



ARIZONA
— DEPARTMENT OF —
ECONOMIC SECURITY

**Division of Developmental Disabilities
Town Hall – June 4, 2026**

Agenda

- Partners in Leadership Training Program Opportunity
- Detecting and Preventing Seizures, Constipation and Sepsis
- The Fatal Five Plus One

Click the Interpretation button at the bottom of your Zoom screen and then select either English or Spanish to hear the meeting.

Presione el botón de interpretación en la parte inferior de su pantalla Zoom y después seleccione inglés o español para escuchar la reunión.





RAISING VOICES
COALITION

Partners in Leadership

*An Innovative Competency based Training Program
Enlarging the Power Base of Disability Rights Advocates*

Marianne Scott | Director of Education | Partners in Leadership Trainer/Lead Instructor | Board Member
Raising Voices Coalition

*A Collective Voice for
People with Disabilities
Creating Lasting Change*

Policy should be shaped by people who
live it. We help you raise your voice –
One policy One family
One person at a time

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What is Partners in Leadership?

More than a program-- Growing a network of disability leaders

8

Sessions

This program is delivered through eight sessions. Each is structured as a two-day conference style training held in the greater Phoenix area on selected dates from August 2026-February 2027 on a Friday and Saturday. In person attendance is required for all sessions as each builds on the previous one. An overnight stay is required with lodging provided. This is offered at no cost to the selected participant.

*One Friday will be at the Capitol

25

Competencies

Each session focuses on gaining practical knowledge to develop targeted competencies that works to achieve a vision that reflects the core values of the Partners program.

128

Training Hours

Receive training in best practices from specific session topics and develop the skills needed to drive systems change at a local, state and national level. Become an agent of long term change and build productive relationships with policymakers and other leaders who influence public policy .

Up to **35**

Participants

A quality Partners program is committed to selecting a diverse group of participants positioned to engage in systems change and go beyond their own personal difficulties. Young adults with disabilities or special health care needs and parents/guardians raising children with disabilities or special health care needs can apply for Partners in Leadership.

Where Did This Program Come From?

The Birth of Partners in Policymaking

Complex Problems

In 1986, the origins of Partners emerged rooted in the many complex problems faced by people with developmental disabilities and their families.

The Response

In 1987, the Minnesota Governor's Council on Developmental Disabilities created Partners in Policymaking®. Since then, Partners programs have been implemented throughout the United States and internationally.

More than 29,000 Partners graduates in the United States and internationally are part of a growing worldwide network of community leaders serving on policymaking committees, commissions, and boards at local, state, and national levels.

In today's political climate of radical change, Partners graduates must work harder than ever to prevent the loss of basic rights for people with disabilities.

Arrives in Arizona ~1997

Called Partners in Policymaking. A nonprofit, Pilot Parents of Southern AZ (PPSA), in Tucson housed the contract.

Name Change to AZ Partners in Leadership ~2015 to 2023

A rebranding of the program to incorporate an emphasis on Leadership- holding all same requirements still at PPSA.

Partners in Leadership – 2026

The program follows the original leadership framework developed in Minnesota. Raising Voices Coalition serves as the Arizona Contract holder responsible for implementation for the 2026-2028 program period.

How Quality Principles Actually Work

Process Approach and Outcomes

Experiential Learning

Partners participants learn by doing. For example, they prepare and deliver testimony, and practice speaking to public officials. A variety of learning methods ensure that participants acquire the competencies.

Diversity

Members of a Partners class are diverse in experiences, disability types, geographic location, gender, racial and ethnic backgrounds, income levels, and education levels. Participants learn from the experiences of their peers as well as from the curriculum and presenters who provide state of the art perspectives

Best Practices

Participants learn about what is possible, not about what already is! They break out of the status quo and ask, "What if ..."

Leadership

Participants acquire knowledge to create change, not just for knowledge's sake. They use what they learn to influence social change and provide leadership in their communities.

Sufficient Funding

AZ Department of Economic Security (DES) Division of Developmental Disabilities (DDD) commits to provide a level of funding that will ensure a quality program, based on the standards and recommendations outlined by Minnesota

Evaluation

The compilation of Initial, each session, program end, six month and long term follow up document the program's effectiveness

How to Apply for Partners in Leadership

Application QR Code



- Complete application and submit.
- A referral form will automatically be sent once completed application is submitted.
- Application and Referral Form **DEADLINE** is

FRIDAY JUNE 12, 2026

- Interest form button for future Partner Cohorts is on the application. This interest form will automatically prompt an application for the next Partners Cohort to be sent to you.

