I. Call to Order / Roll Call

II. Approval of standing committee minutes from May 12, 2014.

III. Committee Agenda

Item No. 1 - GRANT: 1-2-3-4-5 FIT-TASTIC!

Synopsis:
Request approval to accept a $23,250 grant to sub-contract with Children's Mercy Hospital for Expanding the Healthy Lifestyles Initiative by implementing the Community Messaging Campaign, 1-2-3-4-5 Fit Tastic!, submitted by Terry Brecheisen, Interim Public Health Director. No matching funds required.
Tracking #: 140219
Item No. 2 - GRANT: MARCH OF DIMES "BECOMING A MOM"

Synopsis:
Request approval to accept a $20,000 grant from the March of Dimes to transition the Prenatal Department's current Prenatal Education classes to the March of Dimes "Becoming a Mom" curriculum and expanding to reach patients communitywide, submitted by Terry Brecheisen, Interim Public Health Director. Match through Maternal Child Health Block Grant.
Tracking #: 140220

IV. OUTCOMES

Item No. 1 - PRESENTATION/DISCUSSION: 311 OPERATIONS

Synopsis:
As requested by the County Administrator, discussion on the 311 operations with a presentation by Luke Folscroft, 311 Operations.

For discussion only. No action required.
Tracking #: 140238

V. ADJOURN
The meeting of the Administration and Human Services Standing Committee was held on May 12, 2014, at 5:56 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Markley, Chairman; Commissioners Walker, Maddox, Kane, and Philbrook.

Chairman Markley called the meeting to order. Roll call was taken and all members were present as shown above.

Approval of standing committee minutes from March 24, 2014. On motion of Commissioner Kane, seconded by Commissioner Philbrook, the minutes were approved. Motion carried unanimously.

Outcomes:

Item No. 1 – 140151…UPDATE: HEALTHY COMMUNITIES WYANDOTTE

Synopsis: Update on activities regarding Healthy Communities Wyandotte, provided by the Health Department.

Terry Brecheisen, Health Department Deputy Director, said the purpose of the presentation tonight is to give you an outcomes update of the Healthy Communities Wyandotte program. The Healthy Communities Wyandotte program serves two of the commission’s goals. One is concerning social services and the other is concerning the healthy communities and recreational facilities in Wyandotte County. Wesley McKain is here and he will be making the program presentation concerning Healthy Communities Wyandotte. He is the program coordinator for that at the Health Department.

Wesley McKain, Health Department, said I appreciate the opportunity to update you about our program. I’m going to pull up a PowerPoint. I promise it’s not long. It has a lot of pictures in it.
Chairman Markley said he knows how to keep us happy. Mr. McKain said yes, it makes for a good presentation. I’ve been serving as the coordinator for Healthy Communities Wyandotte for about seven months now. We have had a staff at the Health Department for almost two years. I will not belabor—I think all of you have heard the story about how it started, how old it is and our work areas. I think a number of you were at the healthy campus town hall or have heard the Mayor talk about that a number of times. I think you all know the story. I won’t talk too much about that.

### About Healthy Communities Wyandotte

- Started in 2009 when Wyandotte was ranked the worst in health outcomes in Kansas
- Mayor Joe Reardon initiated
- 18-month planning process
- Focuses on five major health areas:
  - Communications
  - Education
  - Infrastructure
  - Health Services
  - Nutrition
- Coalition, made up of about 50 area organizations, now works in these five areas to improve health

In 2009, it was initiated by Mayor Joe Reardon; an 18 month planning process. We focus on five areas that the community selected to improve the health of Wyandotte County and you can see them there. The coalition, as it stands right now, is in the implementation phase. We work with about 50 organizations on our five action teams in each of these areas. I’m going to give a brief presentation about what each of these are doing. Work has picked up quite a bit on it and there’s some very exciting stuff going on.

March 12, 2014
COMMUNICATIONS

• Last Action Team to move from planning to implementation phase

• Chaired by Mark Wiebe, Public Affairs Director at Wyandot Inc.

• Communicating healthy issues in a county with little dedicated print and TV news coverage is a challenge

I will start with communications which was our last action team to come up. It’s being chaired by Mark Wiebe, who is the Public Affairs Director at Wyandot, Inc. We have the challenge of communicating health issues in the county where we do not have a dedicated newspaper or dedicated TV news coverage. It seems like often news agencies will come over if there’s a murder, but if there’s an opening of a new education center like the KCKCC Tech Center, we don’t get a single news camera there. That is kind of the climate in which you work and we’re trying to do our work. That’s kind of what we’re trying to operate in.

Communications: Working with UG Public Relations to complete website
Fortunately, we work with a great Public Relations Department. We’re about to release a website. This is kind of a screenshot of the home page. It’s going to have some information about each of our areas. We’re going to talk about the action teams.

Here’s another shot, kind of the different partners that we work with. County Health Project Database, this was a great idea that’s going to be released a little bit later than the actual website. The idea is that there’s lots of great agencies doing lots of great projects in the county but they often don’t know about each other and there’s no real central source of information for them. If you want to partner on a grant, if you want to know what’s going on in another part of the county, you have to know someone and there’s no centralized spot. Even though it’s going to take a little bit more legwork, we’d like to really get that up and running to be able to have a database.
In addition, I don’t know if any of you know this but the Health Department has a very popular Facebook page. There are about 2,500 users and most of them are young women. It’s a great opportunity to get information out, especially to that audience. Healthy Communities Wyandotte uses that.

EDUCATION

- Chaired by Dr. Ray Daniels, Trustee of Kansas City, KS Community College and former USD 500 Superintendent of Schools

- Received $100,000 grant from the Kansas Health Foundation to implement a childhood obesity initiative called 1-2-3-4-5 Fit-Tastic!
  - In partnership with Children’s Mercy Hospitals and Clinics

Our education team is chaired by Dr. Ray Daniels. We just received this and it’s exciting, a $100,000 grant. Children’s Mercy is the one who actually wrote it and got it. We’re the key...
operational partner in that grant and we’re going to be working on a childhood obesity initiative called 1-2-3-4-5 Fit Tastic! which we’re really excited about.

Both the Education Action Team and the Healthy Communities Wyandotte Steering Committee will work to increase the number of Wyandotte County partners using 1-2-3-4-5 Fit-Tastic! framework, messaging, and materials.

I just have some pictures here, both our education team and our steering committee is going to work to increase the number of partners in the community that are using this as their framework for dealing with kids’ weight and kids’ health issues. The great thing about Children’s Mercy is that they’ve done a lot of work to figure out the five interventions; the five ways, if you’re dealing with kids, to help them maintain a healthy weight. There’s a thousand different ways to do that, and a thousand different ideas and they have a lot of great minds working on it. They’ve really nailed it down to these five things. It’s not just a really rigid thing. It’s really more of a framework to help organizations work with that.
One hour or more of physical activity, two hours or less of screen time, three servings of low fat milk or yogurt for calcium.

This is probably, in my mind, the most important. Drink four servings of water, not pop, not tea, not lemonade. Sugar sweetened beverages are the single highest source of calories in the American diet of anything, more than meats, more than anything else. That’s a huge intervention. Eating five fresh fruits and vegetables per day is the fifth element.

March 12, 2014
INFRASTRUCTURE

- Chaired by Heidi Holliday, Executive Director of the Rosedale Development Association

- Released *Wyandotte County Bike Route Recommendations*, prioritizing 20 miles of on-street bike routes
  - Submitted the 10th/12th Street bikeway for consideration for Federal transportation funds

- Also working for River Trails on/next to levees, both Kaw Valley & Fairfax

Our infrastructure team, we’ll be working on that for the next 19 months trying to get folks together. We’re actually planning on a countywide kickoff for that to coincide with the start of school. We’re really excited about that. Our infrastructure team, chaired by Heidi Holliday, looked at the county and we’re tasked with prioritizing the 20 miles of on-street bike routes that we focused on transportation. Biking from home to work from home to school, and we’re going to be working on some recreational runs after this. This is kind of our first hash at looking at building a bikeable Wyandotte and a system where folks, if they don’t have a car or if they opt to ride instead of walk or drive their car, could go on. You heard the presentation from Bill Heatherman. We are very excited because one of those routes has made it into this request for MARC funds, for the KDOT funds. We are extremely excited about that. This is the kind of stuff that we’re talking about; bike lanes. This is called a share-o. It’s a share the road sign.

March 12, 2014
We’re also working on river trails next to the levees. I have a couple of pictures here. As part of this planning process, we took a team of community residents and UG staff out on the streets and actually toured these routes which was a lot of fun. We actually got some feedback from it, which made us alter the routes. It was also a really good opportunity to connect members of the UG staff to folks in the community. A lot of times just because they have different ways of operating and different networks, they don’t really get an opportunity to talk to each other. This was a really great opportunity. It was hot and we sweated a lot, but it was really good.

Here’s our final draft for the routes that we chose. Central Avenue is actually our first one, which you can see there. That’s the one because of the amount of use. The populations density, which was our number one priority, that’s a huge project. We weren’t ready to really submit that project.
Our second one, for the same reasons, was 10th & 12th and you can see it there going down. We’re going to see what’s going to happen in the next three to five months on that.

