Public Works and Safety Committee
Standing Committee Meeting Agenda
Tuesday, January 19, 2016
5:00 PM

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

Name	Absent
Commissioner Melissa Bynum, Chair	☐
Commissioner Harold Johnson	☐
Commissioner Mike Kane	☐
Commissioner Angela Markley	☐
Commissioner Jane Philbrook	☐
Jeff Bryant, BPU Member	☐

I. **Call to Order/Roll Call**

II. **Revisions to January 19, 2016 Agenda**

III. **Approval of standing committee minutes from October 26, 2015.**

IV. **Measurable Goals**

Item No. 1 - MEASURABLE GOALS: EMERGENCY MANAGEMENT SERVICES

Synopsis:
Presentation and discussion of goals for Emergency Management Services, presented by Matt May, Emergency Management Director.

Tracking #: 157

V. Committee Agenda

Item No. 1 - PROPOSED REVISIONS: COUNTY EMERGENCY OPERATIONS PLAN

Synopsis:
Request approval of proposed revisions to Section ESF 8 - Public Health and Medical Services of the County Emergency Operations Plan (CEOP), submitted by Matt May, Emergency Management Director.
Tracking #: 15342

Item No. 2 - PRESENTATION: CANDIDATE PROJECTS FOR 2016 FEDERAL AID TRANSPORTATION GRANT

Synopsis:
Presentation of candidate projects for the 2016 Federal Aid Transportation Grant application process through MARC, submitted by Bill Heatherman, County Engineer. Funds to support the local share and costs for these projects are currently set aside in the CMIP. Grants are for projects to be constructed in the 2019-2020 timeframe.

For discussion and information only.
Tracking #: 153

Item No. 3 - POLICY: STORMWATER ENHANCEMENT PROJECTS

Synopsis:
Presentation and discussion on the Stormwater Enhancement Projects Policy, submitted by Bill Heatherman, County Engineer.

For discussion and information only.
Tracking #: 154

VI. Public Agenda

VII. Adjourn

PUBLIC WORKS AND SAFETY
STANDING COMMITTEE MINUTES
Monday, October 26, 2015

The meeting of the Public Works and Safety Standing Committee was held on Monday, October 26, 2015, at 5:04 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Bynum, Chairman; Commissioners Johnson, Kane, Philbrook; Commissioner Townsend for Commissioner Markley; and BPU Board Member Jeff Bryant. Commissioner Markley was absent. The following officials were also in attendance: Gordon Criswell, Assistant County Administrator; Ken Moore, Interim Chief Counsel; Terry Zeigler, Chief of Police; Rob Richardson, Director of Urban Planning & Land Use; Chris Cooley, DOTS-GSS; and Wilba Miller, Community Development Director; Mike Tobin, Interim Director of Public Wroks.

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

There were no minutes to approve.

Chairman Bynum said we are moving Item No. 3 under the Committee Agenda to the top of the order and then we will go back to the regular order in your agenda packet.

Committee Agenda:

Item No. 3 – 1582…REQUEST: HONORARY STREET NAME

Synopsis: A communication from members of the Evangelistic Center Church, 1800 Washington Blvd., requesting an honorary street name designation at 6th Street and Quindaro Blvd., in honor of Rev. Willie C. Vaughn, Jr., submitted by Lideana Laboy, Public Works/Traffic. (Sign to read: Rev. W.C. Vaughn, Jr. Ave.) On September 28, 2015, this item was presented to the committee and it was voted unanimously to hold over until October.

Bill Heatherman, County Engineer, said we do have this item tonight. It's been a discussion item that was held over related to our honorary street naming process. I believe that primarily the

item before us that there is some discussion amongst the community about some items related to the proposal to have an honorary street name at this location. What I might do is allow you all to ask me some questions that you have about the application and then I believe that some folks from the community are here also to speak tonight. Mike Tobin is going to go ahead and hand out the policy that we have related to honorary street name signage request so if any of the conversation tonight relates to the policy, we can address that.

Chairman Bynum said I will tell you that just to back up a little bit for historical purposes, in August when we were looking at the agenda for the August standing committee meeting this was the only item. We did not feel that was a good use of public resources to call the committee and have staff here for one agenda item so we did not hold an August Public Works meeting. Then in September when the item was again on the agenda this committee tabled it for one month because we had a commissioner in the district that had questions and concerns about this particular honorary street naming. I have a couple of questions about the process so I will ask those but I would allow Commissioner Townsend, if you like, to state your position and then I just have a couple of questions about the process itself.

Commissioner Townsend said I attended the the last monthly meeting of the standing committee to speak with the representatives of the Evangelistic Center because it had come to my attention that the request for the street naming did not seem to comport with the guidelines that have been set out. Here's what happened apparently sometime in July, August, the congregation of Faith Lutheran Church, who is one of the churches in the neighborhood and has been there since the late 50's, their congregation received a letter from Evangelistic Center with a petition, maybe one or more letters, but there was a letter that they received saying if we want to rename the street, they gave the reason, and if you agree with this return it to and it named whoever the sender was. The Faith congregation did not agree with the renaming, they felt that the church had essentially abandoned that area of the city even though apparently that's where the church was originally founded so they did not return it. It came to my attention that this was on the agenda and I wanted time to explore why it was on the agenda when it did not appear to conform with the guidelines and I believe these are the same guidelines that have been passed out just a few minutes ago. It says if the renaming, and they're talking about the honorary street request is to be

for a church, as in the case, or a pastor and the street section has other churches along it the petition must be signed by 100% of the churches so that first requirement has not been met.

I also expressed my concern as the in-district Commissioner with a 6th & Quindaro area because there were several plots of land along that strip that are owned by Evangelistic Center and quite frankly the condition of them is something that we would ask Code Enforcement to look at it or send letters to people to cut. We've got crumbling retaining walls, and overgrowth, trees, bramble bushes, now there is some grass cutting that's going on, but I get calls and complaints from neighbors that live on the southwest corner about the condition there. As the in-district Commissioner I have some concerns and reluctance to go along with this.

After the last committee meeting here I think on the 28th or the 25th, something like that in September other groups, neighborhood groups in District 1, in that immediate area saw the broadcast and also expressed their desire not to have the street renamed because it's something that went back related to the Peregrine Falcon and Dunbar development in that area and that's all I know about that so I've made those individuals aware of the meeting tonight and they can come.

One of the things that I think this gives us an opportunity to look at is some changes I would like to see made to the current guidelines. Not only do you need 100% of the churches if you're talking about a street naming, but it says 51% of landowners or tenants on properties adjacent to the section of street that is to have the honorary naming, they must sign the petition as well. I'm not sure how we're classifying what is adjacent because I get so many complaints about the southwest corner heading south on 6th St. from people who live across the street. I think that address is more like 605 Quindaro, 607 Quindaro. The actual renaming was across the street. There are actually several corners with the identity of 6th & Quindaro. My concern is that our procedure and policy take into account those people who actually live and reside in the area and make sure that they have ample time and opportunity to be notified of these street renamings and to have their opportunity to have a say. In this case, where the church knew about it and had an opportunity to express their position, they did not agree. Quite frankly, I think this would be a great opportunity for the church to maybe refocus their energies on maybe not the renaming right now, but to make that area look more honorable so that maybe there's something in the future that can be done that can persuade the current people who live there, who worship there, that the renaming may be okay.

The other hurdle, of course, I said is the neighborhood group. We have to look at what the plans were, commissions and boards may have been involved with it at some point or other predecessors with regard to renaming that same stretch of street Dunbar-Peregrine. Those were the comments and that's why I had asked that this be deferred from last time to communicate that information to the Evangelistic Center. Also, like I said, I would love to see changes made in the guidelines so that not only how does this read, the in-district commissioner, I guess, as currently is, the Public Works or the requestor can go to Public Works or the in-district commissioner. I believe it should be not only Public Works but also the in-district Commissioner. The in-district Commissioners are the ones who should know what's going on in the community as well as neighborhood groups in the community because here you have a request coming from out of the district that the renaming petitioner resides in and that makes a big difference.

Commissioner Johnson said I've been pondering this for a while. As I've now gotten the information about what's been going on it appears to me that we have—I would agree with Commissioner Townsend that we have some internal things that may need to be reviewed. To the best of my understanding the representatives from Evangelistic Center to the best of their ability have tried to comply with the requirements that have been provided to them to the extent that they were not expecting there to be any problems apparently given from what I've read by our own Public Works Department. When we pushed the item back the other day there was some confusion as to what was going on because to the best of their knowledge they've done everything that the UG has requested. Now at the eleventh hour we find out that there is other information, other organizations that have an interest in that and the information seemed to me, my own personal opinion, is that came in late in the process. I understand now, my first initial thought was because of the fact that they've relocated that maybe they should look at a site that was closer to their current location, which is in my district, but I understand also the history of the church and that they've got their start down at 6th & Quindaro and for that reason I understand why they have the rationale to move or to put the sign the down there. I'd like to see it go forward to the full Commission, that's my take on the matter.

Commissioner Townsend said let me just make something clear so that I hope everyone will appreciate this is not an eleventh hour situation. The policy reads that the petition must be signed by 100% of the churches. That never happened, that never happened. The reason that the

Evangelistic Center did not know about Faith Lutherans contest is the letter that Faith Lutheran received from the Evangelistic Center which said if you agree with this, send it back. They did not agree, they did not send it back, that was back in July, August sometime. We cannot infer or assume that the neighborhood or the church or whatever group is called for here agrees if we don't have that agreement that in writing, that's what the process calls for. I do regret anytime that Ms. Chinn of the Evangelistic Center may have lost, but this is what our policy has always said so it's not an eleventh hour.

The other thing, as I said, the area needs to be made to look honorable. They want to honor their founding father, I get that; but if you drive by there it does not look honorable. When this Commission, we go through budget, we ask, I asked specifically, Commissioner Kane supported it, the rest of the commissioners supported taking money out of the budget to cut down weeds to keep our lots done. It is not unreasonable to ask property owners, whoever they are, to take care of their property. That's the real honor here. In a months time since I've that made that known there's been no activity around there to chop down the weeds, it looks the same as it did a month ago. These are the types of things that I believe would sway those people who live there, who worship there, to say well, you know, maybe they do care about this area instead of merely changing a street sign. I just want to make that clear.

BPU Board Member Bryant asked does the party that's requesting this receive a copy of these guidelines **Mr. Heatherman** said yes, they generally should. **BPU Board Member Bryant** said and as far as verifying that all of these stipulations have been met is the ownest on the party requesting or the UG to verify. **Mr. Heatherman** said we provide these guidelines so that the party requesting can do most of the legwork to make sure that everything works out. We don't do a lot of second party verification. **BPU Board Member Bryant** said so they knew that they needed 100% of the churches agreement around and there's no verification done at the last minute to make sure before the application is brought to the standing committee.

Mr. Heatherman said let me just address a little bit of the context. These often are not controversial. I mean by their very nature there intent is to honor people in the community. We don't get a lot of them every year. The policy in general has kind of just flowed in the past. You know hindsight being 20/20 might there have been a warning sign or two that would have caused us to pull this or suggest a meeting offline to get everyone together, in retrospect that's probably

what we'd do if we noticed that there were some misfires on this. It's typically not the role of the Public Works Department to tell the Commission whether or not someone should be honored and where they should be honored. These guidelines are kind of here to just try to make sure there's some due diligence before they come and if we missed a step, you have my apologies, but I think in general what's really here is that there is still a desire to do something but there is also some disagreement about what that something should be and what the context should be so whether the policy could have prevented us from getting here or not I think ultimately it is for the Commission to determine how you want to honor the individuals involved.

Commissioner Philbrook said okay so no pointing fingers, just requests for the future is that if we have—this is just coming from me I'm not speaking for the whole Commission, I'm just talking for me. If we have some guidelines like this and if we're asking people to do certain things I would ask that they provide those things so they're included in the information we receive so we know they've met the guidelines. That would be something that I would ask for. I agree with Commissioner Townsend adjacent, what exactly does that mean. Is that like in Planning and Zoning within 200 ft. I mean what is that? Don't know. We don't have—I see that look, he's look oops I asked a question that I shouldn't have asked. **Mr. Heatherman** said I guess what I would say is if we need to be technically precise adjacent means adjacent to the right-of-way of the street in question. Unlike Planning and Zoning though we're not intentionally trying to bring resolution to a highly controversial item so if we had an awareness that somebody kind of adjacentish was concerned we would encourage the parties to sit down and kind of visit about a good win-win. We will try to mindful of that going forward. I believe the spirit of adjacent is are they immediately next to the right-of-way or when you stand out there and look at it you would say well, that's a pretty significant neighbor to this renaming, you know we would want to know what they think.

Chairman Bynum said a couple of my questions have been addressed, but I think what I would like to see and given that no we don't see very many of these on an annual basis and we don't expect there to be a pushback or controversy around them, but as a matter of policy I would like to see a couple of things when they do come forward. When they are applied for I would like to ask that district commissioner be made aware. I do think that's a part of what has gone on here. This would again, had we held that August meeting; this would have likely been approved and

we would've moved on with the show but being that it's held for a month it had more time for attention to be given to it and I think that's been frustrating for the church. If we just include in our policy and procedure that if and when an application like this comes forward that the district commissioner be made aware of it, then that solves that problem right off the get-go.

My second question really has been in looking at the documentation that goes with this, this question of the petition must be signed by 100% of the churches and I did have a face to face conversation with the Reverend at Faith Lutheran who told me that they did not agree. I guess as a matter of policy is it possible that when the petition is given that a map is drawn up that shows them and us what is where and who needs to comply and if there's a church on the corner, make sure you get their agreement because had I not had that conversation we may not know that 100% of the churches did not agree based on the document that the church apparently interrupted to mean if I agree send it back, conversely if I don't, don't. That leaves me thinking well there's a hole in the process that we need to fill. Those are my two thoughts on that policy part of it. When we hear from a neighborhood group in the area asking us to take a step back because they feel like they had some sort of handshake agreement almost in the past that the street renaming would have been done for another reason and another name, I really need to pay attention to that. When we have a minister in that area saying my church has not supported this because, I think we need to pay attention to that. Those things concern me. That being said I'd like to find a way to come to a resolution, but I would also like at this time to ask if there is anyone here from the public or the church that would like to come forward and address the item and if so please come to the microphone and state your name and we will give you time to address the item.

The following appeared:

Latoria Chinn, Chairman of the Contract Fairness Board for your city but I'm also a member of Evangelistic Center Church, said first let me thank you for allowing this to be pushed up on the agenda. I am in the first of my last Doctorial Program classes and I must go to class.

The question, if you are not clear on your policies, how can we be clear on what we're supposed to do. We we're given everything at that time. We complied with everything. It actually got to your standing commission meeting and then got held up so we did everything we we're supposed to do.

Lastly, good evening, the Unified Government street naming blunder was meant to be. It has served has a catalyst or mechanism in getting to the core of a more severe bleed within District 1 of our city. Vote or no vote, Evangelistic Center we are good. We now exist. There is a saying in business be men, therefore; EC as men and women, we surrender to whatever decision you make. This picture is a much bigger picture than a street rename and there are serious, serious problems in District 1 that need immediate attention. After the last standing committee meeting last month and witnessing it's bizarre outcome an unofficial, regionally based group, myself and nine other high-level degreed professionals well versed in the areas of city government, economic development, urban planning, research and reporting, internal affairs, government compliance, community proposals and grant allocations we met and we made a pact to volunteer and dedicate our personal time and monies and expertise to microscopy research every inch of District 1, targeting in retrospect the dates of April 2013 through March of 2017, a total combination of the last and future four years. In this District 1 disparity report, which group 10 affectionately we call it our D1 project. Statistics will be compiled, produced, rendered and then published in March 2017. We have already begun. We have started with a D1 ride through a few weeks ago. We had our maps, we had our camera snapping pictures and documenting District 1 areas of devastation some of which you have already received. In the last two years, Group 10 sees a lot of things. We have seen a lot of things. We plan to cover area single occurrence surrounding District 1 which is too many to name tonight because time would not allow. There is a significant amount of work to do and goals to accomplish. We honestly, sincerely, thank Commissioner Gayle Townsend for decisions that continue to stimulate Group 10. To take a closer, diligent look at District 1 areas that possibly would not have had this opportunity and this valued attention. D1 leadership is too comfortable, you're too relaxed in your efforts. Between Group 10 and the next year and half or the next 17 months we will be watching and we will be documenting.

Chairman Bynum said I want to go back and clarify some communication I had with the department and that was that a departments role is to gather, to set the guidelines, disseminate the guidelines and gather back the information, but not to approve or deny the application that is the work of the Commission, is that correct? **Mr. Heatherman** said that is correct. **Chairman Bynum** said I would ask staff if you have any mechanism of knowing when we give the guidelines whether the guidelines have been followed because there is concern here at the

Commission level that we do have one item where we feel that particular guideline wasn't met. The question becomes, the question I've been wrestling with becomes how did this come to us if in fact the guidelines weren't all answered. We may not arrive at a solution for that tonight, but I think that's been a sticking point for us. Is there any other comment?

Commissioner Philbrook said bottom line, as we've heard here tonight there's information that came forward that said that 100% of the churches did not agree. Is there any argument with that? I'm just asking him and I want to make sure I understand. I know what I've been told but I haven't heard it exactly from anybody. All I've gotten is hearsay back and forth. **Mr. Heatherman** said the intent of that is to make sure that those churches that are in immediate of proximity have had a chance to be consulted and if there's been some concerns, that those are raised. In retrospect I would say that we don't feel that 100% of the churches have approved.

Action: **Commissioner Philbrook made a motion, seconded by Commissioner Townsend, that we deny for the fact that we haven't met all the guidelines**.

Ken Moore, Interim Chief Counsel, said a yes vote on a motion to deny would deny the vote. Four yes votes would deny the application.

Roll call was taken and there were four "Ayes," Bryant, Philbrook, Townsend, Kane; and two "Nos," Johnson, Bynum.

Mr. Moore said the motion to deny passes.

Chairman Bynum said I would like at some point to see a revision of the way the policy is handled.

Commissioner Townsend said point of clarification, so this will move on to full Commission. **Chairman Bynum** said it will not.

II. Measurable Goals:

Item No. 1 – 15162…MEASURABLE GOALS: PUBLIC WORKS

Synopsis: Update of measurable goals for Public Works including Fleet Maintenance, street sweeping, and mowing, presented by Mike Tobin, Public Works Interim Director**.**

Melissa Mundt, Assistant County Administrator, said tonight we thought that we might try something a little different with these goals so I'm kind of throwing the staff here for a bit of a loop but they're onboard with me so that's good, they didn't run from the ship so that's great. What I did was work with Joe and Gordon and we're going to go through each of the goals and we're going to talk. I also put up here what we we're talking about our strategic planning session which are your goals or pillars. As you're thinking about what we provided you a few weeks ago and we go through each of these how they are meeting a pillar, if that's what you want to look at, and is the goal kind of something that you can understand; how it's meaningful to the community when you're done and going back to answering our question that we we're wrestling with is how does this move the community forward is kind of what we're looking at. I'm going to start with Public Works and Mike, which one did you want to start with first. **Mike Tobin, Public Works Interim Director,** said Engineering. **Ms. Mundt** said what we'll do here is Gordon, Joe and I will try to capture anything that you don't necessarily say this is the way you want it or if there is some tweaks you want just kind of express those and we'll try to capture that. We'll let Bill Heatherman do his talking around the two goals that he has. I have one as Track Active CMIP projects and Major Study under Management Coordination in 2015 and the second one that he'll probably address is track the number of resident request calls to the Engineer of the Month.

BPU Board Member Bryant said I never received a copy of those. Do we have a spare copy? **Ms. Mundt** said the answer to that is not right now but we do have them here so you will see each one as they come up. We're moving through this for the first time and one of the things we realized is we need to put those in the packets and you'll see the next agenda actually has them.

Mr. Heatherman said one of our primary missions in engineering is to manage projects and move them through construction and many of them are multi-year. The processes are very long so there's really two numbers that probably give you a good order of magnitude feel for what we have. One is just the total number of active projects and studies that we are tracking and for 2015

it's about 108 and of those the number that we have planned to begin construction in a given calendar year which is right now 40. The project management duty and the design role is probably about 60% to 70% of the efforts that we undertake and many of the other efforts are in direct support of those either the planning work that goes in the projects are that are longer term, studies, etc.

The second is that we also do a lot of customer service and many of you know about six years ago we instituted kind of a particular role that we call the Engineer of the Month. That is basically not a parking space for our folks, it's a guarantee that one of our knowledgeable staff is going to be out there ready to try to help run down issues that might come in. What we've seen is every year the number of calls increase and we're on track to have 1,100 in 2015 and that's increased over 900 in 2014 so those are the two goals that we proposed for starting on the tracking.

Gordon Criswell, Assistant County Administrator, asked, commissioners, are you wanting other kinds of measurements that Bill has laid out or do these get at the questions that you all raised related to what are those pillars. If there are other things that you want him to measure that's what I need to get here.

Ms. Mundt said the other question is this something that you're interested in looking at and getting reports on on a regular ongoing basis as it relates to some of your things such as infrastructure would be one of them, environment might be another, economic development perhaps, is this the first one that we have under engineering something that you would like to see us tracking.

Commissioner Kane said I absolutely want to know what Bill just talked about but I think it would be more suited for a night that we have less things on our agenda then we have tonight. **Ms. Mundt** said we're not going to go through the goals tonight other than we're going to talk about is this a goal that you're interested in us tracking. **Chairman Bynum** said so the answer on this one is yes. **Commissioner Kane** said correct. **Ms. Mundt** said is there any other feedback on this item number one for Gordon to capture.

Ms. Mundt said this is the other item that Bill mentioned. Is the resident calls to the Engineer of the Month. Is this something that you'd like to see tracked and is there anything about it that you'd like to see more detail on, less detail on so on and so forth. **Mr. Criswell** said and this is your customer services goal primarily.

Commissioner Philbrook asked are these broken down into different types of requests from customers to street or is it just the number of calls for a whole bunch of different things**. Mr. Heatherman** said well as I understand I think the goal is to brainstorm the kind of information the Commission wants so we can take any feedback. Right now we don't have it set up to do a lot of breakdowns but overtime that may be something that becomes easier to do.

Ms. Mundt said so that's the type of feedback we're looking for, Commissioner Philbrook, is exactly that if you're wanting to see the types of calls or questions we're getting in; that's the type of thing that we want to hear?

BPU Board Member Bryant asked do you track the number that you respond to. **Mr. Heatherman** said yes, we respond to all of them.

Chairman Bynum said I'd like to just stop for a moment and recognize Commissioner Murguia is at the table. She is a commissioner and you are more than welcome to participate in this just so you know feel free if you see something also that you want included. **Commissioner Murguia** said okay. Thank you very much.

Commissioner Philbrook said the only other thing in that breakout type I would like to ask you, Bill, if there's certain things that you believe that you can help us with because I don't know how you would break it out in types, that's your job. I would like it to be as efficient and effective as it could be for you as well as us to know if we're taking care of our constituency and which things they are most concerned about. I don't think it needs to be everything, it just needs to be the top two. **Mr. Criswell** said so if Engineering came back with sort of some ideas of how these could be broken out we could talk about what that looks like at a future standing committee. Can you do that Bill? **Mr. Heatherman** said yes.

Ms. Mundt said this is exactly where we're heading with this because when we give you information to tell you something useful and also help to better support the pillars that you've laid out for the community. It's a little tough to get it started but I think you're understanding. That's all we have for the two goals for Engineering. Is there anything else that you can think of from an engineering perspective because we will cover street, sweep and mowing tonight as well. **Chairman Bynum** said and we may have a thought later when we get home that we could certainly share. **Ms. Mundt** said yes, if could send those to me, that would be great. I would capture them and work with the departments on them.

Ms. Mundt said the next one up is street sweeping. I'm not sure if that's where you wanted to head Mr. Tobin. Do you want to do street sweeping next or Fleet. **Mr. Tobin** said we'll do fleets next if we could.

Mr. Tobin said when we came before you last fall and talked about fleets the Fleet Services Division of the Public Works Department basically is totally a service provider to the rest of the department and much of the UG including all of the police cars. We have approximately 1,150 vehicles that translates into many thousands of vehicle repair units with a fleet value of about $32M. As such, it is a very valuable asset of our government and we take this role very seriously. Please note that the numbers I just gave you in terms of value and fleet units that does not include the Fire Department, they are totally separate. **Chairman Bynum** asked what was the number of units? **Mr. Tobin** said about 1,150 vehicles and that's rolling stock. That doesn't include trailers or compressors or things like that. Now I'm going to turn it over to Murrell and he'll tell you in a lot more detail the goals that we set out for this.

Merle McCullough, Fleet Manager, said I kind of want to get your guys insight of what kind of goals you want. I think that's the objective here. Some of the readily available goals to us with our fleet management system are preventive maintenance compliance is if we're being consistent. The goals the standards that we use for goals are industry wide standard. They're used in the fleet management industry. They do cover private and public sector the numbers we're using for goals. The PM compliance is an important one. I think another important one that you might be interested in is asset availability. Like Mike said we got $32M worth of assets and we don't want

$10M of them sitting in the garage waiting to be repaired on, that's something we can track for you.

Technician performance. That's kind of on me. That's a management issue. We have a $250M worth of inventory, parts inventory, turnover rate on that should be industry standard about four units a year. We're actually a little low on that right now but that's another possible goal that you might be interested in. Basically, curious as to what you guys want to see.

Ms. Mundt said what we've just heard are a few other items. We have one that we submitted to you and that's the one that's up there by Gordon which is track the work orders for preventative maintenance which Merle obviously indicated was a critical one, but he gave a few others and if there's interest in those are there things that you are already tracking that you can share in the future with them if they're interested. **Mr. McCullough** said yes.

Chairman Bynum said I'd be interested in asset availability. Just a question in general because if you start seeing cost trending on upward in an area that might be important to bring to us. It might be indicative of something else going on somewhere that's impacting that. **Mr. McCullough** said I overlooked that. The first one on my list was vehicle cost per mileage or meter by category. We have 33 categories of vehicles in our system marked patrol cars, sedans, construction equipment and stuff. Those numbers are available.

Mr. Criswell said say that again vehicle cost per—**Mr. McCullough** said per meter, mileage or hour depending on the type of equipment. **Ms. Mundt** said you can put slash hours Gordon because of them clock only in hours.

BPU Board Member Bryant asked do you track total fuel usage. **Mr. McCullough** said yes or not the whole UG. I do for Water Pollution, fire headquarters, and fleet services at 50th & State. We are slowly getting all the UG fueling sites into one system that's recorded at our location. Right now those are the only three locations that I can give you that on. **Chairman Bynum** said I can see that being a goal. **Mr. McCullough** said it would be a goal. **Chairman Bynum** said getting it all consolidated into one place.

Ms. Mundt said we spend a lot of money in this area. As Merle indicated there's a lot of critical indicators here and as we move through these more questions may come up in the future for you guys, but certainly if you think of anything like we talked on the last item please get ahold of us and make sure we share that. There's great benchmarking out in this are as you noted industry wide.

Commissioner Philbrook said, Mr. McCullough, you mentioned assets available and she already said she wants that. Technician performance, do you have that up there? **Mr. McCullough** said not yet. **Commissioner Philbrook** said hey, if he mentioned, then he must think it's important.

Ms. Mundt said, Merle, can you maybe elaborate a little bit more to the commissioners of what that means to you. **Mr. McCullough** said technician performance is recorded in our system as direct and indirect hours. Anything that's not charged to an actual work order for working on a vehicle is indirect time and the industry standard on technician performance is 85% and I want to elaborate. Those are private sector and public sector goal numbers that I'm using. There's a little overlap that does affect some of the goals but 85% is not terribly high but I think I'd say more around 80%, right now we're at 71.6%.

Commissioner Philbrook said and then you mentioned parts inventory which I think should be up there because if they don't have what they need then they can't run. **Mr. McCullough** said actually that goal is to turn over the parts that we have four times a year.

Chairman Bynum said next is street sweeping.

Ms. Mundt said underneath this one I think Tim Nick will run through the variety but there are three different bullet points under sweet sweeping. I kept them all on one page so we could let you see them together as how they're thinking about it.

Tim Nick, Public Works, said back in January when we presented, as Melissa was saying, we had three categories that our sweepers that we tracked and it was total work hours, total lane miles, and total sweeper loads collected. We run a fleet. We got nine sweepers currently. We

just got two new ones this year. Of those nine we normally have four to five in use per day operated by one driver and there is a dump truck that follows behind to help. The way we do our sweeping is we utilize our snow maps we use in the wintertime and that's the routes that our guys follow. Out of that our goals as far as the street traffic, the major arteries, collector streets, our goal is to try to get to those at least once a month during the sweeping season and then our neighborhoods we try to get two or three times a year. Obviously, the biggest key is weather on whether we get to those. I think along with the three that we put there I think the goals we could track to are we meeting the goal.

Mr. Criswell asked, Tim, what's a typical sweeping season? **Mr. Tobin** said, Gordon, usually it's from the end of snow season about the first of April middle of March some years. It just depends on the winter until the first or second frost so we usually have to quit after that. The reason for that is the sweepers, whether you know or not, are all water based and where to keep the dust down and to meet EPA requirements there's water that's sprayed out as the sweepers go through. The sweepers as Tim mentioned, those are mechanical sweepers and we do about 1,900 lane miles that are in the county. We spend somewhere between $700,000 to $800,000 in a normal year. This year we're pretty much on schedule I believe, aren't we Tim? **Mr. Nick** said our numbers are up a little over last year.

Ms. Mundt said this comes to the question. They're looking at tracking already the number of hours worked, number of lane miles swept, and the number of loads collected. Is there anything there that's not meeting what you're looking for or something else that we could add that would be more beneficial to you in conveying what we do with our residents and businesses.

Chairman Bynum asked is there a map kept of we've been there, we've been there twice, we've been there three times. The reason I ask is because when we go to the neighborhood meetings and we hear the neighborhoods say I have never seen a street sweeper on my street then we could come to you and say when was the street sweeper last on that street and report back. **Mr. Tobin** said yes we can, commissioner, and part of the reason they may not have ever seen it is because we do all our sweeping during the day. There's some industrial areas that we could sweep at night but we ran into a lot of citizen complaints when we used to sweep at night. When I first came here we did all the sweeping at night. **Chairman Bynum** said it's good to know that we

can check back and refer back to yes, a sweeper's been there. **Mr. Nick** said we have our logs that we use the same for our snow routes and we get the same complaints from snow routes.

Commissioner Townsend said could you explain for me when we're talking about tracking the number of lane miles swept and the number of loads collected. What is that telling me or telling us with that statistic because I really like what Commissioner Bynum just suggested. I didn't know if those two things were geared toward that, the number of streets swept and when they were last swept. What do those other statistics tell us? **Mr. Tobin** stated well the number of lane miles will tell you, commissioner, how the crews are progressing through the county and the number of times that they get through it. If we're going to do all of the neighborhoods three times in one year, we're going to be up in the 5,000 to 6,000 mile range number of lane miles that will have been swept. As far of the loads are concerned that's a variable. If we have a real bad winter then the number of loads and the amount of debris that we collect is going to be much higher. Due to the recession we went to throwing a lot of sand instead of straight salt and so if we put that sand out there we have to go get it, otherwise it clogs up the sewers.

Ms. Mundt said would it be beneficial for a little bit of clarification. I know that we put that on there and I know when we talk about our mowing we gave some numbers for comparison. Is that what you're wanting to see like number of total lane miles in the community that we sweep versus how much we've done in lane miles for the year, that kind of thing, to help you understand. **Commissioner Townsend** said well I just wanted to know what the statistic meant. **Ms. Mundt** said the targeted. **Commissioner Townsend** said if we're talking about lane miles, it tells you how you're progressing through the district? **Mr. Tobin** said yes, through the whole county, commissioner, and by district. **Commissioner Townsend** said you would be able to tell me in District 1 we've done x number of lane miles over a specific amount of time. **Mr. Tobin** said yes. **Commissioner Townsend** asked would that be by street so you could identify we went from 5th & Quindaro to 47th & Leavenworth Road. I mean what does that really mean? **Mr. Tobin** said in the logs that we have, we have a monthly log that our crews keep, it's broke down by district of how much is done. As far as knowing the exact street that's going to entail having to go back through the maps that tell when it was done. We could find it for you but that will take a little longer. **Commissioner Townsend** said I'm not suggesting that, I was just wondering again since you're keeping these statistics what information that gives us. The loads collected are

what debris after the winter or what is that. **Mr. Tobin** said or in the industrial areas. People discard everything from tires to lumber to whatever and the sweepers pick it up and then we collect that and take it out to our site at 47th & Orville and then it's stored there until Deffenbaugh picks it up. **Mr. Nick** said 4th of July is big for us.