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” – Margaret Mead

Program At A Glance

8 in-person weekend sessions, overnight stay required with lodging provided

Central Phoenix location, mileage reimbursement for traveling participants outside of Maricopa County

Local and National expert presenters. Guest instructors at every session

Build leadership and gain advocacy tools
Connect with leaders across Arizona
Take action locally and influence state policy

Free to participate

Questions?



PARTNERS IN LEADERSHIP

PRESENTED BY RAISING VOICES COALITION

Let's PARTNER together - Lead. Advocate. Impact.

THANK YOU DDD
for Inviting us to your
Public Town Hall

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www.raisingvoicescoalition.com

ARIZONA



The Fatal Five Plus One Detection Equals Protection

Cody Conklin, MD, FAAP
Medical Management Medical Director





Disclosure Statements

- The content presented in this session does not involve a conflict of interest or financial gain.
- The content and materials provided are solely intended for educational purposes and do not promote or endorse any individual, product, or non-DDD service.
- This educational lecture is for awareness and does not replace the guidance provided by your healthcare practitioner/PCP.
- Treatment guidance for individual member cases cannot be provided.
- The presentation will reflect Person First language as used by DDD and will state “individuals with I/DD or autism”.

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Learning Goals and Objectives

- What are the Fatal Five Plus One
 - Why do they pose unique, disproportionate risks to individuals with IDD?
- Case Reports 3 for discussion to help:
 - Recognize the early signs and symptoms of each life-threatening condition.
 - Implement actionable prevention strategies
 - Know when and to whom to escalate medical concerns

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Post Presentation

- After the Presentation:
 - List the five plus major preventable conditions.
 - Describe risk factors and subtle behavioral or physical warning signs for each.
 - Identify at least three preventative measures for the Fatal Five Plus.
 - Outline the action steps and emergency protocols required when a medical issue is suspected.

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Introduction - What are the Fatal Five Plus

- **Aspiration:**
 - Breathing food, liquids, or vomit into the airways or inhaling an object or food.
- **Dehydration:**
 - When the body loses more fluid than it takes in and leads to a decrease in numerous body functions.
- **GERD (Gastroesophageal Reflux Disease)**
 - Heartburn/Acid Reflux when stomach acid increases resulting in ulcers and stomach juices going backward and into the esophagus damaging the body tissues.

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Introduction - What are the Fatal Five Plus

- **Seizures**
 - Sudden, abnormal bursts of electrical activity in the brain, resulting in involuntary body movements and aspiration risk.
- **Constipation/Bowel Obstruction:**
 - The buildup of hard, dry stool that can block the digestive tract. It can lead to impaction and intestinal obstruction and perforation.
- **Infection / Sepsis:**
 - The body's extreme, life-threatening response to an infection.

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Introduction - Cascading Fatal Five Plus

- Karen McGowen, RN -
Intellect Ability - Replacing Risk with Health and Wellness 1
- Identified Conditions more prevalent in IDD
- One of the Five Plus can rapidly “cascade” into the other conditions:
 - Dehydration worsens constipation, constipation risking bowel impaction, which leads to sepsis.
 - GERD leads to abdominal pain and discomfort after eating leading to food avoidance and causing dehydration, etc.
 - Aspiration leads to discomfort with swallowing and can cause food avoidance, dehydration, and also cause lung infections and pneumonia which can progress to sepsis.

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Awareness and Recognition

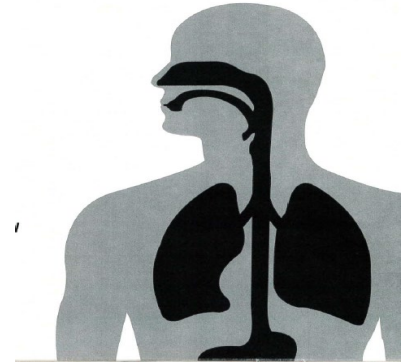
- Just because someone has a FATAL Five Plus diagnosis doesn't mean it will be FATAL
- It only means we need to be **AWARE**
- It means we need to **RECOGNIZE** changes that could indicate worsening
- It means we can **PREVENT**
- When in **DOUBT**, Send them **OUT**