The next one, I’ll just touch on this briefly. You guys heard a presentation from Steve Daily of the Fairfax District at the April 21 meeting where he talked about opening a portion of the Fairfax District for a trail. We’re very excited about that. We’re also excited about doing the same thing for the Kaw Valley Drainage District which runs south. This is a big project. The vision of it is even bigger.

We talked, and this doesn’t show anywhere on this plan, but we talked as a team as we were kind of thinking about the possibilities about what trails along the rivers would look like. We thought it would be amazing if in 10 years, I have no idea and we don’t know how long this would take, if we could have—all of Wyandotte County is really surrounded by rivers. You have the Missouri River on the top and the Kansas River on the bottom that kind of bisect our counties and kind of flows out. On the top, it really gets pretty close to Wyandotte County Lake at about 100th St.; it’s a little off, but it’s about there. We thought, wouldn’t it be awesome if we could open up trails that go along both rivers and at about Wyandotte County Lake, find a stream way and cut it all the way down so that we could have about a 30 mile loop around our county. I think that would be an incredible resource for folks in our county. I think people would actually travel to the county to use that. I think that would be beautiful and it would be used. Like I said, That is a project for the future.

March 12, 2014
Commissioner Walker said while that is a wonderful idea, have you gotten any favorable response out of Kaw Valley Drainage District for using their levees. Mr. McKain said you know, I believe that we have had some. Yes. There might be someone in the audience who could speak to it a little better than me. Commissioner Walker said years ago we had proposed a walking trail and we tried to force it through with some legislation that took control of the ability to use it and the Drainage District lobbyist stopped it in Topeka. Of course, their primary concern they claim is wear and tear to the top also potential vandalism to their equipment. They were absolutely dead set against ever using levees. I hope they have.

Bill Heatherman, County Engineer, said I think just in terms of the quality of the working relationship, things have shifted quite a lot and probably on both sides. We’re now in a mutual dialogue with both levee districts. They have their concerns and the UG has its goals. What is currently approved is a starter section with the Fairfax District coming out of Kaw Point Park and a separate discussion about a starter section for a small portion of the Kaw Drainage District also. I think we have the right starting point with both districts. I would not say that either district is necessarily signed on for this plan as shown, and it would be going too far to say that, you know, that’s a given. The starter sections are actively worked on. Bob Roddy has been working on that. If all goes well, I think that starts to build the kind of trust and understanding that might allow other discussions to occur.

Commissioner Kane said we talked about this the other day and there is a small starting point. There was some conversation about not walking on the levee, walking on the side where there’s another road down there and it does sound like we’re getting there. I think it’s going to be a while before we make that big loop, but I don’t think it’ll be that far to make it to the Fairfax Bridge and back around. Mr. Heatherman said if we look at the duck head up there. Everyone can kind of see the head of the duck with Fairfax in the middle. The starter section would be down there around the back of the neck for a short distance. To get all the way around just on the Fairfax levee part to kind of that far western tip at the beak of the duck is like 4.—Mr. McKain said 4.5 miles. Mr. Heatherman said 4.8 miles or something in that order. Even just
to make that kind of outside piece of that rim would be quite a big project someday down in the future if the operation and comfort level with this starter trail go well.

Commissioner Philbrook said put it in money form. Mr. Heatherman said we’ve not made an estimate so it would not be responsible for me to guess a number. Commissioner Philbrook said it’s that bad. Mr. Heatherman said I’ll either be too high or too low.

Mr. McKain said I would echo what Bill said that this slide is not a plan; it’s a dream. I think we have some good starts on putting some kind of trail on both of the districts which is a huge movement forward. The eventual dream is years and years down. We got excited about it and I thought you guys might get a little bit excited about it too.

HEALTH SERVICES

- Chaired by Jerry Jones, Executive Director of the Community Health Council of Wyandotte County
- Founded Enroll Wyandotte, which helped over 500 Wyandotte County residents complete health insurance applications through the Health Insurance Marketplace (i.e. "Obamacare")
- Additional public outreach to 4,000 individuals

Health Services—we have two more. I will go quickly—chaired by Jerry Jones, who is the Executive Director of the Wyandotte Health Council. We founded Enroll Wyandotte. Obamacare has landed and there are a lot of folks in Wyandotte County who are uninsured and we wanted to make sure one, that they could get health insurance and two, that they would not get fined. A lot of folks just do not know about the law; do not know about the requirement that they must get health insurance now. It’s both kind of a care and a stick. We wanted to let them know about it so they could get a service and then also say if you do not access this service, you will be fined.

March 12, 2014
We helped 500 people through the application process and did outreach to about 4,000. We were very excited about that. We did that on very few resources and we were very proud of that, and we’re already ramping up for next year.

Here’s just a couple of pictures of what we’ve done. This picture appeared in the Wallstreet Journal down here. They sent a reporter. We utilized a very different model because we used almost all volunteers to help people through the application. We didn’t have that much money. It’s very unique across the country so they sent a reporter and we were in the Wallstreet Journal, which we were very happy about, along with the Star and some other agencies around here.

NUTRITION

- Chaired by Katherine Kelly, Executive Director of Cultivate KC
- Hosted the 2014 Wyandotte County Mayor’s Food Summit on May 1, 2014
  - 234 leaders attended
  - Focused on improving access to healthy food
  - 4 target settings: Schools, Low-Income Households, Organizational Culture, and Neighborhoods
  - Many leaders made commitments at Food Summit to improve healthy eating and access

March 12, 2014
Our final team Nutrition is chaired by Katherine Kelly, Executive Director of Cultivate KC. We just got done with the food summit. We had 230 leaders attend. We focused on improving access to healthy food in schools, low-income households, within organizations including the Unified Government and neighborhoods. At the end, we had leaders make commitments to how they would improve access in their sphere. We got some really good feedback. That event just happened so we haven’t had time necessarily to debrief and come up with the specific action steps but we’re really excited about that.

I just have a couple of pictures to close out. Here’s the food summit, 230—it was held at the KCKCC Tech Center, which by the way is an incredible place. I’m sure all of you have seen it but we were really pleased with it.
A couple of folks working in a work group there.

We had a breakout where we were generously supplied by some maps by geospatial services and we had folks draw in their neighborhoods what healthy food access would look like there. That was really fun for folks and I think enlightening.
People ate and the Culinary School provided the food and like the building, that school is amazing. The food was wonderful. I would say if you guys ever have the opportunity to eat any of the food they cook, it was top-notch, I mean top-notched. It was a great event. We were very pleased about it and thought a lot of energy for that issue was built.

**OTHER ACCOMPLISHMENTS**

- **Infrastructure:** 2011 Complete Streets policy, 2012 Sidewalk & Trails Master Plan, and 2013 funding for Kaw Point Park & 5th Street Trail
- **Funding:**
  - $500,000 UG-Hollywood Casino grant established to fund nutrition and physical activity programs
  - H2O to Grow Pilot grant fund supplied 7 Wyandotte Gardens with free water taps
- **School Policy Change:**
  - USD 500 removed flavored milk from schools in 2013 Mon-Thurs, eliminating 380 calories per week from students’ diets.

Really quick, the commission has been awesome about pushing a lot of things through that; have really benefited the health of our residents and infrastructure the Completes Streets Policy, Sidewalk & Trails Master Plan and that plan was used to get some money to build some projects that are being built right now. The funding of course through the Hollywood Casino grant. H2O to Grow Pilot grant fund has put in, and is being constructed right now seven free

*March 12, 2014*
water taps for gardens in our community which will boost fresh fruit and vegetable growth in our county. And then of course, we have a policy change which a lot of you have heard about in the school district to remove chocolate milk and strawberry milk from the diet which is still being implemented because those kids love that milk.

**Commissioner Maddox** said the H2O to Grow Pilot grant fund, I see it says it’s applied to seven Wyandotte gardens with free water tap. Can you tell me which gardens those were? **Mr. McKain** said Northrup Park Community Garden, IEJ Farms, Turner Community Garden, Kansas Bhutanese Community Garden, Garden of Peace and the Rosedale Development Association has a garden at South Early Street. I think that might be it. There were seven of them. I’m not sure if that was—**Commissioner Philbrook** asked is Northrup the one that’s down on Orville off of 10th St. **Mr. McKain** said yes, correct.

**Commissioner Maddox** asked how much did all seven gardens receive. **Mr. McKain** said it ended up costing a little bit more than we had anticipated. It ended up being about $87,000 for the work. To my understanding, and I won’t speak on the behalf of Public Works who actually had the money and allowed us to do it, but I think that was saved from another year. There was some money that it cost less to do something so they very generously allowed us to use that to help increase access. **Commissioner Maddox** said but that grant did come by way of this committee, correct. **Mr. McKain** said I believe so, yes.

**Commissioner Maddox** said I had a few questions but I’ll refer back to that. If a garden wants to apply for those H2O to Grow funds, what’s needed? When do they apply? Where do they receive the paperwork? **Mr. McKain** said there’s an application process for it. I don’t think we’ve nailed—we’ve talked about doing another one. The first year you do anything, you have to figure out everything and I will say that process, just trying to figure it all out, we established an entirely new grant fund and it was not without hiccup.

We will be talking with the Public Works Department about a next year but we still have to make a couple of changes. If it’s anything like last year, it’s an application and it isn’t incredibly difficult. You have to write some answers about how you’re going to beautify the land, what you’re going to grow and how you’re going to benefit the community. When we do
that, I would love to send you that if there are some gardens in your district that would like to apply.

