

- J. Reynolds, Chair**
- W. Baxter, Vice-Chair**
- D. Wu
- C. Ellinger
- T. Morton
- S. Lynch
- D. Gray
- J. Hale
- A. Beasley
- H. Boone



Social Services and Public Safety (SSPS) Committee
 Thursday, July 3, 2025
 3:00 P.M.

AGENDA

- | | | |
|-------------|---|----------------|
| I. | Approval of June 3, 2025 Committee Summary | (1-3) |
| II. | Recruitment, Retirement, and Retention for Public Safety
[Reynolds, Baxter/Armstrong, et al.] | (4-18) |
| III. | Community Health Improvement Plan
[Reynolds/Hart and Nentwick] | (19-40) |
| IV. | Items Referred to Committee | (41) |

2025 Meeting Schedule

January 14	June 3
January 28	July 3*
February 25	August 26
April 15	October 14

*Note: The July 3 meeting will be held at 3:00 p.m. on Thursday

"Social Services and Public Safety Committee, to which shall be referred matters relating to the department of social services and its divisions, the department of public safety and its divisions, any related partner agencies, and matters relating to capital improvement projects." - Council Rules & Procedures of the Lexington-Fayette Urban County Council, Section 4.102 (1)



Social Services and Public Safety Committee

June 3, 2025

Summary and Motions

Chair Jennifer Reynolds called the meeting to order at 1:00 p.m.

Committee Members Chuck Ellinger II, Tyler Morton, Shayla Lynch, Denise Gray, Amy Beasley, Whitney Elliott Baxter, and Hilary Boone were present. Committee Members Vice Mayor Dan Wu and Council Member Joseph Hale were absent. Council Members Emma Curtis, Liz Sheehan, and Dave Seigny were present as non-voting members.

I. APPROVAL OF APRIL 15, 2025 COMMITTEE MEETING SUMMARY

Motion by Ellinger to approve the April 15, 2025 Committee Summary. Seconded by Baxter. Motion passed without dissent.

II. SUBSTANCE USE DISORDER INTERVENTION (SUDI) PROGRAM

Carmen Combs Marks, SUDI Program Coordinator, presented the update on SUDI/Opioid Abatement. She reviewed the expanded roles of first responders and community partners. She examined the goals of providing naloxone and discussed how the growth of community paramedicine has altered the narrative. She reviewed the overdose statistics for 2022-2025. They implemented outreach throughout the community, including recovery residences. The Recovery Supportive Living Assistance (RSLA) program was launched in 2020 to support individuals entering recovery. They are exploring options for expansion. She reviewed the distribution of naloxone kits by year and quarter. She spoke about the Substance Use Disorder Advisory (SUDA) Council, which guides Lexington's outreach on overdose issues. Regarding national opioid litigation, they have not spent any money but have received about \$7 million. The Abatement Commission meets on the second Friday of every month, and you can speak at any meeting by signing up in advance.

Regarding a town hall meeting on the opioid crisis with the state, there are concerns that a narrative has emerged suggesting this issue is not discussed within the Black community. When addressing how to ensure these communities receive help, Marks noted they continue to participate in festivals and are actively engaging with the faith-based community. The most significant barrier to accessing naran is the stigma; several community members push back due to fear of being associated with this issue. Marks emphasized the importance of being present and having a voice to contribute to the solution. Regarding the Substance Abuse and Mental Health Services Administration (SAMHSA) grant, Marks stated that the plan is to request funding from the Opioid Abatement Commission. When asked who funds recovery residences, Marks explained that they support homes striving for compliance through a one-time payment and a random selection process. Concerning the \$500 stipend, Marks clarified that it was previously \$425, a sum that allowed for the support of more individuals. As costs rise, Marks confirmed plans to increase this amount again. While Marks is uncertain about which recommendations will be accepted for opioid abatement, there is a desire to allocate funds toward recovery, making them available to individuals at all levels. Marks also suggested that collaborating with FCPS to have someone work with school-aged children might help establish a curriculum for schools or after-school activities. **No action was taken on this item.**

III. EmPATH CENTER UPDATE

Marc Woods, Chief Nursing Officer at UK Healthcare/Eastern State EmPATH Center, explained that EmPATH stands for Emergency Psychiatric Assessment Treatment and Healing. Patients begin their treatment there and may be transferred to a more suitable facility. The center assists in obtaining the necessary resources and services. The EmPATH model is expanding nationally and is recognized for its best practices. He highlighted the differences between EmPATH and a typical Emergency Department: a psychiatrist sees patients within 10 to 30 minutes, and a care plan is promptly provided. He also showed what the rooms look like, featuring chairs that can be arranged as desired. The facility opened last July, and now there are 60 such centers across the country. Lindsey Jasinski, Chief Administrative Officer, mentioned that they currently have 16 chairs and are working toward acquiring 24 more. Many facilities require patients to visit the emergency department first for medical care; however, they have found that this delays treatment, so they accept anyone and assess their issues upon arrival. Jasinski reviewed the various positions that comprise the team. They have assisted over 4,000 patients aged 18 and over, with 60-65% coming in due to suicide concerns. They have reduced hospital stays by 8%, and outpatient follow-up has increased from 29% to 65%. She also reviewed the EmPATH outcomes, which include winning the national EmPATH of the year award.

Historically, there have been long waits to get in; however, since the pandemic, demand has increased, so we must improve access to care. They don't want people to wait. They want to start treatment right away. Woods said a barrier to seeking treatment is stigma, which is significant, but it has improved. There is still more to be done, and people need to recognize when they need help and be willing to accept it. When asked how easy it is for residents to get there, Jasinski said it is accessible, and they are on a bus route. They cannot pick up patients and bring them to the facility, but they can take them home. They have working relationships with first responders and collaborate with the mental health court and judges. A monthly meeting is held to address challenges. Jasinski said they partner with social workers and rely on them to facilitate these services. Patients' preferences dictate where they go; they are not forced to visit a specific place. Woods said they pull resources to illustrate that this facility is inclusive. Woods explained that part of the evaluation includes compassionate care, and they do not consider race or gender identity as factors. When asked how often they reach full capacity (16 chairs), Jasinski stated they do not want to turn anyone away; they have had up to 21 patients, and they are trying to become more efficient. They have seen patients from 28 states, but the majority are from Fayette County. They would like to see more of these facilities in the state of Kentucky. If someone comes in under the care of another provider, they can be evaluated, and their services and medications can be reassessed and possibly changed. They collaborate with the provider to modify their care plan and medication. Jasinski confirmed they treat pregnant women, and they have equipment to assist with babies while moms are receiving treatment. **No action was taken on this item.**

