Administration and Human Services Committee
Standing Committee Meeting Agenda
Monday, July 20, 2015
5:00 PM

Location:
Municipal Office Building
701 N 7th Street
Kansas City, Kansas 66101
5th Floor Conference Room (Suite 515)

Name
Commissioner Angela Markley, Chair
Commissioner Melissa Bynum
Commissioner Harold Johnson
Commissioner Mike Kane
Commissioner Jane Philbrook

Absent

1. Call to Order / Roll Call

II. Approval of standing committee minutes from May 18, 2015.

III. Committee Agenda

Item No. 1 - GRANT: WYCO TEEN PREGNANCY REDUCTION PROGRAM

Synopsis:
The Public Health Department has applied for a 5 year grant from CDC for Wyandotte County Teen Pregnancy Reduction Program in the amount of $3,047,500, submitted by Terry Brecheisen, Public Health Director. No match is required.
Tracking #: 150166
IV. Adjourn
The meeting of the Administration and Human Services Standing Committee was held on Monday, May 18, 2015, at 6:28 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Markley, Chairman; Commissioners Bynum, Johnson, Kane and Philbrook. The following officials were also in attendance: Gordon Criswell, Assistant County Administrator; Joe Connor, Interim Assistant County Administrator; Terry Brecheisen, Health Department Director; Rob Richardson, Director of Urban Planning & Land Use; Matt May, Emergency Management Director; Bridgette Cobbins, UG Clerk; Commissioner Murguia; Jody Boeding, Chief Legal Counsel; Ken Moore, Deputy Chief Counsel; and Misty Brown, Senior Attorney.

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 February 17 and March 16, 2015. On motion of Commissioner Kane, seconded by Commissioner Philbrook, the minutes were approved. Motion carried unanimously.

Chairman Markley said we do have a blue sheet item for this agenda as well. It will be added as agenda Item #8.

Committee Agenda:
Item No. 1 – 150100...REQUEST: HEALTH DEPARTMENT PROJECT

Synopsis: Request to subcontract with the Community Health Council who is partnering with KDHE (through a CDC grant) on a project to prevent obesity, diabetes, heart disease and stroke, submitted by Terry Brecheisen, Health Department Director.
Terry Brecheisen, Health Department Director, said this is a $42,000 grant for the first year. It does not cost the Unified Government anything. There is no match involved and we will be working with the Community Health Council on their ambitious program that they’ve got going. We will be providing a couple of objectives for them and we’ll be working on those, particularly work site wellness programs and then also doing a parks audit to help the signage for the walking trails and the other activities that are available in the park. The second, third and fourth year, we’ll be getting 60% of the $42,000 to continue working in these—particularly in these two areas.

Action: Commissioner Kane made a motion, seconded by Commissioner Philbrook, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Item No. 2 – 150076...AMENDMENT: FOOD TRUCKS

Synopsis: Authorize staff to move forward to amend the zoning code to allow short-term food trucks based on administrative review, requested by various commissioners and submitted by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said we’ve had request from various folks around the community to make ready use of food trucks in the community. Our ordinances were really established to deal with street vendors and not food trucks in their current iteration where that’s a specialized kind of high-end market. It’s not the trucks that we used to see in front of General Motors, the silver trucks that sold sandwiches out of the back. This is a different animal. Folks in Fairfax, Argentine, Downtown Shareholders and others have talked about using food trucks for different purposes, potentially even a daily food truck location in Fairfax. We need to amend our code and this would allow me to work with my staff and move this forward to Planning Commission.

I will say related to this amendment and several others tonight, I’m going to take these on over the next year. We won’t be doing them all in the next month or so, but I wanted to do all the authorizations at one time so that we could start working on those throughout the year when we have time.

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Commissioner Kane said back when I was single, those food trucks were quite handy at General Motors. Do we need a motion? Commissioner Philbrook said, no, no, no. So you think this is a really great idea and you’re kind of liking some of this? I’ve heard some good feedback but I’m just asking you. Mr. Richardson said I think it is a good part of our community. It adds interest and variety to the community. They’re not cheap. I mean you know, we’ve had some and lunch is $10. I was kind of surprised the first time I went to one. I was expecting something a little less costly. When they’ve had them downtown, there’s been quite a line.

Action: Commissioner Kane made a motion, seconded by Commissioner Philbrook, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Item No. 3 – 150078… AMENDMENT: LIMITATIONS ON NEW “DOLLAR” STORES

Synopsis: Authorize staff to move forward to amend the zoning code to require a special use permit or other limitations on new “dollar” stores, requested by Mayor Holland and submitted by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said I think we’re all aware of the significant increase in the dollar stores we’ve had in the community. In some respects it’s nice. They’ve built nice new buildings. In some respects some folks think that they present other issues to our community, and we want to look at those and potentially limit the number of those within the community and how they’re defined. There are some issues with this and how they’re defined and what we will use to define those so that it really only affects the low-end of the retailers because it’s kind of a general retail establishment. It’s not really a grocery store, it’s not—and I think there are some issues that we’ll have as we move forward. Authorization will allow us to move forward and develop an ordinance and present it to Planning Commission and then move it forward to you all.

Commissioner Kane said before I make a motion, I agree with you 100%. They need to clean their act up from one end of town to the other. You know you drive by the one on 18th Street, I
drive by every day and once in a great while it looks nice. So I think what you’re asking for is for your program to have teeth to fix the problem. **Mr. Richardson** said they definitely have landscape maintenance, a trash pickup issue and a general conditions issue within our community. They are not a good example for other retailers, and it is difficult to support them as they move forward for their applications when they don’t keep their existing properties up to code.

**Commissioner Philbrook** said well, I’m guessing that another reason for not wanting to have them is because they have a tendency to be in areas where people don’t have a chance to get healthy foods, they just have the chance to get this kind of prepackaged stuff and that’s not really doing our community justice, I don’t believe. I’ve heard that too.

**Action:** Commissioner Kane made a motion, seconded by Commissioner Philbrook, for staff to make the proper recommendations to fix the issues that some of those places have.

**Commissioner Johnson** said I just wanted to know are we going to bring some uniformity. Is the motivation to bring uniformity to those establishments in terms of the limitations or the things that you might be pitching to move forward? **Mr. Richardson** said I think that one is just the sheer volume of them. We’ve approved several of them recently. There’s a couple of more that are still under construction, notably the old Ball’s Store at 45th or 47th & Parallel. They’ve all been fraught with issues when they were in the Planning & Zoning district and they actually had a public hearing. Some of them have not been and they just kind of happened because they meet the code and they can do that.

As we’re in the middle of this process, there are *Wall Street Journal* articles about one company trying to buy the other and then what happens to the—do they keep all the stores or do we have a bunch of vacant stores? How does that impact our community? We’re having them build—the new stores are being built to our commercial design guidelines so if they do go away, somebody else would be proud to be in that building. It’s not the old metal building with the sign stuck on the front of it. They’re nice buildings. If we needed medical services and a doctor
wanted to move in, the new Dollar General and Family Dollar stores especially are very nice, high quality stores that could be used for other purposes.

**Commissioner Johnson** said my challenge with that—I think we should move forward with this. I agree with the motion, it’s that they are providing a service that other retailers have avoided doing in the urban core. Though they’re not the best, they are providing something, particularly for persons that don’t have the ability to have transportation to get to where they are wanting to go. I hope it’s not too stringent, but I do believe that we need to clean up, that they need to be cleaned and uniformed in terms of how we move forward.

**Commissioner Bynum** said I just want to echo Commissioner Johnson. There’s a brand new one at 81st & Leavenworth Rd. that I did not want to see. I didn’t like that they were tearing down my hamburger stand. I didn’t think we needed another Family Dollar, but I’ve been there 12 times since they’ve open. I agree that they are providing a service. If the intent of the change here is to sort of place limitations, I can agree with that; but I do think they are providing a retail opportunity where others have not and serving a segment of our population that still has a real need to shop in these kinds of places. **Mr. Richardson** said there won’t be a ban. There might be portions of the community that wouldn’t get anymore.

**Commissioner Johnson** said this is going to move—is this going to be detailed in terms of when it moves forward to the full commission. **Mr. Richardson** said yes, sir. We’ll prepare an ordinance that details how we would address them, how they’re defined, and what the limitations would be and how we would calculate those limitations. It could be a pure number in an area; it could be a distance. There are a lot of ways to do that and we haven’t done the research on how we would do that yet; but when it comes forward, it will be a fully detailed ordinance amendment within the zoning code.

Roll call was taken on the motion and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

**Chairman Markley** said we’ll see how you balance all of those interests.

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Item No. 4 – 150104… AMENDMENT: AUTOMOTIVE LAND USES

Synopsis: Authorize staff to move a code amendment to the Planning Commission to require a special use permit for the following automotive related uses not associated with a new car dealer, submitted by Rob Richardson, Director of Urban Planning & Land Use.

1. Used car sales
2. Used tire sales or tire services
3. Auto mechanics
4. Auto body repairs

Rob Richardson, Director of Urban Planning & Land Use, said this began with a request from Commissioner Walker concerning used car sales. Used car dealers tend to pick a low-end potentially commercial site. Maybe it’s an old residence on a primary thoroughfare and opens a used car shop without regard to the neighbors. I also felt like there were other issues where we have other uses that we have the same concerns with including used tire sales, tire service, some auto mechanic locations, and auto body repair. When these are not associated with a new car dealer when they generally have an up-to-date facility and meet the manufacturer standards for how they run and operate their facility, it would be good for those to be done by special use permits so that the Board of Commissioners could review those and make sure that they’re appropriate for the location that’s being selected in the community.

Action: Commissioner Johnson made a motion, seconded by Commissioner Kane, to approve and forward to full commission.

Chairman Markley said that was your first motion wasn’t it, congratulations. Commissioner Kane said in Topeka they would clap for you.

Roll call was taken on the motion and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

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Item No. 5 – 150103…AMENDMENT: FLOODPLAIN

Synopsis: Request an amendment to the floodplain ordinance to change the dates of the UG’s approved flood maps in order to maintain eligibility for disaster relief, submitted by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said every time that FEMA updates one of our flood maps now, they require that our ordinance be updated to include the specific date of that map and when it was adopted. This is a routine item for action to comply with FEMA regulations so that we could receive FEMA funding should we need it.

Commissioner Philbrook asked will this give you automatic capability to do this once you get it passed or do you have to ask for this every time. Mr. Richardson said the way that FEMA operates, we have to ask for this every time.

Action: Commissioner Philbrook made a motion, seconded by Commissioner Bynum, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Item No. 6 – 150106…AMENDMENT: RESIDENTIAL ACCESSORY USES

Synopsis: Request an amendment to the allowed residential accessory ordinance due to issues arising from activities within the Hanover Heights neighborhood, submitted by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said we dealt with this—the location with this arose in the historic preservation ordinance a few months ago related to folks adding on to their properties and what really is an allowed accessory use to the home. The home is the primary use on the piece of property and then a detached garage, storage shed, a pool or something like that, a pool house could be an accessory structure or an accessory use. Having domestic animals would be an accessory use and things like that.

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DIVISION 7 – Accessory Uses
Sec. 27-607. - Generally.
(a) Buildings and structures may be erected and land may be used for purposes which are clearly subordinate and incidental to, and customarily and commonly associated with the main permitted use of the premises. Such accessory buildings and uses shall be so constructed, maintained and conducted as to not produce noise, vibration, concussion, dust, dirt, fly ash, odor, noxious gases, heat or glare which is injurious, damaging, unhealthful or disturbing to adjacent property or the users thereof and shall be on the premises of the main use. The determination of the eligibility of a proposed use as an accessory use shall be made by the planning staff.
(b) No private walk or drive serving a district C-1 to M-3 inclusive shall pass through or be located in a residential or agricultural district.
Sec. 27-609. - Districts R-1, R-1(B), R-2, R-2(B).
In the R-1, R-1(B), R-2 and R-2(B) districts, accessory uses are as follows:
(1) Home occupations. Customary home occupations may be allowed subject to the issuance of a home occupation permit by the planning division. The following conditions and restrictions shall apply to such customary home occupations:
 a. No exterior advertising or signs will be erected and no outside display or activity that depicts other than residential activity will be allowed. Advertising shall not include any address, but only a telephone number.
 b. Only members of the immediate family residing on the premises will participate in the home occupation on the premises.
 c. No machinery or equipment will be used that will interfere with radio or television reception on nearby property.
 d. No heavy equipment, trucks of greater than 10,000 pounds GVWR or other objects that are not typically residential in character will be stored on the premises.
 e. No sales of merchandise will be conducted on the premises, and
no service will be rendered that will require customer presence
except on an irregular and incidental basis, but babysitting is
excluded from the standard.
f.
No inventory or storage, other than samples, is maintained on the
premises.
Home occupations that do not meet the criteria of this subsection shall
be permitted only by special use permit but must meet accessory use
requirements regarding storage of equipment, material, or vehicles.

(2)
Accessory buildings (garages, carports, tool sheds, etc.). For any
dwelling unit there may be permitted a detached accessory building.
Such building shall not be located less than 60 feet from the front lot line
or in the front yard, less than two feet from any alley, nor closer than
three feet to any side or rear property line. In the case of corner lots, a
detached accessory building shall not be within 20 feet of the side street.
The total area of such detached accessory building shall not exceed
1,000 square feet or cover more than 30 percent of the required rear
yard. In any residential district on lots or tracts of less than three acres,
the following conditions shall apply to any detached accessory building
of greater than 120 square feet in floor area:

a. The exterior wall materials shall be limited to customary
residential finish materials. These specifically include: horizontal
clapboard siding of all materials; wood and plywood siding; stone
and brick, both actual and artificial, and textured finishes such as
stucco and stucco board which visually cover the underlying
material regardless of the underlying material. These specifically
exclude preformed, corrugated or ribbed metal, fiberglass or
plastic sheets or panels. Also, excluded as an exterior material
are standard concrete masonry units. Exception: Metal can be
used for the walls of the unit provided they have a factory applied
and painted finish closely matching the color of the primary
structure. Also, excluded as an exterior material are standard
concrete masonry units except when the walls of the building are
painted the exact color of the primary structure.

b. The exterior roofing materials for roofs sloped more than two in
12 shall be shingles or tiles and not metal, fiberglass or plastic
sheets. Exception: If using a metal roof the color must be a
factory applied and painted finish that closely matches the roof
color of the primary structure or the color of the primary structure

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itself if the roof and walls of the accessory structure are to be the same color.

(3) **Animals.** Horses, ponies, cows, chickens, or other customary animals may be kept in accordance with the requirements of the public health department, except that on a lot or tract of less than five acres in size, a special use permit shall be required. If so approved, accessory barns or stables are permitted under the standards for accessory buildings.

(4) **Hobby activity.** A hobby activity may be operated as an accessory use by the occupant of the premises purely for personal enjoyment, amusement or recreation, provided that the articles produced or constructed are not sold either on or off the premises.

(5) **Additional uses.** Such additional accessory uses as private swimming pools, television and radio antennae or dishes, wind power generators, solar collectors, flagpoles, play equipment, and tool sheds are permitted under the following conditions:

a. Swimming pools, television and radio antennae or dishes greater than two feet in diameter, wind power generators, and tool sheds are not permitted in the front yard or in required side yards. b. Solar collectors shall not extend more than three feet above the highest point of the roof.

c. Television dishes shall not exceed 12 feet in diameter or more than 15 feet above grade.

d. No accessory use shall exceed 60 feet in height.

e. Any accessory use which exceeds ten feet in height shall be located a distance inside the property line at least equal to onethird its height, except that any wind power generator shall be set back a distance no less than its height.

(6) **Storage of equipment, material or vehicle.** Only motor passenger cars, other operable domestic equipment, material or vehicles, or a truck of 10,000 pounds GVWR or less shall be kept, parked or stored for more than 48 hours in any 30-day period in a residential area. Only a single one of each of the following may be stored: truck other than customary

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vans or pickup trucks, camping trailer, hauling trailer, boat, or recreational vehicle. The parking of vehicles or equipment shall not occur on lawn areas, or other locations that tend to visually downgrade the property and neighborhood. Parking shall be limited to areas that have an improved surface and such areas shall generally be located in close relationship to the garage or an otherwise vehicle-oriented section of the premises or be located in the rear yard, so that the lawn areas upon which the living section of the dwelling faces can be attractively maintained with grass, trees and shrubs. Use of any yard area for commercial or any non-residential or ongoing non-resident parking purposes is prohibited.

DIVISION 1. GENERALLY

Sec. 27-340. Definitions.

Accessory use means a use of building or land that is customarily incidental to and located on the same lot or premises as the main use of the premises.

Accessory use, accessory structure means a use of land or structure which is subordinate to and serves a principal use or structure, is subordinate in area, extent and purpose to the principal use or structure served, contributes to the comfort, convenience or necessity of occupants of the principal use or structure served and is located on the same lot or lots, under the same ownership and in the same zoning district as the principal use or structure.

Parking Lot, Commercial means a paved area or structure intended or used for the off-street parking of operable motor vehicles on a temporary basis, other than accessory to a principal use.

CURRENT APPLICABLE CODE SECTIONS
NEW ADDED VERBIAGE

You have before you the actual proposed ordinance in this case where we amended the definitions slightly and then the items are highlighted in yellow. What can be stored at a residential location.

Really, speaking to the nature of it, it’s a residential use. It’s not a commercial use that can be part of that residential structure. With your approval, we would move this to Planning Commission for a public hearing and then back to you all to consider the Planning Commission recommendation and any other public testimony that would come before you.
Action: Commissioner Philbrook made a motion, seconded by Commissioner Johnson, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Item No. 7 – 150105... UPDATE: BILLBOARD REMOVAL

Synopsis: Update on urban billboard removal following passage of the ordinance allowing digital billboards, presented by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said as you’re aware, we modified our sign code to allow for digital billboards recently and we’ve had our first 6 applications. One of the key criteria of that was if a company was going to install a new digital billboard, they would have to remove existing billboard space to allow that. With those 6 new digital billboard applications, we have identified 60 signs that will be removed by the 2 companies that have applied for the 6 permits. Commissioner Kane asked how many. Mr. Richardson said 60. Commissioner Philbrook said there are a lot of small ones. Mr. Richardson said yes, there are a lot of the urban small boards. There are some of the interstate boards that are going to come down, 3 of those, but most of them are urban boards. I have listings of all those if you all are interested in the actual specifics of that.

