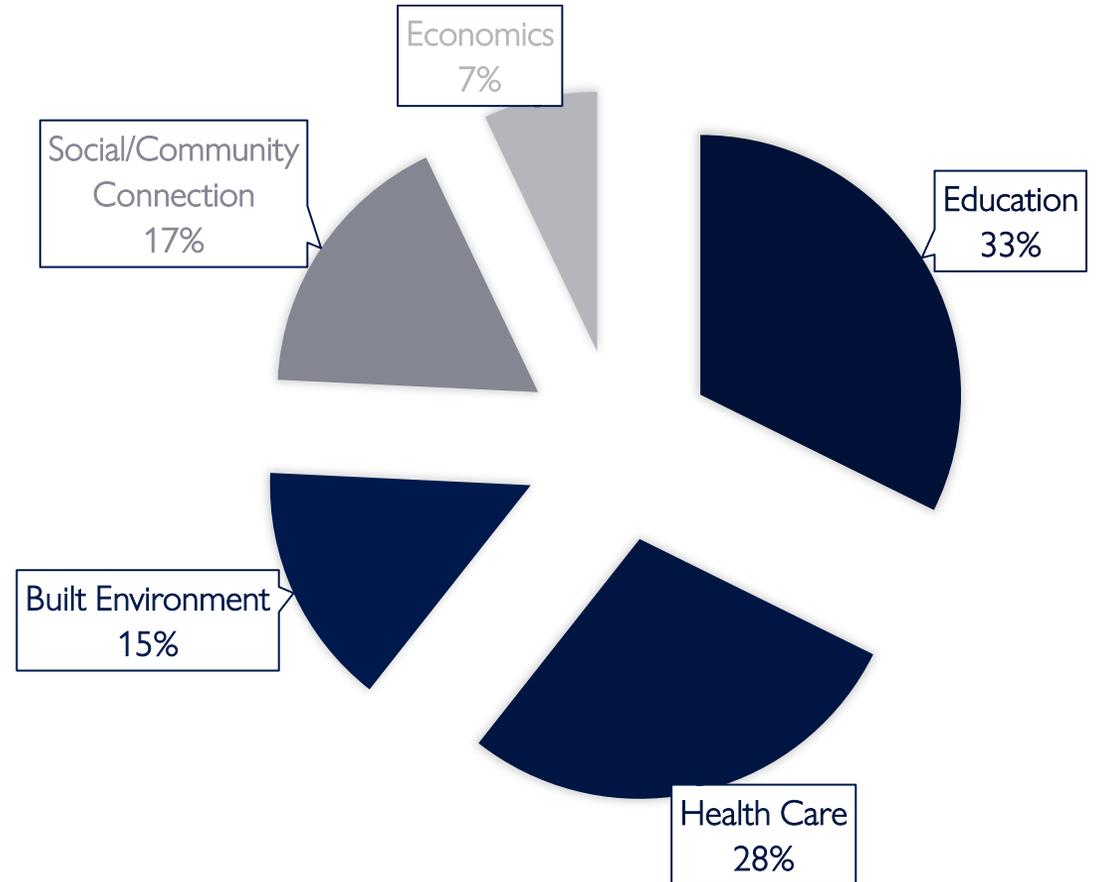
- Case Managers
- Community Paramedics

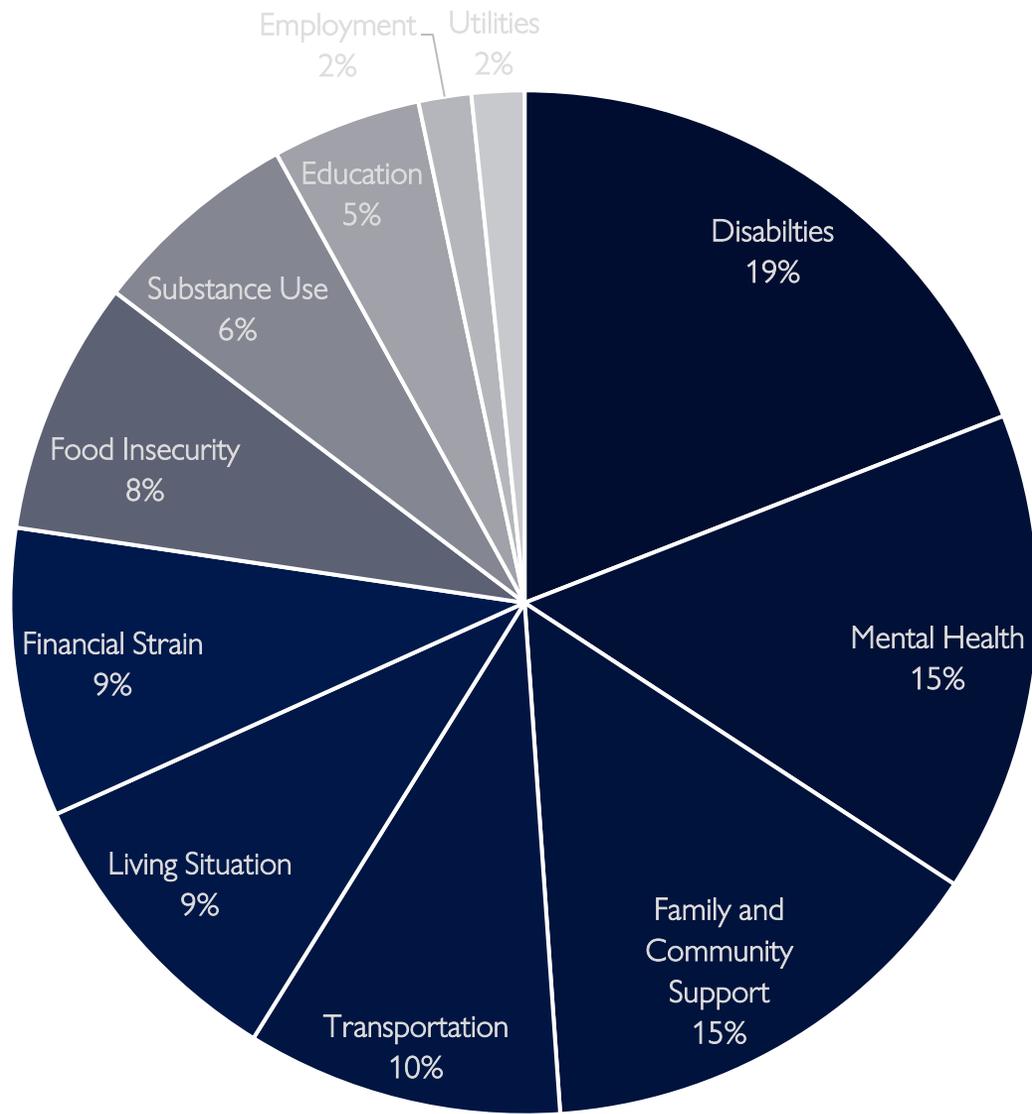
How

- Referral
- Intake Assessment
- Navigate
- Safer Living Environment
- Connect

What

- Navigate SDoH
- Home Safety Assessments





HEALTH RELATED SOCIAL NEEDS SCREENING

Growing evidence shows that if we deal with unmet HRSNs like homelessness, hunger, and exposure to violence, we can help undo their harm to health.

Providers can use the results from the HRSN Screening Tool to inform patients' treatment plans and make referrals to community services. Of the enrolled clients, 90% are reported to have unmet health-related social needs.



CRT/ART-I

Community Response Team
Alternate Response Team-1



TULSA FIRE DEPT.