IV. THE HOPE CENTER EXPANSION PROJECT

Jeff Crook, CEO of Hope Center, reviewed the property expansion. They relocated the entrance to the emergency shelter to provide better access for emergency vehicles. He detailed the building specifications and the timeline for opening. He also discussed veterans' housing and supportive transitional housing. When asked if any of the 32 beds are contracted, Crook stated that individuals must meet specific qualifications. David Shadd, Chief Programs Officer, mentioned that they have a staff member who checks qualifications for transitional housing. He noted the veterans' housing has not reached capacity, but veterans don't always qualify based on their discharge status. Discussing the process for filling the remaining beds, Crook explained that they refer anyone who comes in for services and consult with clients to determine if they are in the

right place. They aim to ensure a smooth transition to a new environment by setting goals, connecting with available resources, and providing necessary support and care. When asked about a contingency plan, Crook indicated they have insurance. They manage approximately nine facilities, and if needed, they could utilize one of these facilities for emergency housing. They have considered relocating individuals during power outages to ensure they have access to heat. He also mentioned that the Board of Directors includes generous members, and they have a foundation with significant funding. They have engaged with the community to find alternative housing during the pandemic, which helped them develop scenarios to illustrate their planning capabilities.

When asked how the residents are prepared to transition to permanent housing, Shadd stated that the staff works with the men to get organized and ready, assisting with appointments, applications, and other paperwork. Regarding outreach, they hope to add a second shift. They have two vehicles in use for outreach, but can also bring in another vehicle, creating three teams. The outreach team initially consisted of 1.5 people but has since grown into a more robust group. They take referrals, visit camps, respond to calls, and search for individuals in encampments to provide resources such as sober living and mental health services. They are also working on housing with rental assistance checks, offering a wide range of services. They respond to calls and emails to locate people. Concerning similar recovery program facilities for women, beds have been allocated at the Versailles Road women's recovery program. There was concern about equal representation so that women can access these resources and services. SAMHSA for Substance Use Prevention, Treatment, and Recovery Block Grant, and the Community Mental Health Services Block Grant. They plan to increase fundraising in the hope of avoiding service reductions due to the loss of federal funding. **No action was taken on this item.**

V. ITEMS REFERRED TO COMMITTEE

Motion by Gray to remove the *Review of Sheriff's Office* item from the Social Services and Public Safety committee. Seconded by Ellinger. Motion passed without dissent.

Motion by Baxter to remove the *EmPATH Center Update* item from the Social Services and Public Safety committee. Seconded by Beasley. Motion passed without dissent.

Motion by Lynch to remove the *Hope Center Expansion Project Update* item from the Social Services and Public Safety committee. Seconded by Morton. Motion passed without dissent.

The meeting adjourned at 2:31 p.m.



Recruitment, Retirement, and Retention for Public Safety

*Ken Armstrong, Commissioner of Public Safety,
Lawrence Weathers, Chief of Lexington Police Department,
Jason Wells, Chief of Lexington Fire Department,
and Scott Colvin, Chief of Community Corrections*

*Social Services and Public Safety Committee
July 3, 2025*





Pay Considerations Starting and Top Steps

Division	2020	2021	2022	2023	2024	2025
Firefighters	S:\$42,536 T:\$68,781	S:\$42,536 T:\$68,781	S:\$45,000 T:\$71,878	S:\$51,624 T:\$79,176	S: \$52,942 T: \$85,453	S:\$54,265 T: \$83,210
Corrections Officers	S:\$32,000 T: \$48,814	S:\$34,235 T: \$48,814	S:\$41,600 T:\$56,179	S:\$50,348 T:\$65,364	S:\$51,858 T:\$67,325	S: \$52,895 T: \$68,671
Police Officers	S:\$41,057 T:\$66,087	S:\$41,057 T:\$66,087	S:\$47,000 T:\$70,000	S:\$56,410 T:\$80,100	S:\$57,538 T:\$81,702	S: \$58,689 T: \$83,336

Top Steps: Firefighters 14 years, Corrections 15 years, Police Officers 15 years



Does not include other pay considerations via Collective Bargaining Agreements (i.e. Education, Uniform Allowance, Special Duty Pay, Bilingual Incentive, etc.)



Other Pay Considerations

- **Corrections**

1. New employees \$3,000 (Paid in 4 increments based on progression in the probation status)
2. Recruitment pay of \$1,000 for current employees (Paid to employee in 2 increments based on new employee's progress)

- **Fire**

1. Receive an additional \$4,562 annually from the State Training Incentive effective on 7/1/25.

- **Police**

1. There is currently a \$3,000 lump sum payment for new employees (Paid in 3 increments based on progression in the probation status)
2. Receive an additional \$4,562 annually from the State Training Incentive effective on 7/1/25.





Corrections - Initiatives

Recruiting

1. Social Media and traditional media efforts
2. Public events and relationships with civic groups
3. “Interview Now” and “Red Tag”

Retention

1. Focus on physical and mental health as well (Both)
 - Social and Community events
 - Peer support
2. Personnel training and development
3. Employee recognition Initiatives

*Department Initiative: Studio 46 Marketing for All of Department





Staffing Levels 2020 to 2025 Community Corrections

	2020	2021	2022	2023	2024	2025
Authorized Strength	323	323	323	323	323	323
Vacancies	55	70	124	92	32	18
Attrition	76	106	77	86	94	53+

Vacancy Numbers are based on data for June of each year (All Slides)



Attrition Numbers are based on data from January 1st of each year (All Slides)



Applicant Numbers Community Corrections

	2020	2021	2022	2023	2024	2025
Classes	5	5	5	9	6	3
Total Applicants /Average	242/ 48	174/ 35	264/ 53	583/ 65	659/ 110	328/ 109
% Change per Class Average	-6	-27	51	22	69	0