**Commissioner Maddox** asked are any of those gardens in the urban core that you mentioned. **Mr. McKain** said yes. **Commissioner Maddox** asked which one. **Mr. McKain** said almost all of them are. IEJ Farms is at 5th & Haskell, Turner is at 53rd down there, Rosedale is at 34th & Early, and Northrup is at 10th & Grandview. Almost all of them are. **Commissioner Maddox** said that’s a good question because I was concerned if you were to say that there was cloudiness around the application process then there were actual people who didn’t get a chance to apply because of the misunderstanding of how to apply. That’s important. **Mr. McKain** said I will say that we’re always trying improve to making sure that as many people as possible know about it as possible. We’ll make sure we push it out when we do it again.

**Commissioner Maddox** said this is a question, and I don’t want it to sound like a probing question but it really is. When I read on the first page, it said that the Healthy Communities Wyandotte was founded in 2009 based on the fact that we had ranked last in the state in terms of health. I’d like to know where we ranked in 2010, ‘11, ‘12, ‘13 and ‘14. Do you have that? **Mr. McKain** said yes. I’d like for that to be a difficult question to answer because they’re all different but unfortunately, we’re still at the bottom. A lot of the county health rankings are linked to things like poverty, high school graduation rates, housing problems, things that are very long-term in the county. One of the things about the health rankings that makes them both useful and kind of frustrating is that it’s not just how many gardens are there. We can fix gardens pretty fast, you know. Its how many people have jobs? What’s the unemployment rate? What is the poverty rate? In Kansas City, KS, unfortunately we’re a very urban county and our poverty rate is much higher than a lot of other counties.

I don’t think it means that we’re not making progress, you know, but we haven’t necessarily shot up in those ranking like I would have loved. I think it’s the more we can really grasp how to work on those kinds of endemic big picture things, I think the better we’ll do. Those things consequently are hard to move and it takes a long time. I think this year we were 99 out of 102.

March 12, 2014
Commissioner Maddox said I won’t ask any more questions because they’re all essay questions.

Action: For discussion only.

Chairman Markley adjourned the meeting at 6:22 p.m.

tp
### Staff Request for Commission Action

**Tracking No. 140219**

- [ ] Revised
- [ ] On Going

**Type:** Standard  
**Committee:** Administration and Human Services Committee

**Date of Standing Committee Action:** 7/21/2014  
(If none, please explain):

**Proposed for the following Full Commission Meeting Date:** 8/7/2014  
**Confirmed Date:** 8/7/2014

- Changes Recommended By Standing Committee (New Action Form required with signatures)

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<tr>
<th>Date</th>
<th>Contact Name:</th>
<th>Contact Phone:</th>
<th>Contact Email:</th>
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<th>Department / Division:</th>
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<tr>
<td>6/19/2014</td>
<td>Terry Brecheisen</td>
<td>573-6707</td>
<td><a href="mailto:ljnicke@wycokck.org">ljnicke@wycokck.org</a></td>
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**Item Description:**  
The Unified Government Public Health Department/Healthy Communities Wyandotte Division will receive $23,250.00 to sub-contract with Children's Mercy Hospital for the "Expanding the Healthy Lifestyles Initiative:. This will involve implementation of the Community Messaging Campaign, 1-2-3-4-5 Fit-Tastic!

**Action Requested:**  
Acceptance of funds

- Publication Required

**Budget Impact: (if applicable)**

- Amount: $
- Source:
  - [ ] Included In Budget
  - [ ] Other (explain)

**File Attachment**

- Description.docx  
  - Microsoft Word Document  
  - 12.7 KB
Unified Government of Wyandotte County-Health Department
Statement of Work for The Children’s Mercy Hospital

This Statement of Work (SOW) dated (DATE—July 1 or later) is made by and between Unified Government of Wyandotte County-Health Department, (Contractor) and The Children’s Mercy Hospital (CMH).

1) OBJECTIVES

This SOW sets forth the scope and definitions of the services, work, and project (collectively, "Services") to be provided by the Contractor for CMH. This SOW shall supersede all proposals, prior discussions, and other communications, written or oral, relating to the scope, description or definition of the project contemplated by this SOW.

This SOW outlines the Services that the Contractor will perform to implement the Action Plan (Exhibit A) to carry out the grant activities for Expanding the Healthy Lifestyles Initiative (HLI) through Healthy Communities Wyandotte (Grant). This Grant has been funded by the Kansas Health Foundation (Foundation) and the Contractor is a sub-contractor to help carry out the duties outlined below.

2) CONTRACTOR SERVICES

2.1) The Contractor will coordinate all appropriate Grant actions detailed below with members of the Healthy Communities Wyandotte coalition and other appropriate community partners.

2.2) The Contractor will oversee communication including:

i) Provide regular communication with all relevant parties;

ii) Engage involvement of community as appropriate to guide and implement Grant actions;

iii) Promote school wellness policy actions with school boards;

iv) Include on any press release or publication produced by Contractor that refers to Grant results an acknowledgement of Foundation that reads: "The Kansas Health Foundation is a private philanthropy dedicated to improving the health of all Kansans. For more information about the Kansas Health Foundation, visit: www.kansashealth.org." The Contractor will not use the name or logo of the Foundation in any other manner without express written consent; and

v) Provide monthly progress updates to CMH.

2.3) The Contractor will manage the selection and oversight of the participating school and child care settings to implement the Grant activities:

i) Establish review process and identify agencies that meet the grant criteria.

ii) Oversee selection of at least 4 total settings (2 schools and 2 child care) during this SOW time frame. It is anticipated two settings will be selected and ready to start by September 2014 and two additional settings (child care) second will be selected to start by April 2015.

iii) Establish agreements with all settings stipulating their responsibilities as well as the Contractor's and CMH's supports. Setting responsibilities include:

(1) Engage staff and clients through focus group discussions;

(2) Complete customized work plan;

(3) Participate in orientation and training;

(4) Implement work plan to include:

(a) How they will incorporate messaging at their setting;

(b) Where appropriate, conduct child assessments and provide appropriate education and follow-up to students and families;

(c) Interface with parents on at least the messaging strategy;

(d) Determine setting specific policy actions to enhance setting's support of healthy eating and physical activity of children and staff and begin action to improve at least one;

(e) Track and report specified measures; and

(f) Cooperate with CMH staff in follow-up interviews after pilot phase and completion of the project; and
(5) Assist Contractor and CMH with development of policy and practice protocol recommendations to improve and replicate the HLI activities in other similar settings.
   iv) Coordinate orientation, training, and technical assistance from CMH to be provided to all settings.
   v) Provide payment to participating settings for up to $2,000 each to compensate them for expenses related to staff time or supplies purchased to support Grant activities. A total of $8,000 is provided for compensation for participating settings.
   vi) May recruit and support implementation of HLI in other settings in Wyandotte County.
   vii) Facilitate coordination of activities between participating settings and community campaign.

2.4) The Contractor will actively participate in the design and implementation of the community messaging campaign.
   i) Work with CMH and other relevant parties on the tasks to carry out the design and launch of the message campaign;
   ii) Design and tailor message campaign tactics with input from community and members of Healthy Communities Wyandotte. The scheduled first wave of community campaign is by March 2015, second wave by June 2015 and final wave by September 2015.
   iii) Display signage and promote messages at appropriate community events. Assure that there is at least one community event with participation by Wyandotte County partners to promote messages. A total of $2,000 will be made available for costs to host the event(s).
   iv) Produce educational materials to support messaging. A total of $3,250 is available to cover reproduction costs for materials used by participating community partners. The Contractor may use the Healthy Communities Wyandotte brand on those materials, which may include framed posters and other educational handouts on the 12345 Fit-Tastic! messaging desired by community partners.

2.5) The contractor will comply with the Foundation's Healthy Food and Beverage Policy. If contractor uses Grant funds for food and beverage purchases, Contractor agrees to adhere to the Foundation's Food and Beverage Guidelines provided in Exhibit B.

2.6) The time frame is DATE through December 31, 2015. The key milestones for the project are:
   i) September 30, 2014—Child care and school setting selection, agreement, training and orientation;
   ii) December 31, 2014—Each setting has developed and implemented plan; arrangements made for community messaging campaign and educational materials produced;
   iii) March 31, 2015—Review of first round pilots in participating settings and adaptations; launch 1st wave of community messaging campaign;
   iv) June 30, 2015—New settings recruited, launch of second wave of community messaging campaign;
   v) September 30, 2015—Host community event and launch 3rd wave of community campaign; and

3) CMH RESPONSIBILITIES

3.1) Manage overall Grant activities and communication with Kansas Health Foundation;
3.2) Provide training and technical assistance to participating settings;
3.3) Coordinate services for professional focus group facilitator for use with staff and clients from participating settings;
3.4) Manage website that will serve as repository for resources to carry out Grant activities and means by which participating settings can report progress online;
3.5) Manage budget and expenditures to support community messaging campaign media and related costs;
3.6) Provide supplies (i.e., shirts and signs) for Contractor to distribute to participants to support Grant activities
3.7) Meet regularly with Contractor to review progress and coordinate actions.
4) ASSUMPTIONS

The following assumptions are made to create this SOW. Should any of these assumptions prove to be incorrect or incomplete then the Contractor may modify the price or project description.