Talk to your Primary Care or healthcare professional for any questions or concerns that you may have

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Aspiration -

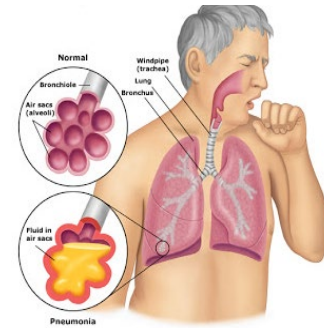
- **Why it's dangerous:**
 - Because inhaling anything but air into the lungs can lead to pneumonia and blocked airways
- **Who is most vulnerable:**
 - Diagnosis of GERD (heartburn/acid Reflux)
 - Feeding Tubes
 - People who do not tuck chin with swallowing
 - Aging
 - Seizure Disorders
 - Multiple Medications



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Aspiration (cont) -

- **Warning Signs:**
 - Coughing/choking/color changes during meals, gurgling voice, frequent respiratory infections, drop in blood O2 sats while eating, color change with eating.
- **Prevention:**
 - Upright positioning with eating, follow prescribed food/liquid textures, and ensure slow, deliberate chewing, and aspiration is common during Seizures.



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GERD - Gastroesophageal Reflux Disease -

- **Why is it Dangerous:**
 - As stomach acid and food contents back into the esophagus it can:
 - i. Damage to esophagus leading to cancer over time
 - ii. Strictures & Microaspiration
 - iii. Severe cases - gastric perforation
- **Who is Most Vulnerable:**
 - Certain medications (NSAIDs)
 - Body Habitus (scoliosis, High BMI)
 - H. Pylori Infection
 - Objects in mouth/Hygiene Challenges



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GERD - Gastroesophageal Reflux Disease

- **Warning signs:**
 - Coughing/choking/color changes during meals, gurgling voice, frequent respiratory infections, drop in blood oxygen saturation while eating, color change, increasing aggression or appearing to be in pain.
- **Prevention:**
 - Positioning with eating, testing and treatment of H. Pylori, and ensure slow, deliberate chewing
 - H. Pylori Treatment - Triple now Quadruple Therapy, but individuals with IDD are at increased risk and some estimates exceed 70% (5).

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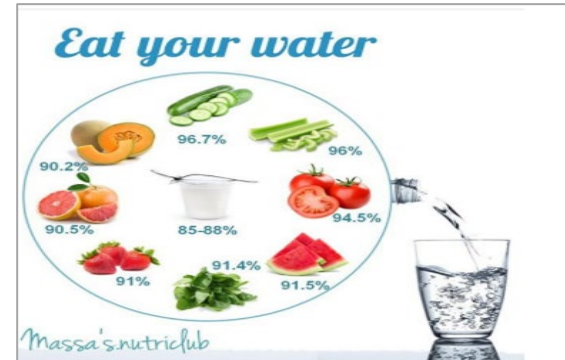
Dehydration

- Why it's dangerous: Causes kidney failure, seizures, electrolyte shifts and cardiovascular collapse.
- Who is most Vulnerable:
 - Non-speaking, swallowing difficulties, diagnosis of epilepsy (lowers seizure threshold)
 - Suffering from acute (fever, vomiting, dehydration) or chronic illnesses (Diabetes)
 - Multiple medications

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Dehydration

- Warning signs: Dry mouth, dark urine, sunken eyes, skin tenting (poor skin elasticity), worsening constipation, confusion in older adults, few or no tears when crying, increased HR.
- Prevention: Offer fluids regularly and monitor intake, especially for individuals who cannot communicate thirst, foods that have water, avoid hot temperatures, increase fluids with illness, water with medications with water.



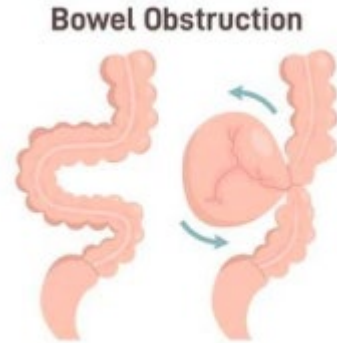
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Constipation and Bowel Obstruction

- Why it's dangerous: Can lead to bowel perforation, severe toxicity/sepsis, lower seizure threshold.