Since 2021 there has been a 211% increase in yearly applicants



Corrections has a year around hiring process



Police – Initiatives

Recruiting

1. Physical preparedness, desire for the profession, lower “calling to serve”, Prep Courses and PT “check-in”
2. Expanding recruiting efforts / hiring ages (20 yoa)
3. Overall, seeing an increase in applications

Retention

1. Senior personnel are leaving for other jobs in similar fields (has slowed some)
2. Focus on physical and mental health as well (Both)
 - Wellness Coordinator
 - Peer support
3. Use of technology to supplement operations (opportunities to learn new skills)





Police – Initiatives

Staffing Alternatives (45 Positions Since 2021)

1. Police Retiree Program (9)
2. Clerks (25)
3. Increase in Safety Officers from 20 to 25
4. Real Time Intelligence Center (6)





Applicant Numbers Police Department

	2020	2021	2022	2023	2024	2025
Classes*	1	2	1	3	2	3**
Total Applicants /Average	659	688/ 334	337	954/ 318	683/ 342	1208/ 403
% Change	29	-49	1	-5	8	15

*Each class required a separate application process

** New class set to start in November





Staffing Levels 2020 to 2025 Police Department

	2020	2021	2022	2023	2024	2025
Authorized Strength	633	633	639	639	639	641
Vacancies	19	49	57	91	99	84*
Attrition	64	76	77	68	77	27+

* New class set to start in November





Fire – Initiatives

Recruitment

1. Increased social media presence
2. Enhanced software to actively manage the application process
3. Improved communication and engagement with applicants

Retention

1. Focus on Physical and Mental Health
 - Wellness Coordinator
 - Physical fitness standards established
 - Peer Support established with extended programs offered





Applicant Numbers Fire Department

	2020	2021	2022	2023	2024	2025
Classes*	2*	1	2*	1	1	2*
Total Applicants /Average	565	471	495	619	552	688
% Change	-13	-17	5	25	-11	20

*Next class set to begin in late Fall





Staffing Levels 2020 to 2025 Fire Department

	2020	2021	2022	2023	2024	2025
Authorized Strength	597	597	599	620	622	635
Vacancies	22	31	8	28	27	12*
Attrition	42	25	47	38	42	27+

*Next class set to begin in late Fall





Collective Bargaining Agreement Statuses

Division	Expiration Date
Firefighters, Lieutenants and Captains	In-Process
Fire Majors	6/30/2026
Corrections Officers and Sergeants	In-Process
Corrections Lieutenants and Captains	6/30/20028
Police Officers and Sergeants	6/30/2026
Police Lieutenants	6/30/2026



Questions?



LEXINGTON





BRIGHT LIGHTS, BOLD IDEAS:
SHAPING THE FUTURE OF
PUBLIC HEALTH PRACTICE



Integrating Participants' Lived Experience from Photovoice to Co-design Strategies for Improving Access to Behavioral Health Services

Presented by:

*Jeanette Hart, Quality Services Manager,
Lexington-Fayette County Health Department*

*Christy Nentwick, Quality Assurance Coordinator,
Lexington-Fayette County Health Department*

NOTE: This is a self-paced, interactive session. Use pause prompts to reflect and engage.



Session Objectives



Understand how Photovoice captures lived experience



Learn how to integrate Photovoice into co-design



Explore real-world examples and engage in interactive reflection

Framing The Issue

Why Focus on Behavioral Health Access?