4.1) The contractor will conduct duties outlined above and assign necessary staff to complete these duties.

4.2) The Contractor is solely responsible for performance under the SOW, and no party shall be considered a third party beneficiary of this SOW.

4.3) The Foundation may conduct reviews of CMH's operations related to this Grant. If requested, Contractor agrees to make available, upon reasonable notice and during regular business hours, personnel for any discussion with Foundation representatives regarding Grant activities they are conducting that are outlined in this SOW.

4.4) Liability clause?

5) PRICING AND INVOICE SCHEDULE:

5.1) Pricing
CMH will compensate the Contractor $23,250 for the costs incurred and duties performed over the project period.

5.2) Invoice Schedule
Contractor will submit an invoice at least at the end of Services outlined below and may submit at the completion of tasks outlined below. Invoices shall be submitted no later than 30 days after the last day of the Service Phase period. Such invoices will include a summary of work completed. CMH agrees to remit payment for Services no later than thirty (30) days upon the CMH receipt date of the invoice.

5.3) The Contractor shall provide a copy of the record of revenues and expenditure to support these Grant activities within 30 days of the close of this SOW.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Completion Date</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Child care and school setting selection, agreement, training and</td>
<td>September 30, 2014</td>
<td>$5,000</td>
</tr>
<tr>
<td>orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) Each setting has developed and implemented plan; arrangements made</td>
<td>December 31, 2014</td>
<td>$7,250</td>
</tr>
<tr>
<td>for community messaging campaign and educational materials produced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) Review of first round pilots in participating settings and</td>
<td>March 31, 2015</td>
<td>$4,000</td>
</tr>
<tr>
<td>adaptations; launch 1st wave of community messaging campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv) New settings recruited, launch of second wave of community</td>
<td>June 30, 2015</td>
<td>$4,000</td>
</tr>
<tr>
<td>messaging campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v) Host community event and launch 3rd wave of community</td>
<td>September 30, 2015</td>
<td>$2,000</td>
</tr>
<tr>
<td>campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi) Final report and wrap-up.</td>
<td>December 31, 2015</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$23,250</td>
</tr>
</tbody>
</table>
1) PROJECT CHANGE MANAGEMENT

There may be a number of circumstances that will drive a requested change to this SOW, including, but not limited to, CMH’s request for additional services, acceleration or modification of schedule, erroneous assumptions or a party’s failure to perform their responsibilities.

1.1) Project Change Requests
Either party may submit a Project Change Request (PCR) to revise a particular aspect of this SOW. Upon request, Contractor will specify the requested changes in writing and submit to CMH for signature to indicate approval. The PCR will detail cost and schedule estimates to incorporate any additional prices, time, and materials. Such estimates shall be based upon Contractor’s then current charges for services.

1.2) Good Faith
The parties agree to negotiate in good faith with respect to all PCR’s, including changes in prices, delivery schedule, and deliverables.

1.3) Authorization
Contractor shall have no obligation to perform, or make effective, any work associated with a PCR unless signed by an authorized representative of both parties. The following representatives are authorized by CMH to execute any PCR:
Deborah Markenson, dmarkenson@cmh.edu, or Beth Kalberg, bakalberg@cmh.edu

IN WITNESS WHEREOF, Contractor and CMH have executed this Statement of Work as of the date set forth below.

Eric Armbrecht, Authorized Representative

Name: __________________________

Title: __________________________

Date: __________________________

The Children’s Mercy Hospital

Name: __________________________

Title: __________________________

Date: __________________________
Administrative Detail Synopsis

1. Contract Requester: Deborah Markenson 816-234-9223 (59223)
2. Section/Department: Weight Management/Pediatrics
3. Name of other party: Unified Government of Wyandotte County- Health Department

4. Other party contact name(s), phone and email: Wesley. Please provide and make sure we are using correct name, phone/email.

5. Anticipated expense of contract: $23,250
6. Anticipated start and end date of contract: July 1, 2014-December 31, 2015
7. Cost Center to apply payment/receipt to: to be determined
<table>
<thead>
<tr>
<th>Time</th>
<th>Action Steps (Weighing In lead with HCW coordination, unless otherwise noted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start-up</td>
<td>1. Receive notice.</td>
</tr>
<tr>
<td>Month, June</td>
<td>2. Review, adjust and finalize action steps.</td>
</tr>
<tr>
<td>2014</td>
<td>3. Finalize potential invitee list and invite school and child care setting participants (HCW). 4. Secure focus group facilitator to work with specific settings staff and families from target audience.</td>
</tr>
<tr>
<td>Quarter 1</td>
<td>5. Select school &amp; child care settings. 6. Each site identifies lead, signs agreement form and identifies staff champion. 7. Conduct staff orientation. 8. Each site will develop HLI setting specific MAPPS for change plan a. Engage staff to support and adapt HLI strategies within their program. b. Facilitator will conduct formative qualitative research with staff and family focus groups and provide feedback to each setting for use in creating plan with staff and family preferences. c. Review the current policies, protocols and procedures, including protocol for conducting behavior &amp; weight assessments and plans in the school setting, and, if Head Start chosen, in child care setting. Review and update referral protocols for children above 95th percentile BMI. 9. Finalize plans for community messaging campaign with community partner and HCW input. 10. Present to School Districts' School Boards on HLI and priority school wellness policies. 11. Finalize evaluation framework and reporting mechanism for tracking output &amp; outcome measures.</td>
</tr>
<tr>
<td>July-Sept</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td>12. Each setting will implement their HLI-MAPPS for Change plan. a. Engage staff to adopt HLI protocol for services to include: i. Point of service message postings and dissemination (e.g., printed material for families, signage within site, social media, website links and postings). ii. Assessment of weight status and behaviors and posting in electronic record-healthy weight assessment (HWA) where conducted. iii. Customized follow-up plan (HWP) specific to needs of each child, where appropriate; iv. Communication and materials for parent interface; and v. Policy changes needed (e.g., vending, ban unhealthy food marketing, activity breaks). b. Report outcome measures (e.g., proportion of clients that receive HWA/HWP, numbers reached, number adopting, number sustaining efforts, number of media exposures, number policy changes) starting at this point and ongoing.</td>
</tr>
<tr>
<td>Oct-Dec</td>
<td></td>
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<tr>
<td>Quarter 3</td>
<td>14. Develop or modify policy &amp; practice protocols to implement HLI strategies. (each site) 15. Pilot-test the HLI protocol and assess the adoption by staff, patient reach, implementation steps and effectiveness of delivering the program in each setting. 16. Adapt and improve as pilot indicates. 17. HCW launch first wave of community messaging campaign.</td>
</tr>
<tr>
<td>Jan-March</td>
<td></td>
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<tr>
<td>2015</td>
<td>18. Weighing In will interview site personnel, including leadership, and observe changes made and not made. Will also conduct staff survey on implementation and practice changes. 19. Compile recommendations for implementation and replication for child care and school settings. 20. Recruit for other community sites to participate and provide training. 21. Launch second wave of community messaging campaign.</td>
</tr>
<tr>
<td>Quarter 4</td>
<td></td>
</tr>
<tr>
<td>April-June</td>
<td>22. Implement HLI within additional Wyandotte County partner sites. 23. Plan for community event with participation of Wyandotte County HLI active partners. 24. Identify opportunities for integration between partners and make recommendations to HCW. 25. Launch third wave of community messaging campaign.</td>
</tr>
<tr>
<td>2015</td>
<td>26. Evaluate reach, effectiveness, and implementation at all settings. Compile replication recommendations. 27. Compile tailored implementation tools and resources to support adoption and implementation for use in other programs/agencies.</td>
</tr>
<tr>
<td>Quarter 5</td>
<td></td>
</tr>
<tr>
<td>July-Sept</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>
Kansas Health Foundation Food and Beverage Guidelines

Beverage Guidelines
Foundation funds may not be used to purchase soft drinks (regular or diet) or sports/energy drinks.

Snack Guidelines
If Foundation funds are used to purchase and provide snack foods, Grantee (Contractor) would avoid serving calorie dense low nutrition snacks (donuts, cookies, candy, chips, full-fat ice cream, cake, etc.). Healthy snack foods typically include:
  • Fresh fruits and vegetables
  • Whole grain foods
  • Nuts and seeds with low sodium/no added salt
  • Low fat dairy products
It is recommended pre-packaged snack foods be served in portion sizes of 200 calories or less.

Caterer/Prepared Meal Guidelines
If Foundation funds are used to purchase catered or prepared meals, Grantee (Contractor) will work with food providers to offer healthy meal options. The following recommendations provide general guidance regarding meal options. If desired, Grantee (Contractor) could conduct additional research to find more detailed healthy meal recommendations from other organizations.