Constipation:

- fewer than three **bowel movements** a week
- **stools** that are hard, dry, or lumpy
- stools that are difficult or painful to pass
- a feeling that not all stool has passed



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Constipation and Bowel Obstruction

- Who is at risk:
 - Mobility Issues, Poor Oral Intake, Sensory Challenges with Food, Oral motor dysregulation, low fiber diets, diagnosis of hemorrhoids
 - Medications
 - Watery stools or encopresis misunderstood as Diarrhea
- Warning signs:
 - Abdominal pain/swelling, decreased bowel movements, straining, or sudden changes in behavior.
- Prevention: Ensure adequate hydration, high-fiber diets, and movement.

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Change & Stress - Nervous System Dysregulation

1. [Communication & Behavior](#): Difficulty verbally expressing pain makes GI discomfort manifest as increased irritability, anxiety, aggression, or social withdrawal, which further elevates stress.¹⁰
2. [Bi-directional Link](#): GI symptoms (like constipation) and internalizing symptoms (anxiety, stress) feed into each other, creating a loop.¹⁰

Parasympathetic nervous system

"rest and digest"

- Pupil constriction
- Slow heartbeat
- Relaxes airways
- Stimulates bile release for better digestion
- Constricts blood vessels
- Increases urinary output



Sympathetic nervous system

"fight or flight"

- Dilates pupils
- Increases heartbeat
- Opens up lungs to allow more air in
- Produces sweat
- Converts glycogen in liver to glucose for quick energy
- Slows digestion
- Adrenaline production
- Increases muscle tension including pelvic floor which puts pressure on the bladder

 TACA
TACATA.org

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Change and Stress - Nervous System Dysregulation

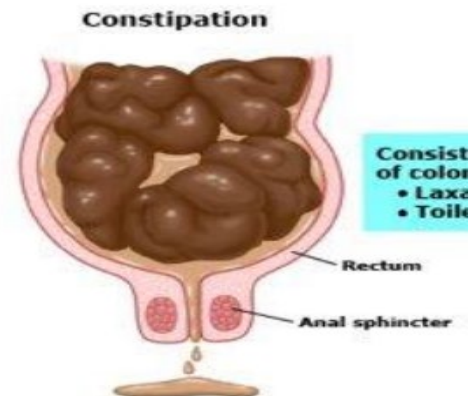
Why This Happens (The Cycle):

1. [Altered Stress Response](#): Many with ASD or IDD have an intense stress reaction (fight-or-flight), activating the sympathetic nervous system, which diverts blood from the gut and slows intestinal movement, leading to constipation. No Rest and Digest
2. [Nervous System Imbalance](#): Dysregulation in the autonomic nervous system (ANS), particularly low vagal tone, affects gut motility, slowing digestion.
3. [Sensory & Dietary Factors](#): Sensory sensitivities can lead to restrictive eating, poor nutrition, and food intolerances, impacting gut health.

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Constipation and Bowel Obstruction

- Warning signs:
 - Abdominal pain/swelling
 - Decreased bowel movements, straining, or hard stool
 - Sudden changes in behavior
 - Rectal bleeding or tears with stools
 - Vomiting that smells like stool
 - Frequent e. coli UTI's
 - Watery Diarrhea with flecks of stool - Fecal Impaction

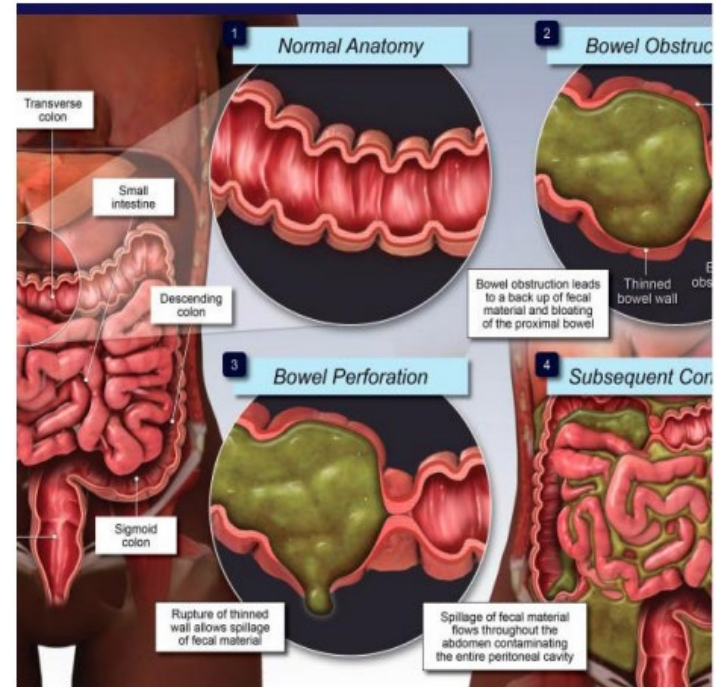


- Child holds in stool because of pain
- Stretched out nerves and muscle that don't work well
- Buildup of hard stool
- Soft stool may move around hard stool and leak out