Mr. Criswell said, commissioner, just to clarify are you wanting staff to take another look at these logs to see if they can somehow capture what you just asked or the log books that they currently use, is that the question you posed? **Commissioner Townsend** said as I understand now better what those statistics are supposed to tabulate and keep track of I'll consider what Commissioner Bynum some of the people in the district want to know and then can come up with a better request. For right now it's just information for me so I understand what those statistics are that are being kept. **Ms. Mundt** said I think that what they're trying to tabulate on their end is the efficiency and the utilization not only of resources, but staff time and also if the demand is changing that they have that information when they go into budget time so that they can make sure they adequately meet their resource request to the Commission.

Commissioner Philbrook said part of the reason why we're here tonight is because there was some of us that actually there are things we really don't want to know about, believe it or not, until it comes time for you to tell us about your budget on how your using your staff. I don't have people asking me how many loads of stuff you guys are dumping. That's not one of the questions that I get. As a commissioner that particular thing is great if you want to keep it but it's not a high priority for me to have to track or pay attention to. Now the lane miles and hours worked are very interesting to let them know and the other issue around where have they been and how many times. Those things are interesting and good information and the other I really can't do a whole lot with because they'd be laughing at me.

Mr. Tobin said one last thing I'd like to say is this is not an inexpensive operation. It's expensive to do that. The value of those nine sweepers those are about $200,000 a piece.

Chairman Bynum said so you bring up actually a good point because we know that we're in a city that likes to have festivals and parades and I know that after every parade the street sweeper is the last parade entry. A lot of times that's being done on a Saturday or a Sunday. I'm sure that

you've been doing it long enough that you're factoring that extra cost into budget but that might be an additional item. I would never suggest we don't have the sweepers after the parades. I'm aware that there's a cost. **Mr. Tobin** said we need to and most of those it won't, if a parade is on Saturday it won't wait until Monday to clean it up so we do factor that in commissioner.

Public Works and Parks Measurable Goals

Mr. Criswell said we combined a joint measurable goal with Public Works and Parks. **Chairman Bynum** said I see we have now Jack Webb and Jeremy Rogers of Parks joining us.

Ms. Mundt said we have two goals submitted. One is more of what Public Works is doing and then the second one is what Parks is handling. I'm sure your operations crisscross back and forth and you may need to explain that. The first one that I have up here is track the number of vacant lots and parks mowed during the year by the streets division including street lots mowed, contractor lots mowed, increase in parks and rec lots mowed as well as looking at right-of-way mowing and clean-up. That's the first one that I have.

Mr. Tobin said the right-of-way mowing and clean-up that is all streets. The vacant lots, there are some mowed by streets but most of those are mowed by either the contractor or Jack's crew. The medians which have been a point of much concern and consternation from the Commission in the past are also done by contract. This is a hybrid program across three different divisions. Merle in fact, in Fleet Maintenance, is a good part of it because he's got to keep all these mowers running. Before I turn it over to Jack or Jeremy one thing I would like to say is please note as they go through this a little bit, the past two years, the past two summers, have been extraordinary mowing years. We are still mowing grass right now. We have blown through the money that the contractor's have gotten and we still have crews going out there every day. We used to quit mowing at the end of July. Having said that I'll let these guys take over now.

Jack Webb, Parks and Recreation, said the changes we made for 2015, the $55,000 additional funding for 12 summer positions, also some additional mowing equipment, weed eaters and what have you; we dedicated one employee to oversee the contractors and that worked out very good this year. We we're able to track them very good.

The changes we made to the median and the park contractors filled for services. Those were new contracts this year. We re-scoped those and the median, our complaints dropped to near zero. We implemented a median spray program which we plan on continuing for 2016.

Chairman Bynum said being new here I did have the impression during the budget season that in-fact what you just said was what we were hearing was that those decisions made prior had paid off. Things were trending in a positive direction. My only question on this one is, and I think it's beyond just mowing and who's mowing and whether it's a contractor or whatnot, but if there are plantings. When we redo State Avenue and we plant, who cares for those. Is that also contacted? **Mr. Webb** said we do, Parks staff. **Chairman Bynum** said you are caring for things that are planted when we beautify as we do those major infrastructure projects. **Mr. Webb** said yes. **Chairman Bynum** said I would just probably want to understand better like when is it just a decision that's made by the worker that this plants dead or I think this plant could live if I give it a little more—the reason that I'm asking is because what I hear is people thinking, sometimes falsely in my opinion, that we redo infrastructure, we make it look really nice and then we plant things and let them die. I have to tell you that after that was said to me I went looking for that and didn't find much of it. I would like to capture it as a goal for— I get the purpose, right it's beautification. I just say that to you because it's been brought to me as a concern.

Mr. Criswell said I hear you saying when we replant you'd like staff to come back and say we replanted 15 trees—**Chairman Bynum** said whatever it might be and what's the plan for making sure that those stay thriving and not dead really and like I said after it was said to me I went looking for it and didn't really find it. If there is a public perception that we're allowing that, I'd just like to be able to address it.

Mr. Webb said if you're talking about State Avenue, we did have a rose disease we did have to pull out. You have to leave it out of the ground for so many months to kill it, it is airborne so if that's what you're talking about there are roses missing but we plan on replanting them. **Chairman Bynum** said what I really appreciate is that is a plan so I like capturing it. Thank you for that. It's not haphazard, it's not oh maybe if we have time. We actually have a real plan and I appreciate that.

Commissioner Johnson said I would only add to this and this is not something that I think can be tracked per se, but to make sure we have a certain aesthetic for all of our parks so if we are cutting the grass that they're not clumps. You can't track that that's more of a subjective appearance type of thing. I have also noticed in some of the parks in my district where there's no trimming and I've seen grass growing over the curbage and so the aesthetic is something that we cannot track but it's something that I would like to add into this discussion. I don't know you want to integrate that in there. **Ms. Mundt** said, commissioner, I think that's exactly what we were talking about at strategic plan that you were getting at. It's kind of an aspirational statement so what you're saying you have an aspiration that things look a certain way and trying maybe staff can give some articulation to that. What we're going to look at behind that to know that we're meeting is some of these more specifics how many times we get to it, the number of hours it's taking so that we can have that conversation about where do we want to be. Do we want to be at golf course level or something slightly different than that? What we are willing to fund at I guess is kind of the conversation. One of the things that Mr. Connor pointed out that I need to note is that as part of 2016 budget Commission did approve a horticulturist to come on board with Mr. Rogers staff and to help work in that area which is great. Certainly, having that specialist on board will help us when we get diseases such as Jack was talking about. **Commissioner Johnson** said, again, it's back to a subjective thing. I've seen some of the parks in my district where it's an assumption that there is a bush growing when the actuality is a weed that has grown over a course of years and have been allowed to block the passage of a sidewalk, that's just one thing that I've been brought to the attention of. I would just think when we see things like that dead trees and things of that nature that we can be a little more astute in addressing those issues rather than just letting them grow. **Ms. Mundt** said so maybe that's something that Mr. Rogers, do you have anything you'd like to say about what we can maybe capture as an aspirational statement for a goal in your area related to that. **Mr. Rogers** said one of the ways that I look to capture those appearance things are the number of complaints that we receive in my office. I know again, that's still subjective, but at the same time that does give us something to go by of what is out there in our 54 parks.

Mr. Criswell said, Jeremy, I wrote here more situational awareness on part of our staff to sort of get at some of the aesthetic questions that Commissioner Johnson raised. I think that's a conversation with our staff about are we seeing the same things when we drive down the street.

Your staff should see the same thing that commissioners see when they drive down the street. **Ms. Mundt** said and I think what we were talking about is also that Jeremy set a metric is complaint, for doing a good job we shouldn't be as many complaints.

Commissioner Townsend said I don't have a comment on another metric, but while you gentlemen are here I want to publicly thank and acknowledge you for how the parks and streets look now compared to two years ago and again that goes back to the Commission. I appreciate that they supported asking for an additional $55,000 so these park thoroughfares are cut and manicured so it looks like a complete job. You're correct, the biggest indicator of that success is that we get few and fewer, I know I speak for my district, complaints and more compliments about how it looks. I also appreciate that when I would call and give a heads up, we've got like I said in District 1 the only public pool, some of the other playgrounds, especially around the holidays that attention was paid to that. There have been a couple of episodes in the last month or so where citizens have needed additional help picking up loads of things and this goes to the code enforcement issue and some other things. While you gentlemen are here I want to personally thank you. I see the complaints have dwindled. What I'd like to see maybe not another metric, but more money. If we can accomplish this with $55,000 and some jobs, Commissioner Kane, brought in with that maybe we can extend that for a longer season because as Mr. Tobin said you're still cutting, but now that we've gone from 13 individuals who help cut and weedwack down to one or two the complaints rise. The weather is warmer so it is extending the growing season and as it does in some of these fields and parks aren't cut as often then yeah, you're going to see the complaints go up. The other metric that I think that's important is more money out of the budget maybe next year for 2017 to add to that.

Commissioner Philbrook said another thank you. I've never seen Kaw Drive, K-32 look as wonderful as it does right now. This is the whole time of me growing up. You guys have really mowed that, that place looks like a regular street now and I want to thank you. Usually it's kind of left off in somebody's no man's land but it actually looks very nice and maintained. There's a lot of people that do go up and down that street especially since they've been working on I-70. I appreciate that and there's a lot of good work you guys do in my district. Welborn Park is in wonderful shape, thank you very much and so is Eisenhower.

Ms. Mundt said here's the other one that was under the same area but it was split up between the two departments, reduce the turnaround time for mowing properties and medians from 10 to 12 days and for a contract mowing operation from 7 to 9 so they we're looking at a reduction in turnaround time. I just wanted to clarify that we had two different ones that we we're looking at there.

Mr. Tobin said I'd like to say thank you for the compliments to all of us. Also, Jack has some more changes ready to implement for 2016 and commissioners you did approve additional monies above the $55,000. We have $70,000 to work with for year 2016. Also, one of the things Jack is going to tell you about it might work a little bit different with personnel. I'll let Jack speak to this again.

Mr. Webb said in 2014 we averaged a 17 day turnaround with the additional of the summer kids mowing we were able to bring that down to 13 days. During April, May, and June we really need to be at 9 to 10 days. For 2016 our goal is to continue the summer mowing program with a 12 summer employees. Our problem is they cannot start until like June 4. We start mowing mid-April. To get to that 13 day turnaround we mowed 2,500 overtime manhours to sustain that 13 days. Our goal was 12 so you can see we didn't meet that even with the summer kids. We also with the extra money, the $70,000, return of the 12 summer employees and add additional 6 seasonal employees, we believe we could do that with that money. That would reduce the mowing turn-around to 10 to 12 days. We continue and upgrade the median spraying program that we implemented in 2015 and continuing that detailed work with the mowing.

Commissioner Philbrook said so my question is so you're saying you think you can accomplish that with the $70,000 or are you saying you'd like more above that to accomplish that. **Mr. Webb** said I think we can accomplish that with the $70,000.

Chairman Bynum said I appreciate this. I think you've captured it as a goal so that's totally fine. **Mr. Criswell** said no additional thoughts. **Chairman Bynum** said not right now. We're getting ready to go into non-growing season. We'll come back to you in March when it starts growing again and we'll have all kinds of thoughts for you. I want to thank you all for what you

brought to us. If you look at what time it is and where we are in this agenda we still have Justus Welker with Transportation and Fogelsong with Waste Water and then after that we still have a couple more items, big items. I don't want to take away from anyone's time but if we could laser like in our focus that would be helpful would it not.

Action: For information only.

Item No. 2 – 15162…MEASURABLE GOALS: TRANSPORATION

Synopsis: Update of measurable goals for Transportation, presented by Justus Welker, Transportation Director.

Ms. Mundt said next up we have Justus Welker, he's with Transit and he has I believe three different items. The first one is to increase ridership by 5% within the existing transit service areas through cost effective transit improvement. So Justus, if you want to kind of explain why you chose 5% with the Commission and then see what feedback you receive.

Justus Welker, Transportation, said 5% is a very large number. Regionally we have lost ridership as you compare all providers together. We're actually the only provider at this time whose ridership is increasing and so 5% overall. I'll run through some numbers of each of our systems and a majority of these ridership increases were met through strategic scheduling, strategic asset allocation, we've done some re-route designs and realignment to facilitate new service areas, but running through our ridership from January this year through September of this year compared to 2014 our fixed route transit is up a .25% overall which doesn't sound like much but you look at gas prices are falling. Typically, when you reduce gas prices ridership also falls. You look at the numerous construction projects in the Kansas City area as a whole. You look at the weather, in May we had three dry days the entire month of May, that affects our ridership also. You look at our ADA paratransit, we are up 4.27% overall this year compared to last and our largest number we're up 29.7% compared to 2014 and this is for our senior paratransit. Overall we're right at that 5% benchmark that we set for ourselves. I think that's very ambitious. I believe we'll continue to meet that number as we progress through the rest of this year.

Ms. Mundt said any comments on questions on this. We're looking at it as an impact on our efficiency and effectiveness providing service. This is how Mr. Welker is trying to anticipate our service needs with the budget and kind of having a good understanding of what ridership trending is looking like as we move forward.

Commissioner Philbrook said so you said our ridership in the call to ride area was the highest increase and you said it was what? **Mr. Welker** said it 29.7%. **Commissioner Philbrook** said that's something that you're really going to have to pay close attention to I imagine especially since we're aging considerably. What kind of percentages do you expect that to blossom to in the next two or three years? **Mr. Welker** said it's hard to put in and that's part of the process. Right now our program is designed for senior citizens 60 years of age or older, regionally it's 65. We need to come to the conclusion whether or not we want to adopt that regional number of 65%, if we're going to continue at 60, if we're going to grandfather our clients in at that 60 year age as we move to 65. I think that's definitely going to play a part in whether or ridership continues to increase. At the numbers, if we continue at 29% we won't be able to keep up with the demand at current funding levels.

Ms. Mundt said and as we're looking at how our administration of this function we're going to be talking to you throughout the spring and early winter about some items that are necessary to help make sure that our customer service stays at the level that you're looking for. From an aspirational standpoint I'd ask you to look at what that looks like for the UG as we move forward when we're providing those services because clearly the increase ridership in several of those areas makes it and harder and harder for us to provide top-notch service to folks or perhaps not able to provide some service to those who want it due to those constraints being placed on the system. **Commissioner Philbrook** said with that in mind then because we have several different types of levels of service that we operate with—here's the thing, I don't how you set goals with this. I want to take care of more people with less money. I'm mean that's a lovely goal and we're all for that, but we also know that we have a transit system that is woefully behind large cities but then that's because we're mid-westerners and we like to drive everywhere. I'm open for suggestions on goals and where we're going on this. It's complicated. I guess I would ask within that how much of it we handle ourself versus how much we turn over to the ATA. **Ms. Mundt** asked would you like us to come back with some other metrics or—**Commissioner**

Philbrook said some other metrics on where we see things going. **Chairman Bynum** said I wonder if you could develop a metric around customer satisfaction, I don't know but that would be interesting. **Ms. Mundt** said absolutely. **Commissioner Philbrook** said that would be great.

Commissioner Johnson said of that 5% increase and guess overall just to see where that would apply across the city. Is that a flat 5% just stretched across the city or is that 5% more going to be more visible in certain areas of the city. **Mr. Welker** said we can definitely define those numbers. **Ms. Mundt** said like by route, that type of thing. **Commissioner Johnson** said and just a sense of where those routes are.

Chairman Bynum said anything else on Transportation.

Ms. Mundt said the next one is enhanced local and regional transit connectivity which is a goal that we have with the KCATA, our partnership with them.

Mr. Welker said this revolves around the Ride KC regionalism aspect and some things we've done. We initiated ourselves the reciprocity agreement whereas every provider accepts each other's passes. That came from us. It's a huge step in regionalism, you know, user friendly customer service. We've also realigned some of our routes to provide better connections to other routes. We actually implemented our first innerstate route that started October 1 where we're now serving directly to the City Market area, which previously riders who needed to come to Wyandotte County relied on other services to get to Wyandotte County and then they hopped on our service. Right now we are providing non-stop from the City Market area and this serves primarily the Fairfax Industrial area. It's employees that are working in Fairfax.

Starting January 1 we're going to have a connection to the Mission Transit Center in Johnson County and also we're exploring routes to Edwardsville and other local municipalities around us to provide additional connections.

We've actually received 4.7% more inter-regional fair media's compared to the same timeframe last year.

Chairman Bynum said so that's what I like because that's measurable and I guess that's what I'm appreciating. This is a nice goal and then to put a measurement under it when we know we

see increased fair or increased miles or increased ridership then we know we've measured. **Ms. Mundt** said the cross-connection between the other the ATA clients basically.

Mr. Criswell said so it's a percent of additional miles traveled. I'm trying to capture what you just said. **Chairman Bynum** said I was just repeating what he said. **Mr. Welker** said we're already tracking it. **Chairman Bynum** said I'm just saying articulate below the goal what you're tracking and that helps us know the measurement and how it's improving. **Ms. Mundt** said you're giving us the kind of vision, the aspirational statement and then what Justus provided there was the metric that we can say yeah, we're getting there.

Mr. Welker said our final goal resolves around performance and these are where we define specific measures within our services or programs. What we've done is we've determined five performance measures for fixed routes and we've done six for paratransit. I'm not sure what you have on the list.

Ms. Mundt said meter feed national averages for agency to fine ridership and resident performance measures.

Mr. Welker said what we've done is we've chosen five benchmarks for fixed-route which are our costs per passenger mile cost for vehicle, revenue hour, on time performance, miles between road calls and revenue recovery. We've compared what we are previously to national averages. We have used regional averages when those have been set, but for the most part it's national averages and we are either meeting or exceeding all of those benchmarks that we have established for those categories.

For the paratransit aspect we're looking at passengers per trip, boardings per vehicle, revenue hour, cost per trip, cost per passenger mile, cost for vehicle revenue hour, and again revenue recovery ratio, and again we're meeting or exceeding the national average or the local regional average as they've been established.

Ms. Mundt said again, Justus is using those to determine sort of where we need to make changes if something is starting to trend in a different way, what's happening there.

Mr. Welker said Transit is full of numbers and metrics and statistics so if there is anything you want to know we are probably are already recording it and logging it. **Chairman Bynum** said that might be the easiest to measure. **Mr. Welker** said what might be? **Chairman Bynum** said your department might be the easiest to measure. **Mr. Welker** said yeah, you need numbers, we've got numbers. **Chairman Bynum** said lucky you. **Ms. Mundt** said federal highway likes our data. **Chairman Bynum** said keep on measuring.

Action: For information only.

Item No. 3 – 15171…MEASURABLE GOALS: WATER POLLUTION CONTROL

Synopsis: Update of measurable goals for wastewater, presented by Trenton Foglesong, Water Pollution Control Director.

Ms. Mundt said the last one we have up tonight is Trenton Foglesong. He is here on wastewater measurable goals. I know that everybody's conversation about wastewater is their favorite. We've got two that he's identified that we're provided sanitary line miles clean and the other one is storm and sanitary lines televised. Trenton has got a lot of things coming down the pike and maybe this is a start conversation with him where he can come back in a lot more detail with our compliance stuff that we're doing.

Trenton Foglesong, Water Pollution Control Director, said for the sake of time I'll be very brief. Justus has a lot of numbers maybe but we're headed in that direction too. As part of the Consent Decree we're working on we went through an information management system upgrade and we went over to a GIS System and Work Order Management System. It's all computerized integrated with GIS. Anytime a crew goes out to fix something or to do preventive maintenance cleaning we know where they're going, we know when it started, when it finished and then we can run all kinds of reports on the backend to count up quantities and summarize that, but not only that but generate a map to show you where they we're at and what they did where. That's really the power of the GIS and the scene on that. We can spot trends where we're having problems, where we're doing good jobs, where we're kind of maybe not getting back to the area as quick as we would like to. With all that we have all this data. We can track all different kinds of perimeters, all different kinds of performance metrics. We can overwhelm you—if you

thought the number of loads of sand and rock from the street sweepers was boring, we can probably bore you to death.

We are currently working on our own internal key performance indicators to track how we're doing our job, not only how we're doing our work, how efficient we are, but also what the end result is. How many overflows are we seeing from the sewer system, permit violations, those are pretty easy because there are very few of those in a year. Over time most of these goals, we're working on these key performance indicators there's really not a hard number we are shooting for. It's more just continuous improvement so over time we'll be trending them and then we'll see the bad things going down and the good things going up.

The two that we came up with to show which are actually two perimeters that we're required to meet by our partial consent decree was the miles cleaned and the miles that we've inspected and televised. Obviously, if we keep the lines clean, they flow, they carry the flow, we don't get backups. Then the inspections we do are, hopefully, to find deficiencies and able to correct things at a much lower, easier, lower cost than to wait for something to fail and then you're out there in the middle of the night on the weekend digging things up and disturbing the public. I don't know if there's any specific questions that anybody has on these. The goals that we have the miles cleaned, televised, we don't have any problem meeting those at this time but that will be continued to be pushed up.

Ms. Mundt said these are not necessarily aspirational as much as they are metric so certainly we can come back with something. I'm sure Trent has quite a bit of aspiration right now. **Mr. Foglesong** said we got a whole list but we can come back at a different time.

Action: For information only.

III. Committee Agenda:

Item No. 1 – 15170…UPDATE: SOUTH PATROL SITE

Synopsis: Updated information regarding a proposed site for South Patrol, presented by Doug Bach, County Administrator, and Terry Zeigler, Police Chief. On July 20, 2015, the committee voted 2 to 4 to approve. Motion failed due to concerns, specifically being asked to take on more property than necessary.

Project History

A. TIF Development
B. Property Donation
C. Project Financials

Doug Bach, County Administrator, said as we're coming back for the South Patrol presentation really from our last standing committee action I wanted to kind of give a quick run through. Just a quick project history before we get into really the evaluation of some of the things we're looking at tonight. This project started because we we're going into a TIF Development area, the redevelopment down in Argentine, that site the Neighborhood Walmart came into that area. We also have a Save-A-Lot, other developments which will be developing in this area. The opportunity came, Commissioner Murguia came forward with a recommendation that we could get a donation of the property to come back to the Unified Government where we could build our South Patrol and we could work with that and really hit the project financials where we could utilize the TIF from that development to pay for a new South Patrol Station to come into that area. 1) It's a needed thing. We really haven't built into our performa anywhere where we we're replacing facilities, but as we had looked at it clearly this an older house. Being able to move our South Patrol into a new facility is something which our government could use, which our Police Department could use. Those project financials showed that we could do that over the course of the 20 years. It could produce enough revenue to offset what the cost would be. There is some

project risk in it based on the fact that would all the TIF revenues come from this site, but assuming a fairly conservative estimate we felt that it would cover close to maybe a couple hundred thousand dollars from covering all the cost at which South Patrol would be over the years.

PW/S Standing Committee
July 20, 2015

A. Property Agreement
   1. Proposed site – Brownfield concerns
   2. Property Restrictions
   3. CAM Charges

B. Action
   1. Agreement failed to advance as presented
   2. Direction to improve our position
      a. Meeting with Developer
   3. Move Project Forward
      a. Evaluate alternative sites
      b. Demonstrate financial difference of proposed site

At the July 20 standing committee meeting came forth and presented what was a little bit change in the deal to the governing body so they would understand where we were at. As we had noted we we're looking at a gift of ground to the site. That ground was going to be 2 to 3 acres and we would build the facility on that site. As it laid out we we're going to be gifted all the site to that area which would be a little bit more a Brownfield and I'll go through that in just a second as to where that came. We had some understandings of property restrictions and CAM charges. Let me talk about these three items first.

First, I'm going to go back to the site. This is the location at 2300 Metropolitan. You can see the Walmart site on the left. In this part of the area was really the area that we were going to receive to come into play and it comes back in through here so this would be all the area. Initially, I think we thought we were going to get a little piece of property in here and instead we have all this. A lot of times you look at that and think more property is good. The concern we had and what was expressed at the standing committee last time and here's really the outline of that property.

Site Breakdown

We have a usable area right through here. We would have detention here and we'd have to build another detention here. This area up here is limited from ever being used for anything because that's where they buried the old Smelting Plant on that, that's about an acre and a half. You have to recognize that it's a fenced in area. Lane4 has done a great job closing it off and you would just have that in your inventory forever. Back in here KDHE has approved this for contamination fill. Now, there has to be an area designated to this for contamination fill going forward forever. We probably could get this area restricted down so it's not such a big area.

I think this was the new point that came to the committee that was different from where we originally thought that we we're just going to have a smaller piece of property in here, but instead we were going to now going forward own all of this property, assume the responsibility or any liability associated with that. From that point, that's where the governing body or you all gave me direction to go back and work on that point. The property restrictions we'd looked at how we we're looking at it from a donation purpose that we were going to have to take the property into our inventory and use it for non-profit purposes over the next 20 years. I will say that after we got back together with the developer and really get into in the last week, this is a different understanding of how this works. We only have this restriction for three years so we can actually develop that for for-profit reasons after three years. I don't have anything immediate

in hand so that's a restriction that last time was before you. I was concerned about going forward that we could only have non-profit, that restriction is no longer in place after three years.

Then the CAM charge item. Last week the developer also agreed this is the common area of maintenance that we would have to pay since we brought in the South Patrol station, they agreed that we would no longer have to pay for that. In the last week we've really taken off items 2 and 3 of being concerns of this site. The Brownsfield site still exists and that was direction from this governing body that as this agreement failed to advance at our last standing committee that I was to go work on improving the overall agreement and see if the developer would relieve on those nine acres. They still want us to take all that property and their main emphasis is they think by really when you go to this property if you deed out a chunk right in here, that whoever's owning that really can be responsible for the whole area and I understand their logic behind it. If you're going to have they would just as soon have that person have all of it going forward and take care of it each year and mow it as you go through the time period. You gave me that direction, met with the developer, they wanted us to own all those nine acres. What I took after that meeting with the developer and realized I wasn't coming back to be able to say we just have to have 3 acres could kind of be where I think this committee was indicating they wanted me to go, I decided to go out and take an evaluation of alternative sites.

Realistically, thought that looking at alternate sites that we got into this because we realized we could build a South Patrol in this area and that would be a very affordable cost. I really believe that if we went out and looked at alternative locations we couldn't find anything that we could do for the same cost that we were doing it in this TIF development site. We went out and looked at a few and that really was the case. We weren't finding much in terms of other buildings. We weren't finding vacant ground. We were going to have to start from scratch to come up and build there, it was going to cost more. In the end though, another building showed up which is the one that's in your packet now over on Shawnee Drive. A good building that really just almost fit how we would want to build out a South Patrol station to a tee so our renovation costs were low and it's proximity. The highways are very good. Probably to my surprise, not probably, very much so to my surprise it came back with data showing here I can do this in another site at a similar location. I put that on so I could at least demonstrate to you where this comes. I don't think there are others that are out there. I had Mike Tobin look through different locations to see what else might be available. I put those financials in here. The reality is after Lew Levin and Mike Grimm ran through those number and used comparable revenue

streams that could come into play by looking after this TIF district paid off, not using the grant money that's coming into play from the Department of Commerce for this, we even took the Shawnee site and backed out any property taxes assuming it would now be not-for-profit so we didn't assume any property taxes would come off that site. Essentially, the cost to put our South Patrol over on the Shawnee Drive site was essentially the same, maybe even a little cheaper even over a 20-year time period, then going into the Argentine area. From a financial perspective that kind of worked out pretty close. A few things I want to go into now and I guess I'm going to ask Mike and Chief Ziegler to talk about this as we started to do some comparison because that kind of brought this up to a head to say okay we've got comparable sites. One issue is we wouldn't do it because if we're saying we just want to stay away from the Brownfield site, but I wanted to look alternatives and then do some alternative comparisons and that's what we're bringing forward tonight. I'm going to ask Mike Tobin to talk a little bit about the two locations or the new location we've brought forward.

Mr. Tobin sated as Doug stated we looked at some alternate sites and most of the time when you're looking at older buildings or used buildings that's a very frustrating experience. I've done a lot of it in my tenure here and not found very many of them that were really going to be usable.

However, 4215 Shawnee was quite a surprise. It's a building that is set up really well for our intended use. I'll that let the Police Chief speak to that but it's a building that's adequate in size, on an adequate lot, with good access to the highways and the local roads. It's about 25 or 30 years old. It's in very good shape. The renovation required is basically cosmetic and would be all similar to what we did at the NRC at about $40 a foot and the time scheduled to do that would be relatively quick as compared to building a new site. Now, renovations are never as good as going in there and building a new one with its intended use, but this is pretty much as close to one as I've seen in a long time. The cost for doing this, as Doug spoke to, are relatively similar; maybe a little cheaper here with the changes to the parking lot and the sally port to be constructed you're probably looking at about a tenant finish number somewhere in the $400,000 to $500,000 range. Having said that I'll turn it over to the Chief, but if there's any other questions about this building, please let me know.

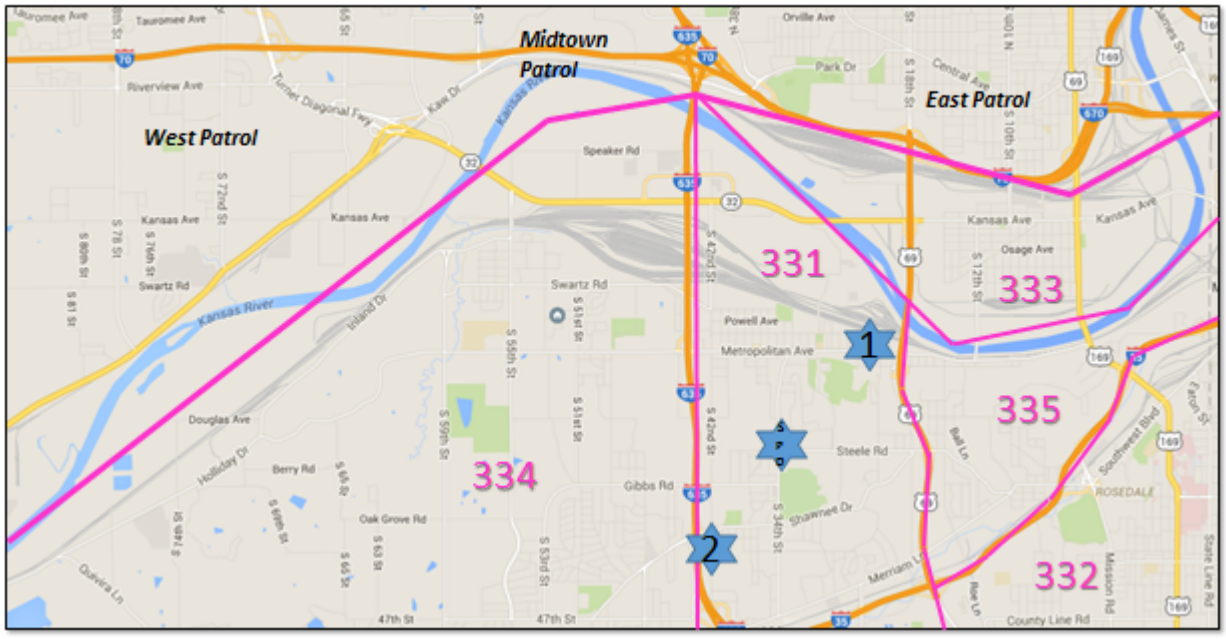
Chief Ziegler said the Police Department we went through a design scenario awhile back and created a South Patrol Division and what we thought it would like functionality taken into consideration. When I got called to go to look at this building that was the first thing I started looking at. It would be workflow and how does this fit into what we want to do as a Police Department. On the front here this is actually a covered carport so the first thing that comes to mind is we could put in a report desk for individuals who are wanting accident reports completed. They could come in Monday – Friday, 8 to 4, pull underneath the carport, we complete an accident report for them very easily and it would give us another location to provide report service to the community.

On this end of the building there is a large open—we would use it as a community room it has sinks in it. The way this building is setup we could partition that off where our community partners could come in have their meetings and other events without officers necessarily having to be there to let them in and out.

On the opposite end of the building there is another large room that we could use as our roll call room. When we went and looked at this the functionality and workflow for the Police Department, it would work very well. There was discussion of adding a carport on the back here which we would put our lockers in the center, officers would grab their equipment and go right out the door which would be there by their lockers. I really, really like the layout of the building if you have any questions about that?