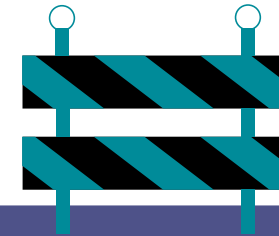


National Trends & Inequities

Behavioral Health Needs

Unequal Access to Care

National Provider Shortage



Barriers in Local Systems

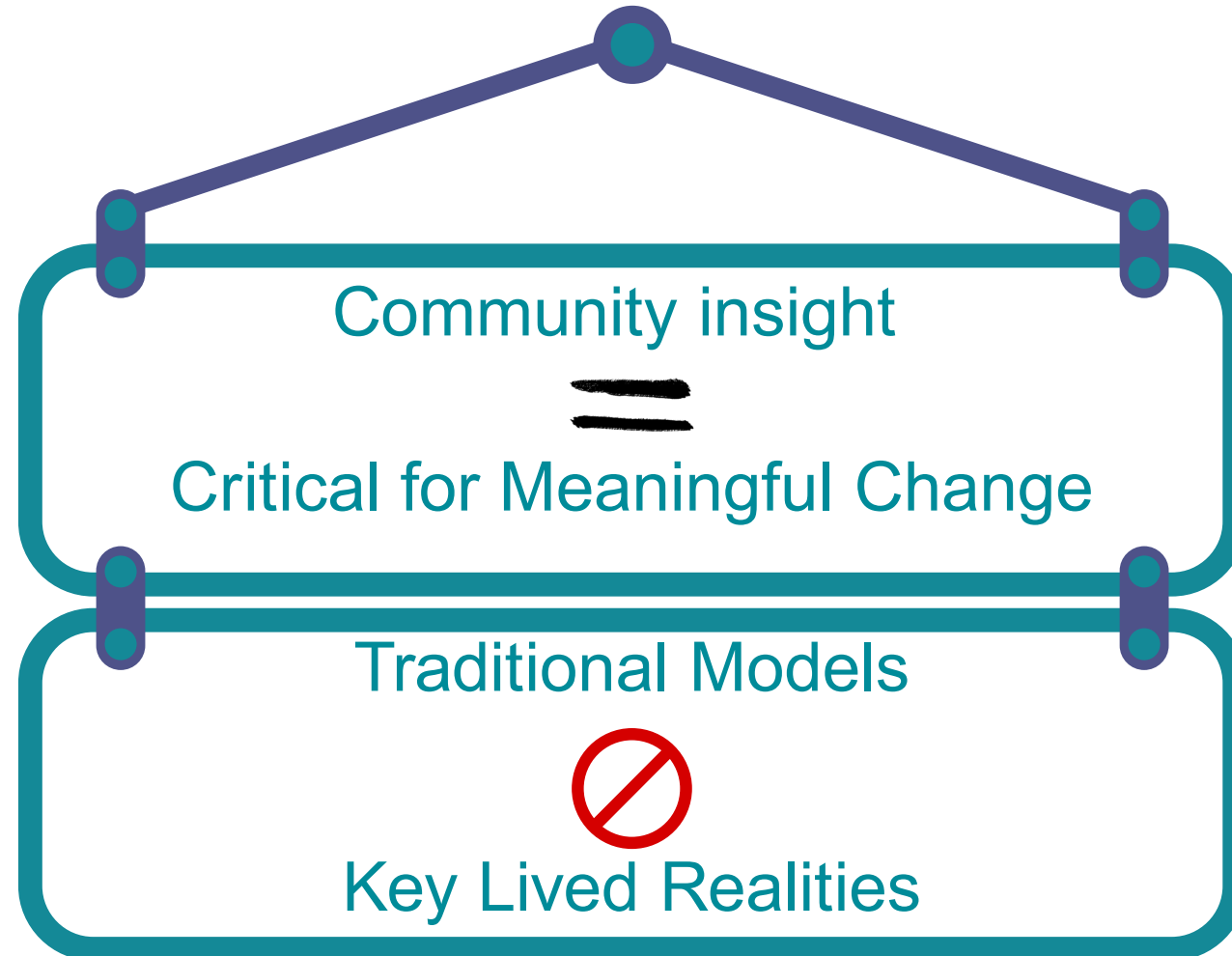
Stigma and Cultural Mistrust

Limited Transportation Options

Less Providers & More Waiting

Framing The Issue

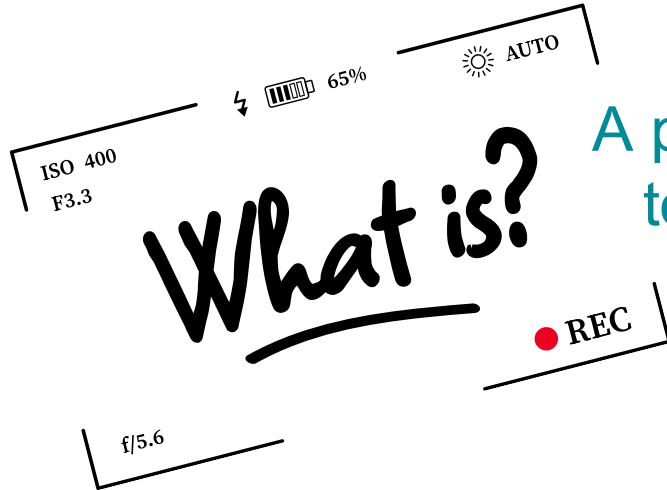
The Case for Community-Led Design





What is Photovoice?

Introduction to Photovoice



A participatory research method that empowers individuals to capture their lived experiences through photography, using images and narratives to advocate for change.

- Developed in the 1990s by Caroline Wang and Mary Ann Burris.
- Originated to help marginalized communities influence policy through photography.
- Rooted in Participatory Action Research, emphasizing shared power and lived experience.

What is Photovoice?

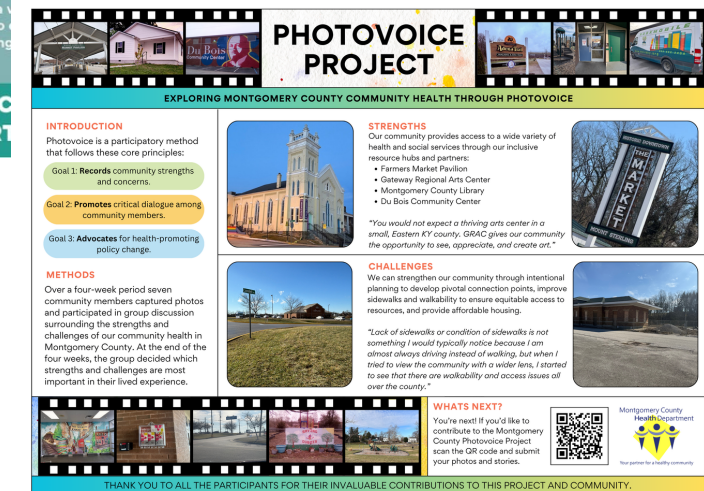
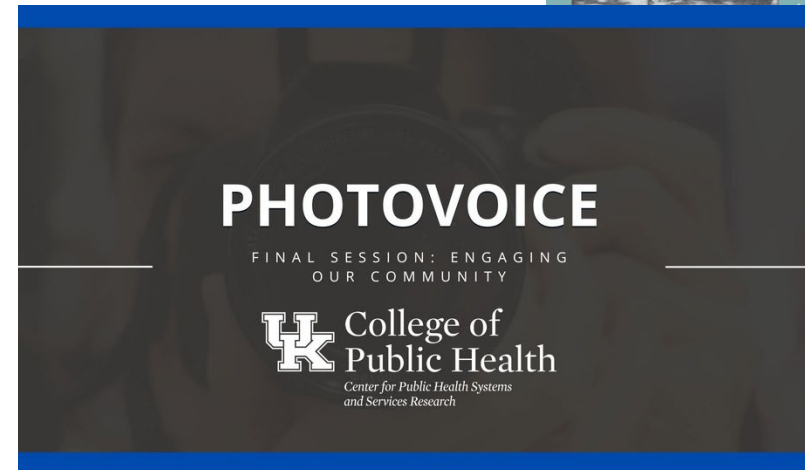
Goals of Photovoice

-  **EMPOWERMENT**
-  **ADVOCACY**
-  **SYSTEMS CHANGE**

PHOTOVOICE YMCA BLACK ACHIEVERS

On Saturday, February 24, 2024 at BCTC Newtown Campus, 30 participants from the YMCA Young Black Achievers took part in the PhotoVoice session as part of the Community Health Assessment (CHA) initiative.

The YMCA Young Black Achievers recently engaged in a PhotoVoice session. This session centered around the history and techniques of photography. Due to logistical constraints, participants were unable to take cameras home and had a limited two-hour window for the session. Participants captured images of both the strengths and concerns of their community through photography. Following this, the group reconvened to collectively share their images and discuss their interpretations and the stories behind the captured images. Highlights of the session included active engagement and critical thinking among the participants. The main topics of discussion centered around:



:

js

nd Options

ue and reflection
nity.