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Fecal Impaction and Bowel Obstruction

- Bowel Obstruction and Perforation is one of the most common preventable causes of death for people with I/DD



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Constipation Management Strategies

- **Dietary Support:** Increase fluids and fiber (fruits, veggies) while reducing processed foods, with guidance from a dietitian.¹⁰
- **Bowel Routine:** Establish regular, relaxed toilet times (e.g., 5-10 mins after meals) using tools like squatty potties or timers.¹⁰
- **Stress Reduction:** Incorporate mindfulness, meditation, or activities that calm the nervous system, as stress directly impacts digestion.¹⁰
- **Medical & Professional Help:** Consult with a pediatric gastroenterologist and dietitian to rule out underlying issues and manage symptoms, potentially using supplements or medications.¹⁰
- **Behavioral Support:** Address anxiety and other co-occurring conditions, as behavior can be a sign of GI distress.¹⁰

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Constipation Management Strategies

- Keep Stooling Logs with Details like the Bristol Stool Chart
- STAY HYDRATED and RELAXING TOILETING when possible
- Observe changes and treat quickly



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Seizures

- Why it's dangerous: prolonged seizures (status epilepticus), injury, or aspiration, infection, SUDEP
- Who is at Risk: Uncontrolled and frequent seizures, seizures that are not diagnosed (absence) or unrecognized, Diabetes, Head trauma, Multiple Meds



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Seizures

- Warning signs: Staring spells, uncontrolled muscle jerking, loss of consciousness, seizures can have eye blinking or staring, twitching of face, odd repetitive behaviors, stiffening, sudden aggression, Seizures longer than 5 minutes, multiple seizures within an hour.
- Prevention: Medication as directed, know fall risks, stay hydrated, avoid constipation and have a Seizure Action Plan in place
- Train Staff in Seizure First Aid
 - a. DO NOT put anything in the mouth
 - b. Place them on their side to prevent aspiration
 - c. Do not Restrain and have a Seizure Plan that everyone knows and adheres to and knows where to find

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Seizure First Aid



Seizure First Aid

What to do in the event of a seizure

- 1** **STAY** with the person and start timing the seizure. Remain *calm* and check for medical ID. 
- 2** Keep the person **SAFE**. Move or guide away from *harmful objects*. 
- 3** Turn the person onto their **SIDE** if they are not awake and aware. *Don't block airway*, put something small and soft under the head, loosen tight clothes around neck.
- 4** Do **NOT** put *anything* in their mouth. Don't give water, pills or food until the person is awake. 
- 5** Do **NOT** *restrain*. 
- 6** **STAY** with them until they are awake and alert after the seizure. *Most seizures end in a few minutes.* 


Call 911:

- Seizure lasts longer than 5 minutes
- Repeated seizures
- Difficulty breathing
- Seizure occurs in water
- Person is injured, pregnant, or sick
- Person does not return to their usual state
- First time seizure

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Seizure Action Plans

SEIZURE ACTION PLAN (SAP)  

Name: _____ Birth Date: _____
Address: _____ Phone: _____
Emergency Contact/Relationship: _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply)

First aid – **Stay, Safe, Side.** Notify emergency contact at _____
 Give rescue therapy according to SAP Call 911 for transport to _____
 Notify emergency contact Other _____

+ **First aid for any seizure**

STAY calm, keep calm, **begin timing seizure**.
 Keep me **SAFE** – remove harmful objects, don't restrain, protect head
 SIDE – turn on side if not awake, keep airway clear, don't put objects in mouth
 STAY until recovered from seizure
 Swipe magnet for VNS _____
 Write down what happens _____
 Other _____

When to call 911

Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
 Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
 Difficulty breathing after seizure
 Serious injury occurs or suspected, seizure in water