Commissioner Philbrook said yes, well, I’ll ask you about one. One about 5300, 5400 State Ave. right next to what was a Dollar General or whatever that is on the north side. Mr. Richardson said 5300 State Ave., east and west, they’re 6 x 12 boards. Those are both coming down.

Chairman Markley asked, Rob, do you think you can provide that by email to the commissioners, particularly I think Commissioner Walker would be interested. Commissioner Philbrook said all of us. Mr. Richardson said I’ll prepare this in a memo format with all the boards.

There are 3 signs at least that are already down. There were signs at 7th & Central, 18th & Minnesota and 635 & Speaker that are already down. The 7th & Central and 18th & Minnesota were two that had the eye of particular commissioners and so the sign companies targeted those first and they’re down already. The one at 635 & Speaker Rd., that lease was up so they went ahead and took it down; the lease expiration.
They have 60 days to remove these signs from the date of the permits. These 60 signs should be down by mid-July. Hopefully, our community will look better because a lot of those have maintenance issues.

Commissioner Johnson asked are those signs generating any income for those businesses, do you know that own those that are torn down. Mr. Richardson said I think that the 14 x 48s on the interstate that Lamar is taking down, I would say certainly generate some amount of income for them. A lot of the urban boards if you look at them, they’re not-for-profit folks that are on those that probably—they’re doing that and receiving some kind of tax break for their donation of that space. Commissioner Philbrook said or a very small business. Mr. Richardson said right. They’re not lucrative especially compared to the tens of thousands or hundreds of thousands of dollars that a digital billboard would generate.

Action: For information only.

Item No. 8 – 150133… GRANT: DOWNTOWN SHAREHOLDERS

Synopsis: Request the UG to apply for a grant from the Kansas Historic Society to conduct a historic resources inventory of Downtown KCK and designate Downtown Shareholders as the administrative agent (third party designee), submitted by Rob Richardson, Director of Urban Planning & Land Use.

Rob Richardson, Director of Urban Planning & Land Use, said Downtown Shareholders applied for a historic resource survey which will allow them to survey our downtown community—basically from their service area which is Washington to Armstrong, 18th to 3rd basically; it varies from that a little bit but you get the general idea there—for historic resources that could be rehabilitated or reused with historic tax credits from the state and federal government or that might need a further designation for protection of that resource if it was important to the community.

They were awarded this grant; however, there was a condition that the city—and the city is a certified local government from the state of Kansas for historic preservation purposes—that we would be the grant requestor. That raised a little bit of concern for me because these are highly

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intensive administrative grants to manage. We had done one for Strawberry Hill two years ago, I believe, and it was really disturbing the amount of administrative time that we had to put into that grant. I asked Strawberry Hill not to apply for another one until I was fully staffed and we had the ability to do that. Downtown Shareholders assured me that I wouldn’t be involved in that but the state changed their mind.

The state did; however, come up with a new provision that allows us to designate them as our contractor and then state will contract directly with them and get us out of the administrative responsibilities for that. I’m all for that and I will suggest that Strawberry Hill pursue a similar and anybody else that wants to do one of these pursue a similar strategy. It’s great information to have now. There’s no cost to us, there’s no staff time for us. We will participate as needed through Downtown Shareholders. I think it’s a great opportunity for them and a way to find more funding for some of our downtown buildings.

Action: Commissioner Johnson made a motion, seconded by Commissioner Bynum, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Measurable Goals:
Item No. 1 – 150075…PRESENTATION: URBAN PLANNING & LAND USE DEPARTMENT
Synopsis: Presentation of measurable goals for the Urban Planning & Land Use Department, by Rob Richardson, Director of Planning & Land Use.

Rob Richardson, Director of Planning & Land Use, said I have three major goals this year that all deal with customer service. I’d like to go through those, review each of those with you, and talk about how each of those will be measured. The first goal is to help small businesses succeed in the development process. I’m sure that most of you have heard that it’s hard to get through the Planning & Zoning process. It’s a complicated process, even for those of us that work in it every day. I mean, we get questions on a weekly basis that we can’t just answer off the top of our head. It takes research and reading the code and talking to legal staff. We want to
make sure that our small businesses that don’t have the resources to hire their own attorneys to make sure that they get through the process efficiently so that they can do that.

We want them to know how to achieve their desired result even if the question that they ask isn’t the right question. A lot of times they’ll ask us a question and it’s not necessarily the right question that they need to ask so we need to get them to ask the right question or tell them the right question to ask and then answer that for them. Sometimes we need to advise them that they ought to seek a development representative because the process might be more complexed than they could handle on their own. Sometimes they ask, sometimes they don’t.

Make the DRC available and aware of small business issues. The Development Review Committee works with a lot of things that are even outside of the regular Planning & Zoning process, whether it be Public Works and Engineering, Fire Department, BPU or the Building Inspections. Trey Maevers in my office will be full-time this week. He’s been part-time as he finished graduate school in Planning but he’ll be full-time starting this week. He coordinates that process so we’ll be working through the DRC.

As we start to do this, I think we’re going to identify gaps in our abilities as a government to help small business and identification of those will be important so we can identify solutions for those in the future. One of those that we think there might be and it wouldn’t necessarily be specifically only to the development process, but the city previously sent an ombudsman that would help folks and kind of be there, not necessarily like an attorney for them but at least help them to understand the process and would know the process enough to know that they were getting a fair shake and could help them a little bit in that process. To do this—well, let me talk about measurability, all of them later.

The second goal is to identify and address customer complaints quickly. Sometimes I found that a customer might have a complaint but I don’t hear about it until it’s just at the boiling point. Sometimes that’s my fault; sometimes it’s my staff or somebody else’s staff. At least we want to identify those quickly. When complaints are communicated to me, I’ll speak to that person directly and that’s kind of current procedure. If I get a complaint, I don’t just hand it back to my staff typically. I typically speak to the person and understand the issue, but I’d like to work that back to the employee. If there was an issue that developed between an applicant or citizen and the employee that—we need the employees all to have a good rapport with those folks and have

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the chance to rebuild that if they have had a misstep. I think that helps us in the future that they
know the employee can work through the issue and be successful in the long-term.

Some issues don’t get resolved very easily. Some of them because of a code issue, some of
it we aren’t perfect in any way, shape, or form. Sometimes there’s something out of our control.
When we get to that point with the issues, then I would involve the County Administrator’s
Office in addressing that concern.

We continue to have our customer service survey that’s on all of our communications and
voicemail. It’s not very well utilized and we’re having ten to eleven hits a month on that, which
isn’t very many considering we probably have a thousand; we have thousands of contacts a
month, many with the same person but between phone, email and people walking in, we touch a
lot of folks every month.

The third goal is to become more customer friendly by making greater use of our electronic
resources and capacity. There are three items under this. One is to implement a program that
would have a web portal for entrepreneurs to be able to locate sites for future businesses if
funding is available. I’ve recommended that we go through a request for proposal process on
that because six or eight months ago, it looked like it was just one company doing that and now
there are several so I think our pricing—we might get more for less if we do the RFP process.

The second item would be to make full use of an electronic submission review processes.
One thing I think we need to do in that is to have our folks that are our regular customers in the
development community come in and talk about how they use that process in the electronics
submission. I’ve had pretty good feedback on getting rid of the paper. We’ve gone from ten or
eleven paper copies to one and eventually we’ll get rid of that one once we figure out the
electronic signatures and how to get the electronic approved copy into the field, but we’ve had
good review with that process with that. We’ve had a little bit of issue coordinating how we get
those files because they’re huge. I think we’ve resolved that, but I have a meeting with those
folks to discuss their thoughts on that.

We still need to allow online electronic payment and that’s a greater Unified Government
issue, I believe, we’re going to be working on. I can have the whole electronic application and
everything be electronic but I can’t take their payment electronically. They still have to send a
check or come in to do that.

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I would like to automate the submission process so that when they actually fill out our paper application, which I know many of you have seen, that they would do that online and it would automatically update our database for the application because now I get that application and I have to have somebody type that in. So they’ve paid somebody to type it in, now I’m going to pay somebody to type it in and data entry has its issues. Every time somebody touches a key, there’s a percentage chance it’ll be wrong. Having that all automatically populate will make my staff more efficient, especially in the administrative end where I have one person who’s within ten hours of their max if they can get in comp time and I don’t have any overtime payment budget and they get lots of vacation every year. It’s one of my areas that I really look for efficiencies and I think that would help that.

Also, once we work through all this, work with the folks we meet with regularly on our customers and improving the process, I work with the PIO to talk a little bit about a marketing plan so people know what we’ve done because we’ve done a lot of good work. We haven’t talked about it much recently on our—Commissioner Philbrook asked what’s a PIO. Mr. Richardson said Public Information Officer, Edwin. Commissioner Philbrook said thank you.

Mr. Richardson said on goal three, we can meet with the folks and figure out what tweaks we need to make but the other items are funding dependent. You’ll see funding request one way or another on those items because that goal has a significant funding portion to it.

How do we measure those? Goal one, working with small businesses and goal two, to some degree, we’re going to be doing tracking, setting baselines and looking for measurable improvements with those. When it’s the first time we’ve done it, I don’t really know where all of our specific faults in areas that we could improve in. It may not be an area that was bad but we could still make improvements. We’ll be doing base lining for a few months and I’ll be working with the Administrator’s Office to work on improvement plans and upgrades in our systems to help those processes.

I think beyond that, we will be on goal three-implementation of one of the electronic resources to develop a better web pool. One of them is an available set—there’s a web pool that says basically what would you like to do in our city. So if they want to open a new restaurant, it would say okay, here are all the zoning categories where a restaurant is available. Then it would add here is all the for sale, for lease properties and Land Bank properties within that zoning

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district that might be available to you for this business. Here’s the actual terms of the zoning code, the contacts, the real estate agent that you would call and talk to help facilitate that and answer some of those basic upfront questions that we can’t answer.

It takes a lot of staff time when somebody says where can I build a restaurant? There’s five hundred answers to that or more in our community. This would help them. It would provide them a better mapping resource than we have right now to allow them to look for those places within our community. Implementation of that would be a big help, I think, to our entrepreneurial and business development community.

I’ll be reporting on the review meeting with our frequent customers as far as our electronic process goes. We’ll probably add some other—we won’t limit it to that because I want to hear from them in other ways too with how we review and what we review. Obviously, we would present those results to the County Administrator’s Office and also completing a marketing plan to help folks understand what’s available to them and what we’ve been doing that’s really good to help the development community.

Chairman Markley said so I have two questions. One, am I crazy or did you go to a system where you had one person that was sort of on-call for questions in your office? Were you one of the offices that started doing that and if so, did you stick with it and what did you think of it? Mr. Richardson said to some degree we do that. It’s not formal. Trey, with the Development Review Committee—we sent the Development Review Committee questions to him until it’s assigned to a particular staff member and then they would deal with that staff member. That’s a little hard to do with DRC because you don’t really know which department the DRC question is going to relate to until it comes in. We’ve done that with Trey, otherwise, we all generally answer the questions if somebody comes in or a phone call.

When cases come in when they actually make an application, they get assigned to one person and that person tracks it through. Like on your staff reports, you’ll see Trey did that, or Jamie did that, or Byron did that or I handled that case. That’s where they get the one point of contact after that. We try to keep that person the same, whoever did the pre-application meeting or talked to them at the counter would follow that through. For the last two weeks, we’ve had somebody on vacation and we just had two of us here so that won’t happen in those timeframes.
We do try and keep people talking to one person to the greatest degree that we can. I just don’t have the staff to go one person answering all the questions all the time.

Chairman Markley said that’s a perfect lead into my second question which was, is part of your survey or do you ever ask how many people they had to contact before they got their question answered. I think that would give you a numerical reference to be able to figure out if you are getting people’s questions answered in a timely manner or not. If they say I had to talk to six different people before I got my question answered whether it’s your department or someone else’s if they had to bounce around at least that would give you the idea we’re clearly not getting their question answered in the way that we should or as quickly as we should. It’s hard when you’re dealing with customer service, it’s hard sometimes to measure are we doing a good job or not doing a good job. They didn’t cry on the phone; we did great so that might be one way you could start to see.

I think with small businesses in particular with your emphasis on small businesses, what they’re finding is that they feel like they have to touch a dozen departments. I think it will be interesting to see what they’re saying now as far as how many touches they have to have before they get a question answered versus a year from now as you guys are beginning to work on this. Mr. Richardson said we do ask, was your question answered correctly the first time and occasionally we’ll get an interesting answer to that. No, I had to speak to three or four people or I got two different answers. We do ask that but not the way you have. I will look at our survey and you might look at our survey online as well and see if—maybe how to word that because I think the question—the last thing you said was like within departments. That makes it a broader question than just within my survey. We may need to look at—Chairman Markley said but I think it impacts how you guys do your customer service. If you’re finding out they had to go to seven departments before they got sent to mine, that would be important for you to know even though it’s a broader question than what did my department do.

When somebody gets something approved, it’s gone through Planning & Zoning, they have their moment of victory, and you’ve finally approved it, do we send them something else after that or is that just kind of it? Mr. Richardson said the applicant gets a notification of the decision. Chairman Markley asked can we put a survey in the notification. Mr. Richardson said yes, we have our survey in paper format too so—Chairman Markley said yes, I would—

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because you just said you had a hard time getting surveys back. That might be one way to get better responses if we see—you know they’re kind of happy even—better results for you. They just got their approval but at least that might be—Mr. Richardson said even if they get denied, they get a letter. It’s not just the good side of it. Chairman Markley said oh, well, but it might be one way to kind of emphasize that you want that survey back. If we’re sending them something anyway, let’s send that along. Mr. Richardson said it’s a good idea.

Commissioner Bynum said as it relates to customer service with small businesses particularly those that may not be able to hire somebody to come represent them. It strikes me that they go out and find their building or their property and maybe even pay something and then somehow they’re alerted to the fact that they need proper zoning when really that process needs to be the other way around. I don’t know what if anything we can do collectively that could fit into your measurable goals in helping folks not take those steps in that order.

Mr. Richardson said I had that today. We had somebody that wanted to do live entertainment and dancing, have a bar and dancehall today and they’ve already looked into a facility and that requires a special use permit. That process is 70-90 days. Their reaction is never good to that. I think the thing that would help that the most is that web portal because if somebody put I want to do a bar or dancing, it would say the first thing on your list is you have to have a special use permit for this type of facility. Once you get to the zoning districts that allow that, then you have to have this too.

That’s something that when they call us first, we can explain to them but nobody ever calls us first. They always have at least the location identified if not an option or have purchased the property and that makes our job even harder because then we’re automatically the bad guy and we don’t have a chance to wear the white hat.

Commissioner Bynum said I would just like to see the departments, all of the departments that work with small business, talking to one another. I dream of a toolkit that says did you know you need a business license, here’s the number. Did you know you need proper zoning? Here’s the number. Did you know you need proper zoning, here’s the number. Mr. Richardson said I have that dream. We actually have it out very thoroughly outlined. That web portal is part of that, but it also goes to the next step of that is that okay, I have found a piece of property for sale within the zoning district that will allow that use and I can build that there. What do I do next?

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Then it takes you to Business License, it takes you to Building Inspection, it takes you to Economic Development, it takes you to WYEDC and that would actually maybe even work on the county perspective, work with Edwardsville and Bonner as well so they would have their links in there as well.

Nobody in the country has that right now. I want to be the first one to do that but it’s a rather big bill to get that system put out there. A lot of web development on our end. It requires a higher level of database management than we’ve had in the past related to my office, which I want to do because it makes our job easier in the long run. That is something that we’ve been working on. Before Greg Kindle was at WYEDC, Brent and I were working on it and then the budget crisis happened and that part went away. I think all that is $125,000 to $150,000 for all those items to get done, to have that whole web portal from what do I want to do, to this is the economic development tool I can use, and who to contact and the calculations, fee calculators, all those things that would be in that. I think that would be very helpful for those folks especially if we had the marketing plan to go along with it so that people knew that hey, if you’re going to start a business, check here first.

*Commissioner Philbrook* said I’m probably going to get into trouble here. It occurs to me that, of course, when you go out looking for property you talk to brokers and if that information was forthcoming from the broker in the properties they had shown, then it would probably make life a lot easier for people. I didn’t know if there are any communities that actually require brokers to bring that sort of information like what the property is zoned for, all that sort of thing when they’re showing it. *Mr. Richardson* said there are laws that say you can’t advertise the zoning that doesn’t exist already. You can’t have a piece of farmland that may be commercial in five years. You can’t advertise that as commercial land. That’s one law that’s out there but it’s not strictly enforced let’s say.

There’s nothing like what you’re describing. They would bring their contacts to us because then it’s public and another realtor might be able to acquire that. *Commissioner Philbrook* said yes, that’s why I said I’m probably going to have several phone calls after this suggestion. I just was trying to figure out a way to open lines of communication that made it easier for people who do want to come in and develop.

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Mr. Richardson said there are several realtors that call me regularly saying I’ve got this person that wants to do this. How does that really fit anywhere? I do have some of those contacts but it’s not uniform across the commercial real estate community. Commissioner Philbrook said any suggestions. Mr. Richardson said I really think the portal would be good because if they got a listing, people are going to see it and they could use it themselves saying I have somebody that wants to do this. Where can I take them and what would fit? It would have our contact information on it. They might say well, I don’t really understand this. How does that work? They can call us to get an answer to that before they went to show the property.