62-2371
CHD.org



Photovoice Results

From Discussion to Data

Strengths

- Public art and murals
- BCTC campus
- The faith community
- Public libraries as mental health infrastructure
- Access to the arts
- Community spaces for creative expression
- Innovative group therapy and grief support
- Harm reduction and recovery resources
- Accessibility of mental health services
- Parks and access to natural environments
- Outdoor amenities
- LexTran and mail service
- Farmers' markets
- Access to food options
- Remembering/forgetting local history
- Support for migrant and refugee communities
- Inclusivity challenges faced by the LGBTQ+ community
- Limited awareness reduces use of behavioral health resources

Concerns

- Gun violence
- Substance use disorder
- Disinvestment in BIPOC communities
- Gentrification and lack of affordable housing
- Homelessness
- Lack of housing
- Uncared-for buildings and landscapes
- Bullying and vandalism
- Litter and neglected public spaces
- Social isolation, especially in rural areas
- Lack of mental health professionals and limited hours of operation
- Lack of transportation
- Lack of access to services
- Lack of healthy food options
- Competing daily demands
- Apathy or not knowing how to help
- Stigma surrounding grief
- Immigrant grief and cultural barriers
- Misunderstanding and isolation in grief
- Inadequate response to hidden or invisible disabilities



Photovoice Results

From Discussion to Data

Which elements of the Photovoice project had an impact on you, and why?



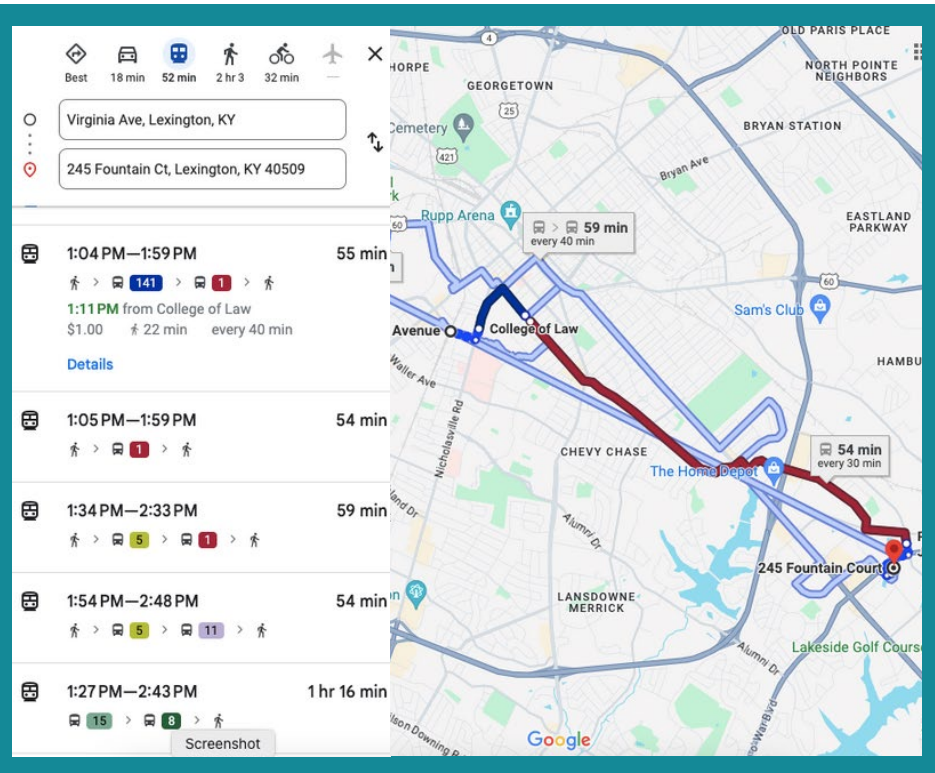
Which two words would you use to describe your experience with this Photovoice project?





What is Photovoice?

Photovoice In Practice



INTERACTIVE PROMPT:

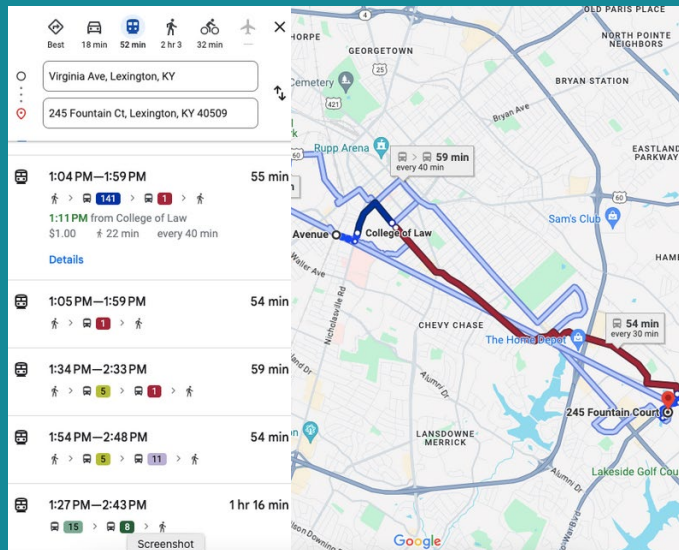
Pause and jot
down: How would
you title these
photos and
captions? What
are your
takeaways?



What is Photovoice?

Photovoice In Practice

Transportation Barriers to Behavioral Health



Lexington's public transportation service... may involve long commute times and navigating several bus routes... which may not be feasible for those who have little time, mobility issues, or lack of access to technology to navigate the routes.

Doors to Recovery



These doors lead to places where AA and other anonymous recovery meetings are held... They are also the scariest doors anyone can walk through... There shouldn't be a "wrong door" to treatment. Let's open the doors to all.

Real-World Example

Photovoice In Practice

INTERACTIVE PROMPT:

1. Pause and take out your phone.
2. Find a picture that holds meaning for you.
3. Ask yourself these questions...

- What does this photo represent to you?
- How does this image relate to your health, well-being, or access to care?
- What would you want others—especially decision-makers—to understand from this photo?

Send us your
picture!

**WE WANT YOUR
PHOTOS!**

SCAN ME!