  Recommendations
  • Prepare foods in a way that minimizes cholesterol, trans fat and saturated fat
  • Seafood may be a healthy alternative to meat and poultry
  • Ensure meals include one or more of the following:
  o Fresh fruit
  o Dark green, red and orange vegetables
  o Beans and peas
  • Select whole grain options over refined grain
  • Serve desserts in reasonable portion sizes.
<table>
<thead>
<tr>
<th>HEALTHY HABIT</th>
<th>BENEFITS</th>
<th>TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 HOUR OR MORE OF PHYSICAL ACTIVITY</strong></td>
<td>Be active 60 minutes or more each day. Staying active can help you keep your energy up and reach or stay at a healthy weight.</td>
<td>• You don’t have to get 60 minutes in all at once. Break it up into shorter chunks throughout the day. • Anything that makes you breathe harder and your heart beat faster is a good activity. • Plan active family time like going to the park or the zoo. • Be active with a friend.</td>
</tr>
<tr>
<td><strong>2 HOURS MAXIMUM OF SCREEN TIME</strong></td>
<td>Less time spent watching TV, playing video games or texting means more time being active. Keep screen time to less than two hours a day.</td>
<td>• Start by cutting out 15 minutes a day each week to get down to less than 2 hours. • Come up with fun activities to do as a family instead of screen time. • Start a family game night or go to a nearby park or playground. • Make screen time a reward, not a daily routine.</td>
</tr>
<tr>
<td><strong>3 SERVINGS OF LOW OR NONFAT MILK OR YOGURT</strong></td>
<td>Drinking milk helps make bones and teeth strong. Serve low or nonfat milk or yogurt to have with meals. Include three servings each day.</td>
<td>• Serve milk to drink at each meal. • Keep milk ice cold. Kids are more likely to drink it. • Use nonfat fruit flavored yogurt as dip for fruit. • Make your own smoothies by blending your favorite frozen fruit with yogurt and nonfat milk. • Layer fruit and yogurt in a tall glass to make your own parfait! Top with a sprinkle of whole grain cereal.</td>
</tr>
<tr>
<td><strong>4 SERVINGS OF WATER, NOT SUGARY DRINKS</strong></td>
<td>Water is best to keep your body running well and for when you are thirsty. Drink at least four glasses of water a day.</td>
<td>• Serve water between meals instead of sugary drinks. • Fill reusable water bottles to bring in the car or on the go. • Drink a cup when you brush your teeth in the morning. • Keep a pitcher of water in the fridge. • Put in a slice of orange, lemon or lime to add flavor.</td>
</tr>
<tr>
<td><strong>5 SERVINGS OR MORE OF FRUITS &amp; VEGETABLES</strong></td>
<td>Fresh, frozen or canned fruits and vegetables are full of important vitamins, minerals, water and fiber that help keep your body healthy! Be sure to include five or more servings each day.</td>
<td>• Keep fruits and vegetables in sight in the refrigerator or on the counter. • Plan your meals to include fruits and vegetables. Use them to fill half your plate. • Wash and cut fruits and vegetables ahead of time for a quick snack. • Keep canned, frozen, and dried fruit on hand.</td>
</tr>
</tbody>
</table>
**FIT-TASTIC FEEDBACK FORM: CHECK IT OUT!**

1. **Physical activity:** On a typical day, how many minutes do you (does your child) spend in active play/exercise (breathing harder or sweating)?
   - ☐ Less than 15 min
   - ☐ 15 min
   - ☐ 30 min
   - ☐ 45 min
   - ☐ 60 min (1 hour)
   - ☐ 90 min (1 ½ hours) or more
   - ☐ None
   - ☐ N/A

2. **Screen time:** On a typical day, how many hours are you (is your child) in front of a screen (TV, computer, video game, cell phone)?
   - ☐ 1 hour or less
   - ☐ 1.5 hours
   - ☐ 2 hours
   - ☐ 2.5 hours
   - ☐ 3 hours
   - ☐ 3.5 hours
   - ☐ 4 hours
   - ☐ 4.5 hours
   - ☐ 5 or more hours
   - ☐ None
   - ☐ N/A

3. **Milk and yogurt:** On a typical day, how many times do you (does your child) drink milk (check one)?
   - ☐ Once/day or less (1 cup or less)
   - ☐ Twice/day (2 cups)
   - ☐ Three times/day (3 cups)
   - ☐ Many times/day (4 cups or more)
   - ☐ None
   - ☐ N/A
   - **A.** What type of milk does your child drink? (check all that apply)
     - ☐ Nonfat (skim)
     - ☐ Low fat (1%)
     - ☐ Reduced fat (2%)
     - ☐ Whole
     - ☐ Goat’s milk
     - ☐ Rice or almond milk
     - ☐ Soy milk
     - ☐ Other: ___________

4. **Water and beverages:** On a typical day, how many times do you (does your child) drink plain water (check one)?
   - ☐ Once/day or less (1 cup or less)
   - ☐ Twice/day (2 cups)
   - ☐ Three times/day (3 cups)
   - ☐ Many times/day (4 cups or more)
   - ☐ None
   - ☐ N/A
   - **A.** What other beverages do you (does your child) drink in a typical day? Check all that apply:
     - ☐ Juice (100%)
     - ☐ Soda, fruitade or sports drink (such as Kool-aid™, Capri Sun™, Sunny Delight™, Gatorade™, PowerAde™, sweetened tea)
     - ☐ Diet pop/soda or unsweetened coffee/tea
     - ☐ Other: ___________
   - **B.** On a typical day, how many times do you (does your child) drink sodas, fruitades or sports drinks (check one)?
     - ☐ Once/day or less (1 cup or less)
     - ☐ Twice/day (2 cups)
     - ☐ Three times/day (3 cups)
     - ☐ Many times/day (4 cups or more)
     - ☐ None
     - ☐ N/A

5. **Fruits and vegetables:** On a typical day, how many times do you (does your child) usually eat fruits or vegetables?
   - ☐ 1 or less
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 or more
   - ☐ None
   - ☐ N/A

---

**CHOOSE HEALTHY HABITS FOR A HEALTHY FUTURE!**
Learn more at www.12345Fit-Tastic.org

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**MY GOAL: ________________
________________________________________
________________________________________**

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2/14/13 Children’s Mercy Hospitals and Clinics
The Unified Government Public Health Department is applying for a $20,000.00 grant from the March of Dimes. These funds will be used to transition the Prenatal Department's current Prenatal Education classes to the March of Dimes "Becoming a Mom" curriculum and expanding to reach patients community wide.

Action Requested:
Approval of application.

Publication Required

Budget Impact: (if applicable)

Amount: $
Source:
- Included In Budget
- Other (explain)

File Attachment
Project Overview (2 pages)

Applicant Organization: Unified Government Wyandotte County/Kansas City, Kansas Public Health Department (UGPHD)

Address: 619 Ann Ave.

City: Kansas City State: Kansas Zip: 66101

Project Title: UGPHD Perinatal Collaborative Transition to Becoming A Mom Curriculum

Contact Name: Terrie Garrison

Phone: 913-573-6726 Fax: 913-573-6781

E-mail: tgarrison@wycokck.org

Institution Type (choose one):
[ ] Clinic
[ ] Community-based Organization
[ ] Educational Institution
[X] Health Department (State/Local)
[ ] Other For-Profit Organization
[ ] Professional Association
[ ] Other

Have you previously received March of Dimes grant funding for the same project in the last 5 years?
[X] No  [ ] Yes, please specify years

Is this a proposal for a multi-year project?  [X] No  [ ] Yes, please specify # of years

Please provide a brief synopsis of your project (2-3 sentences are sufficient): The UGPHD Perinatal Collaborative Transition to Becoming A Mom program is a Maternal Health initiative to transition the current UGPHD Prenatal Education classes to the March of Dimes Becoming A Mom curriculum and expanding the curriculum to reach community wide.

Please list the one primary March of Dimes priority funding area that the proposal addresses (funding priority areas listed in Section II):
Enhance premature birth risk reduction education and/or services by implementing the March of Dimes Becoming a Mom/Comenzando bien curriculum and associated evaluation tools to promote equity in birth outcomes.

Please list the one primary and one secondary purpose category that the proposal addresses (categories listed in Appendix B):
Primary: Prenatal education and social support
Secondary: Becoming a Mom/Comenzando bien

March of Dimes
2014 Chapter Community Grants Application Guidelines
Approximately how many **unduplicated** individuals will be served during year one? _150_

Does this project target adolescents (17 and under)? [ ] Yes [X] No

Does this project aim to reduce disparities? [X] Yes [ ] No

Select the race/ethnicity of the _majority_ of individuals expected to be served by this project (if applicable):

**RACE:**
[X] White
[X] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian
[ ] Native Hawaiian or Other Pacific Islander
[ ] Other

**ETHNICITY:**
[X] Hispanic

Please indicate what will be measured and reported on throughout the project:
[X] Change in knowledge
[X] Change in behavior
[X] Change in birth outcomes
[ ] Other

Does the budget include funds for a consultant or other subcontract? [ ] Yes [X] No

Does the budget include funds to conduct an evaluation? [ ] Yes [X] No

Will your agency or an evaluator be collecting personal health information (PHI) from any individuals? [X] Yes [ ] No

Will your agency or an evaluator be seeking the following?
[ ] Full review by an Institutional Review Board (IRB)
[ ] Expedited review by an Institutional Review Board (IRB)
[X] No review by an Institutional Review Board (IRB)

Total amount requested: _$20,000_  Cost per individual: _$133.33_

Is your agency willing to accept partial funding? [ ] Yes [X] No

If awarded, check should be made out to: Unified Government Treasurer

**Terry Brecheisen**  
Signature  
Project Director

**5/30/14**  
Date  
 **Terry Brecheisen, Deputy Director**  
Type Name and Title

March of Dimes  
2014 Chapter Community Grants Application Guidelines
Project Abstract (1 page)

Problem Statement: What is the problem that this project will try to address? Why do we care about the problem? What gaps will the project fill?