Commissioner Philbrook said so your portal is the answer—that dream world. Mr. Richardson said I don’t want to see it as the end all/be all because it may or may not work out that way but it will at least be something that was there for people to use. That first part of the portal is not the expensive part of it I don’t think. We don’t have enough staff to answer all those questions all the time if we don’t have some electronic resource to help answer some of those questions first.

Commissioner Johnson said, Rob, I just wanted to know if you all had experimented or talked about social media of being a means of maybe doing interim and or secondary once the portal is—once we’re finally able to get that as a means of maybe pushing information or providing information to potential clients. Mr. Richardson said Edwin, the public information officer, is working on a Face Book page for us where we would push three items a month primarily. One of them when we get all the new applications in at the end of the month and you all get a memo that describes what all of those are. We would push that out. We would push out the Planning Commission agenda and the Board of Commissioners Agenda so that if people liked our page, they would know what’s going on.

It’s not a page to comment on or anything, it’s just information. A lot of times contractors want to know what’s coming up because they want to know who to contact to sell their wares and that’s great especially for our local guys to do that. If they like our page, they’ll have those contacts and know who’s moving forward with applications. That’s our first step.

If we had a lot of likes and a lot of people following it, that might help. I’m not sure how much. We’ll kind of play that by ear and see how much interest we get. It could be a lot of effort for 10 or 12 people who would really use it versus them just calling us. I don’t know. I’ll

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talk to Edwin about that and—**Commissioner Johnson** said well, it’s a cheaper way to do it. If, certainly, economic factors are a consideration, which they are, it might be something to have as an interim means of doing that and maybe we have a way of pushing that information out through the website or other means that say hey, go here and here’s some stuff that you could—**Mr. Richardson** said the thing that has kind of kept me from moving to that is the complexity of the information and how difficult zoning can be to understand for the non-zoning user.

When the development attorneys and I have discussions about well, how does this really apply and we’ve both been doing zoning for 20 years. I don’t expect the folks that come in that want to open their first little shop to understand that in a lot of ways. It’s difficult and it’s a dilemma across the country. Nobody’s found the magic bullet for that yet, but I will talk to Edwin and see where we’re going to see if he thinks there’s a way we can use that as well.

**Action:** For information only.

**Item No. 2 – 150123…PRESENTATIONS: EMERGENCY MANAGEMENT, HUMAN RESOURCES, UNIFIED GOVERNMENT CLERK**

**Synopsis:** Presentation of measurable goals for the following departments:

Emergency Management, presented by Matt May, Director of Emergency Management  
Human Resources, presented by Renee Ramirez, HR Director  
UG Clerk’s Office, presented by Bridgette Cobbins, UG Clerk

**Joe Connor, Assistant County Administrator**, said this has been our kind of ongoing effort to have departments come to you with one or two key measurable goals for their department. In no particular order, we’ve got our stuff out here. We’ll go ahead and start with Matt from Emergency Management.
Matt May, Director of Emergency Management, said we have many, many goals downstairs in the basement. The one I’d like to share with you today that I’m looking forward to working on is our citizen engagement.

Citizen Engagement Matters

- Develops awareness of the EM programs
- Educates them on their responsibility for their own safety
- Provides them the knowledge and skills to protect themselves and their property.
- Provides them an outlet to support their fellow citizens and their community as a whole.
- Is a requirement of a Kansas Emergency Management program per state statute.

First off, why, why that one? It really does matter. It helps us engage the public to understand what—I would say a vast majority of folks don’t even know what an emergency manager does. It gives us an opportunity to give them that education. It also gives us an opportunity to explain to them to circumstantly—cavalry is not going to show up right away. They have a responsibility to support themselves for a little while. We’ll get whatever we can to them as quickly as we can but for their own comfort and safety, they’d probably want to do a little
preparation. Then give them the knowledge and skills to do that with whether it’s how to build a preparedness kit and so forth. Those are things that can help them survive an event in a much more comfortable way.

It provides them an outlet to support their fellow citizens and its specific what I’m trying to refer to here is our Citizens Emergency Response Teams (CERT). It’s a great place for them to say hey, how can I help others. It’s a very—there are roles for everybody involved there. We have some folks who are quite honestly even marginally ambulatory and yet they still have a role in it.

Likewise, in our RACES group which is our amateur radio group, they’re a key piece to that. We had them out until midnight last Saturday, this past Saturday, doing weather spotting for us. That was a key piece to our having to get information about what was going on. When they tell me they see a rotating wall cloud in the sky, that means something to me and it means something to the National Weather Service but we have to educate them to get them there to do that. That takes some effort.

Last, but probably just as important, is the statutory requirement for the Emergency Management Program that we make sure that we do that. That’s why we’re going to work on increasing that.

Citizen Engagement Matters

Here are just a couple of quick pictures. The upper left is a Boy Scout campout that was done at Pierson Park a few months ago. That’s in the upper left corner. We took out our
communications trailer and demonstrated that to the Boy Scouts, got them interested in possibly being in some of those roles like RACES or the Radio Amateur Group.

The next one going around clockwise to the right is Andy Bailey from the National Weather Service who comes out every year and does a presentation for us on storm spotting. It always amazes me how many people turn out for that, two, three or four hundred. It’s not an unusual number that people are that interested in weather and what goes on with weather. It is a key piece to our threat and rescue. People do care about it. He does a great presentation.

Below that you see in the lower right corner is a drill and exercise that we were doing inside our EOC. That we do every year. It’s called the Assimilated Emergency Test and we run that through. It’s one of many exercises we’re doing this year. It’s another place where we’re increasing some activity.

The last one over in the lower left is the CERT team themselves out doing a presentation with the Night Out Against Crime I think that particular one was from, but we do those on a routine basis. Trying to get out, get some visibility to that program and, again, helps people prepare for themselves. That’s the whole premise of CERT, prepare yourself first and then if you have the opportunity to support your neighbors, you can do that and that’s what that program is based on.

**Citizen Engagement Matters**

- We traditionally have participated in 5 public presentations per year on average. **We will double that for 2015 and attempt to double that again in 2016 for a total of 20 per year.**
- So far in 2015:
  - Weather Symposium
  - Weather Spotter Presentation
  - CERT Classes March 19th to May 13th
  - 3rd District Republican Women March 28th
  - Boy Scout Service Day and Campout April 11th
  - Red Cross Smoke Detector Installs April 25th
  - Media Spot / Weather at the Speedway May 8th

Traditionally, we’ve done 5 to 6 presentations a year on average. My goal for us is to double that number for this year and then double it again for next year. My intent is to get us to at least where we’re doing on average 15 to 20 public interactions of some sort every year.

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So far this year what we’ve done in ‘15 is we did a weather symposium where we took several of our RACES and CERT members over to Lawrence where they do a large regional presentation. It really has gained a national scale. It’s a really great presentation that they do on weather. Then that weather spotter presentation that I referred to earlier. CERT classes, we try to do two of those a year. We just finished one up so we’ve got several more people who are part of the CERT Program.

I did a presentation for the Third District Republican Women’s Group. Just, again, any civic or organization or any of you are a member of who are interested in having a presentation about emergency response or even how do we sound sirens or any of those kinds of things, we’re always willing to support that. That’s what I did for them.

Boy Scouts Service Day, I already referred to in the picture. You saw that. Another place where we try to do these is in support with our partners. One of those is Red Cross and they have a great program working that goes out and does installs of smoke detectors, particularly in areas where for example the Fire Department has identified where we’ve had a couple of fatality fires indicating that most likely those homes don’t have working smoke detectors. Our CERT teams partnered up with the Red Cross to go out and install on that particular day, that one day, we did 124 smoke detector installs in one morning before we got rained out.

Most recently, another opportunity for us is always an opportunity to speak with the media when you use that broad brush. Most recently there were concerns about weather. We had a rough weather weekend out at the Speedway and people knew that and were asking questions about that. I made sure that we had an opportunity to present what we do in preparation for that and how we’re working in concert with the Speedway to make sure that venue has the best information they can have including staffing, the forward operation out there as well as staffing here at the EOC.

Chairman Markley said my husband and my uncle are both involved in CERT and I have an emergency kit in my trunk so it’s an incredible program. Mr. May said 1 down, 147,000 to go. Chairman Markley said in fact, I think he’s at a CERT meeting tonight.

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**Commissioner Philbrook** said I have something you can add to your list. Next May, the next time Kiwanis does their bike rodeo, we would like to have you out there. **Mr. May** said absolutely. Please let me do that. I’d be honored. **Commissioner Philbrook** said just send me an email and I’ll send it on to our commander in that. **Mr. May** asked, Commissioner Philbrook, when is that typically. **Commissioner Philbrook** said it’s usually in the middle of May on a Saturday. **Mr. May** said we’ll get a calendar.

**Bridgette Cobbins, Unified Government Clerk,** said tonight I’d like to share a few goals with you all for the Department of Administration. Before I go over the goals, I’d like to first kind of give you an overview of what the departments or the divisions that are within my department so that you can kind of get an idea of what our day-to-day operations are.

![2015 Departmental Goals](image)

I have down former City Clerk and former County Clerk and that’s for the benefit of showing what the roles of our divisions are so you have a better understanding of what the Unified Government Clerk’s Office does since consolidation.

Agendas and minutes, I think you are very familiar with that role that we do in the Clerk’s Office. We prepare all the agendas and minutes for every standing and full commission meeting. We get those out to the commissioners in a timely manner and we upload that information to our website for our constituents to have available.

Birth and death certificates. Prior to 1911, the Unified Government retains any birth and death certificates for the general public. That would be for any individuals that were born in
Wyandotte County. After July of 1911, those are now retained by the state of Kansas so those requests are forwarded to the state for that.

The Kansas Open Records Act, I am the official record-keeper for the Unified Government so any requests that comes to the Unified Government for open records requests, those come into the Clerk’s Office and then they are forwarded to the respective departments for them to handle.

Under the Senior Utility Rebate Program, I’m not sure if you’re familiar with that. That is a program that was approved back in 1972 and it’s specific to Kansas City, KS. That rebate program gives back to our citizens. You have to be—there’s a criteria for it that gives them back a portion of the utilities that they’ve paid on their prior year bills. It is specific to Kansas City, KS residents. You have to be 65 years of age for a particular year and the cap at that is at $150. I do have listed the former County Clerk—oh, and with the senior utility rebates, just to give you some data, we processed over 1,100 utility rebates in the previous tax year to our senior citizens.

Former County Clerk role, we are the liaison for the 15 entities for the Wyandotte County area. That would include Kansas City, KS, Bonner Springs, Edwardsville, the four school districts: USD 500, 202, 203, and 204, the drainage districts: Wolcott, Fairfax, Kaw Valley, also Wyandotte County and also the school boards. We do receive the information from those entities and like I said, we’re the liaison. We set the levies and calculate the values and send that up to the state on a yearly basis.

Real estate ownership. Any property that is transferred in Wyandotte County for a real estate property, homeownership, if you sell your property, buy a property, the County Clerk’s Office transfer those on a daily basis. Once those properties are filed in the Register of Deeds Office, the very next day those properties are changed. Our goal is to protect the integrity of the tax roll and on a daily basis we are updating those files.

Homestead refund is a state funded program. The state statute requires that the County Clerk’s Office provide assistance to those that are eligible for this program. The purpose of the Homestead refund is that it allows for a portion of their real estate property tax to be paid on their behalf. There is a criteria established for your age. There’s an income bracket that one has to qualify for. In the previous year, the Clerk’s Office processed over 600 Homestead refunds. I say that to say that there is a lot of traffic that comes into the Clerk’s Office on a yearly basis and
during the Homestead and Utility Rebate Program, it starts in January, January 2\textsuperscript{nd} and the Utility Program ends on March 31\textsuperscript{st} and the Homestead refund ends on April 15\textsuperscript{th}.

Those are the two main functions of the former City Clerk and the former County Clerk’s area. As a result of the consolidation, those offices are now under one umbrella and we’re about 90\% cross-trained on all the duties and responsibilities within the Clerk’s Office. That’s taken us about four years to get to that point.

The Records Center manages the UG records. In that department we have a staff person of one and his role is to be the key person for records for the Unified Government and that’s from creation to their destruction time. We have a retention schedule that we look at to determine when those documents should be destroyed.

In our mailroom, we process the mail for the Unified Government. Last month we processed about 30,000 pieces of mail that was processed, the mail that goes through the Unified Government. We touch a lot of mail throughout the government and that’s not including our interoffice mail and mail that comes from the US Post Office that are packages or from Fed Ex or other companies like that.

Customer service. This is something that I take a lot of pride in. From a department head standpoint I just don’t say it; I lead by example and with my staff and we are all on the same page as it relates to customer service. It is our department goal. It’s a number one goal of

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everyone in our department to make sure that we are providing very keen customer service to our internal, UG employs as well as external.

Promptness, all of our phone calls when you call the Clerk’s Office, our phones will be answered before three rings start. Our standard within our department is if you call our office the first thing you will hear is Clerk’s Office, this is Bridgette; Records Center, this is Paul; Mailroom, this is Gerald. It’s important for me and for our staff to first identify who we are when we’re speaking to someone on the phone and to give them a name. When someone calls your office, they should know who they are speaking to if they need to get back in contact with you or if they need to contact someone in the future, they’ll have a name.

Another thing that we take pride in is that when we talk to persons in our office, we don’t have them standing in our office for minutes before they’re serviced. Once they come into our office, we have a bell that if we’re not at our desk and if someone comes in, they ring the bell and immediately you’ll have at least two to three people coming up to our counter to assist anyone that’s internal staff and our outside constituents.

We are definitely courteous about making sure that when we do communicate with the public that we are being respectful of individuals. We’re sensitive also to our public and to our internal staff in making sure that we’re meeting their needs and that we’re being cognitive of their time.

When emails are sent to our office, our departmental rule is that it is responded to within 24 hours. If you leave a voicemail with any of our staff, you will be contacted within 24 hours. We don’t hold individuals on the phone for over a minute. If you do contact our office, you will talk to a person. You will not talk to a recording system.

Some of the things that we’re looking at in this fall for upcoming surveys, since we do see a lot of people through the Homestead and Utility Rebate, we are working on a survey that we can start to implement in January of 2016 that when those individuals come into the Clerk’s Office, after we’ve completed their rebates, we will provide them with a survey because we want to know how we’re doing as a department and specifically how each individual person is communicating with them. That is something that I will be getting with my supervisors in the near future but that will be implemented January 2016.

For the mailroom, like I said, we do a lot of mail for the entire Unified Government. Each department is assigned a rotary box. I will be setting out surveys randomly into different

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rotary boxes just trying to find out if we’re meeting the needs of those departments and if there’s an issue or a concern that they can address that with me personally just so that I can see and to ensure that when their mail is being touched that we’re getting it in and out in a timely manner.

The Records Center is a department that also serves the Unified Government as a whole. The goal with that is implementing a survey to those departments that are key users for the Records Center. Also try to find out which departments that we’re not taping into that we should be communicating with to get those records into the Records Center.

Our final item that I have before you tonight is that we’re working diligently with our IT Department to get us a new agenda management system. It’s really not going to impact what you see on a day-to-day basis. It will be more visible and it will be clear and it will be easy for you to follow. One of the main benefits to what we’re trying to accomplish with this new agenda management system is that our goal is to have it set that it’s going to be bookmarked and in sync with the video recording. In the event that someone is trying to look at the video of previous meetings, instead of fast forwarding and rewinding to listen to the entire meeting, you can go to the agenda, double click it and you can hear what was said at the meeting in real time. That’s one of the things that we’re really looking forward to in the near future.

With that, I’ll close by saying that customer service, accuracy, and transparency are our top three priorities. We strive to fulfil the statutory duties in a prompt and effective manner by providing services that connects citizens to their government.

Commissioner Philbrook said I just want to make a comment. I’m impressed that you have such a high rate of cross-training. That is just amazing. Ms. Cobbins said you’re welcome.

Shakeva Christian, Human Resources Manager, said we have several goals in the HR Department that we will aspire to do but we wanted to highlight one specific area that we’re pretty proud of, it’s our Safety and Worker’s Compensation Program. We started our Safety Program in about 2013 in which we were allowed to hire two positions. Dave Wimberly is our Safety Officer who recently started with us and Dustin Swartz is our Work Comp Coordinator. We’re going to basically go over some of our Safety Program initiatives as well as discuss some outcomes that are a result of our new programs.

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Dave Wimberly, Safety Officer, said one of the first things that we did was we created a couple of different safety committees. We started off with our Executive Safety Committee, which helped establish different safety policies throughout the entire UG.

We also have department safety committees which are individual safety committees within the departments made up of frontline employees who help myself and Dustin as far as being our eyes on the ground to see what is going on in the particular departments.

The first policy that we changed was our Worker’s Compensation and Injury Leave Policy. We just updated some of the language in that particular policy and then we trained our supervisors...
and employees on the changes. Then we went through and updated our Driver Safety and Accident Reporting Policy and made that more in line with DOT standards and also the insurance industry in changing some of the parameters there. Again, we also have gone through training with our supervisors on the new standards and also our employees.

The last thing that we did as far as our policy training is we created a new employee orientation safety training which we implemented back in October 2013. Through that, we’ve trained approximately 280 new employees with that new safety training program.

Just some other safety trainings that we have done. We’ve done driver safety training with our Appraiser’s Office. We’ve gone through with our Juvenile Detention Center and also our Public Records Division and the Police Department with ergonomics training. We’ve also worked with our Parks & Recreation Department and also the Justice Complex on our Hazard Communications and Chemical Safety in those areas.
Currently, some of our new initiatives that we’re doing right now is creating a safety manual that will include a lot more safety polices that should be implemented for all UG employees. We’re working on a safety incentive program which will reward employees on bringing hazardous situations to our attention and also helping us figure out different ways to correct those hazardous situations. We’re also working on a Light Duty Program. For instance, when an employee is unfortunately injured and can’t return to work, we want to find them some kind of productive work within their department or within the UG so they can continue working at some form or fashion. With these current initiatives, we plan to see reductions in our worker’s compensation numbers and I’ll let Dustin speak to those.
Dustin Swartz, Workman’s Compensation Coordinator, said since 2012, we’ve seen a steady decline in our worker’s compensation claims. Last year, 2014, we had 208 claims which is actually the lowest number of claims we’ve had since we’ve consolidated. We have made some big, big gains there and a lot of progress.