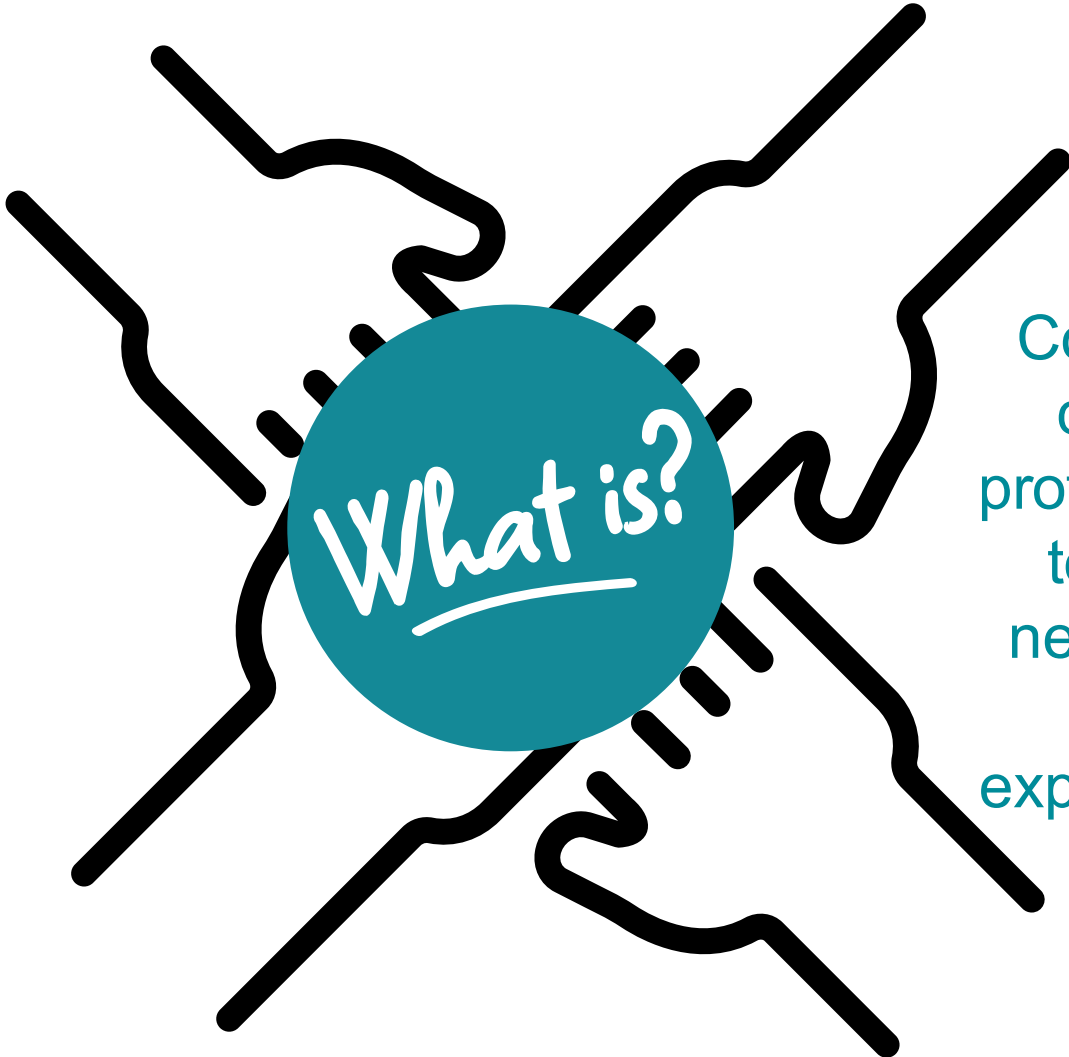




From Insight to Action

What is Co-Design

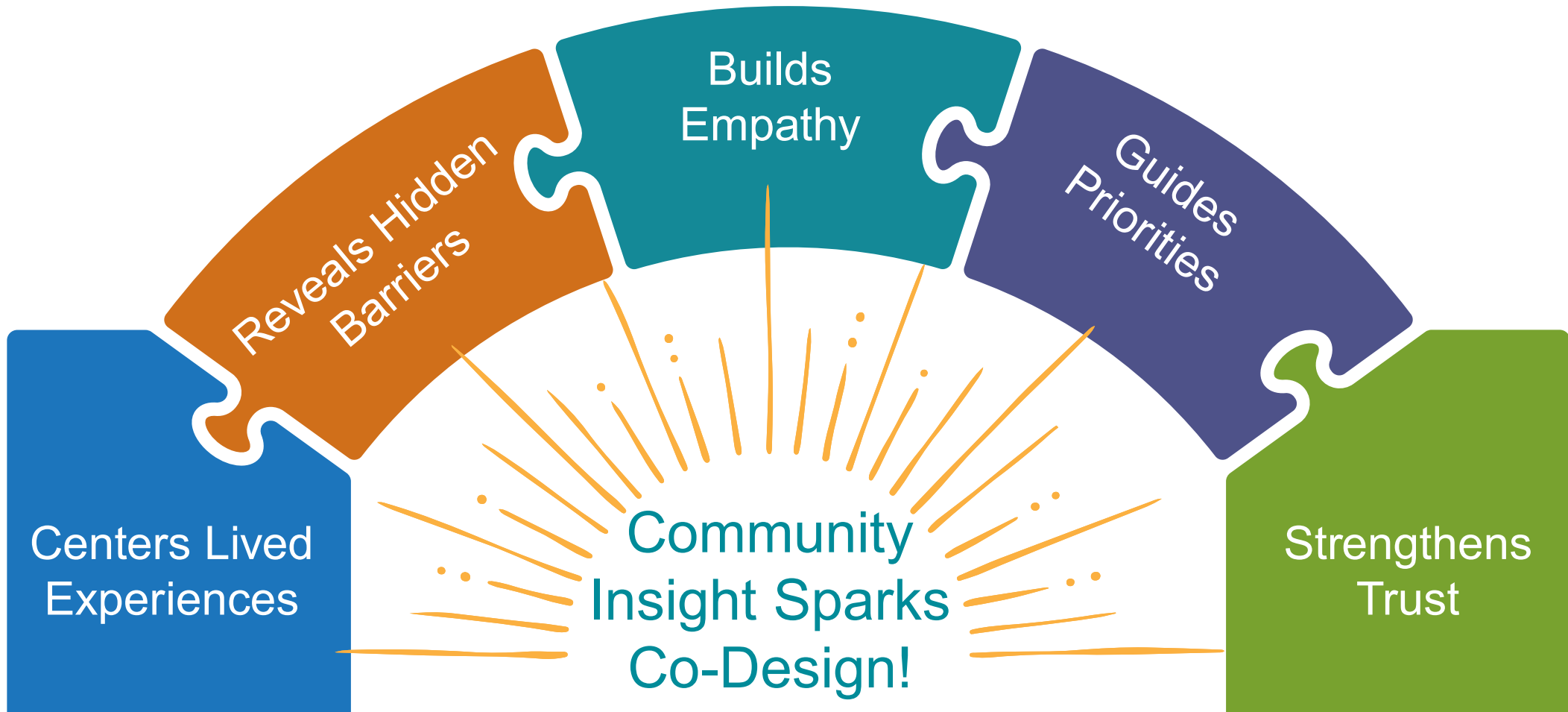
Co-design is a collaborative process where community members, stakeholders, and professionals work together as equal partners to design solutions that meet actual local needs. It emphasizes shared power, mutual respect, and the integration of lived experience to create more effective, inclusive, and sustainable outcomes.