Wyandotte County has been ranked the unhealthiest county in Kansas according to the University of Wisconsin Population Health Institute County Health rankings of 2011. 96th of 98 counties ranked. These rankings were based on morbidity/mortality rates, health behaviors, clinical care, social and economic factors, as well as the physical environment. The following statistics will show some of the reasons for Wyandotte County’s ranking. Wyandotte County’s percent of live births with low birth weight (< 2500 grams) was 8.0 as compared to Kansas at 7.2 and the national benchmark of 6.0, infant mortality rate of 8.46 per 1,000 live births compared to Kansas at 6.3 per 1000 and the healthy people 2020 goal of 6.0 per 1000, the county’s teen birth rate at 86 per 1000 females age 15 to 19 years old in comparison to Kansas at 42 per 1000 females and the healthy people 2020 goal of 36.2. These and other low ranking maternal and infant health factors are why the Unified Government of Wyandotte County/Kansas City, Kansas Public Health Department (UGPHD) is seeking to collaborate with other Wyandotte County perinatal providers to improve maternal and infant health by increasing the quality and availability of prenatal education in Wyandotte County.

Methods: What activities will you undertake to achieve results?

To increase the quality and availability of prenatal education in Wyandotte County the UGPHD intends to implement a pilot program that includes prenatal education, prenatal care referrals, nurse case management, and outcome measurements. This program will utilize the March of Dimes Becoming a Mom/Comenzando bien curriculum along with additional, community – specific materials, and will be provided over six session periods at the Unified Government Public Health Department starting in August of 2014. Plans are to disseminate to at least one other venue in the community within the grant year.

Expected Results: What changes do you expect to occur as a result of the activities described above?

By increasing the quality and availability of prenatal education and access to prenatal care we expect to improve the overall health of mothers and infants in Wyandotte County by decreasing the number of low birth weight and preterm births, the number infant deaths, and increase the number of mothers that access early and regular prenatal care.

Conclusions/implications: What are the larger implications of your findings? What impact will this project have on the problem identified above?

The health of a county, state or country is dependent on many things and not just one entity or program will completely change the health of a community, however as a community many programs/entities must be determined to impact a problem to improve anything. This program will not fully reverse the poor maternal and infant health in Wyandotte County; it will however be an ignition to other programs/entities to impact the problem for improvement to occur.
**Case for Need:** Infant mortality rate is the most revealing indicator of the overall health of a community, according to the 2010 Kansas Stillbirths and Infant Deaths Research Summary. In 2010, Wyandotte County’s infant mortality rate was 8.46 per 1,000 live births – 1.34 times higher than the rate for the entire state and nearly 1.5 times the benchmark set in Healthy People 2020. From 2006 to 2010, the leading causes of infant mortality in Kansas were congenital anomalies (23.4%), short gestational age/low birth weight (16.8%) and Sudden Infant Death Syndrome (16.8%). Twenty-three percent of infant deaths were attributed to “other causes.” Compared to the rest of the state, Wyandotte County has a disproportionately high share of premature and low birth weight babies. Eight percent of babies born in Wyandotte County in 2011 were low birth weight compared to 7.2% for the state. The rate of premature births during the same year was 9.4 per 1,000 live births, again higher than the rate for the state which was 8.8. For the last twenty years, Black non-Hispanic infants have continued to die at a rate 2.5 times that of White non-Hispanic babies. Black infants are particularly at risk of death from prematurity, Sudden Infant Death Syndrome, and maternal factors indicating a need for immediate intervention targeting this special population. In 2010, 25% of babies born in Wyandotte County were to Black non-Hispanic women – a higher proportion than anywhere else in the state. These statistics starkly emphasize a need to review our current system of care, identify gaps, and forge new and innovative changes.

**Target population:** In 2013, 68.5% of women in Wyandotte County reported receiving prenatal care starting in their first trimester – nearly 10% lower than the entire state and well below the Healthy People 2020 goal of 77.9%. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born
to mothers who do get care. Early prenatal care allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Transition and expansion of the Unified Government Public Health Department of Wyandotte County/Kansas City, Kansas (UGPHD) prenatal collaborative education program to the *Becoming a Mom/Comenzando bien®* curriculum that will target all pregnant women in Wyandotte County with an emphasis on minority patients, and with the intent of increasing access to quality prenatal education, community resources, and prenatal care in this underserved population.

**Project goal:** The primary goal of this project is to implement the evidence-based prenatal education program *Becoming a Mom/Comenzando bien®* to enhance premature birth risk reduction education and services at the UGPHD.

**Project objectives:**

**Knowledge Change** - By 06/15, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)

**Behavior Change** - By 06/15, the percent of women in the program that access adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) will exceed the 2012 county rate of 42.8% through the utilization of the UGPHD Becoming a Mom program as measured by a review of client records.

**Change in Birth Outcome** - By 06/15, decrease the percentage of preterm births among women enrolled in the project from 7.7% (baseline) to 6.0% as measured via a medical records review.
By 06/15, decrease the percentage of low birth weight (LBW) babies among women enrolled in the project from 7.0% (baseline) to 6.0% as measured via a medical records review.

**Project activities:** Implementation of a pilot project at the UGPHD will begin in August 2014 with plans for expansion of the program to at least one additional community site by the end of the calendar year.

**Recruitment:** Recruitment for the pilot project will consist of targeted marketing to women currently seeking and/or receiving services at the UGPHD. Future outreach efforts include disseminating information through our current physician and hospital partners and through community centers with an emphasis on those within the Black community in Wyandotte County.

**Delivery:** Pilot project prenatal education sessions will be taught on-site at the UGPHD by licensed professional staff. To date, twelve individuals have attended the March of Dimes *Becoming a Mom/Comenzando bien®* curriculum training in Topeka, Kansas. A participant will be enrolled in the course according to the gestational age of her pregnancy, allowing her to obtain the necessary prenatal lab work while on site and avoiding the need for additional appointments.

All courses will be offered in either English or Spanish. Spanish-only courses will be taught either by a Spanish-speaking nurse or using a certified translator. Guest instructors specializing in the topics of nutrition, mental health, breast-feeding, and social services will attend courses to act as additional resources for program participants.

**Retention and Incentives:** In order to facilitate participant retention in the entirety of the curriculum, the UGPHD will create an incentives program rewarding those who attend each session as well as their prenatal care visits. This incentives program will be modeled after the one designed by the Saline County Health Department. A small incentive (diapers, onesies, etc.) or drawing will be awarded each time a participant attends a class. Then, as participants attend each prenatal
appointment and each additional class, they will accumulate points that can later be used toward selection of a larger baby item (car seat, bouncy chair, pak-n-play, etc.) In addition to the incentives program, the UGPHD is currently in discussion with the Kansas City Area Transportation Authority to purchase reduced price transportation vouchers with the intent of offering participants the ability to travel to classes at no cost according to need. This will reduce the number of women who miss classes due to lack of transportation. Finally, plans are in place to partner with an Early Childhood Development degree program at a local community college with the expectation of providing on-site childcare services to program participants. This reduces the cost and convenience burden of finding childcare during the time the participant spends in class. Program participants will also have access to interconцепtual care services through the UGPHD’s Family Planning clinic. Through these services, they will have access to Title X, low-to no cost contraceptive services.

**Expected outcomes:** The following outcomes are expected to change as a result of implementation of Becoming a Mom/Comenzando bien.

**Short-term Outcomes (after each program cycle)**

1. Increase the percent of participants that obtain adequate prenatal care to greater than 42.8%.
2. Demonstrate an increase in perinatal knowledge among program participants

**Medium-term Outcomes (5 years)**

1. Increase the number of women enrolled in the PN education program at the UGPHD by 25%
2. Increase the number of community partners that refer to prenatal education program by two
3. Decrease the overall proportion of preterm births and/or low birth-weight babies born to women enrolled in the UGPHD’s MCH prenatal program by 10%

**Long-term Outcomes (10 years)**

1. Decrease the fetal infant mortality rate in Wyandotte County by 10%
2. Decrease racial disparities in fetal infant mortality among women in Wyandotte County

**Organizational capacity and staffing:** The Unified Government Public Health Department’s vision is to lead the way to a healthier community and cleaner environment through community partnerships and the support of the Unified Government, toward this end the UGPHD will be the lead agency for this project. The UGPHD has been the recipient of the Title V maternal and child block grant since its’ inception and continues to provide pregnancy testing and counseling, prenatal education classes and referrals to prenatal care providers and other resources both in-house, Women, Infant and Child (WIC) services and in the community, Early Head Start (Project Eagle). Dianetta Nicholson, RN, Nurse Supervisor Clinical Services, and will be the project coordinator and have the overall responsibility of the project to include supervision of the education coordinator and other staff educators (MCH nurses) as they conduct the individual class sessions, and patient case management. The education coordinator, Vanessa Schuman, RN and veteran UGPHD Public Health Nurse has worked with the pregnant patient population of Wyandotte County for 20 years and has served on the Board of the Kansas Chapter of the March of Dimes. Vanessa will be responsible for arranging the class schedules, administering surveys and collecting data, assisting with the necessary reporting requirements of the grant, and ensuring availability of classroom supplies. Andrea Owens, Administrative assistant with the FP/MCH services will assist with enrolling clients, purchasing/preparing the selected incentives, class snacks, and arranging for childcare and transportation needs.