Some of the factors that are impacting our decline in claims is in 2011, there was a change to the Kansas Worker’s Compensation Act where it defines what was compensable, what’s not and how many days an employee has to alert their supervisor of when they can report of having an injury. Also, we’ve seen a lot of aggressive claim management and claim investigations. We’ve enhanced our accountability and increased the communication amongst all of our stakeholders;
so physicians, physical therapists, our employees, our supervisors as well as all the safety training that Dave aforementioned.

Our goal for 2015 is to reduce the number of work injuries by at least 5%. We’d like to see our number at 198 or below. This will be the first time the UG has been under 200 claims.

Chairman Markley said I know this is close to Commissioner Kane’s heart. Commissioner Kane said well, if you only trained two groups in ergonomics, that’s not very good. You know, what I see here, I see a lot of supervisors, supervisors, supervisors. I don’t see anything about basic employees, union involvement. This isn’t a one-sided program. Mr. Wimberly said that is correct. Commissioner Kane said and it wasn’t intended to be a one-sided program. It was intended—because I brought this on. It was intended for all the unions to let them know what was going on. All those numbers look good. I hope we’re not brow beating our employees. Mr. Wimberly said no we’re not and we have done additional ergonomics training with some departments. Those are just two of the major departments that we’ve done training.

Commissioner Kane said I don’t know why we would reward anybody for not doing something unsafe. Safety is not a rewardable issue in my mind. Mr. Wimberly said correct. The idea is to award someone for bringing up a new idea for safety, not actually rewarding bad behaviors.
Commissioner Kane said we had an incident happen right down the street the other day when the gas pipe broke or whatever. I’ve asked for information about that from Doug and I’ve yet to get a satisfactory answer. I realize that you guys are to focus on our employees. Well, our employees were in that building that day and our employees were at risk and we should—I don’t have the report I want yet and I’m going to get that report one way or the other.

We need to talk to the contractor because there are multiple things they’re required to do and you know this in your training that what caused the incident, who caused the incident, how they repaired it, and what they’re going to do to prevent the incident from happening again. I know your focus is employees, but we had a whole bunch of folks that were forced to leave their offices and nobody went around and told any of them anything except get out.

I think we, as the Unified Government, failed miserably last week and I’m not just blaming you guys. This is near and dear to my heart because I’ve had to tell somebody that their family member is not going home the same way they came to the plant. Until you’ve been in that boat and it sucks. We’ve had to do that with our police officers, our firemen and a bunch of other folks. I’m telling you that this safety thing, in my mind, is something that needs to be on top and it’s also not cheap.

Don’t take this as me getting onto you. I’m pretty mad because I didn’t get what I wanted from Doug. It’s important that when we have an incident out there, especially as close to this place where most of our workers are at, it’s very frustrating for me not to get a response other than I got a two page thing who did it and that doesn’t work for me. I’m not going to quit until I get an answer. For you three administrators, you’re going to want to tell Doug this because I don’t play when it comes to safety. What happened over at the Plaza can happen here and that’s my example. I promise you if that happens to our people, I will help the family members that didn’t make it home sue the city.

Commissioner Bynum said with regard to part of what you bring up, because I also work a block away from this building and was on the Avenue the day of the gas leak and the evacuations, my question at that time was my building was not notified period. I just kind of go sauntering back into my office. This is not the first time I’ve had the question. To me, it’s an emergency management question. It’s only one piece of what you are describing. For me and my background working at the Red Cross, the evacuation piece is an emergency management
communications plan. I’ve often wondered what is that plan particularly as it relates to downtown KCK because that happens to be where I work. Not to take away from the other pieces of what you bring up, but just to focus in on that piece. I’m not sure how much of that is work comp and how much of it is part of an emergency communications plan.

**Commissioner Kane** said well, that’s part of it. We didn’t communicate very well to the folks. In fact, I was walking on my route when I see everybody out and then I’m standing there and people are just nonchalantly walking around. They left their buildings because everybody else left and they weren’t notified. Then when you get somebody who knows your background, hey, safety guy, what do you think about this. All the lawsuits that are being settled over in Missouri because they didn’t evaluate that building and they had the smell.

For me not to get the answers—because the answers are simple. The guy made a mistake. What was the corrective action? The answer I got was a subcontractor. I don’t care if it was a subcontractor or not. They’re still doing work for us so we’re still responsible. That’s why I get frustrated. We need to do a better job the next time an incident happens like that, that we notify the surrounding facilities, not just our folks but everybody else. Hey, we got an issue and you need to get out and we need to go back and make sure they’re out and when it’s time to go back in, we go back and tell them to go back in.

**Commissioner Johnson** said I just have one question. I wanted to know what—I see you have the goal of less than 200 claims. What tangible criteria do you all utilize to come up with that 5% goal for the number of claims? **Mr. Swartz** said we utilize just basically the standard that’s out there, a 5% reduction. **Commissioner Johnson** asked that’s an industry standard. **Commissioner Kane** said yes, it is and it’s wherever you go.

I was just laughing at him. You asked that question because I turned to him and said it’s the standard. They come up with that as a goal. Sometimes it’s attainable and sometimes it’s not, but that’s clear across the board, which is a good one because it gives you something to reach for.

There has been improvement and we’ve seen that. What happens sometimes, especially since these guys have been at it for a little while, you’ll see the numbers drop down and then they’ll go stagnate for a while because then they’ve got to go do the new programs, the new stuff that’s come and then it doesn’t make the 5% once they learn the new stuff then it increases.
Commissioner Johnson said okay, well at least that answers the question. Commissioner Kane said I’ve only did it for 21 years.

Action: For information only.

Public Agenda:
Item No. 1 – 150089…APPEARANCE: MURRAY ANDERSON

Synopsis: Appearance of Murray Anderson requesting consideration be given to amend the UG Charter to allow citizens the opportunity to present any subject matter before a public forum and/or standing committee.

Murray Anderson, I reside in Rosedale in Kansas City, KS. I’ve been a member of Wyandotte County for about 60 years. The purpose of me wanting to speak with the committee is that my concern is regarding the Mayor/CEO position and the authority of the commissioner to represent a citizen’s interest if that citizen has a conflicting view or issue that is not in lockstep with the office of Mayor/CEO.

I had a recent experience in 2011 whereas that I had put forward a question to present to the Unified Government and I was refused that opportunity. In fact, because the view was not a popular view, I was told in a letter document by the Unified Government’s general council that I should cease discussing this issue with any public officials.

Now, I’m here because I value my vote. I’m also here because I respect the office of my commissioner. After I had resolved in my mind that my next step in the journey should be, in fact, to turn to my commissioner and my commissioner happens to be Commissioner Ann Murguia from the Third District. Well, I did turn to my commissioner and requested that my commissioner consider representing my interest by putting me on the agenda. My commissioner, in good character, responded in a document stating to me that she, in fact, did not have the authority to put me on the agenda. That was very disappointing. That experience said to me that the office of Mayor/CEO has the same power as a pharaoh, as a king, which means that we don’t have a representative democracy.

In my view as a citizen, I believe that in democracy a citizen should not be censored no matter what the nature of the discussion may be; no matter how difficult the issue may be. I

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believe also that in a representative government that a citizen should have the capacity and the ability and the opportunity to turn to their duly elected official, their commissioner of their district, and request that their commissioner step forward and put an issue before the appropriate forum under all circumstances. My only interest here today is to request that the commissioners consider the fact that they should be enabled to represent the interest of any of their constituents under any circumstances in the appropriate forum.

I voted for the unification of the Unified Government in 1997 because I believed that it would usher in an era of financial and economic inclusion and fairness in our community, and eliminate the experiences that particularly the minority community has in terms of its participation within major economic development and financial issues. I did not vote for the Unified Government to structure an office of Mayor/CEO that had the same power as a king or in fact as a pharaoh.

**Action:** For information only.

**Item No. 2 – 150124…APPEARANCE: COMMISSIONER ANN MURGUIA**

**Synopsis:** Appearance of Commissioner Ann Murguia and several doctors recommending amendments to the smoking ordinance to prohibit the use of electronic cigarettes in designated places.

**Commissioner Ann Murguia** said thank you, Chairwoman Markley, and my fellow commissioners for allowing me to come to present today. I bring with me our university collaborators from the University of Kansas Medical Center. Before they give a very short presentation, I’d like to introduce them. Dr. Kim Kimminau, PhD, is an Associate Professor in the Department of Family Medicine at the University of Kansas Medical Center and the Director of the Center for Community Health Improvement. She also serves as the Research Director for the National Research Network at the American Academy of Family Physicians. She has a masters and a PhD in Biomedical Anthropology from Ohio State University. Her research interest includes oral health, cancer prevention, and community health. She is especially passionate about translating research into healthcare practice and informing policy to improve health.
Robin Liston is a Project Director in the Department of Preventative Medicine and Public Health at the University of Kansas Medical Center. She has a Masters of Public Health from KUMC and her professional interest also reflect a commitment to community engagement to improve health and health policy.

Dr. Kim Kimminau, PhD, said thank you for a chance to talk with you about an issue I really don’t think I’m going to need much to provide to you. The opportunity to talk tonight is great but I will tell you that as a commission and as a Unified Government, you’ve already shown such incredible leadership with respect to electronic cigarettes. I don’t think you have far to go for being able to take advantage of a toolkit that Commissioner Murguia has now shared with you that we’re providing to municipalities across the state.

Fact vs. Hype: Health Benefits?

Claims about the health benefits of e-cigarettes are not supported by the current scientific evidence.

- Marketed as healthier alternative to conventional cigarettes and as a way for helping smokers cut back or quit smoking cigarettes.

- Kansas adult tobacco smokers who also use e-cigarettes reported they are less likely to stop using traditional cigarettes compared to smokers that did not use e-cigarettes.

I’m going to just share some information we know. Do we know if there are health benefits to using electronic cigarettes? The answer is no. We don’t know. The claims about it are not supported yet from any current scientific evidence so I’m here to say that we have not been able to study this or prove that it helps smokers quit. In fact, adult smokers who use these devices basically have a harder time quitting right now. They’re less likely to stop using traditional cigarettes.
Are there health hazards; the other side of this coin? The answer is yes. Nicotine is the addictive substance in tobacco. That’s what’s in the vapor, the aerosol that is used for electronic cigarettes.

These containers can be tampered with. The FDA has not approved or regulated these things so anything can go in the vials that go into these battery charged or non-battery charged devices. You can put in, think about it, you could put in anything: hash oils, ground up other drugs, and there’s no containment.

The other side of that is because you can’t contain them, it means that they can break or be accessed. Most of the increased poison control centers are because children are getting into these fruit and berry flavored, chocolate flavored labeled devices that go into the electronic cigarettes and it’s extremely toxic. Even touching it with the skin will cause a toxic reaction, particularly for small children. We know that they’re harmful. There may be benefits but that’s yet to be proved.
E-cigarettes are not covered by the Kansas Indoor Clean Air Act and that leaves municipalities and counties like Wyandotte exposed for a number of issues. They’re not covered by most city ordinances because smoking and tobacco have been really at the forefront of regulation. Electronic cigarettes are neither smoking nor tobacco so because of that, they fall out of the jurisdiction of your current regulations on tobacco and smoking. Does that make sense? You don’t smoke these things, you vape them, they’re aerosol, they’re not actually a burn smoking product and they don’t come from tobacco. You can have chemically produced nicotine never saw a tobacco plant. In both cases, they sort of fall through the cracks of current smoking requirements.
The Unified Government has already taken great steps for including electronic cigarettes in your Human Resource policies and just about 11 months ago; almost a year now, you acted on this and showed pretty bold leadership. We’d like to encourage you to do the same thing again by modifying current statute and revising the definitions of smoking and tobacco so that these products don’t fall through the cracks for the entire county.

The toolkit you have in front of us provides legally sound guidance. We had the School of Law at KU provide a full study nationwide of laws that had been put in place to protect the population’s health. So you’ll see specific language in the toolkit that we offer to work with your legal counsel and we think is advisable for local law. I also wanted to say I know I’m running out of my five minutes. Commissioner Philbrook said no you’re fine. Dr. Kimminau said I’m hearing you. Commissioner Philbrook said at least you’re organized.

Dr. Kimminau said as I said, it’s to modify your current policy. The coverage would be comparable to what you currently have with tobacco products. No more so restrictive, no lesser restrictive.

You’ll see a map that I think really speaks quite a bit. We’re not endorsing the American Non-Smokers Rights Foundation. I’m just showing you this because I love maps and I think they tell a lot. There are three blue triangles on your map in the state of Kansas. They don’t know Kansas very well; it’s a little off kilter. These are three cities that have already taken control of electronic cigarettes and put it into city statutes and law. They are McPherson, Overland Park

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and Olathe. It sort of looks like it’s Kansas City, MO, or Kansas City but it needs to go a little west. Those three cities have enacted ordinances.

The Unified Government/Wyandotte County would be the first countywide entity in the state of Kansas and as you can see, in pretty much the entire midwest to take this step to provide population health and public health protection from electronic cigarettes and you are almost there.

I invite you to ask questions. We have a frequently asked questions section. You can see we have guidance for city and municipal law that we offer to provide support to your legal counsel and we’re here to answer any of your questions or fill in any additional information.

Chairman Markley said I see that Misty from Legal is lingering here and wondering if some work has been done on this already and if she’d like to give us an idea of what it would take for our ordinance to fit into this folder.

Misty Brown, Senior Attorney, said I would start by saying that when we drafted the smoking ordinance, we included electronic cigarettes at that time in it by having a bid in there about a device that was heated so that they would be prohibited. Technology has changed so now there’s a way to have e-cigarettes that are not heated. In order to make it very clear in our ordinance, it would just take some minor tweaks.

I’ve looked at the information provided by KU. It was very helpful and put together a draft ordinance that would effectively make it very clear that all e-cigarettes would be banned per our ordinance. While I was at it, went ahead and did some tweaks to it so that we would be better in compliance with state law, just a few very minor things that we needed to clean up and never got to. This is something that’s—I have it ready to go whenever the commission wants it.

Commissioner Murguia said, Commissioner Markley, what we would ask is for you to take action tonight is that originally when I submitted this request to be heard by all of you, we didn’t ask for action because we know our legal team is very busy and we had no idea that they would be so ambitious that they would be finished with the work by the time we came to all of you. Just for efficiency purposes and to eliminate long nights like you’ve had tonight, we would like to ask if you all would just move it to the full commission. At that time, Misty would be more
than happy to present the ordinance changes, which it would be a public requirement. We can collectively, as a full commission, vote on it at that time.

Commissioner Kane asked but if it’s unanimous, it would be on the Consent Agenda wouldn’t it. Jody Boeding, Chief Legal Counsel, said I’m sorry. It would not be able to be on the Consent Agenda because you have to have a written ordinance before you and I think since it’s not—you don’t have that written ordinance before you—that we would treat it as a new ordinance coming before the full commission and just not make it on the Consent Agenda. Chairman Markley said so it can go to full commission from here. It just would have to be separate from Consent Agenda because we’d have to have that new ordinance in our packet. Ms. Boeding said I believe that’s the case.

Commissioner Bynum said I just have one question. The language that you’ve provided and that you’ve worked on, it feels like these things change almost on a daily basis. Are we as current and comprehensive as we can possibly be or I guess if things change in a year, we can just go back and just amend again. Ms. Brown said I think we’ve made it very inclusive. I have spent some time going over it and wrapping my head around every possible scenario. I thought I did it before. I had no idea that we could inhale anything without heat but I think we’ve got it covered. Commissioner Bynum said I think that’s the part that amazes me so much and I just watched this documentary on PBS about e-cigarettes and vaping and I was astounded. I had no idea. That’s what I’m thinking about is people are so ingenious with techniques that they come up with. That’s all I wanted to know. Ms. Brown said I think my concern when I first read it was being overly broad, that would prohibit things that are not potentially harmful to everyone else, but I think we found the right match of keeping it so that we’re protecting the public health but not infringing on civil liberties.

Joe Connor, Assistant County Administrator, said I just want to make one clarification. I think Kim was asking for a countywide ordinance. I don’t think that what Misty has prepared is countywide. Commissioner Kane said I don’t think we can. Mr. Connor said it’s a citywide ordinance for the city of Kansas City, KS. I just want to make sure—I know that’s what you asked. Dr. Kimminau said you are pretty much the county so—Commissioner Philbrook said we are the county. Mr. Connor said well, we don’t take the other cities for granted. I’m just the

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first to make that clear. Ms. Boeding said we can’t tell them what to do. Commissioner Kane said that’s my question. What we do here, they have to be their own: Edwardsville and Bonner would have to make their own ordinance. Correct? Dr. Kimminau said and we’d be happy to go before them as well to provide this information. Ms. Boeding said they have their sovereign bodies, selected bodies and we don’t—Dr. Kimminau said it will be a blue triangle. It won’t be a green circle but I’m still moving towards the green circle.

Commissioner Philbrook said well, with all that being said then I would suggest that we move forward to the most area we can cover; which would be the city part and you bring it before the commission. Chairman Markley asked is that a motion? Commissioner Philbrook said yes.

Action: Commissioner Philbrook made a motion, seconded by Commissioner Bynum, to approve and forward to full commission. Roll call was taken and there were five “Ayes,” Philbrook, Kane, Johnson, Bynum, Markley.