From Insight to Action

Bridging The Gap

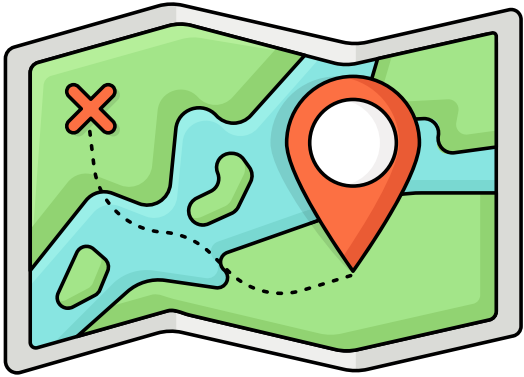


Co-Design Methods

Tools for Collaboration

33

NACCHO
360
#NA360



Journey Mapping



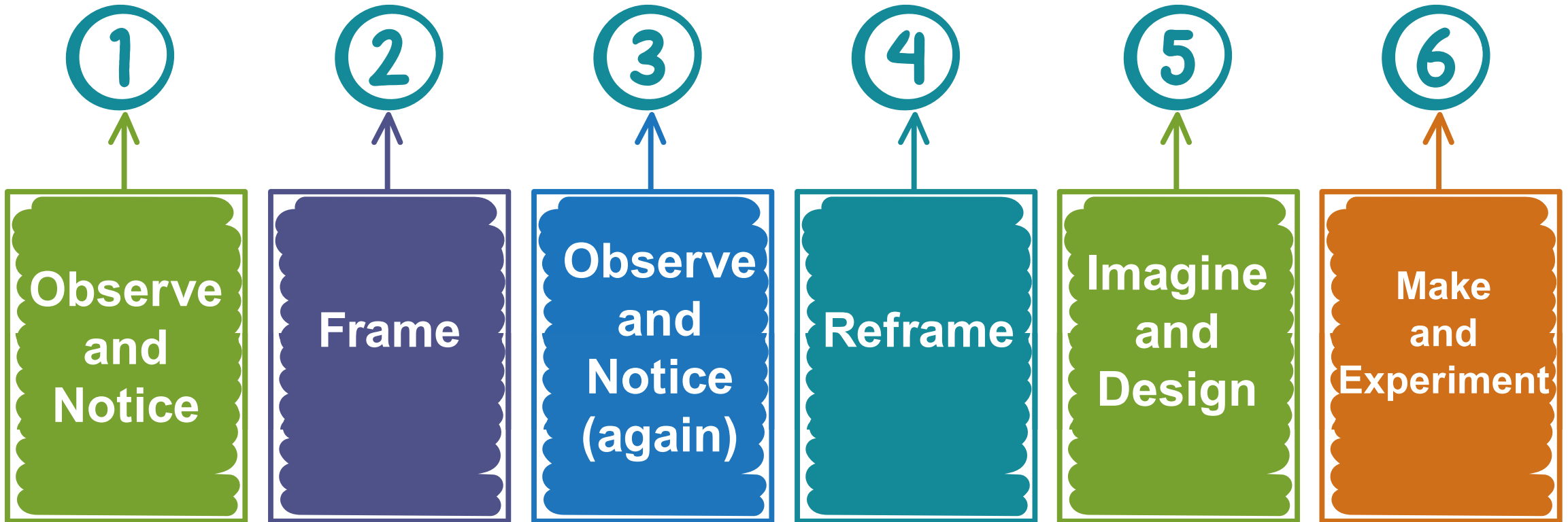
Empathy Interviews



Prototyping

Co-Design Methods

The Six Steps of Co-Design





Measuring Impact



Meeting Participant Surveys

Meeting Satisfaction - 96% Productive or Very Productive

Comfortable Environment- 90% Comfortable Sharing Opinions



Meeting
Attendance
Growth

329.41%



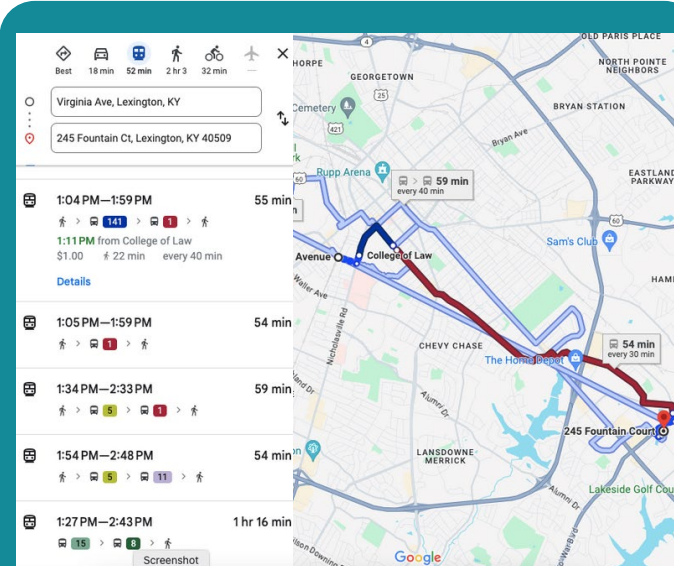
Solo Co-Design

Guided Exercise

INTERACTIVE PROMPT:

Pause this screen.