**Collaborating organizations:** This project has as its primary agency the UGPHD which has a rich history of collaborating with both public and private entities in the community to promote the health and well-being of the county population. Each of these agencies/individuals will provide the following: Dr. Dennis Miller, M.D., P.A. and Dr. S. Sathyanarayana, M.D., OB-Gyn will provide
prenatal care to the program participants. The UGPHD will provide space for the class sessions and as well as look for other community locations to hold classes such as Providence Medical Center or Kansas City Kansas Community College. The Department of Children and Family Services case worker assigned to the Health Department, Kate Moore, will enroll pregnant women into Kan Care, the Kansas Medicaid program, or other applicable insurance options, as appropriate. The UGPHD has many other collaborative partners in the community that will provide supportive services such as Wyandot, Inc, for mental health services, community safety net clinics for primary care services such as Duchesne clinic, or to refer pregnant women to the program such as the USD#500 school district for the referral of pregnant teens, as well as other community service agencies, and churches.

**Project timeline:** Within two weeks of notification of funding, we will do the following activities:

<table>
<thead>
<tr>
<th>Activities</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May/</td>
<td></td>
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<tr>
<td></td>
<td>June</td>
<td>July</td>
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<tr>
<td>Partnership building activities</td>
<td></td>
<td></td>
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<tr>
<td>Implement curriculum at health department</td>
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<tr>
<td>Expansion to community site</td>
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<tr>
<td>Collect outcomes data</td>
<td></td>
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<tr>
<td>Analyze data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate and revise program</td>
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<td></td>
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<tr>
<td>Report to stakeholders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Evaluation plan and tools:** Program evaluation will be conducted using the evaluation tools available through the Kansas City March of Dimes *Becoming a Mom/Comenzando bien®* program. These tools consist of pre- and post-course knowledge and behavior surveys completed by the program participants at the time of the courses and a birth outcome survey completed by the participants after delivery. All data points collected will be shared with the Kansas City March of Dimes and Kansas Department of Health and Environment (KDHE) as part of their state-wide program evaluation plan. In addition to these tools, the UGPHD will measure process outcomes by asking participants to complete attendance sheets, overall satisfaction surveys, and teacher satisfaction surveys.

**Sustainability:** One of the goals of this project is to improve the current prenatal education provided by the UGPHD from the internally created curricula to the evidence-based curricula: *Becoming a Mom/Comenzando bien* and secondly to expand it from the uninsured health department clientele to the broader prenatal population of the entire county, to this end some of the current Title V MCH funding could be utilized for continuation of this program. Another significant objective of this grant is to provide funding for client transportation, childcare cost and incentives, these are the enhancements that have not been available in the past and will help to provide concrete evidence that eliminating barriers and providing incentives will make a difference in the level of participation a client has in their care and thus allow us to leverage this information to other potential funders in the community with a mission to improve the health of the community and/or maternal-child health specifically. We will also work with the local chapters of the Rotary, Kiwanis, and other social services groups and women’s church groups or quilting/knitting groups for donations and incentives.

**Project Visibility:** Impact measures will be communicated annually to all partners involved with the UGPHD’s Fetal Infant Mortality Review initiative. These partners include: The Kansas Blue
Ribbon Panel on Infant Mortality; The Wyandotte County Fetal-Infant Mortality Review
Community Action Team; and Healthy Communities Wyandotte. All data collected during the
program evaluation will be shared with the Kansas City March of Dimes and KDHE in order to
supplement the state-wide impact assessment of *Becoming a Mom/Comenzando bien®*. March of
Dimes will be represented on any materials used in the implementation or promotion of the
*Becoming a Mom/Comenzando bien®* program. This will hold true for the March of Dimes’
materials as well as any materials created in-house to supplement the class sessions. In addition,
all communication with community partners concerning the planning, implementation, or impact
of the program will include a reference to March of Dimes.

**Budget Justification:**

**A: Salaries:**

1) Dianetta Nicholson, RN, Project Coordinator,
   12 hours x 12 months – management, reporting, analysis = 144 hours
   
   144 hours/2080 hours FTE = .07 FTE

2) Vanessa Schuman, RN, Education Coordinator,
   2 hours per class x 6 classes per session x 27 sessions = 324 hours teaching
   2 hours per class x 6 classes per session x 27 sessions = 324 hours
   preparation/planning
   
   Total 648 hours/2080 hours FTE = .32 FTE

3) Andrea Owens, Administrative Assistant,
   20 hours x 12 months = 240 hours/2080 = .12 FTE purchasing/preparing
   incentives, snacks, arranging childcare +/- or transportation

**B: Expendable Supplies:**

1) 3-Ring Binders (150 x $3.00) $450.00
2) MODs Materials $720.00
3) Nutritious snacks $35.00 x 27 sessions 6 classes per session $945.00
4) Incentives (diapers, gift cards, pak n plays, car seats) $11,000.00
5) Transportation Vouchers $1,000.00
6) Educational Tools and Supplies for class use $500.00
**Project Objectives/Activities/Evaluation Methods/Outcomes Template.** Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.

<table>
<thead>
<tr>
<th>Description of Objective and Activities to Achieve Objectives</th>
<th>Person/Agency Responsible</th>
<th>Start/End Dates</th>
<th>Number of Individuals Expected to be Served/Reached/Educated</th>
<th>Description of <em>Expected</em> Outcomes/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE #1:</strong> By 06/2015 60% of program participants will have demonstrated an increase in perinatal knowledge as measured by pre/post-tests.</td>
<td>Education Coordinator; staff educators</td>
<td>08/2014 to 06/2015</td>
<td>150</td>
<td>By 6/15 100% of the program participants will have completed both pre and post course knowledge surveys.</td>
</tr>
<tr>
<td>1. Activity: Develop prenatal education program utilizing the MOD Becoming a Mom/Comenzando Bien curriculum.</td>
<td>Program coordinator; Education coordinator; staff educators</td>
<td>07/14 to 08/14</td>
<td>150</td>
<td>Prenatal education program will be completed and implementation will have begun by 8/30/14.</td>
</tr>
<tr>
<td>2. Activity: Actively recruit pregnant women to the program through positive pregnancy test at the HD, community PN care providers, and other resources i.e. WIC.</td>
<td>Education coordinator; staff educators</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>The MOD Becoming a Mom prenatal education program will be provided to at least 150 pregnant women in the next 12 months.</td>
</tr>
<tr>
<td>3. Activity: Administer pre and post course knowledge and behavior surveys to the program participants.</td>
<td>Education coordinator; staff educators</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>By 6/15 100% of the completed pre/post tests will be scored and evaluated for knowledge improvement.</td>
</tr>
</tbody>
</table>

Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.

Baseline data will be dependent upon the pre-test scores of the program participants.
<table>
<thead>
<tr>
<th>Description of Objective and Activities to Achieve Objectives</th>
<th>Person/ Agency Responsible</th>
<th>Start/End Dates</th>
<th>Number of Individuals Expected to be Served/ Reached/ Educated</th>
<th>Description of Expected Outcomes/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE #2 Increase the percent of program participants that obtain adequate (at least 13 PN visits) prenatal care to greater than 42.8% as measured by medical records review.</strong></td>
<td>Collaborating physicians; nurse case managers;</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>By eliminating individual client barriers and incentivizing prenatal care the number of clients that receive adequate PN care will increase.</td>
</tr>
<tr>
<td>1. Activity: Provide public transportation vouchers to participants that verbalize transportation as barrier to care.</td>
<td>Nurse case managers; administrative assistant</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>Transportation vouchers will be purchased and a needs criteria form will be developed and utilized by 8/14.</td>
</tr>
<tr>
<td>2. Activity: Provide incentives for women that attend both scheduled PN appointment and education classes.</td>
<td>Nurse case managers; administrative assistant</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>A point system incentive program will be developed that mirrors the incentive program in Saline County Kansas by 8/14.</td>
</tr>
<tr>
<td>3. Activity: Complete medical record reviews every month and post-delivery to assess program participants' adherence to PN care visits and adequacy of PN care as defined above.</td>
<td>Nurse case managers; administrative assistant</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>A spreadsheet will be developed and maintained by the administrative assistant on number of PN care appointments kept by each program participant as reported by her nurse case manager or PN care provider.</td>
</tr>
</tbody>
</table>

Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data. Baseline data of 42.8% was the state of Kansas rate for adequate PN care in 2012 as reported on the Kansas Department of Health and Environment Vital Statistics web site.
<table>
<thead>
<tr>
<th>Description of Objective and Activities to Achieve Objectives</th>
<th>Person/ Agency Responsible</th>
<th>Start/End Dates</th>
<th>Number of Individuals Expected to be Served/ Reached/ Educated</th>
<th>Description of Expected Outcomes/Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVE #3 Decrease the percent of low birth weight babies among the women enrolled in the program from 7.0% to 6.0% as measured by medical record review.</td>
<td>Nurse case manager; administrative assistant</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>Information included in the Becoming a Mom curriculum will inform and encourage participants to eat healthy, nutritious foods that include all the food groups.</td>
</tr>
<tr>
<td>1. Activity: The MCH Registered Dietician will provide nutrition and exercise information to the program participants as a guest speaker for the Becoming a Mom curriculum.</td>
<td>MCH Registered Dietician</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>All moms enrolled in the program will eat healthy during their pregnancy and will gain appropriate amount of weight according to her pre pregnancy weight.</td>
</tr>
<tr>
<td>2. Activity: All program participants will be referred to the health departments Women, Infant and Children (WIC) program for assistance to access healthy nutritious foods.</td>
<td>Nurse case manager; MCH Registered Dietician</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>All program participants that are eligible will be enrolled in and utilize the supplemental food program for Women, Infants and Children (WIC) to assist in eating healthy during pregnancy.</td>
</tr>
<tr>
<td>3. Activity: Complete a medical record review post-delivery to assess the delivery weight of infants born to mothers enrolled in the program.</td>
<td>Nurse case manager; administrative assistant</td>
<td>08/14 to 06/15</td>
<td>150</td>
<td>A spreadsheet will be developed and maintained by the administrative assistant on the birth weight of infants born to mothers enrolled in the program and will be included in the calculations for low birth weight percentage.</td>
</tr>
</tbody>
</table>

Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.
The baseline data for this objective is based on the prenatal patient population currently being seen at the UGPHD maternal and infant program.
**Budget Form and Written Justification.** Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable and non-allowable costs are described in Appendix D.