BPU Board Member Bryant said I have one. What negatives would there be for this building? **Chief Ziegler** said probably I would tell you that the location of this building is probably not one where the police cars coming and going would add to detouring crime in south patrol. Where this is located is kind of a commercial setting, some residential, you wouldn't have high visibility in the community as you would down in Argentine.

Mr. Bach said, Chief, maybe you just want to talk about that from an overall location of the two sites, how they compare, any thoughts on that.



Chief Ziegler said this is where we're currently located. This is South Patrol. This is the boundary north, South Patrol runs this entire area. You can see our current station is kind of in the middle. This is the Argentine location, good access to Metropolitan, good access to 18th Street, kind of centrally located where most of our calls for services are at.

The second location that we looked at on Shawnee Drive this one truly is kind of in the middle of the division. We don't dispatch calls from our substations though so what happens is our officers are on patrol in all these different districts so deployment really isn't a concern per se or an issue. The second location does have good access to I-35, Shawnee Drive that cuts through, 42nd Street that cuts all the way down to Speaker Road and you also can go south on I-35 which can get you up in the Rosedale area pretty quickly.

Looking at the two sites, the question was the drawback. This site is good for accessibility to roads but it really doesn't put us in the community like we had planned. The community room was important because we had hoped by going to Argentine there are a lot of residential housing in this area which would see our police cars coming and going from that patrol station. Provide an opportunity to interact with the citizens. The original plan that we

came up with had we were going to put a basketball court outside the patrol station so that when our officers got off they could interact with kids playing basketball. Out of the two I favor the Argentine location just because I think we're going to get more bang for our buck when it comes to the impact of police coming and going from the substation conducting regular business.

Mr. Bach stated I think as we take that list and these are probably five different scenarios in looking at and answering some of those questions, the location of the two as we've gone through it and really talking about the building design and the location. The building design is kind of a wash because somewhat finding that this new building there's some layout things in here we preferred. We're on a build design on a new location so we may, if we choose to go the Argentine site, we would incorporate some of those things and maybe go even though we had an architectural firm that had volunteered a lot of their time in working with it. We'd probably use some of the concepts from this design into that one because once you walk through it and see how free flowing it kind of works well with it, it would be things that we would probably use for it if we were going to that location. Chief just went through the location operations, both work well within the community.

The financials, I think that's noted here. If you want more detail, if you want us to get into it, but my assessment in that with our Chief Financial Officer is there about a wash. A couple hundred thousand dollars difference between the two but over a project that's $2.5M over 20 years and the cost that there be about the same, I consider that about the same when you're investing in something that you're going to be in for the next 40 or 50 years.

From a community development impact I think the Chief spoke to it from a community perspective more from I would say having the advantage of having our South Patrol in a part of the community where we interact more is probably more advantageous. I will also say that I believe that it's better from an economic development standpoint. Hunter Harris is here. He is with Lane4. I asked him if wanted to come tonight to speak to anything about this whether or not it's something he would see as an advantage to his project or not. As part of that, Hunter, you're free to speak, I would welcome your comments for the committee. You've been a partner in this project since we started.

Hunter Harris, Lane4, said first and foremost we appreciate your partnership in this project. It's been a five-year process or more. I was kind of counting it all from up from the first idea that

we could take a former EPA superfund site and deliver a world class grocery store to a food desert. As I'm sure you can imagine based on working with EPA and KDHE you're process here, it was a very, very challenging project. With that being said just a couple of pieces of information, obviously, Lane4 is very thankful to be involved with the Unified Government. We've accomplished some really great projects together, 39th & Rainbow, the Northwood Shopping Center Renovation at 47th & Mission, Argentine and we're constantly out working on others. With that as part of this partnership we're very pleased to offer this site at no cost to see this development happen here at Argentine. While we are a for-profit developer you might ask why that is. It's really because we think when Walmart's lease comes up in about 19 years now if there's a South Patrol here or not South Patrol here we think that's pretty fundamental in their option to choose to renew. We'd definitely prefer to see them stay. We have no understanding of their decision-making particularly 19 years from now, but we imagine that your continued commitment to this project by placing the South Patrol here is going to aid in their favor.

In addition, we strongly feel that placing South Patrol on this project is going to better enable us to continue to market pad sites for retail users. We all started here together. We made a large financial investment in this project as did the Unified Government in what I think is a very, very successful role model for how public/private partnerships can work and we look forward to continuing that and with all that said support your decision either and look forward to continuing to make investments in this community.

Mr. Bach said so I guess in the end, you asked me to do some evaluation of the area, to go it, see what I could do to improve the development agreement from where we were. It is a better development agreement in terms of we no longer have the CAM. We have clarified we don't have a property restriction on this site for 20 years, it is there for three but I don't really consider that to be too big of an issue. There's a lot of development happening there before we'd be back in this site.

We do have the Brownfield issue and that was the issue I was trying to make clear last summer when this came before you. We are assuming a greater responsibility in having the whole site and we do have a piece, an acre and a half, that we would have to take care for as long as we owned the property going forward. Essentially now that's just to make sure that the cap stays on, it stays mowed and it stays clean. There are a couple payments you have to make to the EPA in the coming years. They're not huge amounts, I think they're like $12,000 or $15,000 so

there are notable amounts a couple times in the future and you would have to take that on, but I also looked at here's alternatives, from a cost perspective the alternative is about the same. We could provide a good, new or rehabbed South Patrol station. If we don't want to take on that Brownfield liability, but if we go to this area with that taking that space we are making a greater presence of our Police Department in our community, in an area that taking that space is being redeveloped and as Hunter said they've invested quite a bit of time and money in as well as our community has in making that a new part. So with that myself, or any member of the committee, I'm sure Mr. Harris too would stand for any questions you may have.

Commissioner Kane asked what is staff recommending you know, for a while it's kind of like you want to go there and then you said you didn't. Staff, you tell us what you're recommending. **Mr. Bach** said I don't know that we're coming in with a hard recommendation commissioner. I struggled with that, stepping back from it and saying after I've gone through and done all of this evaluation I really thought it would quite clear from a financial perspective, it didn't work out that way. I don't feel that the concern of the Brownfield is really a big issue and I think the impact of South Patrol in the Argentine area is greater for our community for the long term. I would recommend we would probably stay with our original plan and go into the Argentine area.

Commissioner Johnson said I was going to ask you that. Chief, are you in agreement with that general thought? **Chief Ziegler** said yes, I am. I like the building on Shawnee. If that was put in Argentine that would be ideal because walking through and being able how to see how the work would flow was real important so it kind of brought the whole thing together, but I liked the Argentine location much better.

Commissioner Kane said well I talked to a couple of the officers that work for us. They weren't interested in moving. They were more interested, which is different monies, more interested with updated equipment then they were purchasing the property. I think that needs to be told here as well. **Mr. Bach** said just clarify how that works? **Commissioner Kane** said no, everybody wanted this South Patrol down there by Walmart, but as it's taken all this time to come around and their equipment has gotten older, they're saying they don't care about moving; they care about updated equipment. I think I told you that the other day. I know its different pots of money, but I think you need to know that our guys are more worried about their equipment than

they are moving. **Mr. Bach** said you know I think, commissioner, that is an excellent point. It's probably why most of our facilities don't get updated on an annual basis when we go and we try to buy as many cars or other equipment that our people need to use day-to-day actively on the street. As you know this goes into our debt area and how we finance and in this case we're using new revenues coming in from this TIF area to make this work. We can't use that TIF revenue over to buy equipment so that's why it's not really crossover money is how you look at it. We could look at it and say 15 or 20 years from now when their project pays off we could redirect some of it, but it wouldn't be anything we could make a difference with today.

BPU Board Member Bryant said there was a point earlier where you were discussing or commenting on part of the lot may be able to go back to KDHE and talk to them about minimizing the containment fill area so that it would open up new pads for potential retail. **Mr. Bach** said yes. Ken, I'll let you talk about that I think you've had some conversation. That's this area outlined in the purple. You see KDHE and currently this is the area that's designated for that. **Ken Moore, Interim Chief Counsel,** stated that's correct. Due to the nature of the site any contaminated soil from any development if we build South Patrol and dig, it has to remain on that site. Also, any development on the pad sites around Walmart, any contaminated material has to stay on that site. That is the area that KDHE is designated as the proposed soil fill easement where all this contaminated material would go. It doesn't have to be that big and quite frankly it could probably be cut in half. That's just the area they've designated for that purpose. **Mr. Bach** said that gives us a little flexibility then. If you were to say draw this outside line around here and put all that fill back in here then we would have a little bit more we're working with. **BPU Board Member Bryant** said so that would open up lots for sale potentially. **Mr. Bach** said potentially. **BPU Board Member Bryant** said and what about streets and thoroughfares for that. Would that be available? **Mr. Bach** said that would be part of development costs that it would come into it. You can see that little stub street as it feeds off there, that's essentially the line coming in right there is where that stub street ends. You would continue that on really through here, I guess if you were to get that long and connect to whatever you may want to work with. You're not going to be down on this end of it because we're going to move our detention area. We'd probably grow it along there, something like that. This is just the detention area that serves the rest of the development. We'll have to have one over here. You've got to get all the area for

detention on this site because it's all got to flow down and then get under the river because it is a Brownfield site, your limited in how deep you can go in an area.

Commissioner Townsend said I would like to understand what has changed from the concerns or what the issue was with the Brownfield site based on this comparative that you've done. I did not participate with this committee the last time this came up so as I read through the packet I understand there were some concerns about having to I guess take on additional land. What has changed since then to alleviate those concerns? **Mr. Bach** said I don't think anything has changed from my perspective. These are still areas that we have to take on and I think that's an issue that I made clear with the governing body when we had that last standing committee meeting. Initially, we were coming in thinking we were only going to take 2 to 3 acres of property. I conveyed to this board that we were going to be taking on 9 acres of ownership, an acre and a half, which included this area which is clearly restricted from anything ever going on to it and is nothing but a liability to take care of as long as you're the owner. We didn't go into this project—it was clearly never conveyed to this governing body when we said we were going to get a piece of property that we were going to have an acre and an half that we were going to have to care for the life of it, go in, mow it, clean it, whatever. I was making that point clear to you and I think the concern of this group was that let's go out and work this deal and see what else we can do. If we can better the deal on our part and whether or not we want to take on that responsibility, it's a cost to go in and mow it a few times a year. I think you just had a discussion on that. Anytime you take on additional property you have to take care of it. This will be ours. No one else is ever going to take that property from us. The rest of the property over here, you know I'm hopeful, and since we don't have the restriction as to it can only be non-profit, we ought to be able in some term maybe get somebody else to buy part of it and then they can take care of those out lots in and around there.

The concern we're taking on a Brownfield is still there. It's a bigger parcel of property and I was just making that clear to this group when it came before you last time and that's what I was given direction to go work on. **Commissioner Townsend** said something I just heard you say from the last time there is some restriction now that it has been alleviated related to the Brownfield how it can be used or the possibility it can be purchased. **Mr. Bach** said that really didn't have anything to do with the Brownfield itself. The developer is donating the property to us. Most of this is probably just clarification we had from a legal perspective with them. How

we had that in play was that if we were being restricted that we could only do non-profit use of any property we took ownership of for the next 20 years or while we had it. Their intention was that if we just met what the IRS restriction was on this property which is really just a three year restriction to be a non-profit so we clarified that with them. They're fully on board that three years is all they are concerned about so that gives us more latitude as to what we'll do with that property going forward.

Commissioner Townsend said and one other question I had about the design. It sounds as though Brownfield issue aside, the location in Argentine, I guess the first site that was selected for new construction seemed to be favored because of the visibility impact. If there's new construction, what is the possibility of taking some of the design aspects that you like of the building already constructed and having them incorporated into a new design. Is that possible or would that significantly raise cost? **Mr. Tobin** said, commissioner, that is definitely possible. That's something that we would consider. As Doug stated earlier it's a design build project. The property in question held us up moving into design, but certainly once we start moving forward with that we will certainly incorporate what the Chief likes into the design. **Mr. Bach** said and, commissioner, I think you're question or that of the way the layout is, is probably not a cost increase issue. The finish issue is usually where you come in the way you're doing it. I don't think that's what the Chief is concerned with or those costs associated with that. It's just maybe the way the building lays out on the site.

BPU Board Member Bryant said and the CAM charges. That basically was 16% or 13% or 16% the UG would be responsible for the snow removal and—**Mr. Bach** said ongoing road repair of those coming into the site. **BPU Board Member Bryant** said just up to the property line that would be UG right? **Mr. Bach** said correct. It would essentially be this road coming through here and this road coming down off there and we'd have percentages of those cost coming in. We will have whatever charges we have to upkeep our property**. BPU Board Member Bryant** said the charges that were going to be for the existing will no longer apply. **Mr. Bach** said correct. Once we leave our property the developer and the future owners of this area will assume those going forward.

Commissioner Johnson said to that point then as we look at it from a due diligence perspective the issue with regard to the CAM payment and the property restrictions relative to the Brownfield issues, the fact that we've gotten those modifications now make it a little bit more easier I suppose, or I don't know if the word is easier, but for us to stomach the idea of having the Brownfield, having complete responsibility for the Brownfield since we've had some concessions I suppose. **Mr. Bach** said I think it makes the deal more attractive. **BPU Board Member Bryant** said an add on to that line of the thought would be you know the amount that would be annual cost to KDHE and EPA and anything for inspections and ongoing, how do those dollars compare to the dollars that would have been in the CAM charge? **Mr. Bach** said, Ken, you probably remember. I think the years that they're in play they're about $15,000. **Mr. Moore** said there's originally four payments of $13,000 every two years. The first payment due in May, the second payment is due this month. We don't own it. There's a payment in 2015 and 2017 of $13,000 to KDHE. KDHE has also indicated to us that they think the annual monitoring fees that we have to reimburse them for their cost would be in the neighborhood of $1,000 a year. **Mr. Bach** said I guess the answer to that question is yes. That kind of allows for that offset. It's not for sure what the number would be. It would be pretty low on that CAM initially, but as you go up those kind of CAM charges increase over years, but I would think that it's probably similar to that so it's really kind of a direct offset in that regard for those years.

Chairman Bynum said in the packet site number one was 2300 Metropolitan and the cost was $2.6M. Alternative two was S. 42nd Street or Shawnee Drive and the cost was $1.7M so that's a million dollars difference in cost. I've heard you say tonight that you believe the cost differences between the two projects to be almost negligible. I guess I have a couple of questions wrapped together. The governing board voted a year ago or so $1.8M in bonds. Is that correct? **Mr. Bach** said I believe that's correct**. Mr. Moore** said that's correct. **Chairman Bynum** said the cost of a South Patrol building on Metropolitan is $2.6M according to the packet. Where is the other million going to come from or I should say $800,000? **Mr. Bach** said the difference and I'll let Mr. Levin come up if I slip or something here. Essentially, the difference is it's the cost to the Unified Government. What we're doing is utilizing the full impact of the TIF. Since the one on Metropolitan is being built within the TIF area and it is a public building we are authorized to use the full revenue coming from all the tax dollars within the TIF district to pay for that building. Once you go offsite then we we're just assuming what would be the growth in our tax

dollars as a result of this project area so we lowered that amount. It is still a cost to the community that occurs because of that but our cost as a Unified Government to pay for it is about the same. Lew, any clarification there? **Lew Levin, Chief Financial Officer,** said the $2.6M includes the principal of approximately the $1.8M plus interest over 20 years and so that's the differential. What Mr. Bach said is correct about that we would have full access to the TIF revenues from all taxing entities if it remained in the Argentine area.

Chairman Bynum said the second question is just to clarify that there's been a change in the restriction on the balance of 6 acres that we do not need in order to build the South Patrol Station, and the newly negotiated agreement could include future potential development there of a for-profit nature. Is that correct? **Mr. Bach** said that is correct. **Chairman Bynum** said and that's a thre year wait. **Mr. Bach** said after three years then we're free. Ken, is that correct? **Mr. Moore** stated that's correct. Initially the deal as proposed—because they're donating the land and they're getting a charitable contribution from the IRS. The restriction was that it had to be used for public purposes and that would prohibit us for doing for-profit activity. Now it's just we have to comply with the IRS code and the IRS code requires that we fill out forms with any change of use within a three-year period so then after that we have no further obligation to the IRS.

Chairman Bynum said my last question is more of the community nature so really there might be answers from a variety of places and I'm kind of looking at the Chief. You stated that you feel the Argentine, I think you said from a community perspective, you feel the Argentine location is better than the Shawnee Drive location and the reason I'm asking is because they both strike me as a mixture of commercial and residential and so I just need more clarification on how you see one being better than another from that standpoint. **Chief Ziegler** said if you look at the Argentine location, everything south of there from Metropolitan is completely residential so our cars coming and going are going to be in that area. We also have some multiple-family housing units in that area that have been problematic in the past and have been high call for service location. I do think by putting the South Patrol station there that will help stabilize some of the activity there as well as just we will be much more visible in the community.

Chairman Bynum asked, Commissioner Murguia, do you want to weigh in on that piece of it or any piece of it. **Commissioner Murguia** said I feel very strongly about this project. I have a very definite opinion about this. For those of you that don't recall or weren't even on the Commission at the time let me explain to you how, from my perspective, the project occurred. It was probably two years ago, I may have the timeframe off a little bit but the situation is accurate. Former Commissioner from District 4 was being forced to accept a parole office within his district, without his knowledge. Half of the parole facility that they were looking to develop was already halfway completed in construction. He was very upset about that and didn't want to have a parole office in his district. No other commissioner was willing to step up and take that parole office in their district, but I stepped up and said I would take that parole office in my district. We had a superfund site that had some available land that I would talk to the developer and convince him to donate it free so that we could have a parole facility. Then, on my own, I went to the state of Kansas and I spoke to our Governor and told him there's no reason for all this fighting. I'll take it in my district. As a result, because it was a brand new Walmart Neighborhood Market and it created 95 new jobs for low to moderate income people, the Governor worked with the Department of Commerce to provide our government $400,000 in cash to help build the facility plus the lease agreement with the parole office plus the excess revenue from the TIF plus the fact the Argentine Neighborhood Development Association received a federal grant for $680,000 for the Sav-A-Lot grocery store, $720,000 for the new Goodcents you'll see next summer and an additional $500,000 for a new Dunkin Donuts that you'll see which will add to all the revenue, the tax revenue that Lew Levin is referring to. I've been on this Commission for eight years and I have been told repeatedly every time I bring up public safety and the need for better facilities for all of our public safety departments not just police, I've been told we don't have the money to do that. I took the time to work with my other commissioners at the time and figure out a way to make this financially feasible without having to dig into the Unified Government's General Fund. I do agree, it's a Brownfield site. I have a little different philosophy on the role of government versus the role of the developer. I think that Hunter Harris and Lane4 do a phenomenal job. They are one of the very few developers that are willing to develop Wyandotte Counties urban core. They've asked a very small thing in my opinion. I want to keep them developing in the urban core of Wyandotte County, all over the urban core, not just my district. They've asked a very small thing. They said we don't do environmental issues, they're developers, they develop stuff. Government, they protect their citizens by supervising and

overseeing environmental issues. I believe, again, just my opinion, I'm just here to state that; I believe it is our duty and our responsibility to accept responsibility for environmental sites that have no way possible of being developed. Hunter Harris and Lane4 are in no position to deal with any kind of public health issue that could result from a site like that.

Obviously, I'm very much in favor of the Argentine site. The proposed site off of Shawnee is very different makeup then the site down in Argentine as the Chief has spoken to. There's a much greater concentration of residential housing. The other thing that I would like to add and I think the Police Chief will acknowledge this. About a year and a half ago the Chief came and met with me, he told me, I believe it was four divisions is what I believe you referred, I may have the terminology wrong; but the bottom line is he said that he was going to have to remove one of the divisions from my district which happened to be down in this lower area and he wanted to put it downtown because crime was going down in my district and crime was going up downtown. I could have made a really made a big deal about that but I didn't. I never mentioned it to anyone. I said to the Chief the area that you are talking about is slated for the construction of a new police station. Since that's going to happened it's simple physical presence should help with the deterrents of crime. He agreed. He admitted that he had even forgotten that. I said with that knowledge and with the fact the Commission has approved the South Patrol go ahead and take that division, move it downtown, move it where crime is highest. That never came in front of the Commission. It was an administrative decision and none of you were ever talked to from me about hey, I'm giving up a piece of my public safety in my district for another district. Again, I feel very strongly about this project. I'd like to see it move forward and I'd like to see it stop bouncing back and forth.

Chairman Bynum said for the Unified Government to take on the nine acres with the understanding that three would be for the station and six could be potentially be developed, I think I heard you say that really private enterprise shouldn't be as responsible or accountable for those Brownfield types of areas as a government. **Commissioner Murguia** said yeah, just for clarity, if Hunter Harris and Lane4 had caused the contamination, that's a whole different game. This contamination was caused years ago by completely different entity. Nobody is letting them off the hook. We are acting as good partners.

Commissioner Townsend said if we, meaning the UG, take on that property isn't that letting them off the hook. **Commissioner Murguia** said it's not their ground. They took on dirty ground for us in a poor urban district to try to redevelop it and I thank them for that. This is probably the real deal. I bet if I talked to Mr. Harris, because I work with him on the regular basis, I bet I might be able to convince him to not make that piece of ground part of the deal but I truly believe I don't want him to own that ground and the other person that doesn't want him to own that ground is the Environmental Protection Agency. After the first conversations about this potentially moving to another location and the government's unwillingness to take this ground I contacted the Chief Legal Counsel for the Environmental Protection Agency. He wrote a letter to me which I forwarded on to Administrator Bach and he specifically states in his letter, and you're all welcome to a copy if you'd like to see it, that he truly believes very strongly that this ground is best suited to be owned the Unified Government, not a developer. In fact, he went so far as to say that he would have issues transferring free ground to the Unified Government for the development of a police station if they were unwilling to take the contaminated fill site along with the free ground that is developable for the new station. **Commissioner Townsend** said if we take this on, will we have to set up some type of fund? **Commissioner Murguia** said no. **Mr. Bach** said well I mean we have an Environmental Trust Fund already. We've had discussions on it so having some money there in case something comes up those issues could happen.

Chairman Bynum said so anyone from the public. I know we had Commissioner Murguia. Does anyone from the public want to speak on the issue? You're more than welcome to step forward to the microphone and please give us your name, city of residency and please speak into the microphone.

Darren Fulton, Bonner Springs, said I am a Police Officer with the Kansas City, Kansas Police Department. I firmly believe that having a new patrol station would be ideal for our officers. I speak to officers everyday who work in South Patrol. Using the other building at 42nd & Shawnee, it's already 25 years old another 25 years it's going to be 50 years old. You're going to be doing all kinds of upkeep on that compared to having a brand new building. The Police Department has never had a brand new building provided by the Unified Government. I work in midtown. We have a new facility. We enjoy our new facility. It's not just about having new

equipment and better cars. We have to go to work every single day at that station. We have to sit in the roll call room, we have to right reports, we have to put on and take off uniforms, use facilities and it would be nice to have something new that we can call ours and putting it in an area in Argentine that is visible to the public where everyone can see us going in and out and being in those neighborhoods that is beneficial on the cities end but it's a benefit to us too. It will help detour crime. I would appreciate the consideration to build a new building to give us something that we can be proud of that we haven't had some things to be proud of for a while. I believe it would boost morale. There are officers that are loyal to South Patrol that have worked there for years. Giving something to give them pride in and give them a little payback for their loyalty for working there for so long, I believe they would greatly appreciate that.

Theresa Gardner, Kansas City, Kansas, said I've heard very logical arguments for and against this facility to go in Argentine. What I'm not hearing is what is more important. Financially it's about the same. To me the most important part is detouring crime, reducing the crime rate in the area, helping the businesses that are trying to grow and the commercial development grow in the area. You don't get that in Shawnee. That to me is much more important than the building, the financial costs. I think you need to look at what's more important when you're weighing the differences.

Mario Escobar, Kansas City, Kansas, said I live right there in the community in Argentine. I think, like the Chief said, it will be a big asset to the community. The relationship that it will build, the exposure it will have for the community will just be better overall. I think also it will help bring in new businesses, more people coming to live in the community. Like I said with the exposure the community will be a tremendous asset to Argentine in general and I think that's the important part. Like the officer said, with the new facility I think the morale of those officers will be much greater as well.

Carol Nichols, Leawood, Kansas, said I tutor students in the Argentine area. My kids in Argentine Middle School that I tutor, it's just a no brainer that they get to see the police officers, that they have that presence, that they interact with the community. While Johnson County might like having your Shawnee building a little closer to Johnson County I think the building in Argentine is just a no brainer.

Nicole Ortego, Bonner Springs, said I am a patrolman with the Kansas City, Kansas Police Department. I have been on for 13 years and spent many years in South Patrol patrolling the area, an excellent community of people. The best location would be the 2300 Metropolitan. It is visible, seen by the public, most of the calls for service come from that area. The second site that has been proposed have been there on alarm calls, it's very secluded, it's very overgrown with trees, it's not visible and definitely not open to the community as the new site on 2300 Metropolitan would be.

Chairman Bynum said, Mr. Bach, I see that the next step is that you are looking to this standing committee for direction so would that be to move forward to the full Commission with one or the other location. **Mr. Bach** said yes, that would be that. That way I would just move forward with the final property agreement on either site.

Action: **Commissioner Townsend made a motion, seconded by Commissioner Johnson, to approve alternative number, which would be the new construction in the TIF District, 2300 Metropolitan location.** Roll call was taken and there were six "Ayes," Bryant, Philbrook, Townsend, Kane, Johnson, Bynum.

Chairman Bynum said it's a long night folks but it's important work and thank you everyone for presenting and all the work that went into the information, thank you Doug Bach for going back to the developer and clarifying how we could resolve the concerns that we had. I really appreciate that. The Police Department is staying put because Item No. 2 is an update on the grant for body worn cameras for the Police Department. We have Jenny Meyers with Legal joining us and Chief Ziegler and Major Smith.

Item No. 2 – 15168…UPDATE: BODY-WORN CAMERAS GRANT

Synopsis: Update on a $352,500 grant from the KS Department of Justice for the Body-Worn Camera Policy and Implementation Program, submitted by Jenny Myers, Legal. Monetary match required.

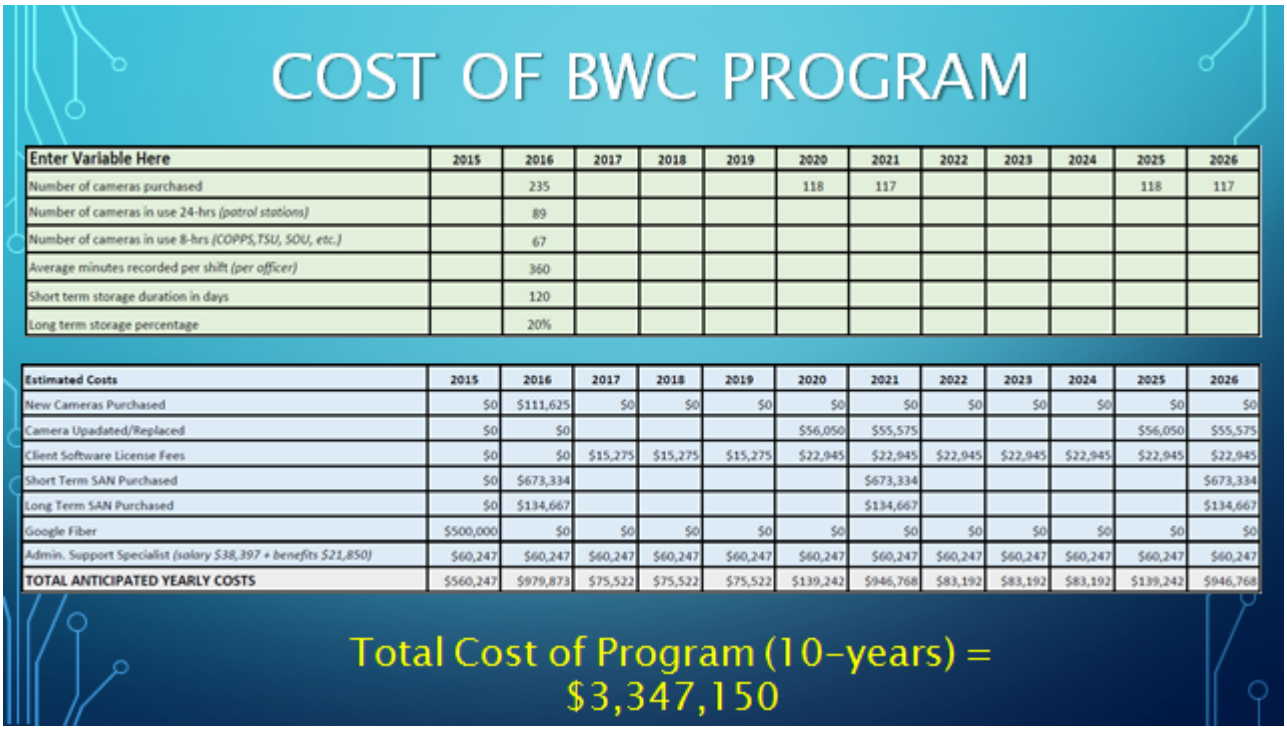
Mr. Bach said, commissioner, as Chief Ziegler is getting his remote maybe we can ask him about his hat. I think I noted it but I kind of like his ball cap sitting out in front and what he's doing this week with his officers. **Chief Ziegler** said because the Royals win and they are going to the World Series we authorized all the officers on the department to wear a Kansas City Royals hat while they're on duty through the duration of the World Series, hopefully, to support the Royals to bring home a win.

Chief Ziegler said I'm going to cover the Body-Worn Camera Project the Police Department has been working on for some time. There's a lot of pieces to this, but we applied for the federal grant which was for approximately $352,000 and we were notified that we will be receiving that funding. Before we receive that funding I kind of wanted to step through the numbers with you all so that you would understand the long-term cost of this project.

The first piece here is the number of cameras that we're wanting to purchase is 235. Every five years the cameras have to be replaced. We built this thing out for a 10-year period so years four and five we're going to have to purchase half of those cameras those two years to kind of spread out the cost.

When we come down we look at the total number of cameras that run 24 hours, that's 89. Those are the ones that are in our patrol stations where officers patrol 24 hours a day, those cameras have heavy usage. The ones that are used eight hours, the number of those cameras is 67, those would be in units like Community Policing, Traffic Support, and our Tact Team.

Now we start getting down to factors that impact the amount of storage we have to have for the camera project. These are all guesses. There is no good study out by any agency regarding how much the video cameras are used, how many hours of footage are recorded, what percentage of the footage is short-term storage and then long-term storage. We're guessing on these numbers at this point. We're guessing that on average we're going to have about 360 minutes of recorded time or six hours per officer, per shift. Out of that 360 minutes we're looking at short-term storage in the number of days. Our thought is to have a retention period for videos that are not connected to a criminal case for 120 days or four months. Out of the videos that are captured we're anticipating 20% of those videos would need to be saved long-term, three years or until infinity if it's a homicide. These are the numbers that we use in trying to figure out how much this program was going to cost us.



COST OF BWC PROGRAM

Enter Variable Here	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Number of cameras purchased		235				118	117				118	117
Number of cameras in use 24-hrs *(patrol stations)*		89										
Number of cameras in use 8-hrs *(COPPS,TSU, SOU, etc.)*		67										
Average minutes recorded per shift *(per officer)*		360										
Short term storage duration in days		120										
Long term storage percentage		20%										

Estimated Costs	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
New Cameras Purchased	$0	$111,625	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Camera Upadated/Replaced	$0	$0				$56,050	$55,575				$56,050	$55,575
Client Software License Fees	$0	$0	$15,275	$15,275	$15,275	$22,945	$22,945	$22,945	$22,945	$22,945	$22,945	$22,945
Short Term SAN Purchased	$0	$673,334					$673,334					$673,334
Long Term SAN Purchased	$0	$134,667					$134,667					$134,667
Google Fiber	$500,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Admin. Support Specialist *(salary $38,397 + benefits $21,850)*	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247	$60,247
TOTAL ANTICIPATED YEARLY COSTS	$560,247	$979,873	$75,522	$75,522	$75,522	$139,242	$946,768	$83,192	$83,192	$83,192	$139,242	$946,768

Total Cost of Program (10-years) =
$3,347,150

The next thing we did is we built out the cost in this slide. I'm just going to try and hit the highlights here real quick. Google Fiber, initially we didn't know if we were going to get Google Fiber so we ended up looking at BPU and what the cost would be to the department to install fiber. We have to have fiber in order for this project to move forward. Fiber is important because we to need to download the videos recorded at the patrol stations at the patrol station and then it's transmitted down to police headquarters where it's put on our servers.