When to call your provider first

Change in seizure type, number or pattern
 Person does not return to usual behavior (i.e., confused for a long period)
 First time seizure that stops on its' own
 Other medical problems or pregnancy need to be checked

+ **When rescue therapy may be needed:**

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

If seizure (cluster, # or length) _____
Name of Med/Rx _____ How much to give (dose) _____
How to give _____

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Infection and Sepsis

- Why it's dangerous: A simple infection (like a UTI or Pneumonia) can quickly spread into the bloodstream.
 - Individuals with IDD are three times as likely to die from Sepsis.
- Who is at Risk:
 - Non-speaking who are unable to communicate with words that they are not feeling well
 - Lack of access to care giver or distance to Healthcare
 - Chronic illness (Diabetes, Kidney Stones, Cancer)
 - Malnourished individuals

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Infection and Sepsis

- Warning signs: Fever, rapid heart rate, confusion, unusual lethargy/sleepiness

When it comes to sepsis, remember **IT'S ABOUT TIME™**. Watch for:

T	I	M	E ™
TEMPERATURE higher or lower than normal	INFECTION may have signs and symptoms of an infection	MENTAL DECLINE confused, sleepy, difficult to rouse	EXTREMELY ILL severe pain, discomfort, shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

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- Prevention: Practice good hygiene, keep wounds clean, and get regular vaccinations. "Living in congregate care setting, individuals can be 5 times more likely to develop sepsis"
- <https://www.nursinghomeabusecenter.com/nursing-home-neglect/sepsis/>

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Infection and Sepsis

- Prevention:
 - Practice good hygiene and frequent changes of disposable Underwear
 - Keep wounds clean and prevent bedsores
 - Vaccinate
 - Diabetic foot checks
 - Keep hydrated to prevention constipation and UTIs
 - Limit hospitalization times if possible
 - If concerned Health Plans have 24/7 Nursing Lines - Call for Help in triaging or if you don't know whether or not to escalate or whether or not to wait.
 - WHEN IN DOUBT – SEND OUT!!

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Case Report #1 - 35 year old Female

35 yo F with moderate ID, PWS, usually communicates through vocalizations, facial expressions. She is diagnosed with mild dysphagia, constipation, and needs staff for her ADLs. She takes a stool softener and an antacid and has been on an anticonvulsant, but staff have never witnessed any seizures. For the last 48-hours she has had increased agitation, refusal of solid foods, and disrupted sleep. In the morning she is noted to be lethargic and in sign-out it is reported that she isn't eating (and she loves to eat). She isn't wanting to be touched and hits anyone who tries to move her. She starts to have retching and becomes unresponsive with bilious vomiting and starts to have a seizure. 911 is immediately called.

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Case Report #1 - 35 years old (Cont.)

EMS arrives and after suction and ativan for the seizure. She arrives to the ED and an Abdominal x-ray is concerning for gas in the abdomen (pneumoperitoneum). She is too unstable for a CT scan. Surgeons take her for an ex lap and find a gastric perforation and do a patch procedure. She is started on antibiotics extubated POD #2. On POD #4 she develops high fevers, blood cultures are positive for e. Coli and requires 21 days of antibiotics for sepsis and needs to leave with a PICC.

What was missed?

What Questions should have asked?

How could this have been prevented?

Click the Interpretation button at the bottom of your Zoom screen and then select either English or Spanish to hear the meeting.
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Knowing Baseline Behaviors

- Behaviors as a way to communicate with others - What do new behaviors mean? BE CURIOUS
 - Understand the Baseline: Know what the individual's typical health and behavior looks like so you can spot subtle changes.
 - Advocate: Never ignore a change in behavior (e.g., withdrawal, sleepiness, refusal to eat).
 - Document and Act: Document symptoms thoroughly and contact medical professionals immediately.

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Case Report #2 - 7 yo F with Epilepsy

7 yo F with moderate ID, Epilepsy (generalized tonic-clonic), Non-speaking, found unresponsive by ATC worker in bedroom. She had only left 2 minutes earlier from the room to bring a food tray and dishes to the kitchen. The seizure continued after she returned for about 2 minutes and due to the location of where she had fallen, her ATC had a hard time getting her into a recovery state. During lunch she had been pickier about her food and had seemed more tired than usual. The ATC noted some spittle around her mouth. After she recovered she was postictal, but did throw up about an hour later. When Mother returned home, she told her about the seizure. “It lasted less than 5 minutes, she seems fine now, just tired.” Mom and ATC noted too that she hadn’t been drinking much the last couple of days.