Using these two
issues, sketch a
solution to address
any challenges.



Lexington's public transportation service... may involve long commute times and navigating several bus routes... which may not be feasible for those who have little time, mobility issues, or lack of access to technology to navigate the routes.



These doors lead to places where AA and other anonymous recovery meetings are held... They are also the scariest doors anyone can walk through... There shouldn't be a "wrong door" to treatment. Let's open the doors to all.

Solo Co-Design

Co-Design Solution Example

37

NACCHO
360

#NA360

Access to Care

Improve access to healthcare and social services by increasing resource awareness and fostering local policy advocacy.

Objective 2:

Mental Health Advocacy and Engagement

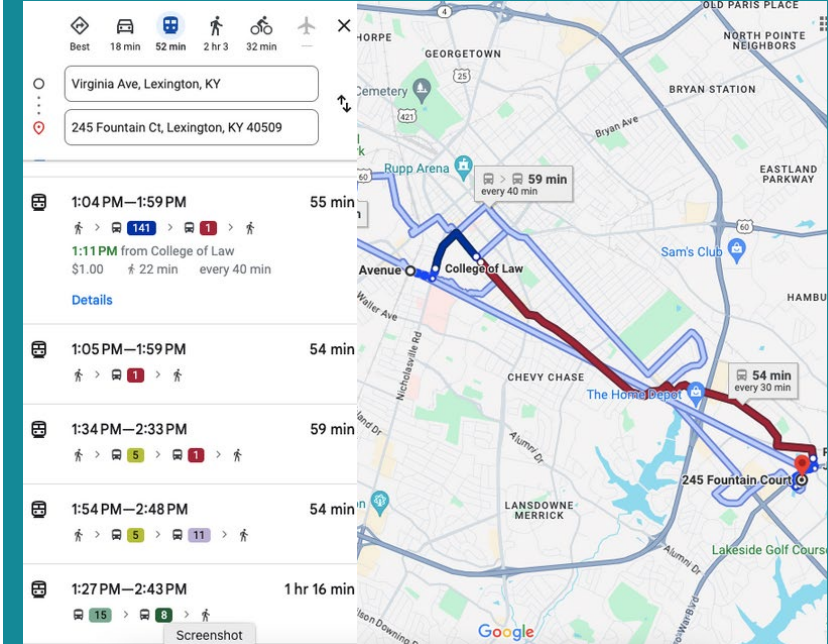


Access to Care

Improve access to healthcare and social services by increasing resource awareness and fostering local policy advocacy.

Objective 3:

Transportation Access to Care





Conclusion

Lived experience is expertise.

Photovoice builds empathy and insight.

Co-design turns insight into action.

Behavioral health access improves when we listen.

Power-sharing fosters trust.

**Centering lived
experience to create
equitable, community-
driven solutions for
access to behavioral
health services.**



Resources

Bridging Voices

**A Toolkit for Community
Health Co-Design**



**Templates, examples,
resources!**



Thank you!

Jeanette Hart - JeanetteA.Hart@LFCHD.org

Christy Nentwick - ChristinaR.Nentwick@LFCHD.org

Dr. Margaret McGladrey - Margaret.McGladrey@UKY.edu



COMMITTEE ITEMS REFERRED

Social Services and Public Safety

Referral Item		Current Sponsor	Date Referred	Last Presentation	Status	Legistar File ID
1	Crime Reduction Technology	W. Baxter	2021-09-21	2023-05-02		1065-22
2	Assessment and Enforcement of Noise Ordinance	D. Gray	2022-07-05	2023-08-22		0840-23
3	Eviction Diversion & Right to Counsel	D. Wu	2023-01-24	2024-07-02		0702-24
4	Comprehensive Review of Code Enforcement	D. Gray/S. Lynch	2023-06-29	2025-02-25		0204-25
5	Coordinated Victim Response Plan	L. Sheehan	2023-05-02			
6	Villages Model Initiatives for Lexington	S. Lynch	2024-08-20	2024-10-08		1008-24
7	Youth Council	D. Gray	2024-08-20			
8	Homeless Encampment Response and Street Outreach Services for OHPI	J. Reynolds	2024-09-17	2025-02-25		0203-25
9	Court Appointed Special Advocates (CASA) Update	D. Wu	2025-01-28	2025-02-25		0202-25
10	Review of Sober Living Ordinance	T. Morton	2025-02-11	2025-04-15		0350-25
11	Domestic and Sexual Violence Prevention Coalition	D. Gray	2025-03-04	2025-04-15		0239-24
12	Strategic Growth Plan for Lexington Fire Department	J. Hale/T. Morton	2025-03-18			
13	Emergency Winter Shelter Program	T. Morton	2025-06-03			
14	Community Health Improvement Plan (CHIP)	J. Reynolds			2025-07-03	0670-25
15	Audrey Gevious Center Update	J. Reynolds	2025-06-26			
Annual/Periodic Updates						
16	Substance Use Disorder Intervention (SUDI) Update	J. Reynolds	2022-01-12	2025-06-03		0532-24
17	Office of Homelessness Prevention and Intervention (OHPI) Update	J. Reynolds	2022-06-07	2024-09-17		0901-22
18	National Alliance on Mental Illness (NAMI) Update	D. Gray	2018-02-20	2024-09-17		0360-22
19	Office of Affordable Housing Initiatives and Projects Update	D. Gray	2021-08-10	2024-11-12		1026-21
20	Recruitment, Retirement, and Retention for Public Safety Update	J. Reynolds/ W. Baxter	2020-09-22	2024-07-02	2025-07-03	0450-21
21	Community Paramedicine Program Update	J. Reynolds	2021-07-06	2025-01-28		0300-23
22	Review of Code Enforcement	J. Reynolds	2019-10-08	2023-06-13		0814-22
23	Lexington Global Engagement Center (Global Lex) Update	J. Reynolds		2024-01-16		
24	ONE Lexington Programs Update	J. Reynolds	2020-09-25	2025-01-21 Session)	(Work	0080-23
25	Family Services Program Update	J. Reynolds	2025-01-16	2025-01-28		0109-25
26	Partners for Youth Program Update	J. Reynolds	2025-01-16	2025-01-28		0110-25
Updated 06.26.25, KJT						