The cost if we use BPU was $500,000. We were told late last week that we believe that we can install Google Fiber for less than $100,000 so we could back $400,000 of that out.

The next thing we looked at is when we talked about our short-term storage, to buy the storage spaces that we need it's $673,000, to buy the long-terms storage that we need it's $134,000. The first year we're looking about $160,000 which would need to be spent this year to connect our Google Fiber and to hire an additional employee.

This employee cost here we have 19 video cameras in our patrol cars approximately. We have one employee that spends half her day burning those videos to CD's that are connected to criminal cases, 19 cameras. We then have 235 video cameras and we're going to have to have a full-time employee to manage this program for us so with salary and benefits we factored in

$60,000 for that position. As we move across you can see when the buy the servers next year and you buy the first round of cameras, you're looking at $1M spread out over a two-year period the cost of the program minus the grant money and minus the $400,000 we'll save by going with Google Fiber you're looking at a $3.3M project. It is a big price tag. If we move forward with this project, you have to understand this is not going to be a project that the Police Department will be able to back out of at a later time or downsize or say let's defer the cost a few more years before we replace our storage units. This is a cost that will have to be budgeted and spent annually in order to keep this program going.

Some variables that I don't know about. I can tell you right now looking at today's cost the Police Department believes that you are looking at $3.3M. However, I do not know what the cost of technology will be in the future. Then the other piece that factors in this is the state legislature last year had drafted some language for a state statute that would dictate how long Police Department's would retain videos, who would be entitled to access those videos, what would happen if an officer was sued or a complaint was filed against the officer and for some reason there was no recording. The state could come in and draft legislation that could greatly impact the cost of this project and those things I can't calculate right now. Before we accept the grant I kind of wanted to give an overview of the cost so that you would understand what we're looking at long-term and some of the cost we couldn't determine at this time. I'll answer any questions if I can.

Commissioner Kane asked, Mr. Bach, do you think you're going to have $3.4M and that's—you're right I was there when the state talked about what they could do to us we don't know. In my mind I don't think we're prepared to move ahead with the cameras because I don't know where we would come up with the money. **Mr. Bach** said and that's why I asked the Chief to kind of lay this out so we go into this with our eyes wide open. I don't think any of us look at it and think they body cameras are a bad idea. You all looked at this and think there's a lot of good that could come of these, a lot of beneficial things that would do it, but the Chief's not there to try to drive an argument home as to why we shouldn't do it. He wants to do this program. He just wants to make sure if we're going to do it, we're going to do it. $3.3M gets a little daunting. We back out that $600,000, we'll spend to that $300,000 in it's upfront year that we have budgeted then I divide over the other nine years. It's a little over 3 but other contingences Your $300,000 to $400,000 a year of equipment, commissioner, that you pointed out earlier that we currently are

having trouble updating that we will have to add to the Police Department's budget to get updated every year. **Commissioner Kane** said that's my point. We had to purchase some radios, the radios themselves at $2M. I was on the Commission at the time and over 2/3 of the commissioners weren't here yet. When they came on they wanted to know why we spent that money. We spent that money so we could be hooked up to the surrounding municipalities and knowing if there was something catastrophic that happened that we would be able to communicate with them. That's just $2M and a cost that will last a lot longer than this. The reason I'm saying that is because this will be the gift that keeps on giving. Do I want them? I absolutely want them. Can we afford the, in my mind not so much.

BPU Board Member Bryant said, Chief, you mentioned the potential legislation coming out. That would only be applicable if we chose to go with the body cameras right? **Jenny Meyers, Senior Attorney,** said that proposed legislation actually was mandatory for all law enforcement officers so the state tried to propose that every law enforcement officer would have a camera and that didn't go through.

Commissioner Johnson asked have you all explored any other alternatives to this and I don't know what that could be out in the world of cameras and things of that nature. Have you looked any other alternatives to this particular item? **Chief Ziegler** said one of the main driving cost here is the storage for the videos. We went and we looked at what would it cost to be on the Cloud, to contract with a company who would store, purge, manage our videos for us. We we're looking at this project prior to the Ferguson incident. At the time we were looking at body cameras where the videos were downloaded, they were sent automatically to the Cloud. That cost was $25 a month for storage which is very reasonable. After Ferguson, we got a bill from the company while we were testing these cameras out and it doubled to $55 a month per camera. We called and said why did the cost go up so much. They said well demand is going to be much higher so we're raising our prices. We feel like by maintaining the storage of the videos ourselves we can control some of those costs. That was an alternative, if you're asking for alternative solutions we did look at think, but I think that the potential for some costs that we can't control is great and this seemed to be the best way for us to manage those.

Commissioner Townsend said I have a couple of questions. I think one has already been answered by the question that Mr. Bryant asked. I was wondering about what the potential for impact as with state legislation. I guess they've already tried to mandate the use of body cameras and that did not go through so I can scratch that one off.

Of the 235 cameras, how did you come up with that number? **Chief Ziegler** said that is putting a camera on every officer that we have working in the patrol stations. There is a duplication there so that when one officer comes in, the cameras will constantly have a charge and be able to download so we doubled the number that we needed for that constant flow in our 24-hour stations and then all of our community policing, tactical unit, and our traffic unit will all have body cameras as well. Any officer that serves in a patrol function or that could take an enforcement action would be wearing a camera including supervisors. **Commissioner Townsend** said that makes sense. That's the two questions I had. I would love to see this instituted but it does go to the question of money and can we afford it. I think there may be a couple more of the Mayor's town hall meeting so this might be something they add to it because I understand this could be the gift that keeps on giving, but it's also a gift we have to keep paying for. You're talking about $3.3M every year and where is that going to come from right now. I love the program but it's just a matter of how we're going to fund it.

Commissioner Kane said in ten years we don't know what the other cost could be thrown in there as that is going along. **Mr. Bach** said you're cost is like $300,000 to $350,000 a year and that's a 10-year accumulative cost. **Commissioner Townsend** said okay. So we're talking about $400,000 a year. **Ms. Meyers** said up to $400,000 a year.

Chairman Bynum said for me what I recall from you bringing the grant opportunity forward was I felt like we were putting a grant application in front of policy. We did not stop to talk about policy because the grant opportunity was right in front of our faces and we had to apply for grant or miss the opportunity. I don't think we've ever gone back to the policy question. Although, I'm hearing support I think from my fellow commissioners for the body cameras, I think there are a lot of questions and implications around the body cameras. One of the questions I had way back when the grant application was brought forward is what does it do to just everyday citizen communication with their patrol or community policing officer. Does it stifle that flow of information, that was one concern I had.

Second question is, has it been talked about at all at any community level, has it been talked about at an east patrol division meeting, has it been talked about with your Law Enforcement Advisory Board. What is the feedback you can bring us as to the policy portion of this?

Chief Ziegler said part of the grant allowed for the first six months of that grant for us to develop a policy. Part of that policy development, the grant stipulated that we had to go and visit with our stakeholder, so we identified the District Attorney's Office, Municipal Court, Livable Neighborhoods, the Law Enforcement Advisory Board and the Fraternal Order of Police as all of the stakeholders that we would go and have a conversation with once we kind of had a pretty good draft policy but nothing written in stone. It was a lot of things. We had a conversation with the Law Enforcement Advisory Board. Some of the people in the Law Enforcement Advisory Board wanted us to turn the cameras on when we come on duty and not turn them off until the end of duty. That was also I think part of the legislation was the cameras couldn't be turned off unless the officer was on personal business or using the restroom. I had told all of the groups that we've had this discussion with that once we had a policy we would bring it to them and speak about the key points of that policy. People are all over on what they think Law Enforcement should do with those. I do believe that if we were to draft a policy that was mentioned in the state legislature and some people in the community have mentioned where the camera is on from the beginning when you walk in the door at the police station until you leave, it will have a chilling effect on interactions with the citizens. That is what Chuck Wexler from the Police Executive Research Forum, that's one of the things that he talks about. Some of the impacts of the camera projects cannot be measured at this time because the technology is so new. The policy creation, we do have a policy, it's pretty solid right now, getting close to having it finished, but we still had to step into the next part of that when we go talk to our stakeholders.

Chairman Bynum said okay. I don't think the item is for anything more than information.

Commissioner Townsend said I do have a couple of more questions. You mentioned, Chief, that this was not the kind of project you get into and then get out of later. Could you talk about more why that's the case and also the $352,000 grant we're talking about. If we're talking about an annual cost of about that much or maybe a little bit more, is this grant annual or this is a one-

time shot? **Mr. Bach** said one time. **Chief Ziegler** said it's a one-time shot grant. You wanted me to talk about the first piece. **Commissioner Townsend** said why this isn't something you can get into and then get back out. **Chief Ziegler** said the reason I made that comment was when our in-car cameras, our in-car video cameras, in 2014 they began breaking. We had no money to replace them. I directed the garage, fleet services, to begin removing those units from the dashes of our patrol cars because when an individual gets pulled over and there's a broken camera sitting on the dash the assumption is that the interaction is being videoed and they weren't so we removed the cameras that were broken. Chief Ellen Hanson at the time, I explained to her what was going on and she found funding to be able to replace all the in-car cameras. Once you put the body cameras on our police officers we will not be able to say hey, we don't have the money right now to be able to do this. I believe this will take a priority over other expenses that the UG has because the community will come to expect and demand it. Meaning, if an officer goes on a call and he or she is not wearing a video camera and an arrest is made and charges are filed, I would speculate that when they go to court jurors will say well there's no video camera; that was intentional, everybody else has got a camera, why didn't you have yours? Well, mine was down and couldn't be replaced. I believe that we are going to lose criminal cases as a result of it if we don't stay on top of the program and fund it appropriately. **Commissioner Townsend** said thank you.

Chairman Bynum said I'll just make one more quick comment more to our Administrator that this is the same Police Department that's been waiting quite a number of years for a raise. It will be another item to balance, to take on this year in and year out budget costs for body cameras. **Mr. Bach** said when you lay this out, commissioner, the amount of cost, that's why I wanted the Chief to be able to make it clear to you. I think Commissioner Townsend kind of stated it well when she noted we're getting a one-time $360,000 grant to leverage what would be combined, $4.5M worth of cost. That's a pretty small matching amount of money and certainly doesn't drive our decision-making process, not like it did last summer when we put this before you and had an opportunity we thought to get a $500,000 grant and we would have to put about $500,000 into it. As we're looking at policy we also look at what are the costs of the operations. Now we have a better feel for that as we've gone forward to it and if we make a decision to go forward, I don't think it's a decision based on this grant is something that's really going to turn that for us. It's a decision on something we're willing to commit the funding to this to pay for these cameras.

$300,000 we can buy ten cars with that. There's an issue that comes to what's our priority first and maybe there's a better time for it in the future as we get everything laid out. There will also be some economies to this. This is a very hot item right now. Not saying it's something we shouldn't go in that direction but it doesn't mean we have to go there immediately.

Commissioner Philbrook said I agree with everything that's been said here. We all like to jump on the bandwagon when there is a new latest, greatest thing to do. If we had the money, that's the biggest word in the dictionary, if. Then we could roll the die and we could hope that we would have plenty of money to take care of those things that may jump up and bite us in the fanny that we don't know are coming down the pike. I would rather have money going toward things for our officers that we already know they need then throw money at this at this point and time. That's just my opinion.

Chairman Bynum said, again, I think this is was information only purposes for tonight. We thank you for being so patient and waiting to discuss it.

Item No. 3 – 1582…REQUEST: HONORARY STREET NAME

Synopsis: A communication from members of the Evangelistic Center Church, 1800 Washington Blvd., requesting an honorary street name designation at 6th Street and Quindaro Blvd., in honor of Rev. Willie C. Vaughn, Jr., submitted by Lideana Laboy, Public Works/Traffic. (Sign to read: Rev. W.C. Vaughn, Jr., Ave.) On September 28, 2015, this item was presented to the committee and it was voted unanimously to hold over until October.

Action: This item was presented earlier in the meeting.

Item No. 4 – 15163…REVIEW/APPROVE: SOLID WASTE MANAGEMENT PLAN

Synopsis: Request review and approval of the 2015 Annual Review and the 2015 5-year update of the Wyandotte County Solid Waste Management Plan as required by the Kansas Department of Health and Environment (KDHE), submitted by Mike Tobin, Public Works Interim Director.

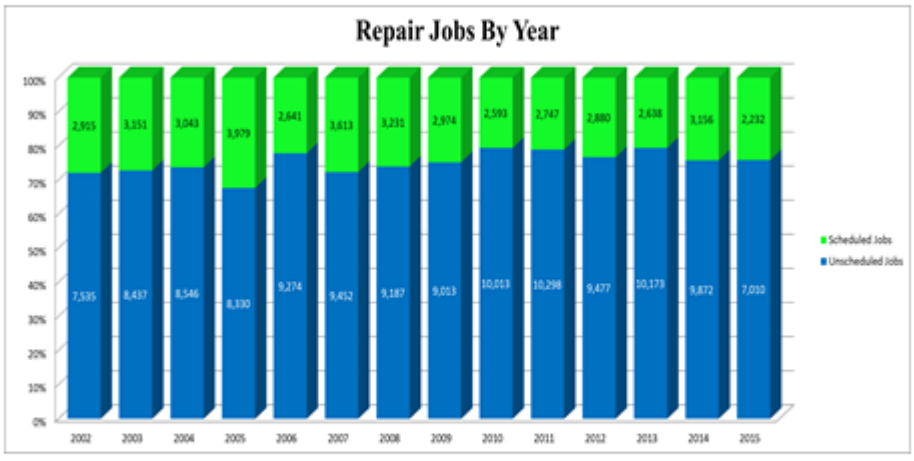
Mike Tobin, Public Works Interim Director, said in order to be brief I'm going to turn this over to Tim and Kirk right now, they developed this.

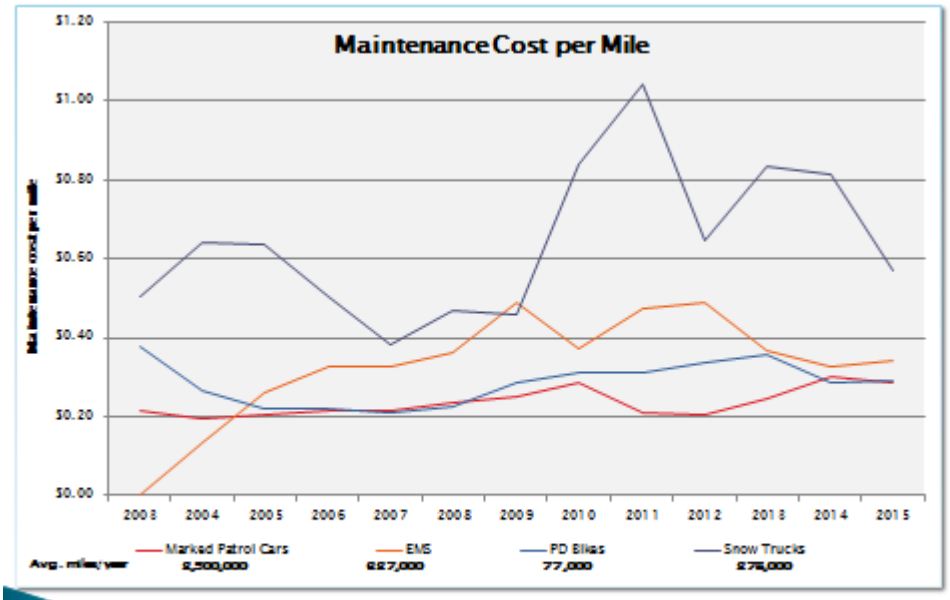
Tim Nick, Public Works, said we're here again, we're here two-fold this year. Not only is this our annual review of our Solid Waste Plan but also this is our update on our 5-Year Plan that we have to submit to KDHE. We had two meetings this year and I'll let Kirk talk more in detail once we get slides going.

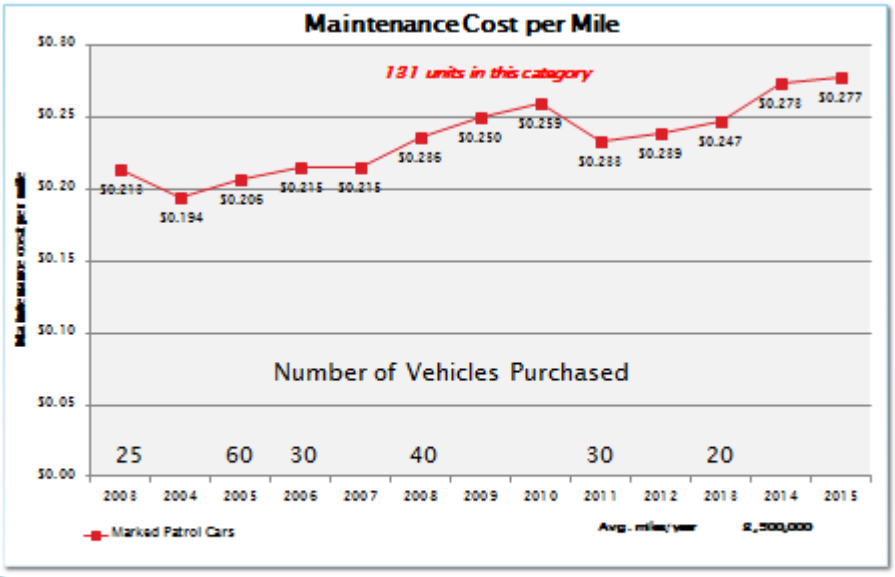
KPIs used by Fleets

	Goal	Current
Cost per Meter	variable	
PM Compliance	95%	98%
Comebacks	<2%	.5%
Technician Performance	85%	71.6%
Scheduled vs Unscheduled Jobs	70%	78%
Inventory Turnover Rate (annually)	4	2.3
Outside Repairs	<1.5%	.09%
Asset Availability	95%	94%

Scheduled vs Unscheduled Jobs




Maintenance Cost per Mile
$1.20
$1.00
$0.80
$0.60
$0.40
$0.20
$0.00
2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015
Marked Patrol Cars
EMS
PD Bikes
Snow Trucks
Avg. miles/year
2,500,000
827,000
77,000
278,000


Maintenance Cost per Mile
131 units in this category
$0.80
$0.25
$0.20
$0.15
$0.10
$0.05
$0.00
$0.213
$0.194
$0.206
$0.215
$0.215
$0.236
$0.250
$0.259
$0.233
$0.239
$0.247
$0.273
$0.277
Number of Vehicles Purchased
25
60
30
40
30
20
2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015
Marked Patrol Cars
Avg. miles/year
2,500,000

$110,000.00

SAMPLE WORKSHEET
examples entered

PROJECTED REPLACEMENT CYCLES

As of: 6 2011

Fleet ID#	Fleet Class	Model Year	Make/Model	In-Service Date (Mo)	In-Service Date (Yr)	Time In Service (Months)	Beginning Meter Reading	Current Meter Reading	Total Use By UG	Meter Type: Miles Hours Months	Average Annual Use	Fleet Rplcmnt Target (From Charts)	Rplcmnt Cycle (Years)	Projected Rplcmnt Year
821	Van, mini, passenger	2010	Chev, Astro	10	2010	8	25,412	60,824	35,412	Miles	53,118	100,000	1	2,011
570	Auto, police sedan	2010	Ford, Crown Vic	2	2010	16	-	18,925	18,925	Miles	14,194	90,000	6	2,016
571	Auto, police sedan	2010	Ford, Crown Vic	2	2010	16	-	23,672	23,672	Miles	17,754	90,000	2	2,012
99	Pickup, small, xc, 4x2	2010	Nissan	7	2010	11	-	38,065	38,065	Miles	41,525	75,000	12	2,022
153	Pickup, small, xc, 4x2	2010	Ford, Ranger	7	2010	11	-	49,069	49,069	Miles	53,530	100,000	2	2,012
219	Pickup, small, xc, 4x2	2010	Chev, S10	1	2010	17	-	43,079	43,079	Miles	30,409	100,000	3	2,013
281	Utility veh, AMT	2010	LD, Gator, 4x4	1	2010	17	-	909	909	Hours	642	1,500	2	2,012
3098	Air Compressor, trailered	2010	Sulair	3	2010	15	-	417	417	Hours	334	1,000	15	2,025
823	Pickup, full, xc, 4x4	2010	Ford, F150	6	2010	12	-	20,631	20,631	Miles	20,631	75,000	4	2,014
824	Auto, compact, sedan	2010	Dodge, Neon	7	2010	11	20,451	34,065	13,614	Miles	14,852	100,000	5	2,015
822	SUV, full, 4x4	2010	GMC, Yukon	6	2010	12	-	18,833	18,833	Miles	18,833	75,000	4	2,014
52	Auger, hydr attchmnt	2010	McMillen	7	2010	11		107	107	Months	117	180	2	2,012
189	Auto, compact, sedan	2010	Ford, Escort	2	2010	16	18,561	21,694	3,133	Miles	2,350	75,000	24	2,034
780	Truck, off road, sludge	2010	AG CHEM	10	2010	8	-	2,224	2,224	Hours	3,336	3,500	1	2,011
517	Auto, compact, sedan	2010	Ford, Escort	2	2010	16	13,602	16,243	2,641	Miles	1,981	75,000	31	2,041
274	Air Compressor, electric	2010	Atlas	9	2010	9		30,002	30,002	Hours	40,003	55,000	1	2,011
286	Trencher, hydr attchmnt	2010	Lowe	12	2010	6		78	78	Months	156	180	1	2,011
370	Tractor, ag	2010	IHC	3	2010	15		3,149	3,149	Hours	2,519	5,000	2	2,012
372	Pickup, full, sc, 4x4	2010	Chev, 2500	2	2010	16	-	15,963	15,963	Miles	11,972	75,000	6	2,016
177	Auto, midsize, sedan	2010	Dodge, Intrepid	7	2010	11	23,500	28,120	4,620	Miles	5,040	75,000	10	2,020
399	Loader, skid	2010	Bobcat, 753	10	2010	8	-	243	243	Hours	365	2,500	15	2,025
472	Truck, light duty, fltbd	2010	Dodge, 3500	3	2010	15	-	5,452	5,452	Miles	4,362	100,000	15	2,025

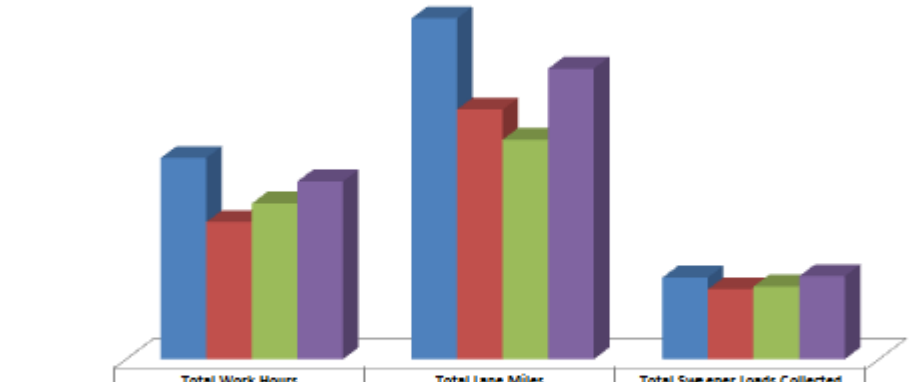
Why Do We Sweep

- Street Sweeping began in the early 1900's as a way to cut down on air-borne dust and improve city beautification.
- Modern sweeping still provides both of those qualities as well as compliance of EPA Mandated Storm water Run-off Programs.
- Regular sweeping is an integral part of regular maintenance and provides for the safety of motorists, pedestrians, and bicyclists.

How Do We Sweep

- The UG maintains a fleet of 9 Pelican sweepers, with 4-5 operated daily.
- Each sweeper requires a 2 operator team. One sweeper operator, and one dump truck operator.
- Utilize existing snow route maps for smooth operations and distribution.
- Goals:
  - Major Arteries and Collectors - Once a month during sweeping season
  - Secondary Routes - 3 times a year

Multi Year Comparison



	Total Work Hours	Total Lane Miles	Total Sweeper Loads Collected
2012	5,257	8,909	2,135
2013	3,581	6,527	1,827
2014	4,070	5,739	1,901
2015	4,648	7,599	2,169

UNIFIED GOVERNMENT
Wyandotte County • Kansas City, Kansas

U.G Mowing Program 2015/2016

Mowing Requirements	Responsible Party	Mowing Area	Frequency
Right of Way	Street Department	250 acres	Bi-Monthly
Code Violation Lots	Street Department	600-800 lots	As needed
UG Buildings	Contractor	25-30 locations	Once a week
Parks Facilities	Contractor & Parks	54 locations 2700 Acres	Bi-Monthly
Cemeteries	Contractor & Parks	14 locations 105 Acres	Bi-Monthly
Ball Fields	Contractor	23 fields 40 acres	(13) 2 times a week (10) 1 time a week
Medians	Contractor	26 miles	Every 7-9 days
UG Owned Lots	Contractor & Parks	4550 lots	3 times a year
Land Bank Lots	Unfunded	2100 lots	As needed

Changes Made For 2015

- $55,000 Additional Funding
  - 12 Summer Positions
  - Additional Mowing Equipment
- One Employee dedicated to oversee contractors
- Changes to median & park contractor scope of services
- Implement median spray program

Modified Contractor Specifications

- Additional detailed weed eating and mowing.
- Vegetation removal from walking trails, playgrounds and parking lots.
- Added detail work for medians.

2014 vs. 2015

2014	2015
17 day in house mowing turnaround	13 day in house mowing turnaround
10,912 vacant lots mowed	11,272 vacant lots mowed
No median spray program	1st year for median spray program
Medians were not edged	Medians were edged using in house labor
1250 O.T. hours worked by parks staff for additional mowing.	2500 O.T. hours worked by parks staff for additional mowing to decrease turn around from 17 to 13 days. 50% increase.

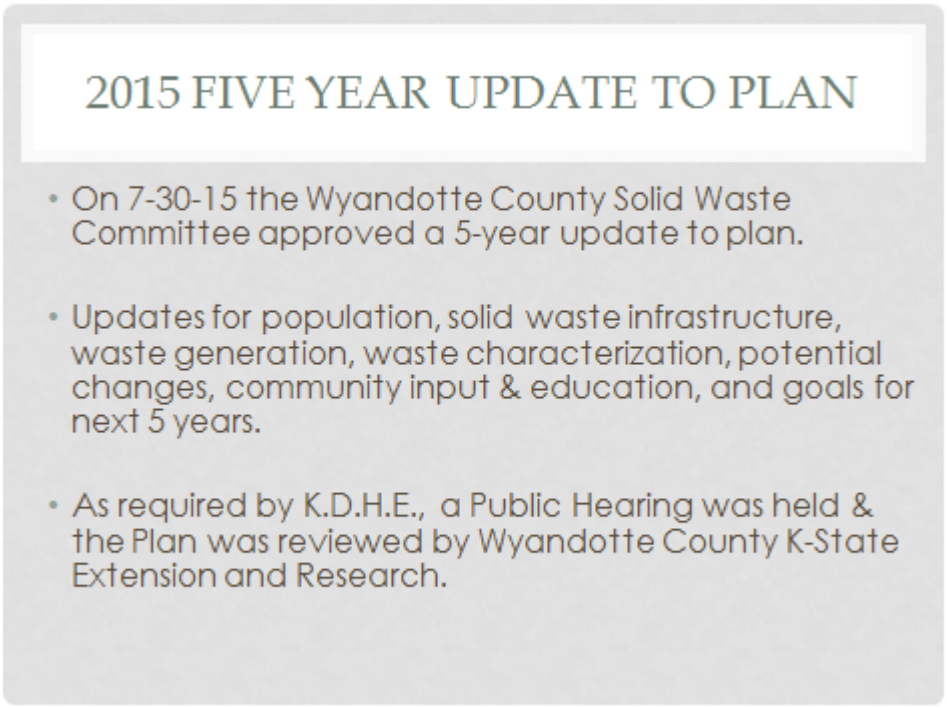
2016 Goals

- Continue summer mowing program with 12 summer employees and add 6 seasonal employees
- Reduce mowing turnaround to 10-12 days.
- Continue and upgrade median spraying program implemented in 2015.
- Continue added detail work in mowing contracts.

Kirk Suther, Recycling Waste Manager, said all counties are required to have a Solid Waste Management Plan and a Solid Waste Management committee which we do have and that's taken by the Kansas Department of Health and Environment is the agency that requires that. Like Tim said we did have the annual review of the plan plus we did a 5-Year Plan and updated the 5-Year Plan and this is the second time that I've done the update to the 5-year plan so it made it a lot easier.

The solid waste review was conducted in April by the Wyandotte County Solid Waste Committee. We reviewed the solid waste infrastructure in place to manage it both from the public side and the private sector side and we looked at our current programming and we evaluated the goals of the 2010 5-Year Solid Waste Plan.

The major changes that we had this year in the annual was that the yard waste center opened up from the old recycling center. It was converted into the yard waste center in 2014 and also that Deffenbaugh now accepts yard waste and tree limbs at the landfill. Just this year or the first in 2014 at the yard waste center we had 431 loads that came in the first year and through the middle of October we have doubled amount of 863 loads that have come through at our yard waste center so that was a good improvement.



The 5-Year Plan, we had that meeting in late July to approve that with the Solid Waste Committee. We had updates for the population, for the solid waste infrastructure, what kind of waste we generate, what type of waste do we have. Potential changes that we saw in the system of things that are happening and changes in community input and education and also some new goals for the next five years from 2015 to 2020. As required by KDHE we also had a public hearing and the Wyandotte County K-State Extension reviewed the plan for us.

In a nutshell after looking at the waste that is generated we came up with waste reduction strategies and they involve reducing the amount of waste that both businesses and residents generate. Reusing items and secondly is recycling for residents and businesses. Currently, businesses are not regulated so we're going to be coming up with some programming to try to encourage more businesses to do recycling. We are going to continue with the yard waste efforts and strategies to increase yard waste or divert that from landfills. Another one that we're looking at is food waste and trying to divert the food waste. We would really love to see that put into use where people would be able to be feed from that and then some of the special waste. I could go on and on but I'm not gonna.

Chairman Bynum said I just want you to know that you've been tasked for carrying out the strategies and one of them is the marketing and the continued marketing to improve our recycling numbers and the Mayor had said when we we're looking at this item in agenda review that he would really like more of the green bins, but that there is an alternative if you don't have a green bin, you can still recycle and there are ways you can identify your receptacle as recycling and so we're really looking to you to get all that done. Market to the community all of the efforts for reduce/reuse. All the ways we can recycle. If we can get some more green bins we would love

it. We know you're working hard on this. **Mr. Suther** said just one point with that. Since we started it in 2008 curbside every full year it's averaged 4.7% increase in volume over that number of years. **Chairman Bynum** said we appreciate the work. We're sorry about the late hour. **Mr. Suther** said Mike wanted me just to say that we had approximately 22,000 to 23,000 bins that we've put out over the last few years. **Chairman Bynum** said and I know that you're out of them. **Mr. Suther** said yes.

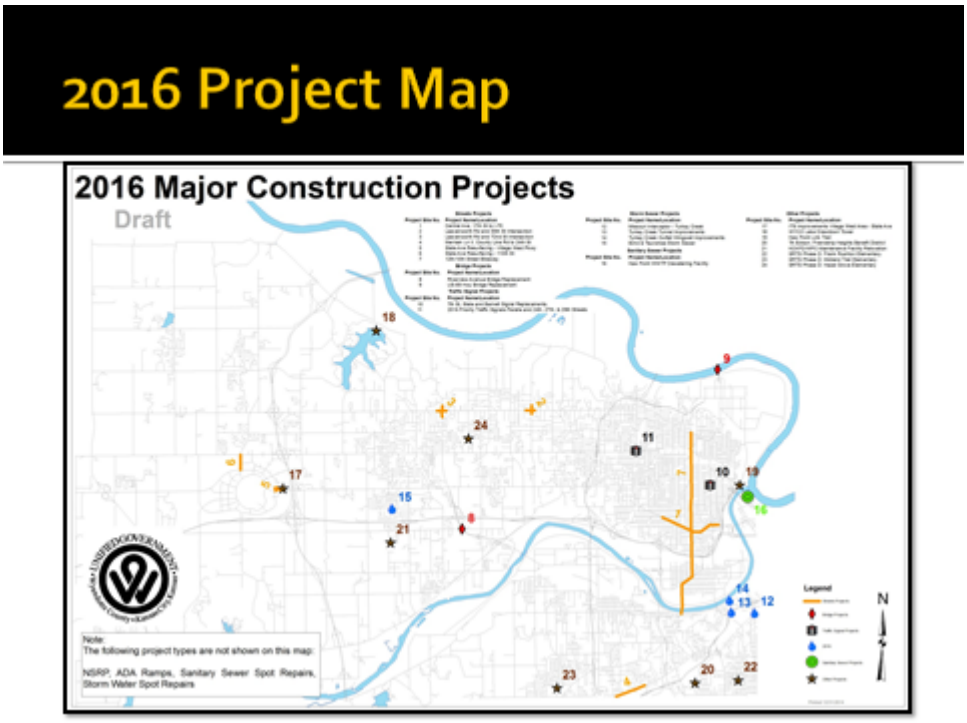
Commissioner Philbrook said you're out of them. I wonder if we were willing to buy our own bin, how much are they a piece. **Mr. Nick** said that's being discussed with our contractor right now. The last ones that we distributed they purchased and it looks like they're more than willing to do it again.