Adjourn

Chairman Markley adjourned the meeting at 8:01 p.m.
Type: Standard
Committee: Administration and Human Services Committee

Date of Standing Committee Action: 7/20/2015
(If none, please explain):

Proposed for the following Full Commission Meeting Date: 8/13/2015
Confimed Date: 8/13/2015

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

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<tr>
<th>Date:</th>
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<th>Contact Phone:</th>
<th>Contact Email:</th>
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<tr>
<td>6/17/2015</td>
<td>Terry Brecheisen</td>
<td>573-6704</td>
<td><a href="mailto:ljenicke@wycokck.org">ljenicke@wycokck.org</a></td>
<td></td>
<td>Public Health</td>
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Item Description:
The UG Public Health Department has applied for a 5 year grant from CDC for Wyandotte County Teen Pregnancy Reduction Program in the amount of $3,047,500. The program will create a partnership with several youth serving agencies to establish direct referrals so that teens can get reproductive health services. Partners to include KUMC, Swope Health, USD 500 and Wyandotte County Community Corrections. No match is required for these funds.

Action Requested:
Approval of request.

Publication Required

Budget Impact: (if applicable)

Amount: $
Source:
- Included In Budget
- Other (explain) Grant funding request
Grant Application Package

Opportunity Title: Working with Publicly Funded Health Centers to Reduce T
Offering Agency: Centers for Disease Control and Prevention
CFDA Number: 93.946
CFDA Description: Cooperative Agreements to Support State-Based Safe Moth
Opportunity Number: CDC-RFA-DP15-1508
Competition ID: CDC-RFA-DP15-1508
Opportunity Open Date: 03/06/2015
Opportunity Close Date: 05/15/2015
Agency Contact: Trisha Mueller
crj5@cdc.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Unified Government Public Health Department of Wyandotte County, Kansas City, KS

Select Forms to Complete

Mandatory

Application for Federal Assistance (SF-424)
Project Abstract Summary
Disclosure of Lobbying Activities (SF-LLL)
Budget Information for Non-Construction Programs (SF-424A)
HHS Checklist (08-2007)
Project Narrative Attachment Form
Budget Narrative Attachment Form

Optional

☑ Other Attachments Form

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.
Application for Federal Assistance SF-424

* 1. Type of Submission:  
   - [ ] Preapplication  
   - [X] Application  
   - [ ] Changed/Corrected Application  

* 2. Type of Application:  
   - [X] New  
   - [ ] Continuation  
   - [ ] Revision  

* If Revision, select appropriate letter(s):  
   - [ ]  

* 3. Date Received:  
   05/15/2015  

* 4. Applicant Identifier:  
   48-1194075  

5a. Federal Entity Identifier:  
   48-1194075  

5b. Federal Award Identifier:  
   0306935920000  

State Use Only:  

6. Date Received by State:  
7. State Application Identifier:  

B. APPLICANT INFORMATION:  

*a. Legal Name:  
   Unified Government Health Department  

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
   48-1194075  

*c. Organizational DUNS:  
   0306935920000  

d. Address:  
   - Street1: 619 Ann Avenue  
   - Street2:  
   - City: Kansas City  
   - County/Parish:  
   - State: KS: Kansas  
   - Province:  
   - Country: USA: UNITED STATES  
   - Zip / Postal Code: 66108-3038  

e. Organizational Unit:  
   - Department Name: Public Health Department  
   - Division Name: Clinical Health Services  

f. Name and contact information of person to be contacted on matters involving this application:  
   - Prefix: Ms  
   - * First Name: Ashlee  
   - Middle Name:  
   - * Last Name: Folsom  
   - Suffix:  
   - Title: Program Coordinator  
   - Organizational Affiliation: Unified Government Public Health Department  
   - * Telephone Number: 913-573-8841  
   - Fax Number: 913-573-6788  
   - * Email: afolsom@wycokck.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:
    Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:
    93.946
    CFDA Title:
    Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

12. Funding Opportunity Number:
    CDC-RFA-DP15-1508
    Title:
    Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations

13. Competition Identification Number:
    CDC-RFA-DP15-1508
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Map of Wyandotte County.pdf

15. Descriptive Title of Applicant's Project:
    Wyandotte County Teen Pregnancy Reduction Program.

Attach supporting documents as specified in agency instructions.

[Buttons: Add Attachments, Delete Attachments, View Attachments]
Application for Federal Assistance SF-424

16. Congressional Districts Of:
  * a. Applicant: KS-003
  * b. Program/Project: KS-003

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
  * a. Start Date: 10/01/2015
  * b. End Date: 09/30/2020

18. Estimated Funding ($):
  * a. Federal: 3,047,500.00
  * b. Applicant: 0.00
  * c. State: 0.00
  * d. Local: 0.00
  * e. Other: 0.00
  * f. Program Income: 0.00
  * g. TOTAL: 3,047,500.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   X c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   □ Yes  X No
   If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)
   X ** I AGREE
   ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:
Prefix: Ms  * First Name: Ashlee
Middle Name: 
* Last Name: Folsom
Suffix: 
* Title: Program Coordinator

* Telephone Number: 913-573-8841  Fax Number: 913-573-6788
* Email: afolsom@wyckcock.org

* Signature of Authorized Representative: Ashlee Folsom  * Date Signed: 05/15/2015
## Project Abstract Summary

### Program Announcement (CFDA)
93.946

### Program Announcement (Funding Opportunity Number)
CDC-RFA-DP15-1508

### Closing Date
05/15/2015

### Applicant Name
Unified Government Health Department

### Length of Proposed Project
60

### Application Control No.

### Federal Share Requested (for each year)

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<th>Federal Share 3rd Year</th>
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### Non-Federal Share Requested (for each year)

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<tr>
<th></th>
<th>Non-Federal Share 1st Year</th>
<th>Non-Federal Share 2nd Year</th>
<th>Non-Federal Share 3rd Year</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$67,500</td>
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</table>

### Project Title
Wyandotte County Teen Pregnancy Reduction Program.
Project Abstract Summary

Project Summary

Goal: To reduce teen pregnancy in Wyandotte County, Kansas City, Kansas through expanded and enhanced clinical services and referral capacity for adolescent-centered sexual and reproductive health services (SRH).

Setting and Need: Wyandotte County, Kansas City, Kansas (KCK) is one of the least healthy and most impoverished communities in America. The county is diverse (2013 census estimates are 25.1% African American and 27.1% Latino) and has a disproportionately high pregnancy rate among minority women. Although pregnancy rates for women 15-19 have decreased significantly over the last two decades, many sub-groups continue to experience high rates. In 2013, rates of teen birth were 26.5 per 1000 among females aged 15-19 for the U.S., 29.6 per 1000 for the state of Kansas and 58.6 per 1000 for KCK (53.7 per 1,000 for white, non-Hispanic females, 54.7 per 1,000 for African American, non-Hispanic females, and 64.6 per 1,000 for Hispanic females).

Despite a federally qualified health center, a robust safety-net clinic network, a Unified Government Public Health Department (UGPHD) with Title X Family Planning services, an academic health science center (KU Medical Center), and a newly launched high school school-based health center, pregnancy rates remain resistant to change. Although multi-level evidence-based interventions have been shown effective for reducing rates of teen pregnancy, these programs have failed to reach many in this community. Interventions targeting teens and families have been underutilized. Programs are urgently needed in KCK minority populations, where competing demands for the attention of providers, patients, and members of the care delivery team interfere with attention to sexual/reproductive health care.

Strategy: The Wyandotte County Teen Pregnancy Reduction Program described herein will utilize a novel collaborative of existing service providers and networks to advance innovative evidence-based strategies for pregnancy reduction. The Program team and partners will work in clinics and health systems to deliver training, strategic communications, and direct technical assistance. This work will be paired to efforts to enhance the activities and referrals from within a wide and diverse network of adolescent services providers who have agreed to participate in the Program. Expertise from the University of Kansas Medical Center (KUMC) and a group of public health and clinical faculty there will link to collaborating staff at the CDC to guide all activities. This unique group will also work with community and youth advisory groups to assure extensive tailoring of programs to meet the needs of the community.

Evaluation: A highly experienced evaluator with expertise in SRH service improvement will evaluate all aspects of this project and work closely with the planning and implementation teams to ensure a rigorous evaluation strategy.

Estimated number of people to be served as a result of the award of this grant.

6500
Project Abstract Summary

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<table>
<thead>
<tr>
<th>Table 3. Performance measures</th>
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<tbody>
<tr>
<td><strong>Process PM</strong></td>
</tr>
<tr>
<td>Establish a key partnership team and partner with a national training and technical assistance provider</td>
</tr>
<tr>
<td>Partnership team plan developed. Measured by completion of MOUs by all partners and completion of initial meeting post award attended by at least 1 representative from each partnering organization</td>
</tr>
<tr>
<td>Number of health center network partners with a formal agreement to participate in a health care network and on a partnership team. Documentation of all collaborators will be obtained by the evaluator and documented</td>
</tr>
<tr>
<td>Strengthen clinical services and improve the quality of care</td>
</tr>
<tr>
<td>Amount and type of training and technical assistance provided to health center leaders and staff on evidence-based clinical guidelines, youth-friendly services and TPP strategies. Measured by number of trainings provided by KUMC staff to awardee providers and the topic of each presentation. Information will be provided to the evaluator for documentation and tracking.</td>
</tr>
<tr>
<td>Percent of health center leaders and staff who are knowledgeable about and supportive of evidence-based clinical guidelines, youth-friendly services, and TPP strategies. Measured by pre and post surveys collected at the time of each training session and analyzed by the evaluator.</td>
</tr>
<tr>
<td>Number, type and quality of evidence-based guidelines and youth-friendly best practices that are implemented. Evaluator will track the evidence-based guidelines and youth-friendly best practices that are implemented. These</td>
</tr>
<tr>
<td>Practices will be counted, sorted by type, and quality will be assessed by a survey conducted by teens following their TPP visit</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td>Strengthen youth-serving systems and linking youth to care</td>
</tr>
<tr>
<td>Strategies to refer and actively link youth to reproductive health care are developed. Measured by development of referral strategies for Wyandotte County youth stakeholders</td>
</tr>
<tr>
<td>Number of youth-serving system leaders and staff trained in youth-friendly services and best practices. Number of youth-serving system staff dedicated toward TPP efforts. Number of youth-serving system hours of services dedicated towards TPP efforts. Measured by mandatory documentation of individuals attending each training session provided by KUMC, survey of staff opinions of TPP, and staff documentation of time spent in TPP efforts. Information will be stored and analyzed by the evaluator.</td>
</tr>
<tr>
<td>Number of youth who are reached by TPP strategies in youth-serving systems (reported quarterly) including youth reached through: Outreach, Referrals and linkage efforts, EBIs, and Awardee proposed strategies. Wyandotte County Health Department and the local FHOC will document each individual aged 15-19 years seen at their respective clinic receiving any pregnancy prevention service. This information will be provided to the evaluator for documentation, storage, and analysis. Analyses will be conducted quarterly.</td>
</tr>
<tr>
<td>Amount and type of training and technical assistance provided on TPP strategies. Measured by number of training sessions provided, training session topics, and assistance requests met during the funding cycle</td>
</tr>
<tr>
<td>Percent of youth-serving system leaders and staff who are knowledgeable about and supportive of TPP strategies. Measured by post training session surveys following training sessions</td>
</tr>
<tr>
<td>Number of formal linkages (MOU/MOA) between youth-serving system and health center. Measured by number of MOUs and MOAs received</td>
</tr>
<tr>
<td>Develop and implement health communication and outreach efforts</td>
</tr>
<tr>
<td>A health communication plan for increasing youth use of reproductive health services is developed. Measured by production of a written document circulated to the CDC and all partners</td>
</tr>
<tr>
<td>Number of health communication strategies implemented. All communication strategies will be documented and presented to the evaluator for documentation and counting</td>
</tr>
<tr>
<td>Estimated number of youth or other target audiences who are reached by TPP-related health communication efforts. Audience size will be estimated for each health communication effort and presented to the evaluator for compilation into an estimate of the number of youth receiving the health messaging</td>
</tr>
<tr>
<td>Number of youth who visit health centers who report health communication strategy as a source of referral. Referral source will be garnered from each teen patient at time of service and analyzed by the evaluator</td>
</tr>
</tbody>
</table>
BUDGET NARRATIVE

Unified Government Public Health Department

KEY PERSONNEL

Ashlee Folsom, MA, Project Coordinator: Ms Folsom is a Health Educator at the Unified Government Public Health Department (UGPHD) and has worked to promote sexual and reproductive health among teens for the past decade. Previously, Ms Folsom coordinated a state-wide youth HIV/STD prevention program while employed at the Kansas City Free Health Clinic. For the past four years she has been employed at the UGPHD as a Health Educator. Ms Folsom implements evidence based teen pregnancy prevention counseling interventions with youth seeking reproductive health services, and facilitates evidence based teen pregnancy prevention education interventions with youth throughout Wyandotte County. She also conducts options counseling for women seeking pregnancy testing services. Ms Folsom is a Board member for the Mother and Child Health Coalition, a member of the Region VII Office on Women’s Health, and an External Advisory Board member for the University of Kansas, Master of Public Health program. Ms Folsom will be responsible for managing the planning, coordination, implementation, monitoring and reporting associated with the program and for establishing relationships with all partner organizations and health centers. Ms Folsom will be 100% FTE.

Program Technical Assistance Provider: This person will work with youth-serving systems and health centers. The individual will provide training and technical assistance on providing sexual and reproductive health services to adolescents, and the development of a referral and linkage system between partnering clinics and youth-serving systems. In addition, the program TA provider will develop annual TA plans for each youth-serving system partner and work with the evaluator to ensure accurate and timely data collection. At the time of the grant award this position will be posted and hired at 100% FTE.

Clinical Technical Assistance Provider: This person will provide T and TA to health center or clinic staff to increase their capacity to provide youth-friendly sexual and reproductive health services; to provide access to the full range of contraceptive methods; and to ensure the implementation of youth-friendly clinical best practices. The Clinical TA provider will develop annual TA plans for each health center/or clinic partner and work with the evaluator to ensure accurate and timely data collection. At the time of the grant award this position will be posted and hired at 100% FTE.

Salaries and Wages Table
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Year 1 Months %</th>
<th>Year 2 Months %</th>
<th>Year 3 Months %</th>
<th>Year 4 Months %</th>
<th>Year 5 Months %</th>
<th>Total Salary Requested For 5 Years</th>
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<td>Ashlee Folsom</td>
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<tr>
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<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>$201,250</td>
</tr>
</tbody>
</table>

*2% annual cost of living increase has been built into the larger budget for years 1-5.

**Fringe Benefits**

Fringe is calculated at a rate of 35%.

**CONSULTANT COSTS**

See attached budget narrative for KUMC.

**EQUIPMENT**

For this project, we have budgeted for three desktop computers plus three laptop computer for program staff. We have also budgeted for color printers and phone systems for each program staff member. This budget also includes needed equipment that may be indentified during the first year of planning.

**SUPPLIES**

Office supplies, meeting supplies, phone and internet services, postage, printing, advertising to hire program staff.

**TRAVEL**

The budget includes funds to support mandatory travel costs incurred by project personnel, as well as mileage reimbursement from day to day programmatic activities. Mileage will reimbursed per the federal mileage rate reimbursement.

**TOTAL INDIRECT COSTS**
The Unified Government of Wyandotte County, Kansas City KS current indirect cost rate (F&A) is 32.28%. Our cost rate agreement is attached in the appendix.

SUB-CONTRACT TOTAL

See KUMC Budget Narrative
Project Narrative

Background

Population to be Served. KCK is located in the Northeast corner of Kansas. The county and city are considered contiguous and have a unified government. In 2013, the Wyandotte County population was 27% Hispanic (any race), 25% non-Hispanic black, 44% non-Hispanic white, and 4% other race, with a total population of 160,601. Wyandotte County also includes a significant and expanding refugee population, since the majority of new refugees coming to Kansas are settled in the county. Wyandotte County is the eighth poorest county in Kansas (105 counties total). The 2010 U.S. Census reported that 23.9% of all Wyandotte County residents lived below the poverty line. There were 22,241 children enrolled in the public free and reduced lunch program between 2010 and 2011 in Wyandotte County, representing 46% of the entire child and youth population under the age of 19 years. Children and youth aged 19 years and under living in Wyandotte County (48,690) account for 31% of the entire county population. Approximately 45% of these youth live in single-parent homes.

Among teens aged 10-19 years, the pregnancy rate is 31.8 per 1,000 women. This is higher than the teen pregnancy rate in Kansas for the same age group (17.1 per 1,000). Not only is Wyandotte County’s teen birth rate higher than the national teen birth rate, birth rates among all races and ethnicities are higher than the national average.

In order to decrease teen pregnancy and birth rates in Wyandotte County, we seek to develop a network of partnerships between youth-serving systems and health centers to identify and refer vulnerable youth into youth-friendly reproductive health service environments. We plan to do this by partnering with community hospitals and federally funded health clinics to develop strategies to contribute to the long-term reduction in teen pregnancy and births in Wyandotte County, Kansas. Special emphasis will be placed on identifying and overcoming barriers for teens to receive long acting reversible contraception (LARC). Given the dismal economic (low median household income), educational (low high school graduation rate), and social support (high single parent families), the teens in Wyandotte County, especially those of minority race and/or ethnicity, represent an especially vulnerable population.

Although evidence suggests that increased sexual and reproductive health service availability might improve disparities in teen pregnancy between minorities and others, many communities, such as Wyandotte County, face shrinking resources. In addition, many clinical care providers do not provide services that cater to youth. The lack of “youth friendly” or adolescent-centered approaches, may be an important barrier to service use by teens. Our group has extensive experience over the last two years in reducing this barrier by expanding direct care services inside an extremely diverse public high school (see description of Bulldoc Clinic below). These experiences have convinced us that a unique program across multiple organizations and institutions will make major improvements in teen pregnancy possible.

Organizations such as the American Academy of Pediatrics recommend that health care providers develop and deliver adolescent-centered care and that services for youth begin to address sexual health in the early adolescent period.¹ Teens at or beginning puberty should be routinely screened for sexual activity, should receive anticipatory guidance, and should begin receiving reproductive health counseling at annual visits. Use of contraception and delivery of testing for sexually transmitted diseases (STDs) should be immediately available for all youth.
reporting sexual activity. Despite these recommendations, recent CDC programs have uncovered that health centers in high-risk communities often do not deliver such care to early adolescents. Adherence to these recommendations, even when delivered, is far from optimal.