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Case Report #2 - 7 yo F with Seizure (Cont.)

That night she has another seizure, she becomes unresponsive and blue during the seizure, 911 is called, she is admitted to the ICU with Respiratory Failure needing Intubation.

What was missed?

What Questions should have asked?

How could this have been prevented?

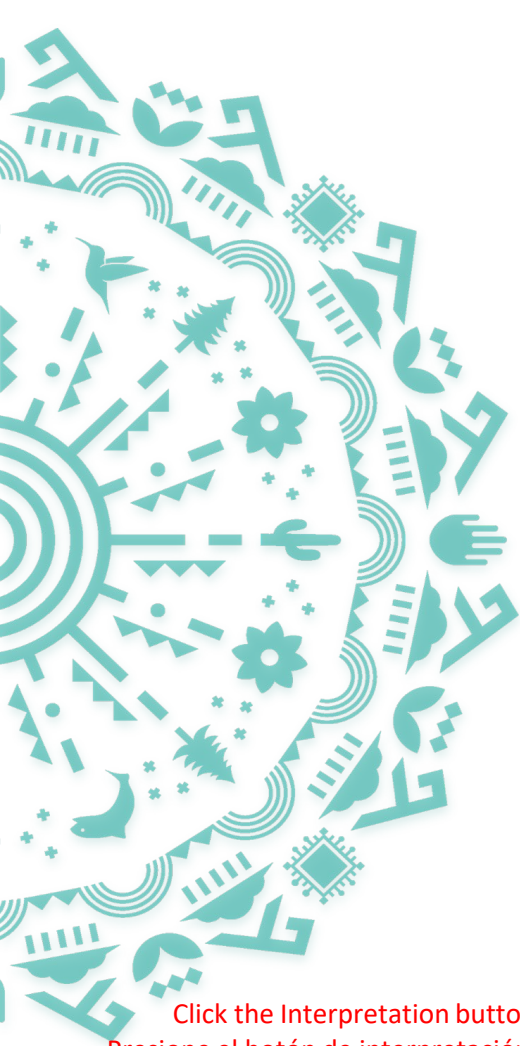
Click the Interpretation button at the bottom of your Zoom screen and then select either English or Spanish to hear the meeting.
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When in Doubt, Send them Out

- When medical symptoms are sudden or unclear, DO NOT WAIT and ESCALATE
- Call 911 for seizures lasting over 5 minutes or more than 2 in 30 minutes or an hour, difficulty breathing, altered mental status or unresponsiveness
- Early intervention reduces hospital admissions, complications and saves lives.

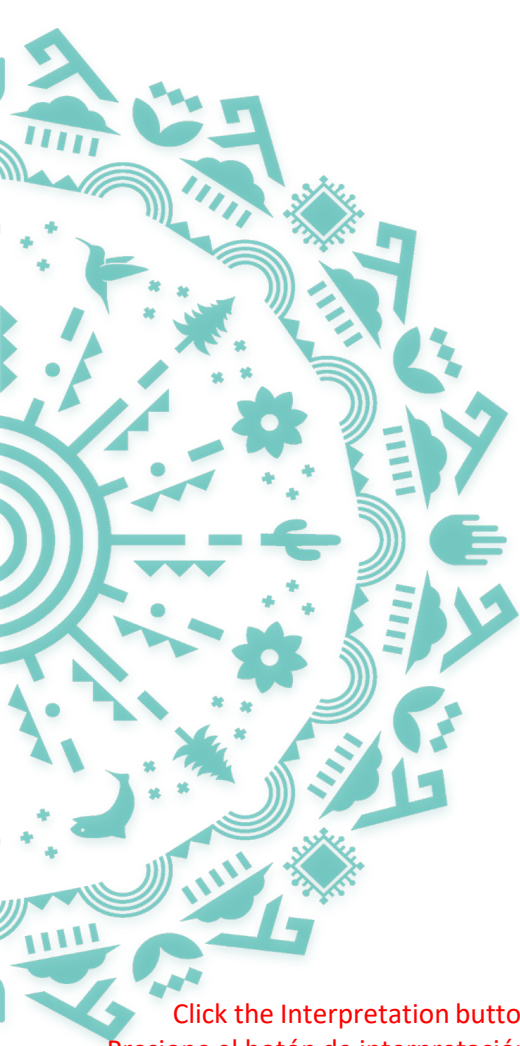
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Case Report #3 - 65 year old Man with Constipation