Action: **Commissioner Philbrook made a motion, seconded by BPU Board Member Bryant, to approve.** Roll call was taken and there were six "Ayes," Bryant, Philbrook, Townsend, Kane, Johnson, Bynum.

Item No. 5 – 15136…PRESENTATION: 2016 CMIP PROJECTS

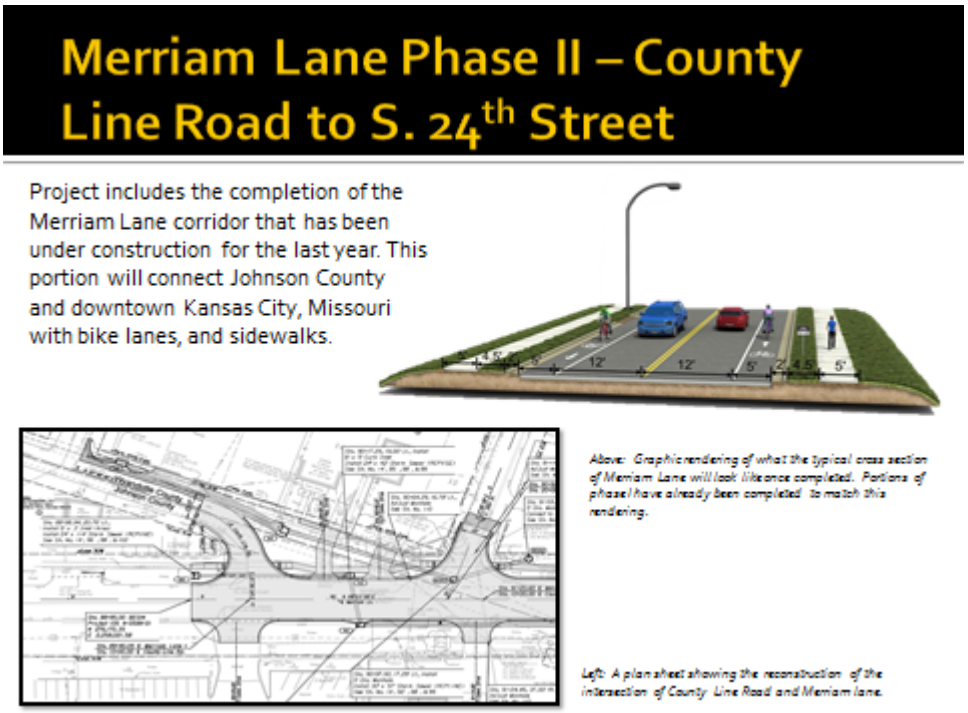
Synopsis: Presentation of major infrastructure projects slated to start construction in 2016, presented by Mike Tobin, Public Works Interim Director. Projects to be discussed include street, sidewalks, sewers and stormwater. This is the first in a two-part discussion of projects.

Mr. Tobin said last our County Engineer, Bill Heatherman is going to discuss the CMIP that you approved with the last budget for the projects in 2016. These are the projects that will be under construction in 2016 that are part of the plan.



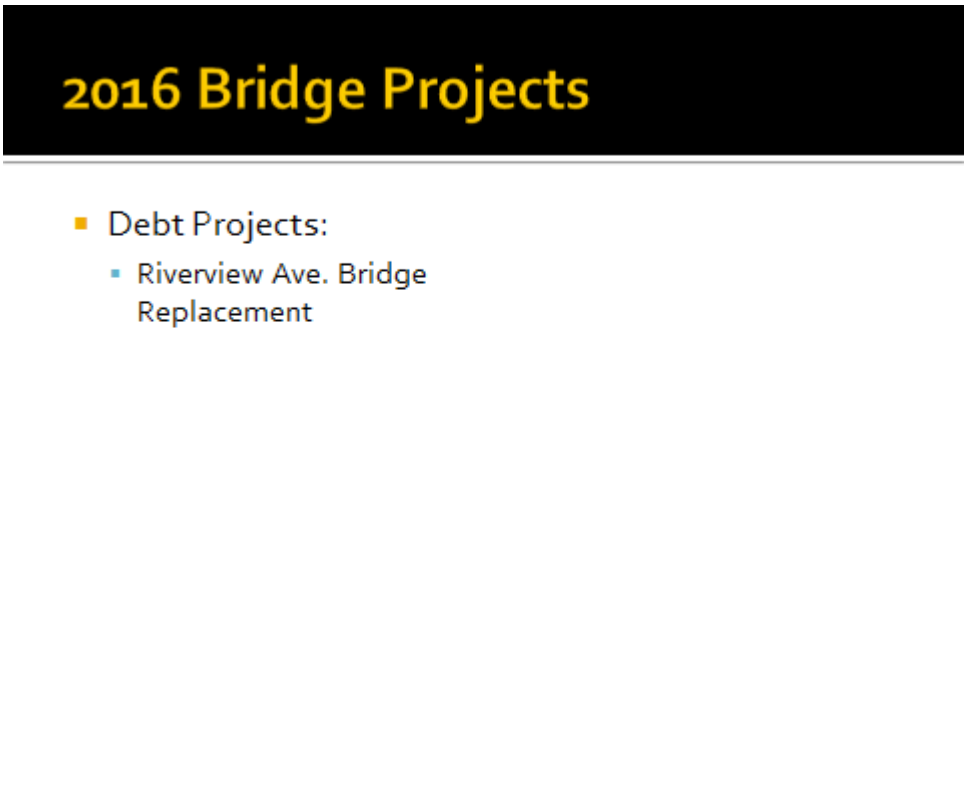
Bill Heatherman, County Engineer, said I will say this particular map does not show all of the CNIP locations because we've put those together in other maps and there's so many bright stars added. When we show the CNIP projects we wanted you to see the other major construction projects we have underway. We're just going to give a high view of projects that we anticipate to be under construction in 2016.

First our streets and traffic which is a lot of individual projects. This ranges everywhere from federally funded projects like Leavenworth Road Intersections to our Neighborhood Street Resurfacing, our ADA Pedestrian Ramp Program. The commitment that we've made to do upgrades to sidewalks and other infrastructure in Fairfax Industrial. We have a major federal aid project kicking off, Merriam Lane Phase II, which takes the improvements that have just wrapped up, if you've been through lately, we're getting very close on the east side. That same kind of improvement will continue west from 24th Street on to County Line. We are going to get State Avenue around Village West Parkway resurfaced. Next year you approved that in your budget. 10th/12th St. Bikeway. We do a lot of our projects through debt, some through cash, some through a mixture, and over on the right hand side we also have our traffic projects which includes work like you've seen on 7th Street around City Hall, the KDOT Traffic Message Boards Project and we do other Priority Traffic Signals. Many of our traffic signals are quite old and are just basically ready for a planned replacement.



Want to just highlight Merriam Lane Phase II, County Line to 24th St. That will continue the major upgrades including curb, better control of the pavement edge sidewalks. We are able to include a bike lane in that project, new LED lighting and overall facelift. In the corner there you just see a little piece of the planned street. If you're familiar with kind of where the county line just mysteriously slides through as you're going on Merriam Lane it turns out to be kind of a complicated set of intersections. We've coordinated with Overland Park so that we can bring our project to a nice clean close.

Leavenworth Road Intersections; I know, Commissioner Philbrook, this has been near and dear to your heart as other Leavenworth projects have been. KDOT projects are a long time in the making. It has already been bid. The contractor is onboard. Because we are going into the winter construction season they're working on their scheduling and deciding what they want to do to kickoff with. That project has been coordinated carefully with BPU because of the Nearman Plant upgrades that will be north on 55th St.

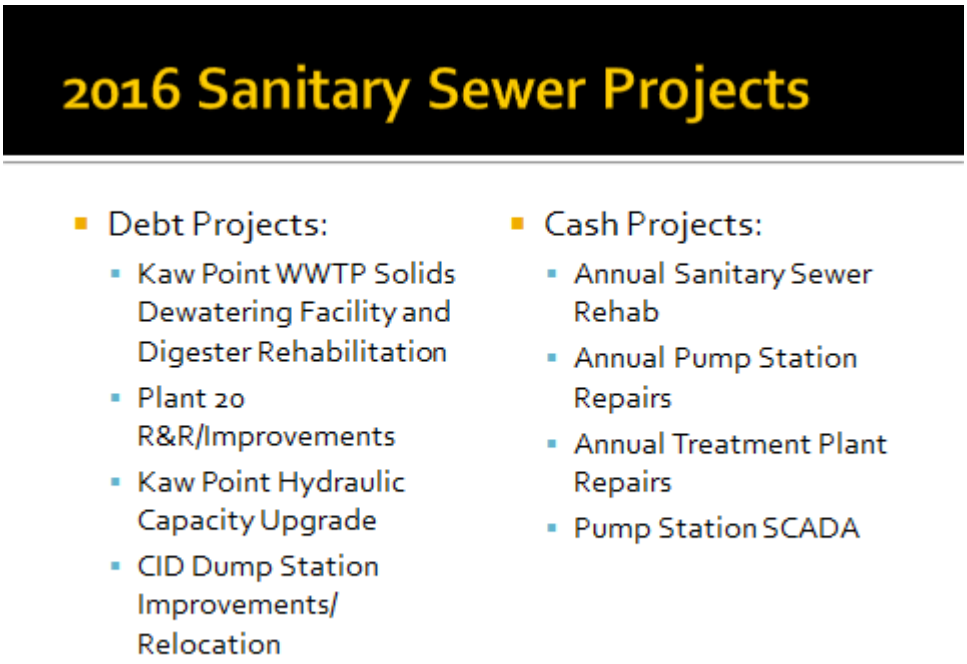


In terms of bridge projects, for particularly 2016 focus the Riverview Avenue Bridge Replacement is the main bridge project. We go up and down in terms of the number of bridge projects we have in any one given year.

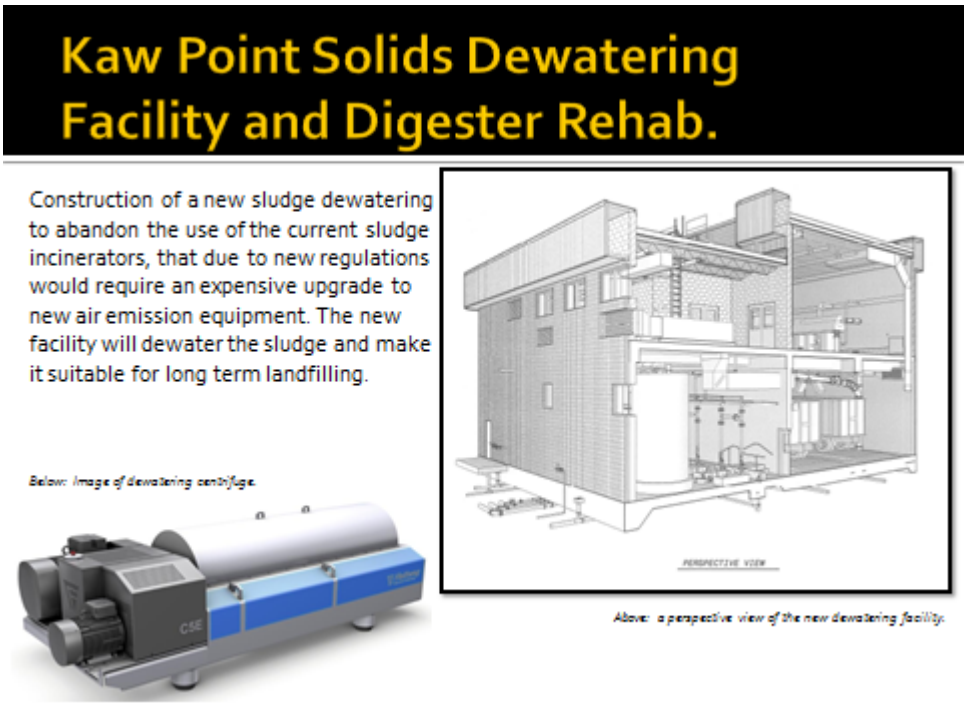
Stormwater Projects, we've mentioned before. We've done a lot of good on Turkey Creek and we continue to have pieces of the Turkey Creek program that are coming through.

We also are moving into this era of being able to do major backyard improvements. The 82nd and Tauromee Storm Sewer Improvements is what we also call Stony Point. It is a multi-phase set of improvements. We have another neighborhood that was added to the CMIP Stone Haven. We're doing some of our projects through debt, others through cash funded by the stromwater utility. We do an awful lot of just spot repairs. We have very significant amount of programs that go out and handle individual locations. A lot of them brought forward by our maintenance crews. Wanted to just highlight the 82nd & Tauromee Storm Sewer Improvements. This is basically a major maintenance. There is an existing open concrete line channel. The concrete's pretty spald In some places it's almost disappeared. It's a no man's land in the backyards of a long run of neighborhoods along 82nd near Tauromee. We're going to be able to put that entire system underground, enclose pipes, restore the backyards, and that system being underground will be less subject to degradation. It will be longer lasting.

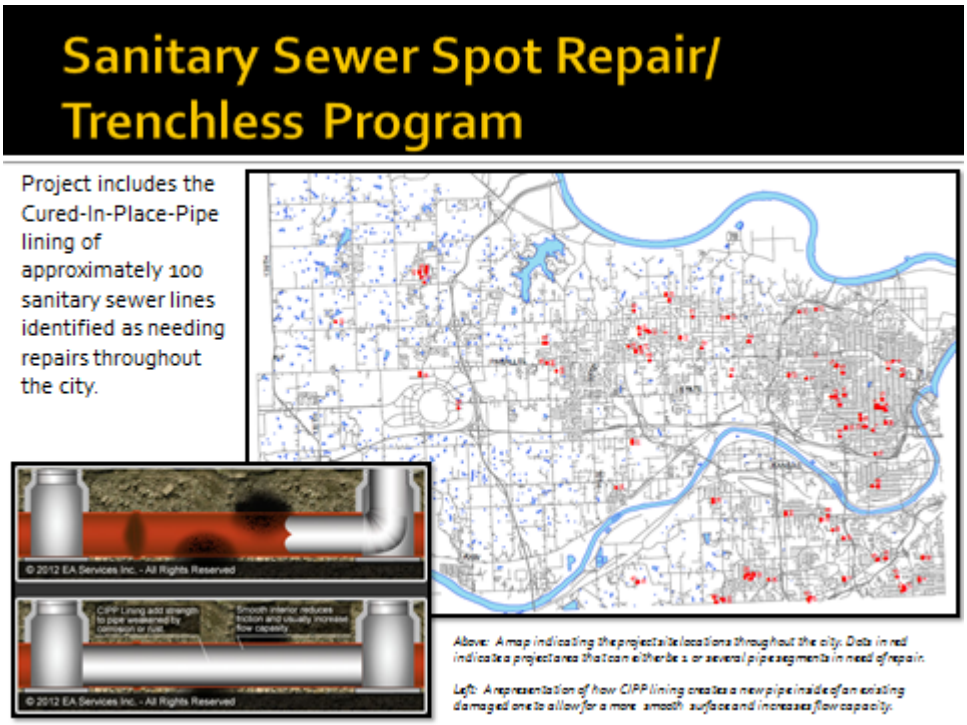
Turkey Creek, I assume many of you know Turkey Creek just magically disappears under I-35 and comes out at the Kansas River through a tunnel that was built about a century ago. Extremely major repairs were required to that tunnel, what has it been Mike, 10 years ago. We have ongoing inspections every year that we do and this is a planned improvement basically as going in and shock treating portions of the raw material to keep up with degradation so that we do not have a repeat of the kind of emergency major repairs that were required. This is a pretty big year for us on the Turkey Creek Tunnel. That project is actually split 50/50 with the city of Kansas City, Missouri, but the UG is the lead agency for taking it through.



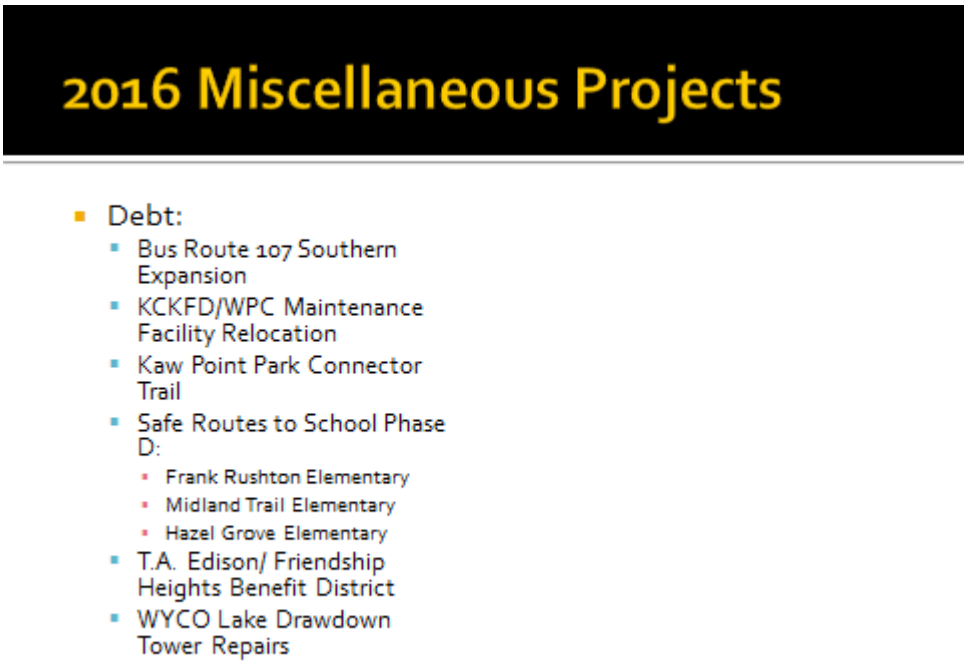
Sanitary Sewer Projects, as you continue to hear about the consent decree we have a lot of working going both at the plants and in our system.



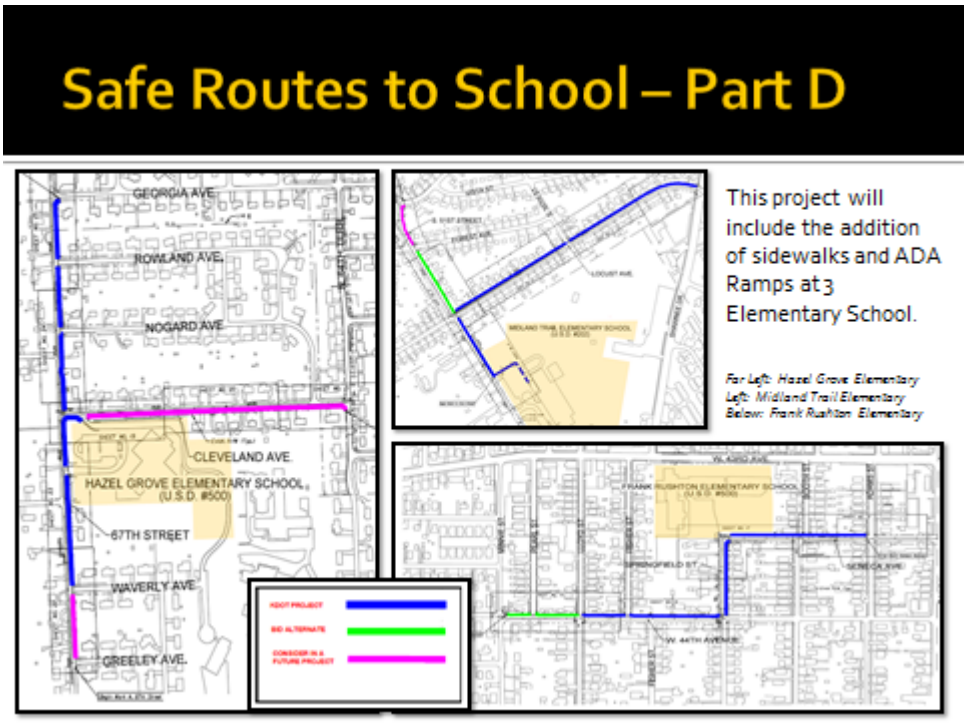
We're doing a significant project at Kaw Point. Our solids dewatering facility and digester rehabilitation, we used to incinerate our solids. The rules have changed. That's really not efficient to do that anymore so we're doing a dewatering to be able to handle those solids differently. Doing work out of plant 20. We're doing some hydraulic capacity upgrades to the plant and then we also have a lot of collection system work. Pump stations, sanitary sewer rehab, ongoing repairs. This is just a picture of that Kaw Point Solids Dewatering Facility and Digester Rehab. If you're interested and want to see the tour, let Mike know and we can certainly arrange to show you what your money is going for. It's quite a facility that's under construction at our Kaw Point Plant right now.



This was just give you an example of the range of places that we are working in any one year on our Sanitary Sewer Spot Repair and our Trenchless Program. What that trenchless is, many of you are aware of the idea of lining the inside of sewers in order to make them water tight without having repair structural defects without having to dig them up. As Trenton Folgeson mentioned earlier we've done a lot of upgrades with our work maintenance and management system in GIS so it's much easier to map and track and see the geographic distribution of these spot repairs then it has been in the past. We do a lot of different types of projects and some of them just kind of seem simpler to put together.



We're working with Justus Welker and his group to help with any questions they may have on the Route 107 Southern Expansion Upgrades. There is a study going on on future facility needs for Water Pollution Control. As you all know the Kaw Point Connector Trail project and the Safe Routes to Schools project. The T.A. Edison/Friendship Heights Benefit District and then some work to our Wyandotte County Lake, the drawdown tower. Some required work by the state.



This is just a picture of the Safe Routes to School. Three different schools that we were able to package together. Sidewalk is very expensive. It's not the concrete of the sidewalk, it's all the stuff the sidewalk would run into if you didn't move it out of its way first that really adds up on these projects. We are learning a lot about what's all involved in sidewalk projects and I think we're getting better at them. I'll just ask if you have any questions.

BPU Board Member Bryant said I don't have a question. I do have just a comment. At our last BPU Board meeting, we we're discussing the new LED lights downtown, the additions and how happy we were to see those and look forward to more of those projects going through our city.

Mr. Bach said maybe this is to you Mr. Bryant. I think one of the concerted efforts we want to work on probably in going forward as we build out our 5-Year Plans is making sure we're doing that in coordination with the BPU. I think that way when we get into some of our major road projects as you're looking at your future years what you can do along, maybe if you're doing pole repairs or changes or, like on State Avenue I think is a great example where the Commission is

really investing more money to beautify that and make that more of a community element then that would be one that you may look at and say we'll we have some above ground lines maybe we'll do something. This meeting we're showing you what we're doing in 2016 so it's hard to react and have as much. The next meeting is when we come and say here is where we're doing 2017 on forward and maybe even you want to have a member of your staff or whatever come over and can see part of that, and I can talk to Don as well, but those might be our opportunities that we've missed the boat on in the past and we want to work together with you guys so we kind of project where we're at in those 5-Year Plans. I think that's kind of what was intended by putting you on this committee so we can look at that. **BPU Board Member Bryant** said that would be great. It brings to mind the recent one that was done up in Spring Valley where there was kind of an alleyway that was resurfaced and at the same time because BPU knew in advance we went in and we did a lot of water main work, a lot of underground so that two years later we're not tearing up a brand new road to fix something that could have been fixed at that time. That would be wonderful.

Action: For information only.

Adjourn

Chairman Bynum adjourned the meeting at 8:15 p.m.

tk

Staff Request for Commission Action

Tracking No. 157

Full Commission Meeting Date: n/a
Committee: Public Works & Safety

Date of Standing Committee Action: 01/19/2016
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
01/07/2016	Matt May, Director	x6337	mmay@wycokck.org	Emergency Management

Item Description:
Presentation and discussion of goals for Emergency Management Services.

Action Requested:
For Information Only

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:

Staff Request for Commission Action

Tracking No. 15342

Full Commission Meeting Date: 1/28/16
Committee: Public Works & Safety

Date of Standing Committee Action: 1/19/16

(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
12/31/2015	Matt May, Director	x6337	mmay@wycokck.org	Emergency Management

Item Description:

Background: The County is required by State statute (KSA 48-928(d)) and has adopted local resolution (R-47-12) to maintain a County Emergency Operations Plan (CEOP). The State requires that it be reviewed for minor updates annually as well as to perform a major review and revision every 5 years. As the plan is broken into sections based on the 15 Emergency Support Functions, the Public Health Department and Emergency Management Department have recently reviewed and updated the ESF 8 Public Health and Medical Services section of the plan. We present this proposed revision to this body for awareness and consideration for adoption.

Action Requested:

Recommended Action: Submit to the County Administrator for signature.

Alternate Action: Move forward for consideration by the Commission

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
ESF #8 Draft

Wyandotte County, Kansas
Emergency Operations Plan

ESF 8 Public Health and Medical Services

Coordinating Agencies	Bonner Springs Fire Department EMS Division Edwardsville Fire Department EMS Division KCKFD EMS Division Providence Hospital and Medical Center Unified Government Public Health Department University of Kansas Hospital Authority
Primary Agencies	Bonner Springs Fire Department Bonner Springs Police Department County Coroner Edwardsville Fire Department Edwardsville Police Department KCK Fire Department KCK Police Department ~~Regional Specialty Response Teams~~ Wyandot Center Wyandotte County Coroner Wyandotte County Sheriff's Office
Support Agencies	American Medical Response (AMR) American Red Cross Area Agency on Aging Board of Public Utilities Bonner Springs/Edwardsville School District 204 Center for Disease Control Edwardsville FD/EMS Environmental Protection Agency Funeral Directors' Association Home Health Associations

	Kansas City Kansas School District 500
Support Agencies Contd.	KCK Fire Department, Hazardous Materials Unit
	Kansas Department of Health and Environment
	Kansas City MetroCity Kansas Healthcare Coalition
~~Support Agencies Contd.~~	Kansas University Medical Center
	Long Term Care Associations
	Metropolitan Medical Reserve Corps
	Mid-America Regional Council
	Piper School District 203
	Turner School District 202
	Regional Specialty Response Teams
	Unified Government Building and Logistics Division
	Unified Government Emergency Management
	Unified Government Transit Authority
	Voluntary Organizations Active in Disasters

1 PURPOSE, SCOPE, POLICIES/AUTHORITIES

This section provides the overall purpose of this ESF annex, the scope of emergency operations, as well as specific policies and authorities that govern assigned actions and responsibilities.

1.1 Purpose

This Emergency Support Annex (ESF) describes the actions required ~~to provide~~ to coordinate public health and medical services during a disaster. Specifically ESF 8 addresses:

- Public Health Department (PHD) notification, coordination and response
- Emergency Medical Services (EMS) activities
- Coordination among health care providers
- Mass fatalities management

1.2 Scope

This ESF includes information that addresses: 1) the four phases of emergency management; 2) stakeholders including those with functional and access needs and children; 3) incident management procedures including organizational charts, as appropriate; and 4) all hazards planning. This ESF Annex applies to all County, City and participating agencies with assigned emergency responsibilities as described in Section 3, Responsibilities. This annex benefits Wyandotte County through coordination with partner agencies, outside organizations and the public. This annex specifically addresses:

- Command, Control, and Notification including the roles of County and City agencies with emergency responsibilities and their working relationships with the volunteer agencies providing public health and medical services;
- A flexible organizational structure capable of meeting the varied requirements of different emergency scenarios with the potential to require activation of the Emergency Operations Center (EOC) and implementation of the Emergency Operations Plan (EOP). The number of people in need and the type of services required will vary greatly depending on the hazard and its severity. The population affected could range from very few in an isolated event, such as a

small, quickly contained hazardous materials spill , to large numbers as a result of a widespread event such as a large powerful tornado impacting densely populated areas..

- Coordination of voluntary organizations offering emergency assistance programs to meet disaster-related public health and medical service needs.

1.3 Policies/Authorities/Guidelines

The following local, regional, state and federal authorities apply to this ESF 8 Annex.

Local

- Unified Government Code of Wyandotte County/Kansas City, Kansas, Health and Sanitation Article 1. Section 17-3;
- Unified Government Continuity of Operations Plan;
- Wyandotte County, Kansas City, Kansas Unified Government Resolution Number R-25-99 dated March 10, 1999;
- Wyandotte County, Kansas City, Kansas Unified Government Ordinance Number 0-20-99 dated March 10, 1999;
- Unified Government Code of Wyandotte County/Kansas City, Kansas, Codified through Resolution No. R-57-11, passed September 15, 2011. (Supp. No. 10).

Regional

- ~~Incident Management Plan~~
- Mid-America Regional Council (MARC) Regional Coordination Guide for ESF 8 ~~(currently under development)~~;
- Regional Mass Casualty Incident (MCI) Plan;
- MARCER Regional High Demand Plan;
- KC Metro Hospital Diversion Plan.

State

- Kansas Statutes Annotated (K.S.A.), ~~K.S.A~~ 65-119a, Duties and powers of local health officers;
- K.S.A. 65-201, Defines “local board of health” and “local health officer”;
- Executive Order 05-03, Use of the National Incident Management System (NIMS);

- K.S.A. Kansas Statutes Annotated (KSA), 48-9a01, Emergency Management Assistance Compact (EMAC);
- K.S.A. KSA 48-904 through 48-958: as amended, State and County Emergency Management Responsibilities;
- State of Kansas Response Plan, 20141.
- Kansas Pandemic Influenza Preparedness and Response Plan
-

Federal

- Health Information Portability and Accountability Act (HIPPA);
- Title II of the Americans with Disabilities Act;
- National Response Framework;
- Homeland Security Presidential Directive – 5: Management of Domestic Incidents;
- Homeland Security Presidential Directive – 8: National Preparedness;
- Comprehensive Planning Guide (CPG) 101;
- **Disaster Mitigation Act of 2000.**
-
- Centers for Disease Control

2

2 CONCEPT OF OPERATIONS

This section provides a narrative description summarizing the Concept of Operations for the following ESF 8 activities. 1) General Command, Control, and Notification, 2) Continuity of Operations, 3) Medical Surge, 4) Epidemiology and Surveillance, 5) Fatality Management, 6) Pre-hospital Care, 7) Medical Countermeasure Distribution and Dispensing, 8) Medical Material Distribution, 9) Non-pharmaceutical Interventions, 10)Responder Health and Safety, 11) Volunteer Management, 12) Environmental Health, 13) Behavioral Health, and 14) Considerations for Functional and Access Needs Populations.

The narrative portions of this section provide summarized overviews for the topics listed above. Section 2.15 provides additional operational details by listing specific actions to be accomplished in each phase of Emergency Management for ESF 8. Then Section 3 provides the detailed actions organized by agency detailing their ESF 8 duties in a consolidated format.