CDC and other major organizations recommend use of long acting reversible contraceptives (LARCs) as first line in addressing teen pregnancy clinically. LARCs include intrauterine devices (IUD) and subdermal implants. These forms of BC have a <1% failure rate. Unfortunately, less than 5% of adolescents utilize LARCs for BC. Barriers to use of LARCS include; lack of insurance, mistrust and lack of knowledge, negative portrayals in the media, partner’s wishes for a child. Programs that reduce these barriers have shown high uptake of LARC use in adolescents (up to 72% use).

Approach

**Purpose.** The WCTPRP will reduce teen pregnancy through increased access to and use of SRH services among youth aged 15 to 19 by: 1) increasing health centers’ capacity to provide youth-friendly sexual and reproductive health services; and 2) increasing the number of youth accessing sexual and reproductive health services through working with youth-serving systems to link vulnerable youth to care, and increasing awareness of the health centers’ services in the community.

**Outcomes.** Short term outcomes will be a stronger collaborative leadership team; a stronger health care system that offers youth friendly clinical services; and enhanced youth service systems integration and coordination. Intermediate outcomes will be increased number of youth reached by TPP efforts; increased number of youth who show increases in knowledge of and intentions to use sexual and reproductive health services; increased number of youth who visit health care network partners for sexual and reproductive health services; increased number of youth who receive moderately or highly effective contraception; and increasing number of youth who take protective action. Long-term outcomes will be fewer teen pregnancies, teen births and STDs among vulnerable youth; better long-term educational and employment outcomes for youth and better outcomes for their future children; and sustained efforts to prevent teen pregnancy and birth within the community.

**Strategies and Activities.** The strategies and activities of this Program may be divided into those that provide: 1) Planning and Assessment; 2) Partnerships; 3) Strengthen Clinical Services and Improve Quality of Care; and 4) Strengthen Youth-Serving Systems and Linkages to Care, Systems Change Approaches and Communications

**Planning and Assessment.** Planning and assessment activities will be completed by Program staff and KUMC faculty who have worked together to develop this proposal. Initial activities will include convening the Program’s Leadership Team and Administrative capacity, interviewing and hiring staff, and planning and conducting the year one needs assessment. Initial months will also be dedicated to convening the Community Advisory Board and the Youth Advisory Board. These groups will be intimately involved in the planning and implementation of all Program activities (consistent with our experience using community-based participatory research strategies in Wyandotte County, see below).
Working in collaboration with CDC partners, we will interview and hire a “Project Coordinator” who will be responsible for day-to-day management of all Program activities. This person will have experience in public health and adolescent health service and will have familiarity with the community and our proposed network of partners. The Project Coordinator will plan, convene, implement, monitor and build partnerships across the Program (see budget narrative for additional details). The program’s Lead Evaluator (pending CDC approval) will be Dr. Catherine Satterwhite. Dr. Satterwhite is an Assistant Professor in the Department of Preventive Medicine and Public Health at the University of Kansas Medical Center (a key contractor to the applicant institution). She has worked extensively with the UGPHD on prior initiatives to reduce teen pregnancy and improve control of STDs. She has conducted evaluation projects within the last two years using data from the county, the Kansas Department of Health and Environment and the Health Department’s clinical database. She has a doctorate in Epidemiology and was previously employed at the CDC working in SRH. She will plan and implement the evaluation and performance management plan described below. This will include data collection and analysis strategies and integral involvement in quality improvement work for clinical partners. She has experience working with public health programs on sustainability and continuous quality improvement using Plan Do Study Act (PDSA) cycles. She will work closely with CDC partners to implement and adjust evaluation strategies and feedback provided as part of ongoing Quality Improvement cycles.

Program staff will interview and hire both a Program and Clinical Technical Assistance (TA) Provider within the first three months of the award period. The Program TA Provider will be an experienced professional who has worked previously in child and adolescent health services projects. He or she will have familiarity with Program partners and work with all non-clinical partners to develop systematic processes and strategies for routine referral of youth to clinical care providers. He or she will develop specific plans for each partner and assist with implementation and evaluation as needed. He or she will provide training as necessary to assure these partners understand PDSA cycles and the goal of sustainable change across the network to reach all at risk youth. The Clinical TA Provider will have experience working with health centers and safety-net clinics on adolescent health services. He or she will also be experienced as a “practice facilitator” who has previously engaged with such clinics to conduct practice change initiatives such as patient-centered medical home (PCMH) recognition or other quality improvement activities. He or she will work with all clinical partners on a regular basis to implement adolescent-centered systems and care environments that follow recommendations for evidenced-based family planning, STI care, and sexual health practices. He or she will also work with clinics on developing innovative strategies for expanding capacity for providing such care to all community youth.

In year one, we will develop and complete a Needs Assessment using newly hired staff and all Program staff team members (including Community and Youth Advisory Boards). The initial comprehensive assessment will be followed by an “annual assessment” completed by each clinical partner and all other youth serving partners within the Program. The Program’s Lead Evaluator will be responsible for the overall planning and timely completion of the Needs Assessment. She will work with the Projector Coordinator, the Evaluation Team, and other Program staff to disseminate all assessment tools and assure high quality data collection. Staff will organize a database under the Lead Evaluator’s (Dr. Satterwhite) supervision. Dr.
Satterwhite will conduct all data analysis. US Census and Unified Government data will be used to characterize the teen population and social, economic, and educational features of the community. UGPHD and KDHE data will be used to update data on teen pregnancy, birth rates, STIs, HIV and infant mortality. Purposeful sampling will be used to identify key informants across the community who will complete surveys and interviews to gauge the level of community knowledge of teen sexual and reproductive health services, contraceptive options for youth, perceptions of adolescent-centered program delivery, and the impact of teen pregnancy on community health and well-being. CDC-developed needs assessment instruments that document the scope and impact of services for teens will be employed for analysis of clinical partners. Surveys and interviews with program partners serving youth will assess the volume and characteristics of youth served, ongoing sexual health services provided, and knowledge and awareness of community sexual health and general clinical resources. Specific items will assess partner readiness to engage in direct referral activities and also prior experiences with quality improvement or facilitation activities intended to improve service delivery quality. Finally, the needs assessment will include focus group activities with three specific groups; at-risk teens, parents with teen children in the community, and front line service providers (school nurses, clinic social workers, community health workers, etc.). These focus groups (three focus groups will be conducted with each of the three groups) will garner perceptions and opinions of these constituents around services and needs of teens and the impact of teen pregnancy. The number and specific participant characteristics of each focus group will be determined by the team during development of the needs assessment plan. A focus group guide will be developed and refined by the project team. In order to ensure frank discussion, the guide will be adapted for each group to ensure the language used is accessible, appropriate and resonates with each audience. Focus groups will be conducted by team members experienced in focus group interviewing techniques. A team member experienced in working with youth will conduct the sessions with at risk youth. Qualitative analysis will be completed by the Evaluation Team. A thematic approach will be used to analyze transcripts. Transcripts will be inductively coded by three independent coders. Key points and patterns will be identified and categorized into initial themes. A code book will then be developed based on these initial themes for use by coders.6

The Project Coordinator will work with the Leadership Team and newly hired Program and Clinical TA Providers to develop a set of technical assistance plans, a resource/tool repository, and a training plan with materials. The goal will be to have these plans and resources ready by the initiation of award year two. This group will work with CDC partners to identify and sub-contract with a nationally recognized training organization/individual who will oversee and deliver multi-level/multi-modal training on evidence-based teen pregnancy reduction strategies. The Project Coordinator and TA Providers will also work to develop individualized TA and Training plans for each of the Programs Clinical and Youth Service Provision Partners. The TA and Training Plans will be carefully adjusted depending on whether these partners serve primarily African American, Latino or mixed groups of youth. They will also heavily emphasize the importance of utilizing adolescent-centered approaches that account for historical barriers such as mistrust, costs of care, culturally inappropriate approaches, and inconvenience (hours of operation, lack of mobile and on-site services, etc.).

Finally, the Leadership Team, Program staff and the Evaluation Team will work to
establish a programmatic strategy for continuous quality improvement (QI) across the Program. A dedicated QI Team will be led by Drs. Greiner and LeMaster. Drs. Greiner and LeMaster are both Family Physicians working in public health who have conducted more than twenty separate quality improvement initiatives across the Kansas City metropolitan area over the last decade. Dr. Greiner has served as the Health Officer of the UGPHD for over ten years and Dr. LeMaster currently serves as the Health Officer for the Johnson County Health Department just to the south. Both are faculty at the University of Kansas Medical Center and established the school-based health center in 2013 at Wyandotte High School in downtown Kansas City, KS. By leading the QI Team, and being heavily involved in all initial training activities for partners, they will assure widespread buy-in and leadership involvement in ongoing QI. Using PDSA procedures and directly communicating and supporting partner organization “champions”, Drs. Greiner and LeMaster will assure impact and attention to program goals and objects. They will also be able to work with TA providers on adjustments and innovative strategies for those providers in need of specialized approaches for launching and accepting referrals and delivering guideline based approaches in a teen-centric fashion.

**Partnerships.** Program leadership has already identified primary clinical and youth serving partners (see signed MOAs included with this proposal). In addition, the Project Coordinator and other staff will work to identify and establish formal relationships (MOAs) with other key partners during the first six months of the award. All partners will be active in the county and have primary offices within a ten mile radius of each other. All will commit to involving at least two staff or leadership representatives to the various teams described below.

**Clinical Partners.**

In addition to Clinical Services provided by the UGPHD Title X Family Planning Clinic, **Swope Health Services** will be a primary clinical partner. This FQHC system maintains two clinics within the County. One serves a predominately African American clientele while the other services a predominately Latino population. Swope Health Services - West (SHS-West) is located at 6013 Leavenworth Road. Swope Health Services -- Wyandotte (SHS-Wyandotte) is located at 21 N. 12th Street in Suite 400. SHS Wyandotte houses the general practice Dental clinic, one of the very few dental clinics in the area that provides services through a sliding fee scale. Both sites offer comprehensive sexual and reproductive health services for youth regardless of ability to pay. They offer pregnancy testing, laboratory services, STI testing and treatment, contraceptive education and management, and gynecologic services as needed. They also provided services as legally allowed for youth seeking services without parental consent.

As a Federally Qualified Health Center, Swope Health Services (SHS) provides quality, comprehensive primary care and dental services to all age groups regardless of gender, race/ethnicity, disability, sexual orientation or socioeconomic status. SHS accepts all public and private insurances and offers services for uninsured patients through a sliding fee scale discount program, including no-cost care for those unable to pay.

**University of Kansas Medical Center (KUMC)** will a primary clinical partner. This academic health science center has large clinical operations through a Department of Family Medicine, a Department of Pediatrics and a Department of Obstetrics and Gynecology. All three of these Departments currently collaborate in various ways with safety-net clinic providers and
in direct delivery of care in the community. The Department of Family Medicine has been heavily involved in community clinical delivery, opening both a school-based health center at Wyandotte High and also a primary care facility at the KCK Children’s Center Campus in the heart of downtown KCK. The Department of Pediatrics will be opening an adjacent clinic also at the KCK Children’s Center Campus starting June 1st, 2015. The Departments of Obstetrics and Gynecology has a collaborative arrangement with the UGPHD. They receive referrals from the family planning and STI clinics as well as high risk pregnancy care. All these Departments maintain a full service clinic on the campus of the KUMC as well.

Youth Serving Partners.

The USD 500 School District is the largest school district within the county and serves over two-thirds of the geographic area on the eastern side of the county. This is by far the most densely settled and lowest income portion of the county. The vision of the Kansas City, Kansas Public Schools is to be one of the Top 10 School Districts in the Nation. The goal is that "each student will exit high school prepared for college and careers in a global society, and at every level, performance is on-track and on-time for success." The district supports five large high schools and each has a “majority minority” composition. The district provides school nurses at each of these facilities and all have some form of health education and support services for pregnant teens. High school staff members and district leadership are eager to have enhanced capacity for referring students for SRH at collaborating clinical partners. Prior experience with the Bulldog Clinic at Wyandotte High School has prepared the district for a more expansive collaboration with the UGPHD and KUMC.

The TRAIL program of Pathway Family Services, Inc. provides youth aged 17-22 the opportunity to learn what it takes to successfully transition into adulthood and live independently. Essential life skills such as how to seek and maintain employment, budgeting and financial responsibility, public transportation usage, social skills, maintaining housing, nutrition and cooking are offered. Youth are assisted in obtaining their high school diploma or GED certificate while at TRAIL as well as obtaining local part time employment whenever possible. The TRAIL residences in Kansas City, KS serve up to 16 youth adjudicated as Juvenile Offenders. In 2014, the Kansas City, KS TRAIL residence served 40 youth.

Youth Build. YouthBuild Kansas City, Kansas is a 15 month comprehensive, human development program providing education enrichment, construction skills and job training to at-risk young adults between the ages of 16 and 24. Seventy-five percent of YouthBuild Kansas City, Kansas Trainees (program participants) are either from low-income families and/or did not graduate from high school.

PACES. PACES serves children with behavioral and emotional issues (3,184 in FY 2013), out of the county’s community mental health center, the Wyandot Center. PACES provides therapy, case management, psychiatric services, psychosocial groups, parent support, parenting classes, a parent exchange and visitation center and an emergency shelter for youth. PACES is the safety net mental health provider for children, adolescents and families in Wyandotte County. PACES employs 234 staff (168 FTEs) with an annual operating budget of $13 million. PACES is the consultant for behavioral health services for USD 500, the largest public school district serving urban Kansas City, Kansas in Wyandotte County.

Community Corrections - Juvenile Intensive Supervision Probation (JISP) and Kansas
Department of Corrections – Juvenile Services Case Management (KDOC-JS) programs are administered by the Unified Government Community Corrections Department. JISP provides supervision for youth living in their own home with parent/guardian, or older youth who are living on their own. KDOC-JS custody or “case management” is for youth who have been removed from home by the Judge who has made a determination that reasonable efforts have been exhausted to maintain them in the home and that it is in the youth’s best interest to be in placement. Combined, these programs served 389 at-risk youth.

**Strengthen Youth-Serving Systems and Linking Youth to Care.** All activities with youth-serving partners will be a collaborative effort between the Program Implementation Team, The QI Team and the Training Team. As with clinical partners, the youth-serving partners will have extensive contact with the QI Team and the Youth-serving TA Coordinator. Each partner will be required to designate a “teen sexual health Champion” and “Work Group” within their organization that will oversee and implement PDSA cycles (see next section) for various referral and teen sexual health issues. They will be asked to focus on developing “near universal” referral systems for those served. The Champion will work through presentations, one-on-one meetings, and role modeling to build buy-in for referral and QI initiatives across the entire organization.

Through trainings and ongoing TA services, the QI team will work with each youth-serving partner and embedded Work Groups and Champions to initiate the following: Identify potential opportunities and staff in positions to create and improve assessment of sexual health history, appropriate referrals, and linkages to care; provide T&TA to leaders of youth-serving systems to implement teen pregnancy prevention efforts, including conducting sexual health assessments and referring and linking youth to youth-friendly SRH services provided by clinical partners; provide T&TA to identified staff who work directly with the youth in the youth-serving systems (i.e., case workers, social workers, probation officers, nurses, health education teachers) on basic sexual and reproductive health, sexual and reproductive health services provided in the community, cultural competency, adolescent development, and how to make an effective referral to health center partners; provide T&TA to implement teen pregnancy prevention evidence-based interventions (EBI) if implementation of an EBI is feasible and appropriate for the youth-serving system partner.

**Strengthen Clinical Services and Improve Quality of Care.** Activities with clinical partners will involve the Program Implementation Team, The QI Team and the Training Team. The Quality Improvement Team will work with the Clinical TA Coordinator to develop specific approaches for improving delivery and systems of care for all clinical partners. Each of these partners will be required to designate a “teen sexual health Champion” and “Work Group” within their organization that will oversee and implement QI cycles for various teen care issues. They will be asked to focus on enhancing how “youth-friendly” or adolescent-centered their operations are, from scheduling, to appointments, to billing, collection and follow-up.

Through trainings and ongoing TA services, the QI team will work with each clinical partner and embedded Work Groups and Champions to initiate the following: *Evidence-based best practices*: Same day, next day, or walk-in appointments for all adolescents; appointments available at convenient times (after school, weekends); sexual health assessment completed at
every visit; wide range of contraceptive options, including LARCs, with limited scheduling and fiscal barriers; quick start method for initiating hormonal contraception and IUDs; contraception initiation without unnecessary prerequisite exams or testing; routine STD and HIV testing with limited barriers (urine testing and mouth swabs); low- or no-cost services for adolescents; sexual and reproductive health care without requirements for parental or caregiver consent; billing systems in place for third-party payers for sexual and reproductive health care services provided; counseling areas that provide visual and auditory privacy; examination rooms that provide visual and auditory privacy.

*Training activity content (see below for methodologies):* Knowledge, skills, and attitudes toward tiered contraceptive counseling, sexual health history taking, LARC insertion, and working with youth; adolescent-centered contraceptive counseling and shared decision making where providers and youth work together to select optimal methods; delivery of culturally and linguistically competent care; strategies for increasing capacity for patient care delivery and additional youth referred from youth-serving partners; billing procedures and reimbursements for sexual health services from third-party payers; evaluation, data collection, PDSA and CQI processes.

Teams will discuss and prioritize these options and use a democratic process to decide upon the initial QI project on which to focus. They will use Plan-Do-Study-Act QI cycles in which a time-sensitive, group-selected goal (Plan) is initiated, and data is collected to observe if the goal-related activities were completed (DO). Once this is analyzed (Study), a revised Plan will be implemented at the next cycle. This QI approach has been widely used and promoted by Institute for Health Improvement and effectively improves clinical performance measures. The QI team will collect, analyze and review data every two months in clinic level QI meetings. The Champion will work through presentations, one-on-one meetings, and role modeling to build buy-in for QI initiatives from the front desk to medical records.