65 yo M diagnosed with moderate IDD and mild CP who lives in an Adult Developmental home for the last 16 years with diagnoses of obesity, chronic constipation, and scoliosis. Caregivers note that he “isn’t himself” and seems to be more agitated and irritable and not wanting to be around others. Caregivers look over his daily logs and note that for the last 4 days he hasn’t stooled and stool descriptions prior are noted to be hard and he really is only stooling about 3 times a week. This morning at breakfast he bites himself and seems angry and pushes his food away. The caregivers know he isn’t being himself and take him to the ED for evaluation.

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Case Report #3 - 65 year old Man with Constipation (Cont)

In the ED they take vitals and see his HR is up and draw labs and see that his white count is elevated. They do an abdominal X-ray and find that he has severe constipation with fecal impaction and mild dehydration. They give him IV fluids and admit him for 48 hours, start a golytely clean-out, have a dietician evaluate him and consult Gastroenterology for on-going outpatient care.

What went well?

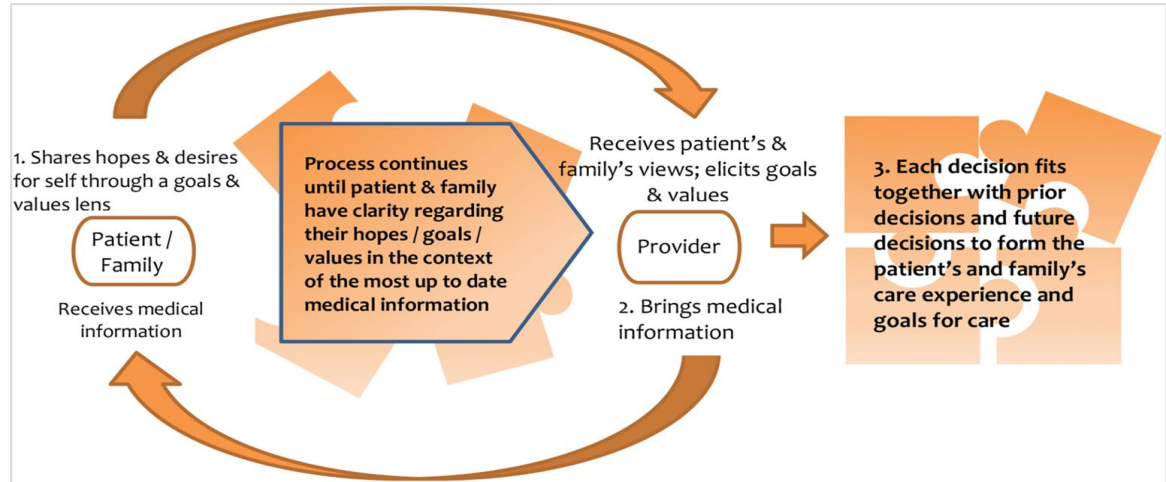
What was prevented?

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Adaptive Care Plan Example

Moody SY, Bell CL, Lindenberger EC, Reid MC. Adaptive Care Planning: A paradigm shift. *J Am Geriatr Soc.* 2024; 72(2): 337-345. doi:10.1111/jgs.18731.⁸



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Division of Developmental Disabilities - Medallion Program

The Division of Developmental Disabilities (DDD) offers a Medallion (wrist band or shoe tag) for adults and children enrolled with DDD. These are available regardless of eligibility type, at no cost.

This identification is intended to help First Responders assist members in the event of an emergency or if a member becomes lost in the community. These are used for quick identification by emergency response teams (police, fire, EMS, etc.)

Each identification tag includes members' ASSISTS ID number and DDD's 24-hour phone line that First Responders can call.



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Questions?

- Thank You!

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Questions?

The Arizona State Seal is a circular emblem on the left side of the image. It features a central shield with a cactus, a sun, and a mountain. The shield is surrounded by a wreath of olive and oak branches. The seal is set against a teal background with a repeating geometric pattern of squares and lines.

Next Town Hall

Thursday July 2, 2026

at 6:00 p.m.



Thank you