2.1 General (Command, Control, and Notification)

Managing the health and medical components of any mass casualty event is a complex, multi-faceted process and as such requires the careful coordination of resources. In order to best facilitate this process, Wyandotte County recognizes the need for multiple coordinating agencies. From an operational standpoint, responsibilities for ESF 8 coordination are assigned as follows:

Public Health Agencies (Public Health Response)

- ~~Epidemiology /~~ Disease Surveillance
- Epidemiology Investigation
- Isolation and Quarantine
- Non-Pharmaceutical Interventions
- Countermeasure Response and Reporting

Emergency Medical Services (Casualty Management)

- High Demand for EMS Services
- Patient Tracking
- Hospital Diversion
- Large Venue / Scenario Pre-Planning

Hospital Services (Acute Care Management)

- Medical Surge
- Alternate Care Sites
- National Disaster Medical System (NDMS)
- Regional Healthcare Coordinating System (RHCS)

Comment [u1]: Confirm group status

Coroner (Fatality Management)

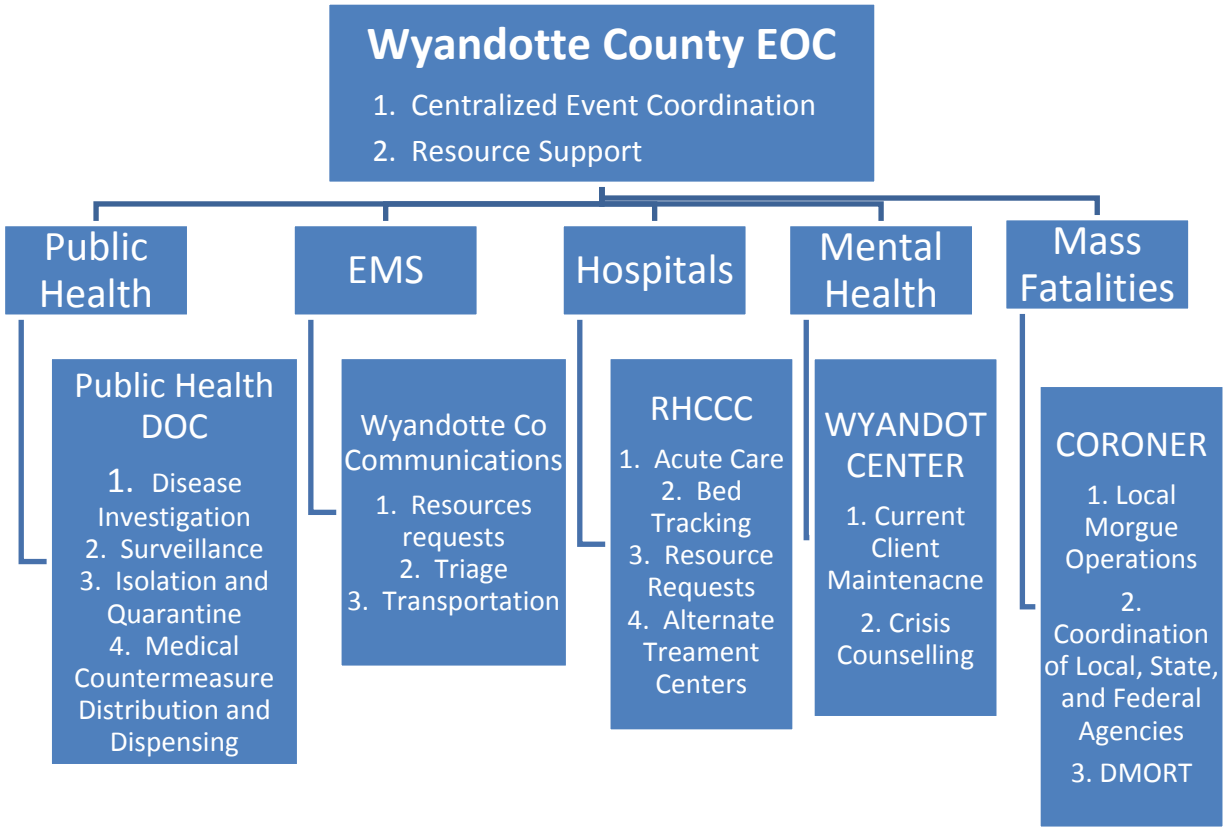
- Local Morgue Operations
- Coordination with Local, State and Federal Agencies
- Disaster Mortuary Operational Response Team (DMORT)

Wyandot Center for Behavioral Health Care

- Behavioral Health

For a full list of responsibilities of other primary agencies, see Section 3.

An abbreviated organizational chart for ESF 8 is below:


Wyandotte County EOC
1. Centralized Event Coordination
2. Resource Support
Public Health
EMS
Hospitals
Mental Health
Mass Fatalities
Public Health DOC
1. Disease Investigation
2. Surveillance
3. Isolation and Quarantine
4. Medical Countermeasure Distribution and Dispensing
Wyandotte Co Communications
1. Resources requests
2. Triage
3. Transportation
RHCCC
1. Acute Care
2. Bed Tracking
3. Resource Requests
4. Alternate Treament Centers
WYANDOT CENTER
1. Current Client Maintenacne
2. Crisis Counselling
CORONER
1. Local Morgue Operations
2. Coordination of Local, State, and Federal Agencies
3. DMORT

Activation of ESF 8 may result from one of the following:

1) An event that originates as a Health and Medical Emergency such as a widespread disease that is being monitored by the Public Health Department and hospitals in the County that escalates beyond normal capabilities;
2) An event that originates as a multiple injury EMS call that escalates beyond normal capabilities or
3) Another primary event that has resulted in the activation of the EOC that also involves the need for coordinated health and medical services.

In situations originating as a health and medical emergency, or EMS call, the Public Health Department or responding EMS Department will keep the Emergency Management Department informed of situations with the potential to require activation of the Wyandotte County EOC.

When the Emergency Management Director is notified of an event that requires the activation of the EOC, the Emergency Management Director, in consultation with the County Administrator, and emergency management staff will determine which Emergency Support Functions are required for activation in support of emergency operations. If the request to activate the EOC came from the Public Health Department or EMS Departments, from an event that originated as a health and medical emergency, ESF 8 will automatically be activated. If another primary event resulted in activation of the EOC and it is determined that health and medical services are needed, the Emergency Management Director will contact the Coordinating Agencies for ESF8 and request representatives to report to the EOC to attend an initial briefing regarding the situation.

Depending on the complexity or severity of the event, the Emergency Management Director, or designee, may advise the County Administrator that the need exists to declare a local emergency. The Emergency Mmanagement Director or designee may also advise the City Administrators in Bonner Springs and/or Edwardsville of the need to declare a local emergency in their community. For more information on a declaration of a local emergency, see the ESF 5 Annex.

ESF 8 has six designated Coordinating Agencies

- Unified Government Public Health Department
- KCKFD EMS Division
- Bonner Springs EMS Department

- Edwardsville FD/EMS
- Providence Medical Center
- University of Kansas Medical Center and Hospital

Depending on the location and complexity of the event, one or more representatives will be requested to report to the EOC. Once activated, the ESF 8 Coordinators are responsible for contacting primary and support agencies with liaison roles as well as providing briefings and direction for activities pertaining to public health and medical.

2.1.1 Departmental Operations Centers (DOC)

It is understood through this planning effort that whenever a coordinating agency chooses to open a Departmental Operations Center to manage the event, they will also send a representative to the EOC to serve as liaison between the EOC and the DOC. Wyandotte County Emergency Management will be responsible for ensuring that the proper equipment and connections are provided for those representatives so the connectivity is maintained.

Public Health Departmental Operations Center
In some instances originating as a health and medical emergency (i.e., a disease outbreak or suspected bioterrorism event), the Public Health Department may activate the Public Health Departmental Operations Center (PH DOC) to coordinate health and medical activities and/or support health and medical operations in the EOC. If activated, the PH DOC will coordinate closely with the Emergency Management Department and the County EOC.

Activation of a PH DOC serves as notice to all Public Health Department staff to shift from normal operations to emergency operations, which may require departmental shifts in mission, staffing and resource allocation.

The PH DOC will be established at the PHD on the third floor or at a secondary facility as needed. The PH DOC will be operated in accordance with the ICS structure in place for the PHD. ~~(See Attachment xx, PHD Multi Hazard Incident Command Structure.~~

KCK Fire Departmental Operations Center
In some instances originating as an EMS response, the KCK Fire Department may activate the KCK Departmental Operations Center or alternate DOC.

Primary:
Station #6
9548 State Street

Alternate:
815 N. 6th Street
Kansas City, Kansas

Kansas City, Kansas

Bonner Springs EMS Departmental Operations Center
The Bonner Springs EMS Department may activate their DOC.

Bonner Fire Department
13001 Metropolitan
Bonner Springs, Kansas

Edwardsville Fire Department EMS Departmental Operations Center
The Edwardsville Fire Department EMS Department may activate their DOC.

Edwardsville Fire Department
698 South 4th
Edwardsville, Kansas

Tactical EMS operations will be controlled by the incident, Unified or Area Commander(s) at the scene(s) within the Incident, Unified or Area Command System (ICS) structure. The Incident, Unified or Area Commander(s) will assess the need for additional resources and request additional resources initially through the Wyandotte County Communications Center to activate mutual aid. Once mutual aid resources are exhausted, EMS, will request the EOC request additional assets to support field operations through the Wyandotte County Communications Center.

Hospital Departmental Operations Centers
Both acute care hospitals in Wyandotte County (Providence Medical Center (PMC) and ~~t~~The ~~University of Kansas Medical Center and Hospital [~~University of Kansas Hospital Authority (UKHA)~~]~~ have developed Standard Operating Procedures (SOP~~'~~s) that include activation of Hospital Incident Command Centers ~~DOCs~~ to respond to mass casualty incidents or other situations that exceed normal capabilities.

The UKHA and PMC Emergency Plans contain procedures for surge capacity, CBRNE agent identification, patient decontamination, triage, and treatment, etc. A contact list and each facility's identified capabilities are included as Appendices C and D of Attachment 2 of the Special Incident Annex Plan.

The Hospital Incident Command System (H~~E~~ICS) will be used by both UKHA and PMC to manage emergency incidents at their facilities. The H~~E~~ICS is based on the Incident Command System (ICS) and provides a logical structure, defined responsibilities, clear lines of command, and common terminology to assist hospitals in managing emergency events. The use of this shared command structure will assist with coordination during events.

2.1.2 Communications Systems

The ESF 8 Coordinator(s) will manage the collection, processing, and dissemination of ESF 8-related information to and from the EOC. WebEOC will be utilized as the preferred method to maintain communications between the EOC and all applicable field sites (i.e., field command post, points of dispensing, local distribution site, the DOCs, etc.) and to disseminateion information to EOC staff and other activated ESFs. Other forms of communications to provide information updates to the EOC will be closely coordinated through the EOC Data and Technology Coordinator to ensure necessary ESF 8 information is disseminated to the EOC staff.

ESF 8 also has several other communications resources to assist health and medical agencies in accomplishing emergency activities. Brief overviews are provided below for these communications resources:

- **EMResourceSystem** is the region's primary method of communicating hospital status and capabilities and coordinating patient routing during a multi-casualty incident (MCI). EMResourceSystem, a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities, is used in the metropolitan area to link all acute-care hospitals and most EMS agencies.
- Additionally, each hospital facility is also equipped with the **Hospital Emergency Administrative Radio (HEAR)** system. The HEAR system is a single channel radio system that is available to link hospitals and many area EMS agencies in the metropolitan area on a single channel radio system. The HEAR system and also serves as a backup to the EMResourceSystem in the event of a mass casualty incident.
- The **Health Alert Network (HAN)** is available to assist Wyandotte County with notification of a public health emergency. The state HAN is capable of notifying the Wyandotte County PHD via pager, phone, fax, and email. The local HAN may be used to notify additional PHD personnel, the Emergency Management Department and other local agencies.
- (For additional information, see Attachment 4.44.5 Health Alert Network, Alert and Notification)
- Also in place to assist with coordination and communication among multiple emergency medical agencies providing out-of-hospital emergency medical care in the metropolitan area is the **Mid-America Regional Council Emergency Rescue Committee (MARCER) Regional Mass Casualty Incident Plan**. The MARCER Plan is designed to maximize the existing resources of EMS agencies and hospitals.

- Phone, Pager, Facsimile, E-mail and Amateur (Ham) Radio Satellite capabilities at the PHD are available for use in emergency situations to both receive information and provide information to the public. The two acute care hospitals also have point-to-point communications between hospitals and Amateur Radios for back-up communications.
- The primary means of communications with PHD field personnel will be through cellular telephones. When necessary, PHD field personnel will be equipped with handheld 800 MHz Rradios operating on the Wyandotte County Public Safety Radio System (WCPSRS). The PHD will coordinate with the Emergency Management Department to ensure sufficient two-way or 800 MegahertzWCPSRS radios in the event cellular telephones and landline communications are non-functional.
- The primary means of communications with EMS field personnel will be through 800 MHzWCPSRS radios. The KCK and Bonner Springs EMS Departments utilize a medical communications system built on area **800 MHz**WCPSRS **radio system**. This system facilitates communication between responders on scene, between the responders and area hospitals, and between scenes as needed. In addition, these units have access to the **NPSPAC mutual aid radio frequencies, the Regional Area Mutli Band Integrated System (RAMBIS) and other Metropolitan Area Regional Radio System (MARRS) talkgroups** if needed. PHD has access to all of the above systems.
- KCKFD commanders and EMS units carry **cellular phones** on either the AT&T or (Nextel) Sprint network. In addition, the department utilizes Sprint **wireless cards** to maintain computer connectivity in the field.
- The hospitals in the MARC region maintain their own call treesdispatching and alerting capabilities (via City Watch) and will notify personnel and call up personnel via their internal procedures.

In addition to the EMResourceSystem, communications between hospitals and EMS agencies will occur through the Medical Channel System (Med Channel), a two-way communication system allowing EMS responders from over thirty (30) agencies to communicate with area hospitals regarding pre-hospital patient care and/or to alert the hospitals to in-coming patient situations.

EMSystem is a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities. EMSystem is used in the metropolitan area to link all acute-care hospitals and most EMS agencies – for additional information, see the EMSystem Policies and Protocols Manual maintained by the MARCER.

- UKHA and PMC, are equipped with 800 MHz MARCER radio system resources, as are most hospitals in the region. All Med Channelpre-hospital communications to hospitals occur over this radio system. During MCI

Comment [u2]: Is this correct. Or should it be Sprint?

operations, MARCER has the ability to patch multiple hospitals into one tactical talk group to facilitate region wide communications.

- ~~Each hospital facility is also equipped with the Hospital Emergency Administrative Radio (HEAR) system. The HEAR system is a single channel radio system that is available to link hospitals and many area EMS agencies in the metropolitan area and also serves as a backup to EMSystem. The HEAR system is activated by contacting St. Joseph's Medical Center, who will then alert other hospitals of the incident.~~
- ~~The hospitals also have Amateur Radios for back-up communications.~~

2.2 Continuity of Operations

Public Health: During serious emergency situations, the PHD will consider focusing its entire resources on managing the public health aspects of the situation, except the TB control nurse. When necessary, the PHD will reassign staff according to Appendix *B – PHD Multi Hazard Incident Command Structure* in Chapter 5 of the Special Incident Annex.

If necessary, the planning section will discuss ongoing and/or long term PHD staffing needs. If the decision is made to suspend non-essential services, PHD staff will be available to perform various functions as requested. PHD personnel may be notified for duty on a very short notice ~~*(see Attachment 4.14.1 – PHD Internal Call Tree)*~~ and rescission of planned leaves and other absences will be instituted as necessary.

Based on the activation of the PHD ICS, the Logistic Section will coordinate staffing with the approval of the PHD Director. If necessary and feasible, the EOC will activate the mutual aid agreements signed with neighboring jurisdictions to provide additional staff to assist with health and medical activities. Assistance with PHD activities may be requested from private sector resources and voluntary organizations. Assistance may also be requested from regional health department partners.

EMS / Public Safety Answering Point (PSAP): Although EMS agencies all maintain offices, they are generally mobile resources and determination of a COOP event for these entities is dependent on the number of persons and vehicles that have been rendered unavailable by the circumstances. They are largely dependent on dispatching services however, and a catastrophic failure at the PSAP operations will be moved to the alternate PSAP facility. The Unified Government's departmental Continuity of Operations Plans would be implemented as needed. ~~These plans describe procedures to get assistance when overwhelmed and list alternate locations to operate from when their facility is damaged and unavailable. All alternate locations are accessible under the American with Disabilities Act.~~

Comment [u3]: Something seems to be missing!

The alternate location for the Wyandotte County Communication Center is the Emergency Operations Center. Incident dispatching can occur from the mobile command vehicle, but 9-1-1 dispatching cannot be managed from the mobile vehicle. Other alternate locations include the city halls of Bonner Springs and Edwardsville and the Johnson County Emergency Communications Center. All alternate locations are accessible under the American with Disabilities Act.

Hospitals: Hospitals are complex highly technical entities with sophisticated, sensitive, expensive equipment which is in some instances nearly impossible to acquire on short notice. Hospitals in Wyandotte County have functional Continuity of Operations plans. Additionally hospitals are responsible for asensuring the Alternate Care Center plans are in place and that sufficient equipment has been purchased. Training and exercises regarding Alternate Care Sites is on-going. In some instances Alternate Care Sites may be used during COOP situations.

2.3 Medical Surge

Both acute care hospitals in Wyandotte County have identified a surge capacity as follows:

- UKHA: 751 licensed beds of which 24 are bassinets. 638696 are fully staffed.
- PMC: 400 licensed beds with 145200 fully staffed.

This allows an average reserve capacity of 137-208 beds (depending on staffing) for new inpatients on any day in Wyandotte County. In addition, both PMC has plans to set up hospital overflow at the Kansas City Kansas Community College (KCKCC) and UKHA havehas plans to set up patient overflow capability in-house.

To further expand available beds, all patients who can be discharged will be sent home and those with less acute needs will be sent to other specialty hospitals or nursing homes in the area. Other residential care facilities, shelters, schools, large businesses, and churches will be utilized if needed for hospitals overflow. ESF 6 (Mass Care, Housing and Human Services) to of the Wyandotte County EOP includes a list of facilities identified as emergency shelters that may potentially be used for expansion of the healthcare system.

In the event of a MCI, the number of seriously injured or ill patients could easily overwhelm Wyandotte County's hospital capacities. If this occurs, additional beds will be sought at other metropolitan area hospitals. The Regional Hospital Plan for the NE Kansas Region may be activated when more than two hospitals in the region are needed to receive casualties from an event, and when the resources utilized to respond to the event have been or will soon be exhausted. Plan activation will be made by Tthe affected Hospital to the Regional Incident Commander.will request the Regional Hospital Coordinator to activate the plan. Activation of the plan authorizes the deployment of available resources such as personnel, supplies, equipment, and facilities. A copy of the MARCERNE Kansas Regional Plan is kept inmaintained by the Emergency Management Departmentcan be found in the Documents Section of EM Resource. It contains various contacts and resource lists for the thirty-onefour (314) hospitals in the region.

2.3.1 Monitor/Communicate Bed Availability

In the event of a mass casualty incident, an alert will be posted on EMResource. the Incident Commander (IC) will contact the appropriate EMSystem Coordination Center (EMCC) through their agency dispatch center and request that a Mass Casualty Incident (MCI) alert be issued through the EMSystem. The alert can be local in nature (i.e., issued to the five hospitals closest to the incident) or it can be issued to the hospitals metropolitan-wide.

EMSystem is a web-based program providing real-time information on hospital emergency department status, patient capacity, and the availability of staffed beds and specialized treatment capabilities. EMSystem is used in the metropolitan area to link all acute-care hospitals and most EMS agencies – for additional information, see the EMSystem Policies and Protocols Manual maintained by the MARCER.

In some instances, hospitals may be the first to identify a mass casualty incident through the presentation of walk-in patients. In this scenario, the affected hospital(s) will notify the notify the EMResource System Coordination Center (EMCC) as well asSystem Coordination Center (EMCC) as well as the Public Health Department in the affected jurisdiction. Public Health Departments will alert the Emergency Management DepartmentAgency and other appropriate officials in their jurisdictions.

Upon notification or recognition of an event, the hospitals in the area will activate their disaster response plans. The hospitals in the MARC region maintain their own dispatching and alerting capabilities and will notify personnel and call up personnel via their internal procedures.

~~In addition to the EMSystem, communications between hospitals and EMS agencies will occur through the Medical Channel System (Med Channel), a two-way communication system allowing EMS responders from over thirty (30) agencies to communicate with area hospitals regarding pre-hospital patient care and/or to alert the hospitals to in-coming patient situations.~~

~~UKHA and PMC, are equipped with 800 MHz radio resources, as are most hospitals in the region. All Med Channel communications to hospitals occur over this radio system. During MCI operations, MARCER has the ability to patch multiple hospitals into one tactical talk group to facilitate region wide communications.~~

~~Each facility is also equipped with the Hospital Emergency Administrative Radio (HEAR) system. The HEAR system is a single channel radio system that is available to link hospitals and many area EMS agencies in the metropolitan area and also serves as a backup to EMSystem. The HEAR system is activated by contacting St. Joseph's Medical Center, who will then alert other hospitals of the incident.~~

Communications between the hospitals and the Wyandotte County EOC will occur using the capabilities of WebEOC, telephones or radios.

EMS – Hospital Coordination

Utilizing EMResource~~MSystem~~, field medical operations will notify area hospitals as soon as possible of the nature and scope of the incident, including but not limited to:

- Estimated number of affected persons
- Known CBRNE substances

Throughout the event and at regular intervals, the on-scene medical transport officer will frequently update the hospital(s) regarding the scope of the incident. EMS agencies on scene and ~~in~~ enroute will maintain contact with the hospitals regarding patient status / condition, potential hazards to hospital personnel and the level of PPE being utilized based on decontamination status, triage, and treatment. As described under decontamination, the EMS agencies will inform hospitals prior to their arrival so they may implement their decontamination procedures, if necessary.

The two acute care hospitals in Wyandotte County, the University of Kansas Hospital Authority~~and Medical Center~~ (UKHA) and Providence Medical Center (PMC), have emergency plans in place as required by the Joint Commission (TJC).~~on the Accreditation of Healthcare Organizations (JCAHO).~~ The medical activities of the

hospitals will be governed in accordance with these internal emergency plans and procedures.

2.3.2 Decontamination

If necessary, the hospitals will prevent contamination of their facilities from non-EMS walk-in patients by performing a lock down as described in "Security". If contaminates on incoming patients present a threat to hospital personnel, hospitals will implement decontamination procedures and use appropriate Personnel Protective Equipment (PPE).

Decontamination should be performed, as much as possible, prior to the patient's arrival at a definitive care facility. However, if contaminated patients arrive at hospitals, appropriate decontamination will be performed based on the agent involved. Once they are notified of an incident with the potential need for patient decontamination, hospitals will prepare to implement their decontamination procedures. Both UKHA and PMC have decontamination capabilities as described in their internal emergency plans.

The Hospitals will use their own decontamination equipment first and if additional decontamination equipment is required, the hospital will request use of decontamination equipment from nearby hospitals. If additional equipment is still needed, the hospital can make calls to other hospitals in the region. If further assistance is needed, state resources may be requested through the Wyandotte County EOC.

Depending on the nature and scope of the incident, situations may arise where large numbers of patients awaiting decontamination present a threat to the safety of hospital triage personnel. If inadequate security is present and a threat exists, the triage personnel should retreat to the safety of the hospital.

Detailed information on hospital decontamination capabilities and procedures are contained in the PMC and UKHA CBRNE Plans.

2.3.3 WMD Agent Recognition & Treatment of Casualties

Each Health Care Facility (HCF) in Wyandotte County is required to have up-to-date internal disaster plans in place. These plans include procedures that address CBRNE agent recognition & treatment of casualties. The plans are specific in nature with regards to job descriptions and responsibilities in the event of mass casualty incidents.

Patients arriving at hospitals will be triaged using the basic principles of triage and standard operating procedure, as this is a task hospitals perform daily. Special triage

procedures described in the treatment protocols referenced above will be incorporated as appropriate. The triage and initial care of contaminated patients presents special concerns for hospital personnel. Recommendations for appropriate PPE for hospital staff will be made by the Safety Officer as dictated by the event. Hospital personnel should be familiar with performing triage and administering treatment while wearing PPE.

Both Wyandotte County acute care hospitals have access to emergency treatment protocols for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) illnesses and injuries through several websites and 24-hour access numbers, such as the National Institute for Occupational Safety and Health (NIOSH); the Poison Control Center, TOMES Medical and Pharmaceutical Services and the Jane's Chem-Bio Handbook.

The aApproved Treatment Protocols for the use of Mark I/Duo-Dote kits can be found at: http://www.drugs.com/pro/duodote.html.are included as an Appendix to Attachment 6 – Chemical, Radiological, Nuclear and Explosive Incidents in the Chapter 5 of the Special Incident Annex.

For access to the prepositioned category B shipping containers and packaging materials (Chemical Event Shipping Supply Locations—**CESSL**) for health professionals to use for collecting specimens from persons within a chemical exposure area:

- During normal business hours: Contact the Emergency Management Department at (913) 573-6300.
- After normal business hours and on holidays/weekends: Contact Fire Dispatch at (913) 596-3081, ask them to contact the Emergency Management on-call representative and have the on-call EM contact you.

For access to the local supply of nerve agent antidotes (**CHEMPACK**): Contact the Regional Hospital Emergency Preparedness Coordinator at (816) 858-2550 (Steve Hoeger).

For security and transport of CHEMPACK within Wyandotte County:

- During normal business hours: Contact the Wyandotte County Sheriff's office at (913) 573-2861 and ask for a Sheriff's Field Supervisor to contact you.

- After normal business hours and on weekends and holidays: Contact the Police Communications Supervisor at (913) 596-3000, ask them to contact a Sheriff's Field Supervisor and have the Field Supervisor contact you.

To transport larger quantities of the CHEMPACK, items that cannot be moved in a regular sheriff's sedan, contact Emergency Management in the same manner as described above for the CESSL.

2.3.4 Patient Tracking

All hospitals and EMS agencies in the Kansas City metropolitan area use EMSystem to track patients and route them to appropriate healthcare facilities. During a mass casualty event, the EMSystem Coordination Centers (EMCCs) will coordinate all patient transfers between facilities. The three (3) EMSystem Control Centers (EMCC) are:

EMCC West: Johnson County Emergency Communications Center

EMCC Central: KCFD/EMS

EMCC East: Lee's Summit Fire Department

Hospitals will continually update patient treatment capability information to the EMCC.

The three (3) EMResource Control Centers (EMCC) are:

- EMCC West: Johnson County Emergency Communications Center
- EMCC Central: KCFD/EMS
- EMCC East: Lee's Summit Fire Department

Based on this information, recommendations will be made to the on-scene Transportation Officer and the Hospital Incident Commander(s) regarding the distribution of patients and the need or potential need to activate resources outside Wyandotte County.

As part of the on-scene triage process, patients will be issued triage tags that provide a color coded status (no injury, immediate, delayed, minor, morgue). Patient documentation and tracking will be in written form.

Information regarding the need to transfer patients from a facility will be relayed through the Hospital Emergency Incident Command System (HEICS) structure to the

appropriate ECC, Regional Healthcare Coordination Center or the Wyandotte County EOC.

2.3.5 Information Sharing/Victim Identities

Wyandotte County follows the September 2, 2005 bulletin from the U.S. Department of Health and Human Services Office for Civil Rights regarding HIPAA Privacy and Disclosures in Emergency Situations. Providers and health plans covered by the HIPPAA Privacy Rule can share patient information in all the following ways:

TREATMENT
Health care providers can share patient information as necessary to provide treatment. Treatment includes:

- Sharing information with other providers (including hospitals and clinics),
- Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated) and,
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services),
- Sharing patient and situational information with public health for epidemiological purposes

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION
Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition or death.

The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.

In addition, when a health care provider is sharing information with disaster relief organizations such as the American Red Cross who are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER
Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY
Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy rule does not restrict the American Red Cross from sharing patient information.

ESF 8 Coordinators will coordinate closely with ESF 6 to coordinate a comprehensive reunification effort.

2.4 Epidemiology and Surveillance

In responding to public health emergencies, the assistance of hospitals, schools, industry, pharmacies, ambulances, emergency rooms, and others is required to collect and share information with local and state public health officials. Information and methods to confidentially collect this information include a direct line phone number to the PHD Epidemiology Division (913-573-6712), direct facsimile (913-573-6744) and a 24-hour pager number (913-573-8877).

The Public Health Department has disease surveillance systems in place to continually collect, analyze, interpret, and disseminate data to prevent and control disease. The PHD uses a variety of methods to conduct disease surveillance including Passive Surveillance, Syndromic Sites, Active Surveillance Sites, and ambulance surveillance data.

Passive Surveillance
The Epidemiology Division receives daily disease reports via confidential telephone and facsimile from hospitals, laboratories, veterinarians, and physicians concerning

communicable and environmental diseases legally mandated as reportable to the local health department and Kansas Department of Health and Environment (KDHE). This passive form of surveillance provides valuable information regarding disease prevalence.

The University of Kansas Hospital Pediatrics Services is the sentinel site for Influenza Like Illness (ILI) for Wyandotte County.

EpiTrax is the primary tool used in Wyandotte County to provide reports of disease events to KDHE. This database of all reportable diseases in Kansas is an electronic, Internet-based, disease surveillance tool that allows for the rapid input of data, advanced analysis of data, and the ability to view aggregate data of the entire state. The Wyandotte County EpiTrax coordinator is the administrative support specialist in the PHD Epidemiology Division. This individual enters all data. The Chief Epidemiologist reviews EpiTrax data on a routine basis for disease trends.

The Chief Epidemiologist participates in a bimonthly Regional Epidemiology Conference call with participants from Kansas Region 15 and a bimonthly Regional Conference call with Missouri Region A. The purpose of these calls is to strengthen communication lines between our Regional and Metro partners and foster the exchange of Epidemiological information.

~~The PHD will monitor radio, TV and the Internet for news information and activate the PHD Emergency Response Plan.~~

Active Surveillance

Active surveillance will be established and maintained by the Chief Epidemiologist in the event of a suspected or confirmed infectious disease outbreak or bioterrorism event. Active surveillance will provide two-way communication and information regarding morbidity and mortality of disease in Wyandotte County. The following conditions would warrant activation of these surveillance sites:

- Disease outbreaks of the same illness occurring in noncontiguous areas
- Unusual illness in a population
- Unusual routes of exposure for a pathogen
- Large numbers of ill persons with a similar disease or syndrome
- Large numbers of unexplained disease, syndrome or deaths
- Higher morbidity and mortality with a common disease
- Failure of a common disease to respond to routine therapies and treatments

- Unusual strains or variants of organisms or anti-microbial resistance patterns different from those circulating
- Similar genetic type among agents isolated from distinct sources at different times or locations
- Higher attack rates in those exposed in certain areas, such as inside a building if released indoors, or lower rates in those inside a sealed building if released outside
- Disease with an unusual geographical or seasonal distribution
- Unusual, atypical, genetically or antiquated strain or agent identified
- Disease normally transmitted by a vector that is not present in the local area
- Endemic disease with unexplained increase in incidence
- Atypical aerosol, food, or water transmission or contamination
- Increased numbers of absenteeism from work and school
- Increased numbers of dead animals, birds, or insects
- Multiple simultaneous or serial epidemics of different disease in the same population
- A single case of disease by and uncommon agent, (Smallpox)
- Disease that is unusual for an age group
- A disease outbreak with zoonotic impact
- Intelligence of a potential attack, claims by a terrorist or aggressor of a release, or discovery of munitions or tampering

Syndromic Surveillance
Local public schools serve as syndromic surveillance sites to report key sets of symptoms of a bioterrorism outbreak to the Chief Epidemiologist. This information is collated reviewed and submitted back to the reporting schools. An analysis of these reports serves as an early warning system for disease detection.

Ambulance Surveillance Data
The PHD receives First Watch® ambulance surveillance data from the KCKFD EMS Division and JOCO MedAct. Aberrations related to specific symptoms automatically initiate a noticepage to various health and medical partners including the Epidemiologist on-call. This noticepage promptsprompts notifies recipients to log onto a website to receive further information.

Upon receiving information regarding a disease reportable to KDHE, the PHD will forward the initial report information to the KDHE field epidemiologist, via the KDHE

hotline at 1-877-427-7317 and/or via Epi-Trax as the situation warrants. KDHE will provide assistance in determining the diagnosis and disposition of the patient.

An epidemiological investigation will be necessary to determine if individuals have been exposed and/or infected. The Environmental Health Divisionepartment of the PHD will coordinate with the EPA regarding contamination of buildings and the environment.

When passive, syndromic, and/or active sentinel site surveillance indicates a deviation from the norm, the data will be analyzed for trends and patterns. Any clustering or increase in a particular disease or syndrome will be investigated immediately by the PHD Epidemiology ProgramDivision. The KDHE and CDC epidemiologists may be brought in to assist with investigations. Epidemiological protocols, tools, and resources are available in the Epidemiology ProgramDivision located on the second floor of the PHD. A Disease Protocol Manual on-line (http://www.kdheks.gov/epi/disease_reporting.html) used for investigation and managing disease outbreaks, was prepared and maintained by the Kansas Department of Health and Environment-Bureau of Epidemiology and Disease Prevention (KDHE-BEDP). For additional information, see Attachment 5 Special Incident Annex.