Who

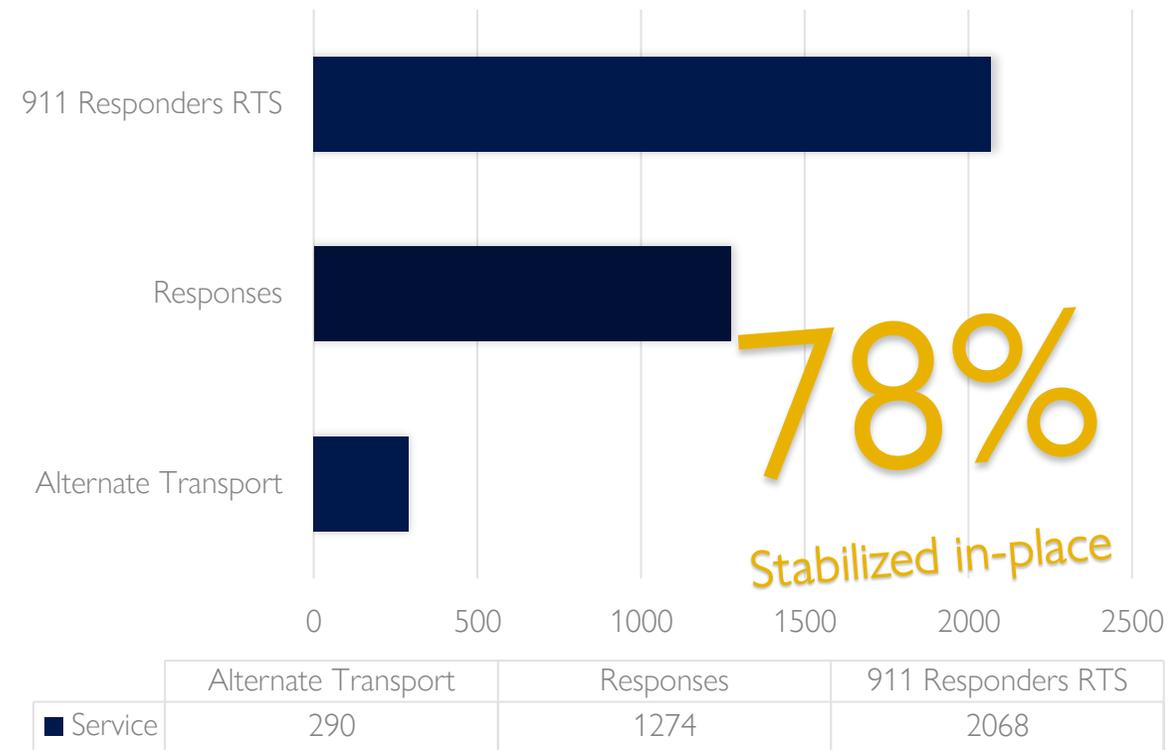
- MIH paramedics/CIT
- COPES clinician
- TPD CIT Officer
- Case manager

How

- Self-dispatch
- Dispatched

What

- Crisis response
- De-escalate, stabilize
- Alternate transport
- Follow-up



ART-2

Alternate Response Team-2



TULSA FIRE DEPT.