If you are submitting a multi-year proposal, include a copy of your agency’s most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet.

<table>
<thead>
<tr>
<th>BUDGET</th>
<th>PROPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(see application guidelines for an explanation of allowable/not allowable expenses)</td>
<td>Year 1</td>
</tr>
<tr>
<td><strong>A. Salaries (include name, position, and FTE)</strong></td>
<td></td>
</tr>
<tr>
<td>Nicholson, D. RN, Project Coordinator .97 FTE</td>
<td>$5,770</td>
</tr>
<tr>
<td>Schuman, V., RN, Education Coordinator .32 FTE</td>
<td>$20,413</td>
</tr>
<tr>
<td>Owens, A., Administrative Assistant .12 FTE</td>
<td>$6,804</td>
</tr>
<tr>
<td><strong>Sub-total A</strong></td>
<td>$5,385.00</td>
</tr>
<tr>
<td><strong>B. Expendable Supplies</strong></td>
<td></td>
</tr>
<tr>
<td>3-Ring Binders (150 x $3.00)</td>
<td></td>
</tr>
<tr>
<td>MODs Materials</td>
<td></td>
</tr>
<tr>
<td>Nutritious snacks $35.00 x 27 sessions / 6 classes/session</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total B</strong></td>
<td>$2,115.00</td>
</tr>
<tr>
<td><strong>C. Equipment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total C</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>D. Other Expenses/ Fees</strong></td>
<td></td>
</tr>
<tr>
<td>Incentives (diapers, gift cards, pak n plays, car seats)</td>
<td></td>
</tr>
<tr>
<td>Transportation Vouchers</td>
<td></td>
</tr>
<tr>
<td>Educational Tools and Supplies for class use</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total D</strong></td>
<td>$12,500.00</td>
</tr>
<tr>
<td><strong>TOTAL COSTS (Sub-total A+B+C+D)</strong></td>
<td>$20,000.00</td>
</tr>
<tr>
<td><strong>Indirect Costs 10% (only for proposals $25,000 or over)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL AMOUNT REQUESTED</strong></td>
<td>$20,000.00</td>
</tr>
</tbody>
</table>

Signature - Primary Staff Person 5/30/2014  Date  Terrie Garrison, Health Manager  

*March of Dimes General Proposal Template*  
*Updated: January 2014*
May 28, 2014

Terrie Garrison, Program Manager
Unified Government Public Health Department
619 Ann Ave, Rm 112
Kansas City, KS 66101

Dear Ms. Garrison,

I am writing on behalf of Dr. Sara, M.D., Chartered to extend our support for the integration of the March of Dimes Becoming a Mom/Comenzando bien® curriculum into the prenatal education services offered at the Wyandotte County Health Department.

With the significant number of fetal/infant deaths that occur within Wyandotte County each year, we believe it is important to continue our partnership with your prenatal health services and support your efforts to address this problem head-on. Dr. Sara, M.D., Chartered recognizes that quality prenatal education positively impacts such birth outcomes as birth weight, risk of preterm delivery, neonatal mortality, infant mortality, and maternal mortality. That is why we feel integration of this evidence-based prenatal education program will be a beneficial service to provide not only to the Department’s patient population, but to the community as a whole.

We are pleased to be included in this effort and thank you for providing the opportunity to improve the lives and health of mothers and children in our community.

Sincerely,

Dr. S. Sathyanarayana, M.D., Ob-Gyn
Dr. Sara, M.D., Chartered
Dennis W. Miller M.D., P.A.
Obstetrics and Gynecology
21 N.12th Street, Ste. 350
Kansas City, KS 66102
Tel (913)371-1667 Fax (913) 371-2798
MILDE1@SBCGLOBAL.NET
May 28, 2014

Terrie Garrison, Program Manager
Unified Government Public Health Department
619 Ann Ave, Rm 112
Kansas City, KS 66101

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We are pleased to be included in this effort and thank you for providing the opportunity to improve the lives and health of mothers and children in our community.

Sincerely,

Dennis W. Miller M.D.
Dennis W. Miller M.D., P.A.
Staff Request for Commission Action

Type: Standard
Committee: Administration and Human Services Committee

Date of Standing Committee Action: 7/21/2014
(If none, please explain):

Proposed for the following Full Commission Meeting Date: 8/28/2014
Confirmed Date: 8/28/2014

Changes Recommended By Standing Committee (New Action Form required with signatures)

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
<th>Ref.</th>
<th>Department / Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/8/2014</td>
<td>Luke Folscroft</td>
<td>573-8944</td>
<td><a href="mailto:lfolscroft@wycokck.org">lfolscroft@wycokck.org</a></td>
<td></td>
<td>311 Operations</td>
</tr>
</tbody>
</table>

Item Description:
1. Initial discussion will focus on past and current staffing, hardware/software configurations, call volumes and helpdesk requests.
2. The second part of the discussion will focus on the future of 311 Operations including hardware/software upgrades, staffing configurations, mobility function and reporting.
3. The last topic will focus on 311 Operations and managing for results methodology.

Action Requested:
For informational purposes as requested by County Administrator.

Publication Required

Budget Impact: (if applicable)

Amount: $
Source:
- Included In Budget
- Other (explain)

File Attachment
Unified Government of WYCO / KCKS
3-1-1 Operations Center

PAST...PRESENT...FUTURE
Unified Government of WYCO / KCKS 3-1-1 Operations Center

PAST

- 3-1-1 Operations Center Formal Commencement – February 2008
- Initial Hardware/Software Configuration:
  - Microsoft Customer Relationship Management (CRM) Version 3.0, Cisco Unified Telephone System Version 6.0
- Initial Staffing: 8 Customer Service Representatives (CSR's)
  - 4 Existing Unified Government Employees & 4 New Employees
- Initial Call Volumes:
  - FY 2008 (119,000), FY 2009 (128,000), FY 2010 (152,000), FY 2011 (156,000), FY 2012 (141,000), FY 2013 (143,000)

PRESENT

- Hardware/Software Configuration – Cisco Telephony V7.2, Microsoft CRM V4.0
- Current Staffing: 4 CSR’s (On-Site)
- Current Call Volumes: FY 2014 (approximately 70,000 through May)
- Current Help Desk / 3-1-1 Online Requests – Logged (5,000+ per year)
- Current Help Desk / 3-1-1 Online Requests – Unlogged (4,000-5,000 per year)
Unified Government of WYCO / KCKS
3-1-1 Operations Center

FUTURE

Proposed Hardware/Software Configuration (Upgrades)
- Cisco Telephony V10.0, Microsoft CRM V2013
- 3-1-1 Help Desk (Integrated Services); Employee Desktop Icons, Knowledge-Base Articles
- Mobile 3-1-1 App (provides instant access to non-emergency Public services)
- Social Media Communications (Live CSR Chat Sessions, Twitter, etc.)
- 3-1-1 Online Request Form (Revise / Upgrade)
- Board of Public Utilities Service Integration (Telephone, Work Order Requests)

Proposed Staffing Configuration:
- 4 Customer Service Representatives (CSR’s) On-Site
- 10-12 Decentralized CSR’s (Support Tier 1 Logistics, Decrease Current On-Hold Times)

Mobility
- Mobile 3-1-1 App (Direct Communications w/CSR – Real-Time Access to Services)
- Mobile Communication IVR Deployment (Off-Site/Disaster Communications)

Reporting
- Ad-Hoc & Customized Reporting Model (BI & BA Performance Reporting)
- Managing for Results (MFR) on an organization-wide basis
Managing For Results (MFR)

MFR Methodology Creates Smarter Governments

MFR Performance Benefits:
- Accurately collect, manage, and report performance information from 1 centralized location
- Automate planning, management, and evaluation of organizational performance at department, division, and employee levels
- Effectively manage towards specific outcomes, not outputs
- Internal / External Data Sharing & Transparency

Collective Information Process: 3-1-1 Reporting Model (time to complete tasks, resource allocations, cost, issue location, dependencies, efficiency measures, etc.)
Unified Government of WYCO / KCKS
3-1-1 Operations Center

END OF PRESENTATION