Radiological Emergency Community Reception Center
In an event involving potential radiation exposure to persons where Wyandotte County is not the hot zone, the PHD in conjunction with emergency management and the Kansas Department of Health and Environment Radiation Division will set up a population monitoring community reception center (CRC). The CRC will screen for the presence of radiation, de-contaminate, and refer persons for medical care as deemed necessary.

2.5 Fatality Management

The Wyandotte County Coroner is responsible for the proper examination, care and disposition of fatalities. Some specific duties of the Wyandotte County Coroner are:

- Establish temporary morgues and temporary interment sites, as required.
- Establish and coordinate activities of the survey and recovery teams
- Determine victim identification and cause of death
- Coordinate notification of next of kin
- Coordinate security and transportation of remains and personal effects
- Report pertinent information to the EOC thru the Incident Command System

- Coordinate with HazMat and/or Public Health experts on decontamination requirements for deceased
- Estimate the number of deceased
- Excavation of remains
- Body tag procedures and tracking system
- Determine, request and coordinate additional required resources
- Coordinate with other agencies as required

Depending on the size of the incident, the Wyandotte County Coroner will utilize local funeral directors in providing mortuary services. Wyandotte County also has a Memorandum of Understanding with First Call Morgue in Wyandotte County for transport of decedents. Morgue Services would be provided by Frontier Forensics Midwestirst Call in the event of a Mass Fatality Incident. The Kansas City Homeland Security Region has developed a Kansas City Regional Mortuary Operational Response Group (KCRMORG) that utilizes regional personnel, resources and capabilities to assist local medical examiners/coroners to recover, transport, process, and identify decedents of a mass fatality event occurring in the Kansas City metropolitan area. Team members are trained in the functional areas of site recovery of decedent remains, morgue operations and working with the family assistance center (FAC). The team has a mobile morgue that will deploy with and be operated by KCRMORG personnel. With current equipment supplies and dependent on the condition of remains, the KCRMORG has the ability to process 800-100 decedents.

Comment [BM4]: Call and clarify roles of First Call and Frontier Forensics

State Resources and Kansas Funeral Directors Association Disaster Team

The Coroner will coordinate with the Wyandotte County EOC to request activation of State resources. The Kansas Funeral Directors and Embalmers Association (KFDA) is available to assist local Coroners in Kansas as needed and requested. In addition, a A KFDAstate Disaster Mortuary Response Team can be activated in accordance with the KFDA Mass Fatalities Disaster Plan.

Additional information may be found on the KFDA Website at: http://www.ksfda.org/, and on the Kansas State Board of Mortuary Arts (KSBMA) website at: https://ksbma.ks.gov/resources/license-listings/establishments-by-city-K-O (-K-O, Kansas City, KS; -A-D, Bonner Springs, KS) which includesing a list of funeral homes with on-site refrigeration units, and their address, and KSBMA website: https://ksbma.ks.gov/resources/license-listings/establishments-with-refrigeration-units which lists funeral homes with refrigeration units along with their maximum storing capacities.y at:

~~http://www.accesskansas.org/ksbma/Funeral%20Homes%20and%20Crematories%20with%20Refrigeration%20Units.html~~

Federal Resources

If the event exceeds local, regional, and state capabilities, Wyandotte County can request assistance from federal Disaster Mortuary Operational Response Teams (DMORT) resources. When needed, the state EOC will work with the federal government to activate federal disaster mortuary operations.

DMORTs are available to provide guidance, including Field Operations Guides (FOGs) for mass fatalities incidents.

The federal DMORT maintains three (3) Disaster Portable Morgue Units (DPMUs) ~~that~~ that may be deployed to the region, when needed and requested. The DPMU is a packaged system containing the forensic equipment, instrumentation, support equipment, and administrative supplies required to operate an incident morgue facility in the field, or to support an existing morgue facility. The DPMU carries computers and related equipment to support the Family Assistance Center (FAC) and Information Resource Center (IRC). Additional information on the DPMU is located at: http://www.dmort.org/DNPages/DMORTDPMU.htm

As described on the DMORT website, any temporary morgue facility used must meet certain requirements for size, layout, and support infrastructure (potential facilities include airplane hangars and abandoned warehouses). For additional information on morgue site requirements, see: http://www.dmort.org/dpmupublic/dpmurequirements.htm

The Region VII (KS, MO, IA, and NE) DMORT is located in Kansas City, Missouri. The Region VII Website at http://www.dmort7.org/index.asp includes information on Region VII contacts, as well as a Standard Operating Procedure for mass fatalities incidents. ~~See:~~See: http://www.dmort7.org/downloads/DMORT_SOP_2008jn2.pdf.

2.5.1 Family Assistance Center

A Family Assistance Center designed and staffed to take care of the needs of the victims' families and survivors will be established and coordinated though ESF 6 during a mass fatality incident. Depending on the needs of those affected, the FAC will assist in the collection of ante mortem data to identify victims and serve as the primary point for releasing remains to families. The FAC will also coordinate support from professional mental health and spiritual care providers.

2.6 Pre-hospital Care

Kansas City, Kansas Fire Department (KCKFD) operates the Emergency Medical Service (EMS) for Kansas City, Kansas; the Bonner Springs EMS Departments operates EMS for Bonner Springs, and the Edwardsville Fire Department/EMS operates EMS for Edwardsville. The EMS departments maintain the expertise through daily operations to respond to, evaluate, and transport patients to definitive care.

2.6.1 Field-based Triage Scheme

Responding EMS support agencies will assume responsibility for patient triage, treatment and tracking under the guidelines set forth in the Mid-America Regional Council Emergency Rescue (MARCER) Regional Multi-Casualty Incident Plan.

EMS personnel will coordinate and track the delivery of patients to individual hospitals throughout the metropolitan area using the EMResource, the Hospital Emergency Administrative Radio (HEAR) System and local medical channels.

2.6.2 EMS Mutual Aid Agreements

The KCK, Bonner Springs, and Edwardsville EMS departments maintain arrangements with other area EMS providers to provide assistance should the needs of the emergency exceed those available. In the event of a disaster, the departments will direct the EMS assets to best accomplish the mission of moving patients to definitive care.

The KCK, Bonner Springs, and Edwardsville EMS Departments are also part of the MARCER mass casualty incident plan. This plan describes EMS activities during a mass casualty event, including regional coordination in regional events.

2.7 Mass Countermeasure Distribution and Dispensing (MCDD)

Mass Countermeasure Distribution and Dispensing (MCDD) is the responsibility of the Wyandotte County Health Department. This Mass Countermeasure Distribution and Dispensing (MCDD) section has been developed in collaboration with a diverse group of emergency management, public health, law enforcement, medical, behavioral health agencies and other public and private organizations to promote their understanding and connection to MCM activities.

The main goal of this section is to outline the steps necessary for mass distribution and dispensing of prophylactic medications/vaccinations during a public health emergency and to assign individual or group responsibilities for MCDD activities. Primary responsibility for MCDD falls on local governments and jurisdictions, in this case, Wyandotte County and the PHD. Large-scale MCDD requires a community response; involvement and participation of community organizations, businesses, and volunteers.

Regional, State and Metro partners have collaborated in the creation of this section to maintain a certain level of consistency with planning issues. Specifically, in maintaining consistent nomenclature for cross training purposes and to coordinate the opening of Metro-wide Points of Dispensing (PODs). While the focus of this section is MCDD in response to a WMD or public health emergency event, the concepts henceforth will be applied to other infectious disease outbreaks or emergencies that may require similar resources; these include but are not limited to receiving and distributing the Strategic National Stockpile (SNS), dealing with pandemic influenza, or responding with other mass immunizations.

Dispensing of the local pharmacy and pharmaceutical cache will be initiated from a recommendation to the EOC from the Incident Commander. Use of the cache may necessitate the requesting and dispensing of Strategic National Stockpile (SNS) supplies and materials. Initiation of the SNS will be coordinated through KDHE and the EOC.

Antivirals

The use of antivirals received from the SNS will be used for treatment only and must begin within 48 hours from the onset of symptoms. Standing orders for the SNS stockpile and the state cache of antivirals will be written by the Kansas State Health Officer while the Local Health Officer will be issue standing orders for dispensing of local and regional caches. SNS antivirals will be delivered by KDHE to ~~the University of Kansas Hospital and Medical Center which will distribute to Providence Medical Center in Wyandotte County as well as treatment centers in~~ Wyandotte County.

~~Currently Oseltamivir (Tamiflu) in capsule or oral suspension forms and Zanamivir (Relenza) in dry powder for oral inhalation forms are available for treatments of the SNS stockpile of antivirals~~

Vaccination

Vaccination would be required when the presence of a disease can be mitigated by the administration of a vaccine to contacts and possible contacts of contacts to prevent further spread of the pandemic.

Kansas will receive one percent of the federally manufactured vaccine. Distribution of the vaccine will be decided by the State Health Officer in consultation with the State Epidemiologist. Distribution of the SNS vaccine will be by KDHE. Vaccine will be packed for eachby county and delivered to the local public health departments in Kansas.

The local public health departments will administer the vaccine at their PODs. It is probable that vaccination will require a second dose;, however, KDHE will make recommendations for prioritization andnot hold second dosing. but will prioritize first dose patients so as to cover as much of the population as possible. Priority vaccination will follow priority countermeasure guidelines. Note: the web-based Dispense Assist systems and forms will be utilized for both vaccination and dispensing. See www.dispenseassist.com

Smallpox vaccine use in a confirmed response will be directed and coordinated through the PHD, EOC, KDHE and the CDC. Both antivirals and vaccines may be needed for a Pandemic Influenza.

Use of the pharmaceutical and pharmacy cache will provide countermeasure to some but not all persons involved in public health emergency. The cache will be utilized to provide countermeasure to priority countermeasure dispensing personnel and their families, ill persons (as appropriate), and contacts of ill persons based on epidemiological investigation and the priority countermeasure list. See “Priority Countermeasure” section for more information.

The Unified Government of Wyandotte County recognizes the need to prevent illness and death resulting from a natural or malicious infectious disease outbreak. This need has been acknowledged by the allocation of federal funds for state and local WMD preparedness initiatives. This has allowed the County to purchase and stock special equipment for dispensing as described in Attachment 4 – Equipment.

Considerations and Assumptions

Any person exposed to a potentially infectious disease while in Wyandotte County will receive Post-Exposure Countermeasure (PEP) to the best of our ability and dependent on availability of proper materials for such countermeasure.

Any person exposed to a potentially infectious disease while in Wyandotte County that subsequently leaves the jurisdiction of Wyandotte County, will be provided Post-Exposure Countermeasure by the jurisdiction that individual is currently in.

Both the MPD and Mass Vaccination sections can be used for a variety of public health emergencies—from small outbreaks requiring Post-Exposure Countermeasure of a

small number of people to large County/Metro wide outbreaks that require Post-Exposure Countermeasure of most of the population.

Priority Countermeasure will be provided at the Priority Countermeasure Dispensing Site. Information regarding the specifics of the Priority Countermeasure Dispensing Site is located in the Public Health Mass Countermeasure Distribution and Dispensing (MCDD) Standard Operating Guide.

Only asymptomatic persons will receive Post-Exposure Countermeasure at any dispensing site. Symptomatic persons shall be diverted to an Acute Care Treatment Center.

All recipients will be required to complete a Dispense Assist form. Adults who have knowledge of health history, demographics and weight of children may pick up medications for family members and close contacts.

If the mass exposure is limited to a localized area, public health and other trained medical/health providers will respond.

All visitors not staying in a private residence will report to or be transported to the nearest Open Site. Information regarding the specifics of the open sites is located in the Public Health MCDD Standard Operating Guide

Wyandotte County is responsible for dispensing to all persons under custodial or incarcerated status. School children and children in licensed childcare facilities could be dismissed to go home as they would with any other emergency disaster. However, if it is determined those children were exposed at school (or are at very high risk for being exposed) they will:

- Receive countermeasure by the school nurse and/or public health nurse
-
-
- Be transported, in coordination with the EOC and the Public School District, to the nearest POD. Information regarding the specifics of open sites or the schools is located in the Public Health MCDD Standard Operating Guide.
-

The Wyandot Center for Community Behavioral Healthcare will be the lead agency for assisting in the prophylactic treatment of homeless, transient, and mentally ill persons and populations throughout Wyandotte County. Information regarding the specifics of

functional and access needs populations is located in the Public Health MCDD Standard Operating Guide.

Licensed Care Facilities and other clients/residents of licensed facilities are considered in most cases to be at lower risk for exposure. Those facilities will implement isolation or limited isolation policies to prevent exposure. However, if it is determined those persons were directly exposed or at very high risk for being exposed, they will receive countermeasure from individuals or staff that would routinely give them medications. For a list of the Licensed Care Facilities refer to the Public Health MCDD Standard Operating Guide.

The EOC will arrange transportation of medication and supplies to these facilities as the need arises based on the advice of PHD officials. Information regarding the specifics of functional and access needs populations is located in the Public Health MCDD Standard Operating Guide.

Home Health Agencies will be contacted by the PHD in coordination with the EOC and/or Area Agency on Aging to arrange pickup of medications for dispensing to homebound recipients. Information regarding the specifics of functional and access needs populations is located in the Public Health MCDD Standard Operating Guide.

Other special populations will be provided PEP by the PHD utilizing those agencies that currently provide services to said persons.

Direction and Control

The Public Health Department Operation Center (PHDOC) will utilize the Incident Command Structure. See the Public Health Department Operation Center SOG.

Emergency Operations Center (EOC) personnel involved in Mass Countermeasure Dispensing will operate through the ~~Emergency Operations Center~~EOC ~~(EOC)~~ Unified Command structure. The EOC will notify the appropriate agencies, coordinate logistics, request mutual aid and include other jurisdictions as necessary as described in ESF 5 – Emergency Management, the essential support function of the LEOP

Open Sites will be assigned a Site Commander who will be given operational control during activation. Closed Sites will have pre-selected Site Commanders who will be given this same control. Information regarding the specifics of the Mass Countermeasure On-Site Command Flow Chart is located in the Public Health MCDD Standard Operating Guide.

All Site Commanders will provide regular status reports to the Open Site Group Supervisor, who will provide information to the Mass Countermeasure Dispensing

Branch Director at the PHD DOC. Information from the PH DOC will be provided to the ESF #8 Coordinator Information regarding the specifics of the Mass Countermeasure Dispensing On-Site Command Flow Chart is located in the Public Health MCDD Standard Operating Guide.

The Medical Advisor, or designee, will be responsible for approving all decisions regarding the allocation of pharmaceutical assets among delivery sites based on input from the reports mentioned above, in consultation with the Incident Commander, Logistics Section Chief, KDHE, CDC and/or other regional or federal agencies.

To limit the span of control, all workers in identical roles will designate a lead for their job responsibilities that will represent and speak for all members to their Supervisor. Other workers that may be needed at dispensing sites include EMS, who would provide care and transport. Smaller dispensing sites and those serving target populations may not utilize every site worker classification.

All section chiefs will provide regular situation reports to the Site Commander who will report to the PH DOC Mass Countermeasure Operations Section Chief during an event. Positions are not exclusive or all-inclusive.

The initial dispensing work force will include current Public Health Staff with prior training and those that receive just-in-time training. Public Health staff will ensure the dispensinge of countermeasures to mass dispensers. An internal contact list has been created with names and corresponding day, night and off-hour contact information. A phone tree delineating calls initiation and flow has been created. Information regarding the specifics of the calling tree is located in the Public Health MCDD Standard Operating Guide. Names and numbers have been distributed to those who need them, and copies are on file in the PHD Director's Office and the PHD Emergency Preparedness (EP) Office.

Workforce will be expanded as needed via pre-existing or new partnerships with various local organizations that may include:

- Unified Government Employees
- University of Kansas Schools of Medicine, Nursing, and Allied Health Students and faculty
- Kansas City Kansas Community College School of Nursing [(RN -& LPN), Nurse's Aide Training (CNA & CMA), Medical Assistant] and Occupational and Physical Therapy
- Area Vocational Technical School of Nursing and Nurse's Aide Training

- Johnson and Wyandotte County Medical Society
- Election Volunteers
- Service Organizations:
  - Junior League
  - Kiwanis
  - Lions Club
  - Masonic Lodges
  - Local churches
- Local volunteer agencies (RACES, CERT, MRC, etc.)
- Occupational health agencies
- Kansas National Guard*
- US Public Health Service Commissioned Corps Readiness Force (CCRF)*

* The EOC must request these resources per the EOP

~~Mass Dispensers: Those pre-trained mass dispensing volunteers will be notified via their registered contact information on file in the PHD EP Office.~~

Priority Countermeasure

Designated individuals within local government and throughout the County have been identified as Priority Countermeasure recipients. The PH DOC will notify these agencies that dispensing is to occur. Information regarding the specifics of the Priority Countermeasure distribution ~~contact list~~ is located in the Public Health MCDD Standard Operating Guide.

All volunteers and workers will receive countermeasure at their assigned site. All volunteers and workers not assigned to a site will receive countermeasure from the Priority Countermeasure Dispensing Site. ~~Information regarding the specifics of closed sites is located in Public Health Emergency Preparedness.the Public Health MCDD Standard Operating Guide.~~

To implement and sustain a Mass Countermeasure Dispensing response, responding individuals need to be assured that their immediate health and the well-being of their loved ones is not in immediate jeopardy. Therefore, supplies of individual doses in the pharmacy cache will first be provided to ill persons (as appropriate) and their contacts based on epidemiological investigation and the priority countermeasure list and dispensers and their families. ~~Information regarding the specifics of the Priority~~

~~Countermeasure Dispensing is located in the Public Health MCDD Standard Operating Guide.~~

Priority countermeasure designation will alter when:

- The scope of the event warrants
- Medication/vaccine supplies are limited
- The medication is contraindicated or may involve risk to the individual
- There is not sufficient time or adequate workers to do dispensing activities

Each agency and/or organization that has persons eligible for priority countermeasure has been asked to estimate the number of persons eligible and provide that information to the UG PH DOC. This will be used to estimate required priority countermeasure from each organization. Information regarding the Priority Countermeasure Needs Assessment Summary is located in the Public Health MCDD Standard Operating Guide.

Site Determination
Open Sites have been determined through examination of population demographics and densities. Maps locating these sites are located in the Public Health MCDD Standard Operating Guide.

Determining how many dispensing sites to activate will depend upon the projected number of individuals needing Post-Exposure Countermeasure and their distribution throughout the city. Assuming some overlap and simultaneous use, Post-Exposure Countermeasure dispensing is anticipated at the following types of sites:

Open Sites
Public dispensing sites will include:

- Schools
- Community Centers
- Other sites as identified
-

Alternate Dispensing Sites

The Public Health Department will be using alternate forms of dispensing / vaccinations to ensure that all needs of county residents are met. In addition to sites that are open to the public (Open POD) the following sites will also be utilized. The utilization of these sites and methods would reduce the number of citizens that would be going to the open sites.

Closed Sites

: The closed sites would provide countermeasure to specific populations i.e., employees, students, residential care patients. Each closed site would require a signed Memorandum of Understanding and an approved plan by the Public Health Department.

Bulk Dispensing

: This method of dispensing would help meet the needs of the portion of the population that have special needs or are at-risk. Agencies and/or organizations would be the link to these special population members. A signed Memorandum of Understanding is required.

Drive-Through Site

Clinic: This method is optional and would also help reduce the numbers of person receiving countermeasure medications at an Open POD. A drive-thru site may also serve as a secondary dispensing site if needed.

Considerations

The recommended hours of public access to Open Sites will be from 8 am – 8 a.m., (24 hours), unless otherwise determined by the Incident Commander.

It is projected that 30,000 recipients will go through each open site, resulting in all persons receiving countermeasure within 48 hours.

Unified Government employees will be utilized as Mass Countermeasure Personnel as will Medical Reserve Corpe Personnel.

Persons with health care training, nurses, pharmacists, physicians, paramedics, EMS, certified medical aids, etc., will be utilized as effectively as possible. When the number of available medical/healthcare workers is insufficient, their roles will be those of Section Chief. All personnel will be notified and supplied with Just-In-Time Training.

Security
ESF 13 will coordinate security at dispensing sites. Other participating agencies and organizations include the Wyandotte County Sheriff's Office, Bonner Springs and Edwardsville Police, the Kansas Highway Patrol (KHP), and the security personnel of individual designated sites (if any). The Law Enforcement Branch Director will oversee all agencies and personnel involved in security.

Individualized identification badges will be provided thru the EOC to identify site workers and those who have security clearance for restricted areas of operations. These badges will ensure that workers are granted access to the facilities and locations describe in this plan and are able to move throughout the county, if necessary, to carry out their duties. Unified Government employees may utilize their employee name badges.

Transportation
As the Lead Agency for ESF 1 – Transportation, the Transit Department will work within the EOC structure and coordinate with the PHD Transportation Unit Leader to provide transportation resources as necessary to support MPD operations.

Transit Department buses will be available and will run from predetermined "pick-up" sites to dispensing sites. This will be coordinated with the EOC by the Transportation Unit Leader.

Persons transported can include asymptomatic patients to Open Sites as well as Open/Closed Site workers. The ESF#8 Public Health Coordinator may need to oversee and/or arrange transport of symptomatic patients to treatment sites.

The Office of Building and Logistics, in coordination with ESF 1 will be in charge of all movement of materiel to and from storage and delivery sites. This includes the movement of materiel to the dispensing sites and other delivery points such as licensed care facilities, assisted living facilities, detention centers, etc.

The primary method of transporting SNS materials to the delivery sites will be trucks. Helicopter transportation will be the alternate method of transportation in the event that traffic or other situations prohibit the use of trucks. Refer to the Activation of the Strategic National Stockpile section for more detailed information.

The Office of Building and Logistics, in Coordination with ESF 1 will be responsible for ensuring that daily medical waste from all Open Sites and pre-identified Closed Sites is removed from the facility and disposed of properly. Medical waste will be brought to the

PHD medical waste disposal area located in the PHD-Lab. From there, it will be disposed of as with all PHD medical waste.

~~Medical Materiel Distribution~~
Medical Materiel Distribution

The Wyandotte County EOC will deploy and oversee pharmaceutical inventories and the Local Distribution Site (LDS). To ensure a continuous flow of material as needed, the LDS must provide continuous feedback to the EOC Logistics Manager on the amount of medication and other supplies that have been distributed to the dispensing sites.

Inventory and re-supply management includes tracking the local cache (or Strategic National Stockpile {SNS} Assets) while stored at present locations, en route to the dispensing centers, and delivered to the dispensing centers. Note that SNS assets will be stored at the LDS location (see the Public Health MCDD for location and back-up location).

The Medical Advisor/Health Officer and Chief Epidemiologist will project immediate and long term needs for treatment and post-exposure countermeasure. They will prioritize the use of such assets and identify primary deficits that will require Federal (SNS) assistance and make the necessary recommendation to the EOC. ~~For more information see Attachment 5 – Biological Incidents.~~

The Logistics Branch will routinely monitor appropriate local, regional, and state medical materiel asset availabilities and will maintain a summary of these assets. This data will be made available on the county Crisis Information Management System (CIMS), Web EOC.

With some degree of overlap and simultaneous use, it is anticipated that medical materiel resources will be utilized in the following order:

Tier 1: Local and Hospital Pharmacies

- On hand pharmaceuticals.
- For treatment of incoming patients and Post-Exposure Countermeasure of pre-selected workers.
- Availability is immediate upon determination of need.

Tier 2: Wyandotte County Pharmaceutical Cache

- Can serve as a re-supply for hospital response
- Available within 1 hour of needs determination
- Priority countermeasure cache of medications available within 4 hours

Tier 3: Regional Pharmaceutical Vendors (drug wholesalers)

- Vendors may provide primarily medical/surgical supplies, IV fluids, and/or unanticipated drug needs.
- Availability varies with vendor.
- **See Appendix E of Attachment 4 of the Special Incident Annex Plan– Pharmaceutical Distribution Companies**

Tier 4: Strategic National Stockpile

- The SNS will arrive at point of transfer to state within 12 hours of need determination and request. Due to its size, SNS material may require substantial time to offload, stage, apportion, and further transport. Thus, it is anticipated that assets will be available within 24 hours of needs determination and request. Refer to the Activation of SNS section for more detailed information.

2.9 Non-pharmaceutical Interventions

As a guideline for procedures and requirements for pandemic influenza, the UG PHD will use the CDC "Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States." Non-Pharmaceutical Interventions are personal and community-level public health measures that don't involve vaccines or drugs that may serve as a first line of defense to help reduce the spread of disease.

During the on-set of a public health emergency in which pharmaceuticals are not available, the UG PHD will work to delay the spread of a pandemic to allow time for vaccine production; to help lessen the demand for and preserve scarce healthcare resources; and help to reduce the overall number of people who become sick, therefore, reducing suffering, illness and death by the use of Non-Pharmaceutical Interventions. Examples of these interventions are:

- Advising people to stay home if they are sick (7 to 10 days)
- Asking people who have been exposed to a sick person to stay at home (7 days)
- Dismissing children and teenagers from schools and preventing them from re-congregating in the community (possibly up to 3 months)

- Asking people to work from home if possible and use measures to increase the distance between people at the workplace
- Closing of mass gatherings

To determine the trigger for these interventions, the UG PHD will utilize the CDC Pandemic Severity Index (PSI) with reference to the WHO Phases of a Pandemic and Federal Government Response Stages of a Pandemic

The CDC recommends the following condition for the use of masks during a pandemic outbreak:

- If they have the flu and might have contact with others.
- If they live with someone who has flu symptoms and they need to be in a crowded place
- If they are well and don't expect to have close contact with a sick person, but need to be in a crowded place.

Isolation and Quarantine

The rationale and background justification (both from public health and legal perspectives) for the use of isolation and quarantine of exposed individuals can be found in the Community Containment SOG. Guide C Appendix 6 of the CDC's *Smallpox Response Plan and Guidelines v.3* and in Appendix 7 sections 2.4.6 and 3.3.7 of the KDHE's *Public Health Preparedness and Response Plan.* Kansas Statutes 65-119 and 65-126 authorize the Local Health Officer (PHD Medical Advisor) or the Kansas Secretary of Health and Environment to order and enforce isolation and quarantine of people afflicted with or exposed to infectious or contagious disease.

The PHD will assist local institutions in implementing appropriate policies and procedures to reduce the risk of infectious disease exposure within populations they serve. Information regarding the need for isolation for particular disease is provided by the CDC.

Isolation of suspect infectious patients is a primary function of hospitals. Unless otherwise specified, standard hospital isolation will occur when the disease situation warrants, based on KDHEstate and CDC recommendations and guidelines. UKHA has 381 positive pressure and 2816 negative pressure full isolation rooms. PMC has 13 negative pressure rooms.

The PHD will impose quarantine when circumstances warrant (considering the nature of the disease and whether it has been identified). Individuals exposed to a known infectious disease will be quarantined based on state and CDC guidelines and recommendations for the identified disease.

To ensure daily compliance with quarantine, the PHD Epidemiology Division, or their designee, will monitor quarantined contacts daily by a variety of means, including, but not limited to, home visits or phone calls. Food and supplies will be coordinated through the EOC through ESF 6.

Enforcement of quarantine will be coordinated through the PH DOC, the EOC and ESF 13, Law Enforcement. Individuals will be educated to contact public health officials should symptoms of disease develop.

ESF 8 will coordinate closely with ESF15 to promote hygiene and disease prevention methods to prevent further spread of pathogens or contaminants.

The Incident Commander may consider the closing of large public gatherings and venues in order to mitigate the spread of disease.

The PHD will work with the necessary agencies to implement procedures for decontamination, vector intervention and a process for safe re-entry into a suspect area.

2.10 Responder Health and Safety

All emergency responder and emergency receivers may be asked to perform duties under dangerous circumstances and consideration must always be given to employee safety. Further, since employee activities may directly affect the level of morbidity and mortality of disease, responders will be provided education at their orientation and annually thereafter, regarding appropriate precautions to limit likelihood of exposure to potentially toxic and/or infectious agents.

Hospitals, Public Health, EMS, and the Coroner are responsible for providing sufficient Personal Protection Equipment (PPE) for employees. In situations where warranted, fit testing of N95 masks will be conducted annually using standard fit test guidelines with test records kept on file at each agency. If needed, additional personnel may be fit tested and N95 masks and other PPE obtained through the EOC

Exposure to toxic agents or infection will be limited as much as possible. Guidelines for isolation precautions, patient placement, and patient transport, cleaning/disinfection of equipment, discharge management and post mortem care are typically found with State and Federal agencies (i.e. KDHE and CDC) found in ?? Additionally, each agency has

Comment [u5]: Where?

standard operating procedures for health and safety that relate specifically to the tasks that the agency's employees may be required to perform during an event.

2.11 Volunteer Management

The Unified Government of Wyandotte County/Kansas City Kansas Emergency Management Department leadership has embraced the benefits of a planned, systematic and professional approach to incorporating spontaneous, unaffiliated volunteers into disaster response.

Medical Reserve Corps (MRC) - The Medical Reserve Corps of Greater Kansas City is a network of medical and non-medical volunteers who support public health and emergency management agencies throughout the Greater Kansas City area during disasters and other times of community need. While programs similar to MRCKC already exist, they may be "federalized" in large-scale emergencies and may not be available to assist in their home communities. MRCKC is dedicated for use within the Kansas City region to support local public health agencies and emergency management agencies. MRCKC is sponsored by the Mid-America Regional Council, the Regional Homeland Security Coordinating Committee and the Metropolitan Emergency Managers Committee.

~~KC CVOAD &~~ **Volunteer Reception Center**(s) - An exercised volunteer management process initiated by the Kansas City Metro ~~Community~~ Volunteer Organizations Active in Disasters (KC ~~C~~VOAD) ~~Volunteer Reception Center (VRC)~~ is in place. ~~for the Kansas City Metro area. The Wyandotte County Volunteer Registration Center (VRC) process is tailored to meet identified specific needs for Wyandotte County disasters.~~

The ~~Kansas City Metro Volunteers Organizations Active in Disasters (~~KC VOAD ~~)~~ Volunteer Reception Center will be used for regional responses and those incidents for which numerous volunteers (over 1000 volunteers) are required for the entire Kansas City Metropolitan area as identified by the Mid America Regional Council jurisdictions.

The Wyandotte County Volunteer Registration Center (VRC) process is tailored to meet identified specific needs for Wyandotte County disasters.

The Wyandotte County VRC may also be used in cooperation with the KC VOAD VRC, if requested. The Public Health Department has badges that can be provided to the Volunteer Reception Center once credentialing has been completed and can be augmented by the Rapid Tag system deployed by the EOC.~~.~~

Comment [u6]: Ask Matt----OK!

2.12 Environmental Health

The Air Quality and Environmental Departments of the Public Health Department will work with the EOC to identify resources to provide air quality monitoring in the disaster area(s) and in support of other emergency activities (such as debris burning operations). In most cases, the resources of the Environmental Protection Agency (EPA) and Kansas Department of Health and Environment (KDHE) will be used to support local air monitoring operations.

KDHE and the United States Environmental Protection Agency (EPA) shall be tasked with ascertaining when it is safe for the general public to re-enter an affected area. The KDHE and EPA have resources available for the testing of air and water quality in areas where a known or suspected agent has been released. The results of these tests shall help identify environmental risk and shall aid in determining the need for decontamination. Assistance from the EPA for environmental concerns shall be requested through the Unified Government/Wyandotte County EOC, as early in the incident as practical. An On-Scene Coordinator will then respond to the area and begin a needs assessment based on the agent(s) involved and the extent of involvement.

The State of Kansas resides in the EPA's Region 7. Regional Response Team 7 (RRT 7) is the federal component of the National Response System for the states of Kansas, Iowa, Missouri and Nebraska. It is made up of representatives of 14 agencies plus each of the four states. RRT 7 is a planning, policy and coordinating body, which does not respond directly to the scene of an oil spill or hazardous substance release. It provides assistance as requested to the On-Scene Coordinator during an incident.

Depending upon the pathogen or contaminant involved in a public health emergency, vector intervention may be required. A "vector" is defined usually as an insect that helps spread a pathogen. The vector may be a tick, a mosquito or flea.

Based on the pathogen or contaminant involved a determination will be made as to what actions / interventions may be undertaken to prevent the spread of the agent and / or disease. Examples of possible interventions are spraying insecticides to eliminate possible vectors, quarantining of livestock, etc.