Who

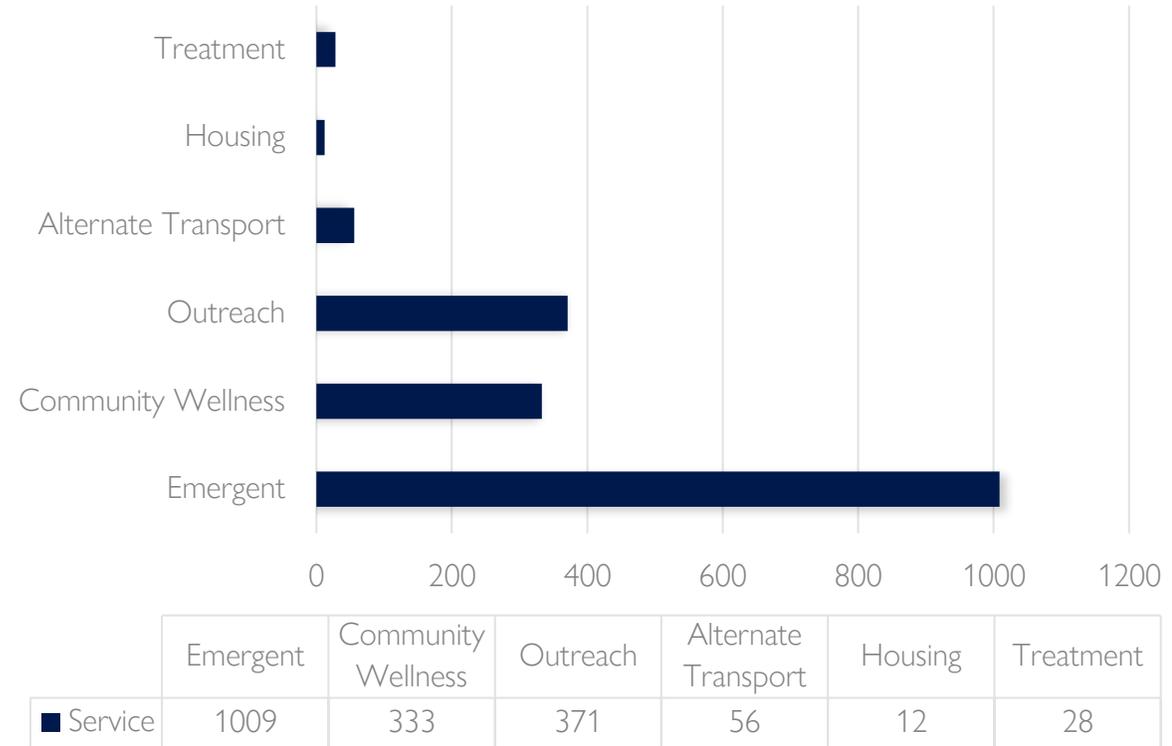
- Community paramedics
- Clinicians
- Case managers

How

- Mobile response
- ALS
- Specialized medical equipment

What

- Emergency response
- Community wellness checks
- Outreach



ORT

Overdose Response Team



Station 5
102 E. 18th St.

Station 10
508 E. Pine St.

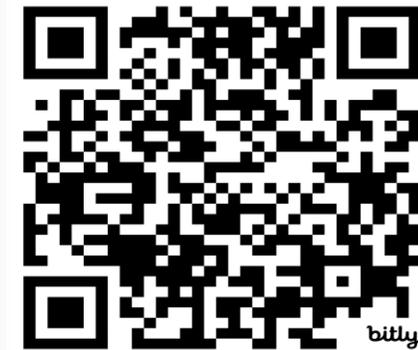
Station 17
1351 N Sheridan Rd.

Station 22
7303 E. 15th St.