*System Change Approaches.* Activities described above that strengthen the services of clinical and youth-serving partners will require ongoing work with the QI Team and TA Coordinators. Much of this work is anticipated to require the involvement of health professional leaders Drs. Greiner and LeMaster in years 1-2 of the award. In years 3-5, close monitoring by the Evaluation team will assure that Work Groups continue meetings and PDSA cycle activities proceed. These Work Groups will be trained to identify and initiate new PDSA cycles independently around teen sexual health topics of greatest urgency in their specific environment. Input from the Community and Youth Advisory Boards, as well as the TA Coordinator and Evaluation Team, will improve health centers’ infrastructure and capacity for institutionalization of evidence-based guidelines and youth-friendly clinical best practices. This may include the development or strengthening of clinical standard operating procedures, the development or reinforcement of policies to ensure youth sexual and reproductive health needs are addressed at every visit, or supporting and implementing environmental changes such as extended clinic times to accommodate youths’ schedules. In addition, Work Groups will develop youth-serving systems’ infrastructure and capacity to assess and address the sexual and reproductive health needs of youth in their population, to effectively refer and link youth to care, and to ensure continuity of care. This may include the development or strengthening of policies and standard operating procedures to conduct a sexual health assessment of all youth within the system, the
development of a referral and linkage system for partnering health centers, and supporting and providing staff training on sexual and reproductive health. Work Groups will be encouraged to build the infrastructure for implementing and evaluating a referral and linkage system between health center partners and youth-serving systems, with the ability to track youth who are linked to care.

The KUMC team has experience using innovative theory-based approaches to influence health behavior among the underserved. An important part of our team’s approach will involve the novel use of evidence based strategies for changing teen behaviors. Dr. Greiner has a National Institutes of Health (NIH) funded study testing the use of implementation intentions to stimulate behavior change and cancer screening in American Indian communities in the central plains. It employs mobile technologies and touch screen computer methods. Dr. Kessler currently has a NIH R01 study to evaluate the use of theoretically informed text messaging to promote return to the health facility for antenatal and postnatal services to reduce HIV transmission in Kenya. The text messaging is integrated in a web-based system that prompts providers and patients when follow-up services are required. Dr. Kessler will use her established relationship with a Kansas City technology company to explore texting interventions to increase uptake of youth-focused SRH services and advise the T&TA team about ‘best practices’ for using text messages to communicate with at-risk teens.

The UGPHD has been using text messaging to communicate with patients via text message for nearly a year. All patients, starting in July, 2014, at registration, were asked if they would consent to receiving text messages from the UGPHD using their mobile number. Since program initiation, 31% of all patients aged 15-19 have consented to UGPHD contact via text message. A computer-based text messaging application provides the platform for these text messages. Patients cannot respond to text messages, but text messages provide the patient a return contact number to call. Patients receive text messages when they need to return to the Health Department for STI treatment, or if they need to speak to a Disease Investigation Specialist about STI testing, treatment, and/or partner services. A Health Educator may also text patients to remind them of appointments. Within this Program, the text messaging system will be used to facilitate referrals, schedule appointments, send reminders, and provide education to teens and partner staff. It also may be utilized for other purposes.

Communications and Marketing. Dr. Natabhona Mabachi is a trained communications specialist with over five years of experience conducting health communications projects in Wyandotte County. She will oversee Program efforts to develop, implement, and evaluate a focused and strategic health communications campaign aimed at three audiences: youth, parents and health center partners. Communication efforts directed at youth and parents will focus on raising awareness and knowledge of teen pregnancy and sexual/reproductive health resources. The campaign will be designed to promote the newly developed, youth-friendly services available at partner clinics; raise awareness of teen pregnancy prevention and the range of contraceptive methods, including LARC; and increase the number of youth requesting and accessing sexual and reproductive health services. Communication developed for health center partners will focus on the provision of strategies to appropriately communicate with youth to encourage trust and consequent use of services. Communication strategies will be informed by a communication and marketing framework that is anchored in the social-ecological public
health model. Strategies will take advantage of appropriate modalities including social media, text-based, interpersonal and small group communication. Activities will include the development of culturally and language appropriate marketing materials developed for health center partners, patient education materials, and parent education materials. All communication materials will be reviewed and developed with CDC partners and all will undergo audience testing with teens and parents across the county prior to dissemination. Effectiveness of communication efforts will be assessed by evaluating reach (number of target audience members reached), recall (if audiences recall the content of the information) and changes in awareness, and attitudes, and if exposure encouraged use of services.

Collaborations. The primary collaborations within this Program will be between the UGPHD and KUMC faculty. This primary relationship will add to the leadership and implementation capacity of the Program team. It will also supply targeted experience of faculty in health behavior, communications, and evaluation to impact outcomes. Secondary collaborations will be with the USD 500 School District and the Swope Health System. We expect many of our teen referrals to come from work with these partners. Other partners are described above in the Partnerships section. The Program team will also collaborate with the CDC and other awardees as necessary.

Target Populations. Teens in KCK are the target population for this Program. Because parents and all members of a community often influence health behaviors and social norms, this proposal will have components targeting the entire community. Notwithstanding, many of the interventions and clinical services in the Program will be tailored to 10-19 years, with the most intensive activity focusing on those ages 15-19.

In 2013, the Wyandotte County population was 27% Hispanic (any race), 25% non-Hispanic black, 44% non-Hispanic white, and 4% other race, with a total population of 160,601. Wyandotte County also includes a significant and expanding refugee population, since the majority of new refugees coming to Kansas are settled in the county. Wyandotte County is the eighth poorest county in Kansas (105 counties total). The 2010 U.S. Census reported that 23.9% of all Wyandotte County residents lived below the poverty line with 46% of the entire child and youth population under the age of 19 years receiving free and reduced lunches at school. Nearly one-third of the Wyandotte County population are youth (<19 years), and approximately 45% of these youth lived in single-parent homes.

Among teens aged 10-19 years, the pregnancy rate is 31.8 per 1,000 women. This is higher than the teen pregnancy rate in Kansas for the same age group (17.1 per 1,000). The United States teen birth rate for 15-19 year old females is 26.6 births per 1,000 populations while the Kansas state teen birth rate for 15-19 year olds is 29.6 per 100,000 populations. In Wyandotte County, for 15-19 year olds the birth rate is 58.6 births per 1,000 populations (53.7 per 1,000 for white, non-Hispanic females, 54.7 per 1,000 for black, non-Hispanic females, and 64.6 per 1,000 for Hispanic females). Not only is Wyandotte County’s teen birth rate higher than the national teen birth rate, birth rates among all races and ethnicities are higher than the national average.

Evaluation and Performance Management Plan

Key program partners for Wyandotte County’s work on reducing teen pregnancy include
the University of Kansas Medical Center (KUMC), USD 500, and Swope Health Services. Other secondary partners include community corrections, foster homes, and after-school programs such as the YMCA, etc. KUMC and the local FQHC will be engaged in the evaluation and performance measurement planning processes by providing staff to complete the evaluation and planning pieces of the project. Both process and outcome evaluations will be completed. Process evaluations will be conducted throughout the duration of the funding period to ensure that partners are engaged, leaders are supportive of the TPP, the TPP efforts are coordinated across the health care system, and referral systems are linked and working effectively. Outcome evaluations will be completed each year to assess progress on short term and intermediate outcomes. At the end of the funding period, distal outcomes will be evaluated. Specific goals and objectives to be evaluated are provided below (Table 1).

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>How</th>
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<tbody>
<tr>
<td>1. Supportive leadership within publicly funded health centers and youth service systems</td>
<td>Formal partnerships between UGPHD, the local FQHC, and the University of Kansas Medical Center will be established and TPP coordination between the three entities will be increased by year 1.</td>
<td>MOAs will be signed by each of the three entities by June 2015 agreeing to work together on increasing TPP services in Kansas City, Kansas. In addition, quarterly meetings will be held with required 100% attendance from each entity to discuss collaboration efforts on TPP.</td>
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<tr>
<td>2. Enhanced health care system that offers youth friendly clinical services</td>
<td>Increase health center staff knowledge about and support for TPP efforts within their system throughout the duration of the funding cycle</td>
<td>The University of Kansas Medical Center will provide the appropriate medical training for doctors and clinical providers on TPP best practices and innovations at the beginning of the award cycle and as needed for the remaining time.</td>
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<tr>
<td>3. Enhanced youth service systems integration and coordination</td>
<td>Linkages for sharing evidence-based interventions, knowledge, and communication will be put into place across Wyandotte County within the first year of award</td>
<td>Conference calls will be required for all involved personnel at least quarterly to share experiences, knowledge, and EBIs. Media campaigns will be undertaken to spread the TPP efforts to other possible interested parties such as schools.</td>
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<tr>
<td>4. Measure number of youth reached by TPP efforts</td>
<td>Use information provided by UGPHD the local FQHC to track the number of youth receiving TPP services each year (2016-2020)</td>
<td>UGPHD and the local FQHC will document each individual aged 15-19 years seen at their respective clinic receiving any pregnancy prevention service. This information will be provided to the evaluator for documentation, storage, and analysis. Analyses will be conducted quarterly.</td>
</tr>
<tr>
<td>5. Change in knowledge of and intentions to use contraception and reproductive health services among youth</td>
<td>Assess knowledge of and intentions to use contraception among youth prior to start of clinical services then again after receiving TPP information to assess change each year 2016-2020</td>
<td>Knowledge and intentions to use contraception will be assessed using a brief survey conducted in person at the time of checking in and checking out of the clinic. The patient will complete the surveys in private. The completed pre and post surveys will be transferred to the evaluator for documentation, storage, and analysis. Analyses will be conducted quarterly.</td>
</tr>
<tr>
<td>6. Number of youth who receive reproductive health services at health care center partners</td>
<td>Use information provided by the local FQHC to track the number of youth receiving TPP services each year (2016-2020)</td>
<td>The local FQHC will document each individual aged 15-19 years seen at their respective clinic receiving any pregnancy prevention service. This information will be provided to the evaluator for documentation, storage, and analysis. Analyses will be conducted quarterly.</td>
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<tr>
<td>7. Number of youth who receive contraception methods, including highly effective contraception</td>
<td>Use information provided by UGPHD and the local FQHC to track the type of contraception used by youth receiving TPP services each year (2016-2020)</td>
<td>UGPHD and the local FQHC will document each individual aged 15-19 years seen at their respective clinic receiving any form of contraception. This information will be provided to the evaluator for documentation, storage, and analysis. Analyses will be conducted quarterly.</td>
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Evaluation findings will be used for continuous program improvement and quality improvement completed by the evaluator. Survey data from teens and observations from staff
will be used to continually guide program improvement. This will include quality of clinician instruction and TPP services. Program improvement will be tracked by the evaluator and documented for other staff. Quality improvement efforts, at first, will focus on increasing collaborations between the UGPHD, Swope, and the University of Kansas Medical Center. While initial agreements have been made, more in-depth agreements will need to be put into place to insure that quality programs can be put into place for the teens. Quality improvement efforts may include but are not limited to increasing partner communication, increasing attendance at meetings, and increasing partner collaboration efforts. As time progresses, additional quality improvements may be made on the delivery of TPP services, quality collaboration between partners, and effective trainings and skills workshops.

Evaluation and performance measurement results will be disseminated in bi-yearly and yearly reports produced by the evaluator and circulated among grantee staff and the CDC. At the conclusion of the funding cycle, the analyzed data will be documented and publication will be attempted. Data provided from this research may be circulated at state and/or national conferences in the form of abstracts or posters to further disseminate findings either yearly or at the end of the grant cycle.

Outcomes and their measurements are included in Table 2. Short term outcomes, including a strong partnership, will be measured through meeting attendance documentation and number of referrals. Evidence based interventions and their quality implementation will be measured by trainings provided by KUMC and surveys and other follow-up following implementation. Information will be garnered from youth attending the clinic for services on their perceptions, knowledge, and experience. This information will be used to improve upon the services offered and the manner in which they are offered. This will help in reaching intermediate outcome measures.

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<th>Table 2. Approach and corresponding measurements</th>
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<tr>
<td><strong>Short-Term Outcomes</strong></td>
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<tr>
<td>1. Support and maintain an active key partnership team</td>
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<tr>
<td>2. Leaders are supportive of the teen pregnancy prevention (TPP) initiative within their systems</td>
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<tr>
<td>3. Leaders are engaged and committed to implementing the TPP initiative</td>
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<td>4. Leaders have dedicated staff time or other resources to the TPP initiative; TPP efforts are coordinated across systems</td>
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<td>5. Collaborative network with other health care services</td>
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Table 3 (see appendix) provides information on the process, short term, and intermediate performance measures and how measurement will occur. Again, documentation of meetings, attendance, and respective affiliations will be used to determine the quality of partnership. Resources provided will be documented as will a listing of all collaborators and system links (including referring entities). The type and number of trainings provided by KUMC on evidence-based interventions and youth-friendly services will be documented and assessment of training recipient implementation will be measured. Youth surveys will be conducted to determine their satisfaction with newly implemented evidence-based interventions and youth-friendly services such as walk-ins and after school hours. Outreach efforts will be implemented to encourage referrals from other sources in Wyandotte County such as from child protective services, juvenile detention centers, and schools. Advertising will
be conducted to increase awareness of reproductive services provided to youth in Wyandotte County and to encourage use by youth.

Table 4 details the work plan to be undertaken to best provide TPP services to the youth of Wyandotte County. Each of the four main project outcomes (youth are reached by TPP efforts, youth show increases in knowledge of and intentions to use contraception and reproductive health services, more youth receive contraception and reproductive health services at health care network partners, and more youth receive highly effective contraceptive methods including highly effective contraception) are followed by an outcome measure, strategies to complete each outcome, and process measures. A strategy from each of the six strategies and outcomes listed in the FOA is provided in the work plan for each project outcome. Main process measures include completion of a needs assessment documenting the community needs and demographics, documentation of partner agreements, documentation of implementation of youth-friendly services, implementation and documentation of receipt of educational training by clinic staff, a count of referrals received, and utilization of social media and education documents to increase awareness of teen reproductive services offered.

<table>
<thead>
<tr>
<th>Table 4. Work plan</th>
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<tbody>
<tr>
<td><strong>Project period outcome:</strong> Youth are reached by TPP efforts</td>
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<tr>
<td>Strategies/Activities</td>
</tr>
<tr>
<td>1. Complete needs assessment that contains information on the current knowledge of teens in Wyandotte County concerning the range of contraception available</td>
</tr>
<tr>
<td>2. Partnership team established between the UGPHD, KUMC, local FQHC, and other local organizations</td>
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<tr>
<td>4. KUMC will provide training assistance to partners to increase awareness and implementation of EBIs for TPP activities</td>
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<tr>
<td>5. Develop youth serving systems that can easily refer from one system to the other</td>
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<tr>
<td>6. Develop and implement health communication efforts</td>
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<tr>
<td><strong>Project period outcome:</strong> Youth show increases in knowledge of and intentions to use contraception and reproductive health services</td>
</tr>
<tr>
<td>Strategies/Activities</td>
</tr>
<tr>
<td>1. Complete needs assessment that contains information on teens' knowledge of sexual and reproductive health services and current use of contraception</td>
</tr>
<tr>
<td>2. Partnership team established between the UGPHD, KUMC, local FQHC, and other local organizations</td>
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<tr>
<td>Practices</td>
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<td><strong>Project period outcome:</strong> More youth receive contraception and reproductive health services at health care network partners</td>
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<thead>
<tr>
<th>Strategies/Activities</th>
<th>Process Measure</th>
<th>Responsible Position</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complete needs assessment that contains information on teens’ current use of contraception and where they receive care</td>
<td>1. Needs assessment document completed six months after award</td>
<td>Program Staff Team</td>
<td>Jan 2016</td>
</tr>
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<td>2. Partnership team established between the UGPHD, KUMC, local FQHC, and other local organizations</td>
<td>2. MOUs/MOAs signed two months following award</td>
<td>Leadership Team</td>
<td>Aug 2015</td>
</tr>
<tr>
<td>3. Implement youth-friendly clinic best practices</td>
<td>3. Sexual health assessment done at each visit</td>
<td>QI Team (Greiner, LeMaster)</td>
<td>June 2016</td>
</tr>
<tr>
<td>4. KUMC will provide training assistance to partners to increase awareness and implementation of EBIs for TPP activities</td>
<td>4. Documentation of trainings and attendees for each EBI held</td>
<td>Training Team</td>
<td>Entire Award Period</td>
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<tr>
<td>5. Develop youth serving systems that can easily refer from one system to the other</td>
<td>5. Number of referrals received</td>
<td>Program Staff Team</td>
<td>June-Dec 2016</td>
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<tr>
<td>6. Develop and implement health communication efforts</td>
<td>6. Utilize social media to increase TPP awareness</td>
<td>Communications Team (Mabachi)</td>
<td>Entire Award Period</td>
</tr>
<tr>
<td><strong>Project period outcome:</strong> More youth receive highly effective contraceptive methods including highly effective contraception</td>
<td><strong>Outcome measure:</strong> Percent of youth receiving highly effective contraception seen by TPP providers increases by 50%</td>
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**Organizational Capacity of Applicants to Implement the Approach**

Unified Government Public Health Department of Wyandotte County, Kansas City KS

The Unified Government Public Health Department (UGPHD) promotes healthy and a safe environment by providing a host of services that range from promotion of healthy behaviors to diagnosing, investigating and preventing infectious disease outbreaks and environmental hazards in the community. The services of the Health Department have changed over time to adapt to the current and future needs and provide the preventive measures necessary to help protect the community’s health. As a department within the Unified Government of Wyandotte County/Kansas City, Kansas, the Health Department is under the authority of elected officials and the County Administrator. Its' activities are funded by local taxes and state and federal dollars, as well as patient fees and donations.
The UGPHD is part of a community-wide system of safety net clinics which collaborate daily to provide high quality health care to lower income clients. In 2013, the UGPHD provided reproductive health services for 4,930 patients. UGPHD services include: immunizations, communicable disease surveillance, TB testing, Emergency Preparedness, refugee health services, Family Planning/Prenatal, WIC, STD/HIV testing/counseling and partner services, child care center licensure evaluations and complaint investigations, Environmental Health/Inspections and a Department of Air Quality.