OVERDOSE RESCUE KIT INSIDE

Naloxone

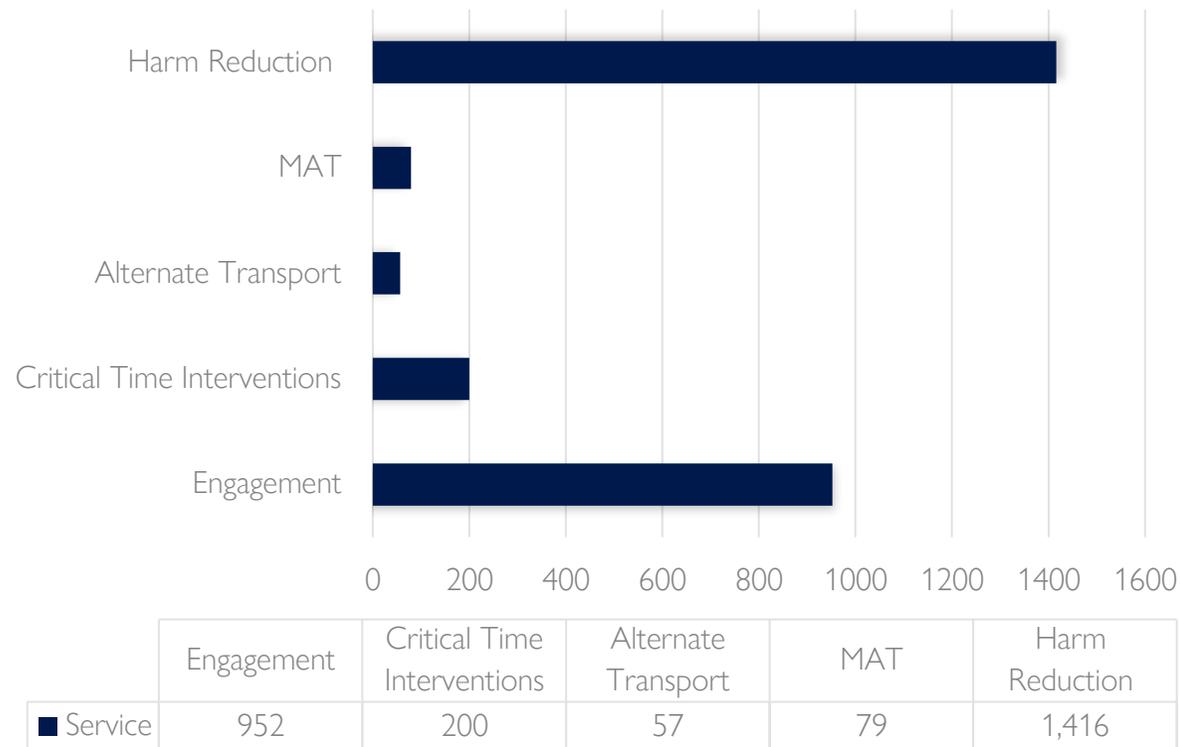
CRAND MENTAL HEALTH



billy

Over 2,000 kits

- Who**
 - Community paramedics
 - Peer Recovery Support Specialists
- How**
 - Mobile response
 - ALS
 - Specialized medical equipment
- What**
 - Emergency response
 - Follow-up
 - MAT



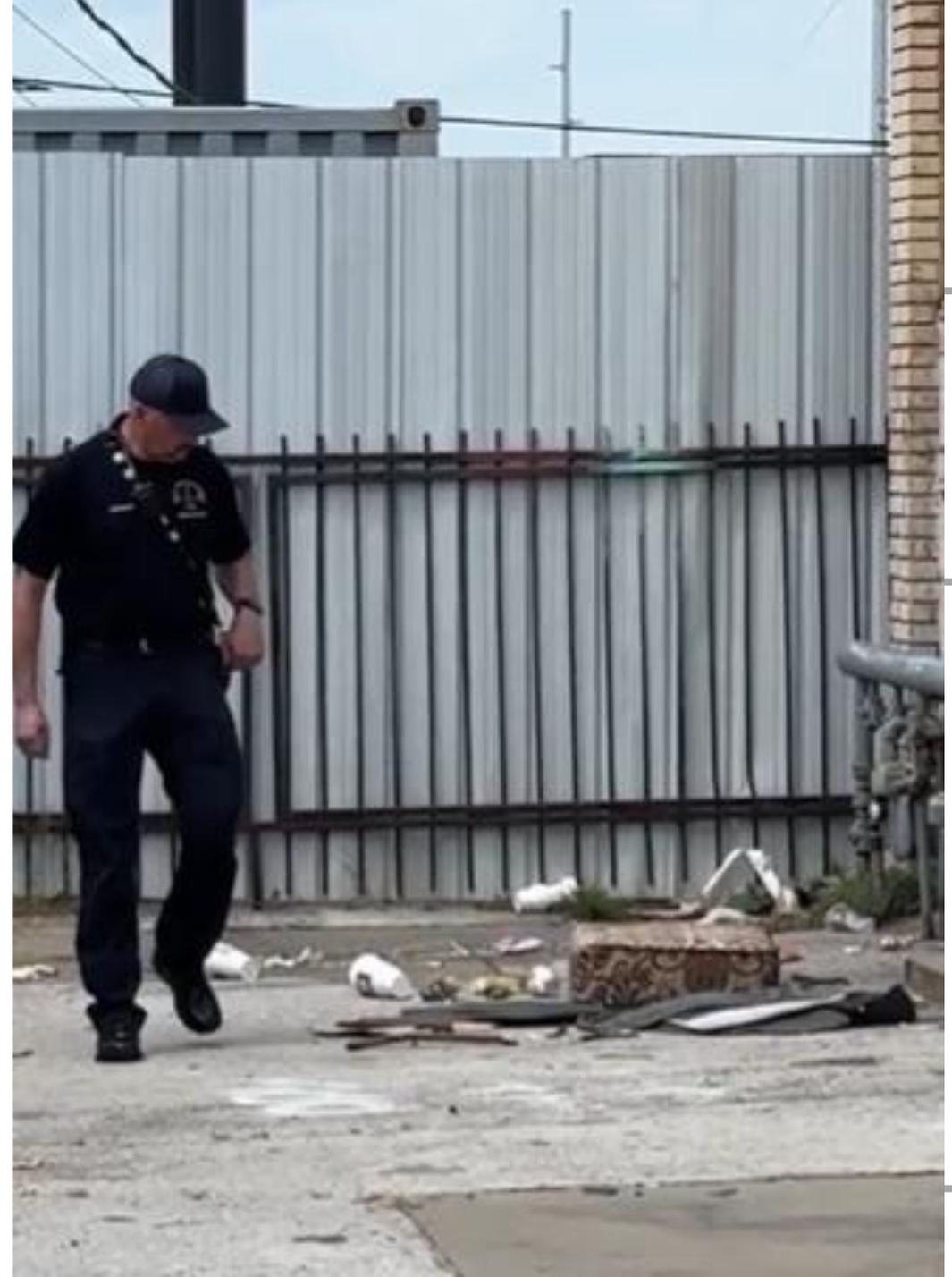
OVERDOSE RESPONSE TEAM

Treating the whole person

I overdosed on fentanyl in June and Travis **resuscitated me**. After I was discharged from the hospital, the **team showed up at my house** to check on Travis and me, and I had a very good discussion **about substance use, low points in life, and how to move forward**. I didn't feel judged, so it was easy to talk to him. He has been there every step of the way during my recovery.

He said he was proud of me and that he thought I deserved a gift to start my next chapter. All I could do was thank him and **give him a hug**. I was speechless. As soon as he left, I **started crying**. I couldn't believe that someone would do something so kind for me. **I don't think anyone has ever told me they were proud of me before.**

It is the best gift I've ever gotten because I know he means it.