The UGPHD has a history of providing family planning services intended to reduce barriers to contraception. Family Planning Program: The Family Planning clinic has been providing reproductive health care to the citizens of Wyandotte County since the early 1970's. The Family Planning Program is classified as a Title X recipient, where reproductive health services can be offered to adolescents without parental consent. The Family Planning clinic provides individuals with the information and means to use personal choice in deciding the number and spacing of their pregnancies. In order to accomplish this, clinical and/or counseling services are offered to clients that include: birth control methods, including Long Acting Reversible Contraception (LARC methods), STD testing, education and prevention; pregnancy testing; and Well Woman Exams. Services also include adolescent counseling on contraceptive options and education regarding choices; LARC use as first line strategy following ACOG/AAP guidelines; and contraceptive payment structure that provides a sliding fee scale for LARC devices and insertion, as well as manufacturer patient assistance programs for free LARC devices. Individual and community education services are offered to promote understanding about human reproduction, sharing of family planning responsibility, effective use of contraceptive methods, and the use of family planning program services. Prevention of unintended pregnancies and their possible social consequences (child abuse and neglect, domestic violence, interruption of teen education, poverty, divorce, etc.) are the first concerns of the Family Planning Program.

The UGPHD is heavily involved in school-based service provision. Ashlee Folsom MA and Jennifer Allen LBSW have been integral to the development of the school-based health center clinic at Wyandotte High School. One or both of these individuals are there on a weekly basis working with Drs. Greiner or LeMaster. Nearly 100% of teens seen in the clinic, even if being seen for routine or urgent needs (sports physicals, sore throats, etc.), is seen and educated by UGPHD staff. Same day appointments at UGPHD are offered and arranged. Urine samples are collected on site at the school based clinic for STI testing at the UGPHD lab. A protocol for rapid start contraceptives has been developed and implementation will begin promptly.

Work Plan

All work plan activities will be conducted with the goal of decreasing teen pregnancy in Wyandotte County, KS through increased awareness, training, communications, remote and on-site technical assistance, and sustainability planning. The overall goal is widespread dissemination and implementation of evidence-based interventions (EBIs) known to reduce teen pregnancy. The program supports the dissemination and use of important CDC guidelines and recommendations, including the Quality Family Planning Services Recommendations, US Selected Practice Recommendations for Contraceptive Use (SPR), and US Medical Eligibility Criteria for Contraceptive Use (MEC). All partners and the Program Team will work to maintain
a partner, teen and provider-centric approach, tailoring trainings, communications, tools, and assistance to the desires and needs of those implementing or receiving quality improvement initiatives. The entire Program Team have extensive experience using community-based participatory research methods and customized health promotion programs that fit the needs of specific communities and organizations. To fulfill objectives, our work plan will require development of an Administrative structure, a Training program, and a Sustainability initiative. This Administrative, Training, and Sustainability (ATS) approach reflects directly onto the elements of the Evaluation and Performance Management Plan described above.

**Administrative Structure.** The Administrative structure of KCEDPI requires assembly of four groups. These groups are the Leadership Team, the Evaluation Team, the Project Staff Team, and the Communication Team. These teams and their membership have been configured within the proposal’s budget (see Budget Narrative). Any overlap of team membership or responsibilities is reflected in budgetary considerations.

**Leadership Team.** The Leadership Team serves to assemble, sustain and expand the partnership that will facilitate teen pregnancy reduction across the target community. The Team will be composed of the Unified Government Public Health Department (UGPHD) and KUMC team members with experience in health promotion and SRH work and key designees from other partners as necessary. The Team will meet weekly by phone for the first three months of the project and monthly throughout the five-year award. Televideo and face-to-face meetings will be utilized whenever possible.

The Leadership Team (LT) will be responsible for assuring the Evaluation Team and Project Implementation Teams are meeting as proposed and achieving objectives. They will be responsible for assisting with the development of all training materials and programs. They will advise on and review all communications materials developed. They will plan and recruit new partners to officially join the Program. The LT will review requests for resources, including tools, materials and/or TA from health systems. The LT will interface with the staff and entities making these requests as necessary and will discuss and refine specific tools and protocols at least annually. This annual review will assure that methods for dissemination and implementation are maximized and as up-to-date as possible given the changing health care delivery landscape. Finally, the LT will oversee and review WCTPRP sustainability plans and strategies. This will include partnership development with larger health systems or governmental entities as appropriate.

The Leadership Team will be chaired by UGPHD leaders and staffed by members of the Project Staff who will develop monthly agendas, keep minutes and follow-up on assignments made at each meeting. KUMC faculty will play a key role. Although UGPHD leadership will have final decision making authority, the LT will provide the principal forum for discussions of new partnership opportunities and membership. Recommendations and proposals for new partners will be reviewed by the LT and new entities will be asked for additional details and proposal refinement. Members of the LT will be encouraged to identify opportunities themselves and from their contact with community connections and organizations. The Leadership Team will also provide an important venue for discussing and reaching consensus on how to solve operational problems that may arise involving more than one unit within the WCTPRP.

**Evaluation Team.** The Evaluation Team will be made up of KUMC LT members and
UGPHD staff. This Evaluation Team (ET) will be charged with planning, implementation and analysis of measurement and data collection throughout the award period. The group will be led by Dr. Satterwhite, an experienced public health professional and researcher. She will lead ET meetings and be responsible for any final decisions should the team fail to reach consensus.

The ET will meet monthly for the first four months of the award and quarterly thereafter. Meetings will be staffed by members of the Project Staff who will develop monthly agendas, keep minutes, and follow-up on assignments made at each meeting. The ET will assist in development and review of all survey materials. They will advise on development of interview guides and interview questions. They will review all online resources such as REDCap forms and other tools to be used for data collection. They will advise Project Staff on database development and oversee all analysis plans. Summary statistics from partners such as KDHE and the state Medicaid program will be reviewed biannually. Preliminary reports and summaries produced by staff will be reviewed and finalized only after input from the ET has been integrated. Breakout sessions at the Annual Meeting will be used to review and revise the overall evaluation plan for the WCTPRP. Changes will be implemented as necessary.

**Project Staff Team.** The Project Staff Team will be comprised of UGPHD staff (see Budget Narrative). Additional members may be added from partners if possible (USD 500, Swope). These meetings will occur weekly throughout the award period. They will be led by Ms. Folsom, an experienced project manager who has overseen several new SRH initiatives in Wyandotte County. Members of the Project Staff team will develop weekly agendas; keep minutes and follow-up on assignments made at each meeting. The primary objective of these meetings is to assure that all program components are appropriately organized, made ready for implementation and implemented in line with programmatic milestones.

Weekly meetings will review involvement of partners in LT activities and resource dissemination. Communications development will be planned and initiated. Outreach to clinics, and youth-serving organizations will be reviewed regularly. Online REDCap forms will be outlined, built and shared until complete and launched for use by partners. Evaluation procedures, including surveys, interviews, and data requests, will be planned and discussed at least monthly. Summary data analysis and draft reports will be developed and reviewed in weekly meetings.

**The Communications Team.** The Communications Team (CT) will be led by Dr. Mabachi and made up of KUMC faculty, UGPHD staff, and a community designee. This Team will meet quarterly and will be charged with development and procurement of various media required for WCTPRP activities. Where possible, already developed messages, artwork, print and computerized materials will be requested and reviewed for use within WCTPRP. In some cases existing local and regional materials will be adapted with permission. A small number of new materials will be developed by Project staff with input from the community and the LT. These will include development of a program logo, preparation of pieces to be presented within the WCTPRP website, social media materials, posters, brochures, a biannual newsletter, appointment cards, t-shirts, letterhead, etc. The CT will assist in development of training materials for use within the Training Program. At each quarterly meeting, the CT will review new requests for technical assistance that have been received by Project staff. In this review they will identify opportunities for use of communications materials by members requesting technical assistance. Over time, the CT will develop a longitudinal tracking instrument for
assessing and evaluating the use of communications specific to TPP among all WCTPRP partners and members (see evaluation above). Although no formal evaluation of the salience, relevance, and reach of communications materials will be conducted, annual surveys of teens and partners will touch on perceptions of the WCTPRP communications strategies. Results will be reviewed by the Communications team and annual adjustments and new approaches will be adopted as appropriate.

**Training Program.** The WCTPRP Training program will be developed and implemented by the Project Staff Team. Final decision making on all Training program elements will be the responsibility of the LT. Previously tested and targeted materials will be utilized whenever possible. All approaches will be organized to meet the needs of trainees with a primary goal of reducing knowledge gaps around evidence-based approaches for reducing teen pregnancy. In some cases novel materials or specifically tailored content will be produced if needed to meet the needs of partners. Project staff will pilot test any newly developed materials in community and/or clinical settings prior to dissemination to assure appropriateness and cultural fit of all training resources. The overall goal of the Training program is to dramatically raise awareness and knowledge of TPP and facilitate referrals. It should also lead to quality improvement programs for clinical partners.

Varied activities will be a part of the training program. Whenever possible, interactive activities will be interwoven into all forms of training as these have been described as preferable. New delivery methodologies may be adopted as necessary. Teleconferences, quarterly webinars, online tutorials, and regional continuing education events will all be offered.

**Teleconferences.** Teleconferences will be thirty minute didactic sessions followed by thirty-minute question and answer sessions. They will be conducted monthly for months 6-9 during the 1st and 3rd years of the award and quarterly in all other years. This will allow for intensive training during initial phases followed by maintenance trainings. Topics will include the following; development of teen-friendly approaches, LARC implementation, quality improvement initiatives in health care and primary care, information technology and use of automated referrals and reminders in health care, the use of practice facilitators and outcomes measurement, and tools available for quality improvement initiatives. All training initiatives, including teleconferences will be evaluated with brief pre and post-assessments for participants.

**Quarterly Webinars.** Quarterly webinars will be educational events intended for larger audiences than those expected for teleconferences. These will launch in the first quarter of the award and continue through year five. Most webinars will be developed by Project staff and the LT. The objective will be to have Kansas specific data, but webinars may also deliver or describe programs developed by national agencies and organizations. If possible, one-quarter of these webinars will be connected to larger initiatives such as federal programs supported by the Health Services and Resources Administration, CDC, and others. LT members with experience in cancer screening promotion and research or in quality improvement may lead some of these webinars. Best practices or case study exemplars may be asked to participate and provide guidance on lessons learned.

The Communications Team will develop materials, messages and strategic marketing
plans to recruit attendees for these webinars. These will be widely disseminated to Listservs and contact lists of the varied organizations submitting letters of support for this proposal. As described above, all trainings will be evaluated with brief pre and post-assessments for participants. Continuing education credits will be offered to medical, nursing and mid-level providers as requested. Staff will track participation and follow-up with participating practices, providers, and others using an online discussion forum and social media platforms.

**Online Tutorials.** A series of online tutorials will be developed by Project staff under oversight of the LT. These will be available to partners and others on request. They will require a registration on the WCTPRP website and secure sign-in. These will provide an on-demand training resource for a broad range of those affiliated with partners and Continuing education credits will be offered to medical, nursing and mid-level providers and the availability of these credits will be specially marketed through an approach reviewed by the Communications Team. The tutorials will touch on a range of topics, often in alignment with topics covered in Teleconferences. Additional depth may be offered in tutorials and each tutorial will be accompanied by an online quiz. Trainees will be required to pass these quizzes at an approximate 85% correct rate in order to complete sessions and receive continuing education credits from WCTPRP.

**Sustainability.** The fourth work plan component to be achieved within WCTPRP is the Sustainability initiative. The LT and Project staff will work carefully in all Training activities to work toward independently supported changes that deliver high rates of LARC use to targeted populations. The LT will be responsible for assuring that this is accomplished. As within other program components, the Team will rely on tested strategies for achieving sustainability. Organizations such as the Institute for Healthcare Improvement have reviewed tested approaches for development of system changes that are self-sustaining. By focusing on sustainability early and often, and across the LT, Evaluation Team and Project Staff Team, we believe this objective is reasonable and a highly responsible approach.

Using materials available from national quality improvement through leaders; we will prepare and utilize a “sustainability toolkit” across the LT, Evaluation Team and Project Staff Team. This toolkit will be developed and assembled by Project staff under the supervision of KUMC faculty. All members of the LT, Evaluation Team and Project Staff Teams will receive digital copies. A half day “retreat” will be scheduled at approximately month six in year one of the award. The retreat will serve as a venue for discussion and active work on the development of a WCTPRP sustainability plan. This plan will specify roles, responsibilities and a timeline for achieving sustainability of TPP initiated through WCTPRP. A logic model will be developed specifically for WCTPRP’s sustainability activities. Project staff will assure that these activities are reviewed biannually in LT meetings. Reassigments and changes in strategy will be adopted as necessary.
BUDGET NARRATIVE

KUMC Sub-Contract

KEY PERSONNEL

K. Allen Greiner, MD, MPH, Principal Investigator: Dr. Greiner is a Professor and Director of the Family Medicine Research Division. He has extensive experience conducting clinical research and public health projects on a number of disease topics and has directed several large studies specifically looking at interventions for preventing teen pregnancy. He uses community-based participatory research methods with minority populations regularly as part of his programming. He has extensive experience working with clinics and many underserved communities within Kansas and the urban neighborhoods of Kansas City, and his role as Medical Officer for the Unified Government Public Health Department (UGPHD) has prepared him to lead efforts to address a range of health disparities for minorities and low-income populations. He currently leads the community engagement program (the Community Partnership for Health) within the KUMC CTSA. His projects on health behavior change have employed innovative testing of theory and emerging constructs. His role on this project is to oversee and coordinate KUMC activities. He will serve on the Leadership Team and lead Quality Improvement activities with Dr. LeMaster. He will assist in recruiting new organizational partners to the network. He will provide direct training as needed and link WCTPRP to the University of Kansas Hospital and clinical partners. (5% FTE in all years)

Joseph LeMaster, MD, MPH, Co-Investigator: Dr. LeMaster is a Family Physician and public health professional. He helped found the Wyandotte High School School-based health center with Dr. Greiner. He spent ten years working as a physician and public health professional in Nepal and leads several projects promoting health among refugee communities. He is the Health Officer for the Johnson County Health Department, which serves the southern Kansas-side portion of the greater Kansas City metropolitan area. He has extensive experience with quality improvement initiatives and has served as the principal investigator on several studies that use practice facilitation with primary care practices working within the American Academy of Family Physician National Research Network. For this project he will serve on the Leadership Team and oversee Quality Improvement activities with Dr. Greiner. He will assist in recruiting new organizational partners to the network. He will provide direct training as needed (5% FTE in all years)

Sarah Finocchiaro Kessler, PhD, Co-Investigator: Dr. Kessler is a public health researcher with extensive experience conducting interventions for at risk pregnant women with HIV. She is an Assistant Professor of Family Medicine at the University of Kansas Medical Center. She
currently has a National Institutes of Health funded study employing the “HITSystem program” to deliver text messages to pregnant women and reduce fetal HIV transmission in several African countries. For this study, she will provide guidance in the design, implementation and evaluation of training, quality improvement and technical assistance components of the overall program. She will oversee development of the text messaging intervention components to be used with adolescents. She will serve on the Leadership Team and Training Team. (20% FTE in all years)

**Natabona Mabachi, PhD, Co-Investigator:** Dr. Mabachi is a Health Communications specialist who has experience conducting health promotion campaigns in low-income communities. This includes programs targeting teens and Latino populations. She has experience in qualitative methods and will lead focus groups and focus group qualitative data analysis. She will lead all Program communications activities and lead the Communications Team. She will work closely with the Program Staff Team to determine preferred communication content for primary materials and text messaging strategies. (20% FTE in all years)

**Catherine Satterwhite, PhD, Co-Investigator:** Dr. Satterwhite is an Assistant Professor in Preventive Medicine and Public Health at KUMC and serves as a key faculty for linking the department to county health departments across Kansas City. She has extensive experience working on projects addressing sexual and reproductive health in underserved communities. She was previously engaged in these works at the Centers for Disease Control and Prevention in Atlanta. Prior to that time, she completed her doctoral degree in Epidemiology at Emory University. She has worked on several prior projects with the Unified Government Public Health Department and has evaluated their sexually transmitted disease programs. For this project she will lead the Evaluation Team and serve as the Lead Evaluator. She will also serve on the Leadership Team and work closely with all KUMC faculty. She will contribute to training activities (51% FTE in all years)

**Salaries and Wages Table**

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<th>Name</th>
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<th>Year 1 Months %</th>
<th>Year 2 Months %</th>
<th>Year 3 Months %</th>
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*2% annual cost of living increase has been built into the larger budget for years 1-5.

**Fringe Benefits**

Fringe is calculated at a rate of 32%.

**CONSULTANT COSTS**

N/A

**EQUIPMENT**

N/A

**SUPPLIES**

N/A

**TRAVEL**

N/A

**OTHER**

This project requires specific communications activities. These will be designed by Dr. Mabachi with input from the community and teen advisory boards. Costs will cover graphic design costs, printing and print media production. In addition, Dr. Mabachi will contract for development of a project website and social media campaign communications. Costs per year are estimated as follows.

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**CONTRACTUAL COSTS**
N/A

TOTAL INDIRECT COSTS

KUMC’s current indirect cost rate (F&A) is 33%. Our cost rate agreement is included in the proposal.

SUB-CONTRACT TOTAL

The total sub-contract budget for our services annually plus indirect cost is as follows:

<table>
<thead>
<tr>
<th>Year 1</th>
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