OPPORTUNITY FOR IMPROVEMENTS

- Policy
- Systems
- Transportation
- Education

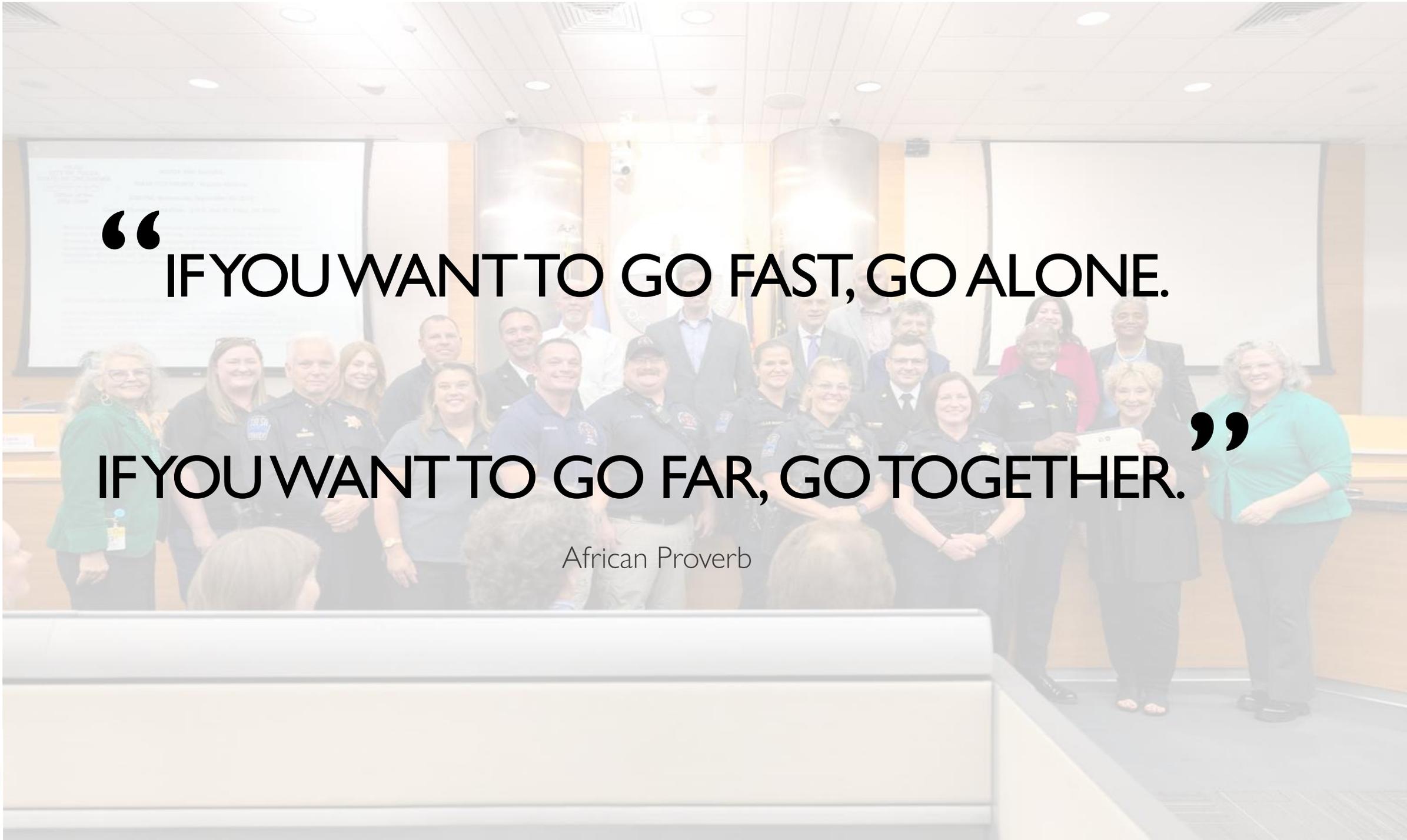




“ IF YOU WANT TO GO FAST, GO ALONE.

IF YOU WANT TO GO FAR, GO TOGETHER.”

African Proverb





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THANK YOU



REFERENCES

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4. Tulsa Fire Department. (2026, January 12th) Department response data. <https://subscriber.firstwatch.net/landing/>





Q&A Discussion Panel

Panel Moderator:

Cheri Michie

Community Engagement Specialist

GRAND Mental Health

Stress and Mental Health Panel



Malayna Hasmanis, M.Ed, MPA,
Executive Director, NAMI Tulsa



Justin Lemery, Chief of Emergency
Medical Services, Tulsa Fire
Department, City of Tulsa



Alicia Beard, MSW, Executive Director
for GRAND Tulsa Outpatient, GRAND
Mental Health



Jordan Howard, Oklahoma Operations
Assistant, Poetic Justice



Officer Demita Kinard, LPC, Case
Manager Mental Health Unit, Police
Department, City of Tulsa



John P Ayers, MS, LPC-S, NCC, Vice
President, Adult Community-Based
Services, Family & Children's Services

Community Networking and Visit Resource Tables

- Upcoming CHIP Quarterly Meeting – State of Chronic Disease Risk Factors and Management
- Date: Tuesday, April 20, 2026
- Time: 9 AM to 11 AM



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Request



Feedback
Survey

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