2.13 Behavioral Health

Every effort will be made to provide crisis-counseling services to people affected by the disaster. Depending on the magnitude of the event, a representative from the Wyandot Center may be requested to report to the EOC to serve as the Mental Health Services Coordinator. To activate the mental health responders during an emergency event, the appropriate designee in the EOC will contact the 24-hour Wyandot Center Mental health

Crisis Line (913-788-4200831-1773). The Crisis Line operator will notify the Director of Outpatient/Crisis Services or designee in the director's absence. The director or designee will then activate the center's disaster response call system.

Trained mental health counselors are available through the Wyandot Center and numerous volunteer organizations have the ability to provide both faith-based and non-faith-based disaster counseling services.

Emergency services personnel will be notified to be alert to signs of high stress, emotional instability or unusual behavior among both disaster victims and emergency workers and will notify ESF 6 of such conditions. The Mental Health Services Coordinator will work with primary and support agencies to assess disaster mental health requirements and, based on the needs of the event, deploy appropriately trained staff to provide services at:

- Disaster sites
- Damage areas
- Shelters
- Medical Facilities
- Assistance Centers
- Mortuary facilities
- Dispensing sites
- Mental health offices

If the emergency is crime-related, the Police Department's Office of Victims Services will take the lead in providing appropriate mental health services to the individuals affected by the event and work with the Mental Health Services Coordinator to ensure services are coordinated.

ESF 6, specifically the Mental Health Services Coordinator, will work with ESF 15 to ensure information regarding the availability of crisis counseling services is provided to the public. If dictated by the scope of the event, a special telephone number may be established to take calls specifically related to disaster mental health issues.

All Mental Health Workers to be activated will be Critical Incident Stress Management (CISM) trained. The Wyandot Center Crisis Services will maintain a database of current CISM-certified Mental Health Workers within the organization and the broader community

The American Red Cross will operate a Disaster Welfare Information (DWI) system to report on victims statuses and assist with family reunification. Information regarding individuals residing in the affected area will be collected and provided to authorities and immediate family members. If appropriate, the ARC will work closely with agencies providing mental health services when relaying information to family members.

2.14

2.14 Considerations for Functional and Access Needs Populations and Children

The Unified Government has a local ADA Coordinator position within the Human Services Department whothat coordinates regularly with the State ADA Coordinator to ensure programs and policies are in compliance with the Americans with Disabilities Act. In addition, in large or complex disasters, the EOC Manager may choose to staff an ADA Incident Coordinator directly in the EOC. If necessary, the ESF 8 Coordinator(s) will consult with the ADA Coordinator, or ADA Incident Coordinator, if assigned, to ensure firefighting services are delivered in a manner consistent with the ADA.

Evacuation Plans have been independently developed for institutions housing functional and access needs populations and children by the administrations of those facilities including:

- Long term care facilities;
- Kansas School for the Blind;
- Assisted Living Centers
- Independent Living Facilities
- Schools
- Hospitals
- Day Care Facilities

In many cases, these evacuation plans have been communicated in advance to medical services agencies. In the event of evacuation of a large facility, ESF 8 would coordinate closely with ESF 1 and other transportation providers to provide appropriate transportation for the medically fragile. ESF 1 and ESF 8 have access to transport resources to accommodate those with functional and access needs.

Through its Public Health Agency, Wyandotte County has identified the primary languages spoken in households within Wyandotte County. Most educational materials have been translated in to Spanish and on occasion other languages. Within the Unified Government of Wyandotte County and in Bonner Springs and Edwardsville employees who are fluent in foreign languages have been identified and are “on-call” to provide interpretation and translation services as needed. These individuals are

utilized routinely for day-to-day activities and a contact list is maintained by the ADA Coordinator in the Office of the County AdministratorHuman Resources Department. In addition, the Kansas State School for the Blind can assist with Braille interpretation. For those languages for which no individuals have been identified, the Public Health Department utilizes Propio for interpretation and translation services. This service is available to all emergency response agencies and the Public Information Officers throughout the county. The local television stations have agreed to provide materials in Spanish and other languages as appropriate when they interrupt programming or when text lines are used across normal programming. TTY telephone services are available throughout Wyandotte County.

2.15 Phases of Emergency Management

The four phases of Emergency Management are defined in Section 2.2 of the Basic Plan. The following table provides actions that have been identified for ESF 8 in each of the four emergency management phases: preparedness, response, recovery and mitigation.

2.15.1 Preparedness

Agency	Action
American Red Cross	Coordinate and maintain family reunification policies or procedures to be used by ESF 8
Bonner Springs EMS Department	Credential and badge department employees prior to an incident
Bonner Springs EMS Department	Credential medical staff
Bonner Springs EMS Department	Maintain Resource list for specialized medical transportation
Edwardsville FD-EMS	Credential medical staff
Edwardsville FD-EMS	Maintain Resource list for specialized medical transportation
Kansas University of Kansas Hospital and Medical Center Hospital	Establish and maintain field and inter-hospital medical communications

Agency	Action
Authority	
KCKFD EMS Division	Credential and badge department employees prior to an incident
KCKFD EMS Division	Credential medical staff
KCKFD EMS Division	Maintain Resource list for specialized medical transportation
Mid-America Regional Council	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations
Providence Medical Center	Identify ability of hospitals to perform decontamination of patients, service animals and pets
Providence Medical Center	Monitor available medical beds and report to ESF 8 Coordinator in EOC
Providence Medical Center	Maintain MOUs or MOAs to share medical resources
Providence Medical Center	Identify alternate care site planning activities
Providence Medical Center	Credential and badge department employees prior to an incident
Providence Medical Center	Credential medical staff
Providence Medical Center	Maintain Resource list for specialized medical transportation
Providence Medical Center	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers
Providence Medical Center	Ensure medical staff are credentialed and badged by the state in ESR, VIP, or MRC prior to an incident
Unified Government Building and Logistics Division	Ensure that any County facilities suitable for use in support of ESF #8 activities can be quickly made available
~~Unified Government~~ ~~Emergency Management~~ Wyandotte County Emergency Management Department	Provide initial notification for ESF 8
~~Unified Government~~ Wyandotte County Emergency Management Department	Coordinate local efforts related to K-SERV and medical professional volunteer registration
~~Unified Government~~ Wyandotte County Emergency Management Department	Identify currently available health and medical sector related volunteer organizations
~~Unified Government~~ Wyandotte County Emergency Management Department	Capture incident related expenses to be used in emergency response
~~Unified Government~~ Wyandotte County Emergency Management Department	Coordinate credentialing/privileging procedures to utilize volunteer behavioral health professionals and other staff
~~Unified Government~~ Wyandotte County	Coordinate activities in preparing access and functional needs populations for disasters

Agency	Action
Emergency Management Department	
Wyandotte County Public Health Department	Provide liaison to communicate between public health department and ESF 8 for emergency related information
~~Unified Government~~ Wyandotte County Public Health Department	Provide a trained representative to serve as the ESF #8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department
~~Unified Government~~ Wyandotte County Public Health Department	Establish preventive public health services including the control of communicable diseases
Wyandotte County Public Health Department	Identify public health services needed to support identified disaster risks and provision of those services.
Wyandotte County Public Health Department	Coordinate the county medical countermeasure distribution and planning activities
Wyandotte County Public Health Department	Ensure department employees are credentialed and badged in the state CRMCS system and that volunteers are registered in K-SERV or MRC prior to an incident
Wyandotte County Public Health Department	Coordinate public health department's training and exercise program
Wyandotte County Public Health Department	Coordinate activities related to public health department SOG development
Wyandotte County Public Health Department	Coordinate with ESF 6 to identify agencies that work with individuals with functional and access needs in advance of, during, and following an emergency. This will serve as a resource to identify individuals with functional and access needs.
Wyandotte County Public Health Department	Work with neighboring community public health departments, as well as with State and Federal officials, to augment Wyandotte County's public health resources
~~Unified Government~~ Wyandotte County Public Health Department	Investigate sanitation conditions and coordinate immunization programs
~~Unified Government Public Health Department~~	~~Work with neighboring community public health departments, as well as with State and Federal officials, to augment Wyandotte County's public health resources~~
~~Unified Government Public Health Department~~	~~Provide liaison to communicate between public health department and ESF 8 for emergency related information~~
~~Unified Government Public Health Department~~	~~Coordinate with ESF 6 to identify agencies that work with individuals with functional and access needs in advance of, during, and following an emergency. This will serve as a resource to identify individuals with functional and access needs.~~
~~Unified Government Public Health Department~~	~~Identify public health services needed to support identified disaster risks and provision of those services.~~
~~Unified Government Public Health Department~~	~~Coordinate activities related to public health department SOG development~~
~~Unified Government Public Health Department~~	~~Participate in the CDC Public Health Preparedness Program~~
~~Unified Government Public Health Department~~	~~Ensure department employees are credentialed and badged in the state CRMCS system and that volunteers are registered in KSERV or MRC prior to an incident~~
~~Unified Government Public Health Department~~	~~Coordinate public health department's exercise program~~

Agency	Action
Unified Government Public Health Department	Coordinate the county medical countermeasure distribution and planning activities
University of Kansas Medical Center and Hospital Authority	Ensure medical staff are credentialed and badged in the state CRMCS system or registered in K-SERV or MRC prior to an incident
University of Kansas Medical Center and Hospital Authority	Identify ability of hospitals to perform decontamination of patients, service animals and pets
University of Kansas Medical Center and Hospital Authority	Monitor available medical beds and report to ESF 8 Coordinator in EOC
University of Kansas Medical Center and Hospital Authority	Maintain MOUs or MOAs to share medical resources
University of Kansas Medical Center and Hospital Authority	Identify alternate care site planning activities
University of Kansas Medical Center and Hospital Authority	Credential and badge department employees prior to an incident
University of Kansas Medical Center and Hospital Authority	Credential medical staff
University of Kansas Medical Center and Hospital Authority	Participate in the Hospital Preparedness Program
University of Kansas Medical Center and Hospital Authority	Maintain Resource list for specialized medical transportation
University of Kansas Medical Center and Hospital Authority	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers
Wyandot Center	Identify county's behavioral health response capabilities
Wyandot Center	Coordinate behavioral health capabilities of the organization
Wyandot Center	Coordinate organization's behavioral health disaster team
Wyandotte County Coroner	Identify county's fatality management capabilities
Wyandotte County Coroner	Develop procedures to appropriately vet and release casualty and fatality information

2.15.2 Response

Agency	Action
All Agencies	Document and track resources that are committed to specific missions and costs
American Red Cross	Coordinate with functional and access needs populations at community shelters
Area Agency on Aging	Provide assistance in dealing with the health and medical needs of seniors, such as health screening and inoculations

Agency	Action
Bonner Springs EMS Department	Report incident related injuries to EOC
Bonner Springs EMS Department	Dispose of medical supplies
Bonner Springs EMS Department	Compile ESF 8 information and provide to EM for Incident Action Plan
Bonner Springs Fire/EMS Department	Support EMS operations as needed
Bonner Springs Fire/EMS Department	Respond to the disaster scene with emergency medical personnel and equipment.
Bonner Springs Fire/EMS Department	Respond to the disaster scene with emergency medical personnel and equipment.
Bonner Springs Fire/EMS Department	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
Bonner Springs Fire/EMS Department	Provide triage, medical care and transport for the injured
Bonner Springs Fire/EMS Department	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator
Bonner Springs Fire/EMS Department	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals
Bonner Springs Fire/EMS Department	Evacuate patients from affected hospitals and nursing homes
Bonner Springs Police Department	Provide security at or around health and medical facilities or at mass casualty sites
Bonner Springs Police Department	Provide security assistance to medical facilities and to health and medical field personnel upon request
Bonner Springs Police Department	Maintain emergency health services at correctional facilities
Bonner Springs Police Department	Provide communications support for health and medical activities
Bonner Springs Police Department	Provide traffic flow and parking assistance around health and medical facilities
Edwardsville FD	Support EMS operations as needed
Edwardsville FD-EMS	Report incident related injuries to EOC
Edwardsville FD-EMS	Dispose of medical supplies
Edwardsville FD-EMS	Compile ESF 8 information and provide to EM for Incident Action Plan
Edwardsville FD-EMS	Support EMS operations as needed
Edwardsville FD-EMS	Respond to the disaster scene with emergency medical personnel and equipment.
Edwardsville FD-EMS	Respond to the disaster scene with emergency medical personnel and equipment.
Edwardsville FD-EMS	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
Edwardsville FD-EMS	Provide triage, medical care and transport for the injured
Edwardsville FD-EMS	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator
Edwardsville FD-EMS	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals
Edwardsville FD-EMS	Evacuate patients from affected hospitals and nursing homes

Agency	Action
Edwardsville Police Department	Provide security at or around health and medical facilities or at mass casualty sites
Edwardsville Police Department	Provide security assistance to medical facilities and to health and medical field personnel upon request
Edwardsville Police Department	Maintain emergency health services at correctional facilities
Edwardsville Police Department	Provide communications support for health and medical activities
Edwardsville Police Department	Provide traffic flow and parking assistance around health and medical facilities
Edwardsville Public Works Department	When deployed, assume an appropriate role in the incident Command System (ICS). If the ICS has not been established, initiate ICS procedures until relieved by other first responder service (i.e. fire, police)
Kansas Department of Health and Environment	Provide additional resources, personnel and technical assistance to support public health and medical activities
Kansas Department of Health and Environment	Determine the extent or threat of contamination from chemical, radiological or infectious agents
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Implement internal and external hospital disaster plans
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Advise the Health and Medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Establish and maintain field and inter-hospital medical communications
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Provide a representative to the Wyandotte County EOC
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity and special designations such as trauma and burn centers
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Coordinate the use of clinics to treat less than acute illnesses and injuries.
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals, and specify where patients are to be taken.
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.

Agency	Action
Kansas University of Kansas Hospital and Medical Center Authority	Provide patient identification information to the American Red Cross
KCK Fire Department	Support EMS operations as needed
KCK Fire Department	Respond to the disaster scene with emergency medical personnel and equipment.
KCK Fire Department	Upon arrival at the scene, assume an appropriate role in the Incident Commend System (ICS)
KCK Fire Department	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
KCK Fire Department	Provide triage, medical care and transport for the injured
KCK Fire Department	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator
KCK Fire Department	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals
KCK Fire Department	Evacuate patients from affected hospitals and nursing homes
KCK Fire Department, Hazardous Materials Unit	Activate and perform decontamination of patients, service animals and pets
KCKFD EMS Division	Report incident related injuries to EOC
KCKFD EMS Division	Dispose of medical supplies
KCKFD EMS Division	Compile ESF 8 information and provide to EM for Incident Action Plan
Metropolitan Medical Reserve Corps	Coordinate support activities to ESF 6 for functional and access needs populations at shelters
Mid-America Regional Council	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations
Providence Medical Center	Implement internal and external hospital disaster plans
Providence Medical Center	Advise the Health and medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds
Providence Medical Center	Establish and maintain field and inter-hospital medical communications
Providence Medical Center	Provide a representative to the Wyandotte County EOC
Providence Medical Center	Provide medical guidance as needed to Emergency Medical Services
Providence Medical Center	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
Providence Medical Center	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity and special designations such as trauma and burn centers
Providence Medical Center	Coordinate the use of clinics to treat less than acute illnesses and injuries.
Providence Medical Center	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff
Providence Medical Center	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals, and specify where patients are to be taken.

Agency	Action
Providence Medical Center	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
Providence Medical Center	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
Providence Medical Center	Provide patient identification information to the American Red Cross
Providence Medical Center	Operate community alternate care site
Providence Medical Center	Operate community alternate care site
Providence Medical Center	Track the injured (registration to discharge process)
Providence Medical Center	Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information
Providence Medical Center	Report incident related injuries to EOC
Providence Medical Center	Activate and conduct medical care activities during a disaster
Providence Medical Center	Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc.
Providence Medical Center	Provide numbers of available beds, resources, medical capabilities and medical specialties to the ESF 8 Coordinator
Providence Medical Center	Coordinate and activate patient decontamination activities
Providence Medical Center	Dispose of medical supplies
Providence Medical Center	Conduct decontamination activities, in coordination with elf 10, for chemical, radiological, or biological agents
Providence Medical Center	Compile ESF 8 information and provide to EM for Incident Action Plan
Providence Medical Center	Activate Departmental Operations Center
Providence Medical Center	Request needed hospital resources through Hospital Regional Coordinator
Providence Medical Center	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations
Unified Government Building and Logistics Division	Ensure that any County facilities suitable for use in support of ESF #8 activities can be quickly made available
~~Unified Government~~ Wyandotte County Emergency Management Department	Provide initial notification for ESF 8
~~Unified Government~~ Wyandotte County Emergency Management Department	Communicate ESF 8 information to and between support agencies

Agency	Action
Unified Government Wyandotte County Emergency Management Department	Coordinate and maintain ESF 8 situational awareness
Unified Government Wyandotte County Emergency Management Department	Coordinate medical operations activities and resource needs for the following: health department, hospitals, EMS, environmental health, pharmacies, behavioral health centers/teams, clinics, funeral directors/coroner
Unified Government Wyandotte County Emergency Management Department	Identify specific health and safety risks for disasters
Unified Government Wyandotte County Emergency Management Department	Coordinate with ESF 7 to request resources
Unified Government Wyandotte County Emergency Management Department	Coordinate and activate mutual aid, K-SERV and other methods for requesting additional medical providers and support personnel
Unified Government Wyandotte County Emergency Management Department	Activate continuity of operations plan
Unified Government Wyandotte County Emergency Management Department	Coordinate emergency organization credentialing/privileging procedures
Unified Government Wyandotte County Emergency Management Department	Coordinate community outreach to functional and access needs populations
Unified Government Wyandotte County Emergency Management Department	Provide communication of functional and access needs populations to the ESF 8 Coordinator
Unified Government Wyandotte County Emergency Management Department	Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan
Wyandotte County Public Health Department	Activate Threat Assessment Team (TAT) and Departmental Operations Center
Wyandotte County Public Health Department	Provide liaison to communicate between public health department and ESF 8 for emergency related information
Unified Government Wyandotte County Public Health Department	Provide a trained representative to serve as the ESF #8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department
Wyandotte County Public Health Department	Establish preventive public health services including the control of communicable diseases
Wyandotte County Public Health Department	Recommend or determine public health-related protective actions

Agency	Action
Wyandotte County Public Health Department	Ensure the protection of public health emergency response staff by taking actions to obtain necessary personal protective equipment (PPE) and prophylactic medications/vaccines
~~Unified Government~~ Wyandotte County Public Health Department	~~Issue~~Ensure public health advisories on such matters as ~~emergency~~ water~~, supplies, waste disposal,~~ vectors, immunizations, disinfecting, and other public health issues dictated by the event are provided to the PIO for dissemination.
Wyandotte County Public Health Department	Coordinate with Public Information Officer or ESF 15, if activated, to communicate incident related health and medical information to citizens including at-risk populations
Wyandotte County Public Health Department	Ensure appropriate public health situational information is made available to the EOC
Wyandotte County Public Health Department	Coordinate surveillance and epidemiological activities of the local public health department including activities with community partners: schools, EMS, hospitals, private medical providers, and others
Wyandotte County Public Health Department	Activate and conduct activities that may be involved in community disease containment measures
Wyandotte County Public Health Department	Work with neighboring community public health departments as well as with State and Federal officials, to augment Wyandotte County's public health resources
Wyandotte County Public Health Department	Investigate sanitation conditions and coordinate immunization programs
~~Unified Government Public Health Department~~	~~Establish preventive public health services including the control of communicable diseases~~
~~Unified Government~~ Wyandotte County Public Health Department	Activate/coordinate county mass distribution and/or dispensing of medical countermeasures/materiel
~~Unified Government Public Health Department~~	~~Ensure appropriate public health situational information is made available to the Data and Technology section in the EOC~~
~~Unified Government Public Health Department~~	~~Investigate sanitation conditions and coordinate immunization programs~~
~~Unified Government Public Health Department~~	~~In the event the potable water supply has been determined as contaminated, coordinate with the ESF #7--Resource Support to identify water supply vendors and assist with the development of a water distribution system.~~
~~Unified Government Public Health Department~~	~~Work with neighboring community public health departments as well as with State and Federal officials, to augment Wyandotte County's public health resources~~
~~Unified Government Public Health Department~~	~~Ensure the protection of public health emergency response staff by taking actions to obtain necessary personal protective equipment (PPE) and prophylactic medications/vaccines~~
~~Unified Government~~ Wyandotte County Public Health Department	Serve as the Lead Agency for Biological Incidents
~~Unified Government Public Health Department~~	~~Provide liaison to communicate between public health department and ESF 8 for emergency related information~~
~~Unified Government Public Health Department~~	~~Coordinate with Public Information Officer or ESF 15, if activated, to communicate incident related health and medical information to citizens including at-risk populations~~
~~Unified Government Public Health Department~~	~~Coordinate surveillance and epidemiological activities of the local public health department including activities with community partners: schools, EMS, hospitals, private medical providers, and others~~

Agency	Action
Unified Government Public Health Department	Recommend or determine public health-related protective actions
Unified Government Public Health Department	Activate and conduct activities that may be involved in community disease containment measures
Unified Government Public Health Department	Recommend or determine public health department's protective action
Unified Government Public Health Department	Provide liaison to communicate between health department and ESF 8 for emergency related information
Unified Government Wyandotte County Public Health Department	Report incident related injuries to EOC
Unified Government Wyandotte County Public Health Department	Coordinate vector surveillance activities
Unified Government Wyandotte County Public Health Department	Perform vector surveillance activities
Unified Government Wyandotte County Public Health Department	Recover medical supplies and dispose of medical waste
Unified Government Public Health Department	Compile ESF 8 information and provide to EM for incident action plan
Unified Government Public Health Department	Activate Departmental Operations Center
University of Kansas Medical Center and Hospital Authority	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations
University of Kansas Medical Center and Hospital Authority	Activate community alternate care site
University of Kansas Medical Center and Hospital Authority	Activate community alternate care site
University of Kansas Medical Center and Hospital Authority	Track the injured (registration to discharge process)
University of Kansas Medical Center and Hospital Authority	Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information
University of Kansas Medical Center and Hospital Authority	Report incident related injuries to EOC
University of Kansas Medical Center and Hospital Authority	Activate and conduct medical care activities during a disaster
University of Kansas Medical Center and Hospital Authority	Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc.
University of Kansas Medical Center and Hospital Authority	Provide numbers of available beds, resources, medical capabilities and medical specialties to the ESF 8 Coordinator

Agency	Action
University of Kansas Medical Center and Hospital Authority	Coordinate and activate patient decontamination activities
University of Kansas Medical Center and Hospital Authority	Dispose of medical supplies
University of Kansas Medical Center and Hospital Authority	Conduct decontamination activities, in coordination with elf 10, for chemical, radiological, or biological agents
University of Kansas Medical Center and Hospital Authority	Compile ESF 8 information and provide to EM for Incident Action Plan
University of Kansas Medical Center and Hospital Authority	Activate Departmental Operations Center
University of Kansas Medical Center and Hospital Authority	Request needed hospital resources through Hospital Regional Coordinator
Voluntary Organizations Active in Disasters	Provide food for emergency medical workers, volunteers and patients, if requested
Voluntary Organizations Active in Disasters	Maintain a Disaster Welfare Information (DWI) system in coordination with hospitals, EMS, aid stations, and field triage units to collect, receive, and report information about the status of victims.
Voluntary Organizations Active in Disasters	Provide Disaster Welfare Information to the ESF #8 Coordinator for appropriate dissemination
Voluntary Organizations Active in Disasters	Assist in the notification to the next of kin of the injured and deceased.
Voluntary Organizations Active in Disasters	Assist with the reunification of the injured with their families
Voluntary Organizations Active in Disasters	Provide first aid and other related medical support (within capabilities) at temporary treatment centers
Voluntary Organizations Active in Disasters	Provide supplementary medical and nursing aid and other health services, if requested and within capabilities
Voluntary Organizations Active in Disasters	Provide assistance for the special needs of the disabled, elderly and children separated from their parents.
Wyandot Center	Coordinate and activate behavioral health care activities
Wyandot Center	Conduct behavioral health care activities
Wyandotte County Coroner	Manage the disposition and tracking of the deceased
Wyandotte County Coroner	Coordinate fatality management process and request additional support
Wyandotte County Coroner	Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan
Wyandotte County Coroner	Report incident related fatalities to EOC
Wyandotte County Coroner	Coordinate and activate mortuary services during an emergency
Wyandotte County Coroner	Conduct mortuary services during an emergency
Wyandotte County Coroner	Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan

Agency	Action
Wyandotte County Coroner	Activate mass fatality site
Wyandotte County Sheriff's Office	Provide security at or around health and medical facilities or at mass casualty sites
Wyandotte County Sheriff's Office	Provide security assistance to medical facilities and to health and medical field personnel upon request
Wyandotte County Sheriff's Office	Maintain emergency health services at correctional facilities,
Wyandotte County Sheriff's Office	Provide communications support for health and medical activities
Wyandotte County Sheriff's Office	Provide traffic flow and parking assistance around health and medical facilities

2.15.3 Recovery

Agency	Action
American Red Cross	Activate family reunification policies or procedures to be used by ESF 8
Board of Public Utilities	Restore water and wastewater capabilities in coordination with ESF 3
Bonner Springs EMS	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Bonner Springs EMS	Compile ESF 8 information and provide to EM for Incident Action Plan
Edwardsville FD EMS	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Edwardsville FD EMS	Compile ESF 8 information and provide to EM for Incident Action Plan
Kansas Department of Health and Environment	Inspect food service establishments prior to resuming business
~~Kansas~~ University of Kansas Hospital ~~and Medical Center~~ Authority	Establish and maintain field and inter-hospital medical communications
KCKFD EMS Division	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
KCKFD EMS Division	Compile ESF 8 information and provide to EM for Incident Action Plan
Mid-America Regional Council	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations
Providence Medical Center	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Providence Medical Center	Report damages to hospitals to ESF 8
Providence Medical Center	Compile ESF 8 information and provide to EM for Incident Action Plan
~~Unified Government~~ Wyandotte County Emergency Management Department	Record damage assessment information
~~Unified Government~~ Wyandotte County Emergency Management Department	Provide incident reports for elected officials

Agency	Action
Unified Government Wyandotte County Emergency Management Department	Assist functional and access needs populations in recovering from disasters including programs provided
Wyandotte County Public Health Department	Provide liaison to communicate between public health department and ESF 8 for emergency related information
Unified Government Wyandotte County Public Health Department	Provide a trained representative to serve as the ESF #8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department
Unified Government Wyandotte County Public Health Department	EstablishContinue public health preventive health services including the control of communicable diseases
Wyandotte County Public Health Department	Monitor public health effects post-disaster
Wyandotte County Public Health Department	Continue investigation on sanitation conditions and coordinate the immunization programs
Wyandotte County Public Health Department	Provide public health input into community recovery affairs
Wyandotte County Public Health Department	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Unified Government Public Health Department	Investigate sanitation conditions and coordinate immunization programs
Unified Government Public Health Department	Provide liaison to communicate between public health department and ESF 8 for emergency related information
Unified Government Public Health Department	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Unified Government Public Health Department	Conduct and monitor public health effects post-disaster
Unified Government Public Health Department	Provide public health input into community recovery affairs
Unified Government Public Health Department	Compile ESF 8 information and provide to EM for Incident Action Plan
University of Kansas Medical Center and Hospital Authority	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
University of University of Kansas Medical Center and Hospital Authority	Report damages to hospitals to ESF 8
University of Kansas Medical Center and Hospital Authority	Compile ESF 8 information and provide to EM for Incident Action Plan

2.15.4 Mitigation

Agency	Action
Bonner Springs EMS Department	Participate on the jurisdictional hazard mitigation planning committee
Edwardsville FD EMS	Participate on the jurisdictional hazard mitigation planning committee
KCKFD EMS Division	Participate on the jurisdictional hazard mitigation planning committee

Agency	Action
Mid-America Regional Council	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations
Providence Medical Center	Participate on the jurisdictional hazard mitigation planning committee
Wyandotte County Public Health Department	Provide liaison to communicate between public health department and ESF 8 for emergency related information
~~Unified Government~~ Wyandotte County Public Health Department	Provide a trained representative to serve as the ESF #8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department
~~Unified Government~~ Wyandotte County Public Health Department	Establish public health preventive services including the control of communicable diseases
Wyandotte County Public Health Department	Identify the public health impact of identified risks
Wyandotte County Public Health Department	Investigate sanitation conditions and coordinate immunization programs
Wyandotte County Public Health Department	Provide hand washing and other disease prevention campaign activities
Wyandotte County Public Health Department	Participate on the jurisdictional hazard mitigation planning committee
~~Unified Government Public Health Department~~	~~Investigate sanitation conditions and coordinate immunization programs~~
~~Unified Government Public Health Department~~	~~Provide liaison to communicate between public health department and ESF 8 for emergency related information~~
~~Unified Government Public Health Department~~	~~Identify the public health impact of identified risks~~
~~Unified Government Public Health Department~~	~~Provide hand washing and other disease prevention campaign activities~~
~~Unified Government Public Health Department~~	~~Participate on the jurisdictional hazard mitigation planning committee~~
University of ~~Kansas Medical Center and~~ Hospital Authority	Participate on the jurisdictional hazard mitigation planning committee

3 ~~In addition, Chapter 4 of the *Wyandotte County Multi-hazard Mitigation Plan* details specific mitigation measures related to Public Health and Medical Services. http://www.wycokck.org/InternetDept.aspx?id=22574&menu_id=950&banner=15284.~~

3 RESPONSIBILITIES

It is understood that each coordinating and primary agency will at a minimum:

- Develop applicable standard operating procedures, guidelines and/or checklists detailing the accomplishment of their assigned functions.
- When requested, deploy a representative to the EOC to assist with ESF 8 activities.
- Provide ongoing status reports as requested by the Mass Care, Housing and Human Services Coordinators.
- Maintain updated resource inventories of supplies, equipment, and personnel resources, including possible sources of augmentation or replacement.
- Document all costs and expenses associated with response and recovery activities taking care to clearly separate disaster related work from daily work in the event that State and Federal reimbursement becomes available.
- Maintain up-to-date rosters for notifying personnel and 24-hour staffing capabilities.

~~The remainder of this section provides the actions necessary to implement this ESF sorted alphabetically by responsible agency.~~

~~Agency~~	~~Action~~
~~American Red Cross~~	~~Coordinate and maintain family reunification policies or procedures to be used by ESF 8~~
~~American Red Cross~~	~~Coordinate with functional and access needs populations at community shelters~~
~~American Red Cross~~	~~Activate family reunification policies or procedures to be used by ESF 8~~
~~Area Agency on Aging~~	~~Provide assistance in dealing with the health and medical needs of seniors, such as health screening and inoculations~~
~~Board of Public Utilities~~	~~Restore water and wastewater capabilities in coordination with ESF 3~~
~~Bonner Springs EMS Department~~	~~Credential and badge department employees prior to an incident~~
~~Bonner Springs EMS Department~~	~~Credential medical staff~~
~~Bonner Springs EMS Department~~	~~Report incident related injuries to EOC~~
~~Bonner Springs EMS Department~~	~~Dispose of medical supplies~~
~~Bonner Springs EMS Department~~	~~Coordinate with health and medical sector agencies submitting response and recovery information to emergency management~~
~~Bonner Springs EMS Department~~	~~Participate on the jurisdictional hazard mitigation planning committee~~
~~Bonner Springs EMS Department~~	~~Compile ESF 8 information and provide to EM for Incident Action Plan~~

Agency	Action
Bonner Springs EMS Department	Maintain Resource list for specialized medical transportation
Bonner Springs Fire/EMS Department	Support EMS operations as needed
Bonner Springs Fire/EMS Department	Respond to the disaster scene with emergency medical personnel and equipment.
Bonner Springs Fire/EMS Department	Upon arrival at the scene, assume an appropriate role in the Incident Commend System (ICS)
Bonner Springs Fire/EMS Department	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
Bonner Springs Fire/EMS Department	Provide triage, medical care and transport for the injured
Bonner Springs Fire/EMS Department	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator
Bonner Springs Fire/EMS Department	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals
Bonner Springs Fire/EMS Department	Evacuate patients from affected hospitals and nursing homes
Bonner Springs Police Department	Provide security at or around health and medical facilities or at mass casualty sites
Bonner Springs Police Department	Provide security assistance to medical facilities and to health and medical field personnel upon request
Bonner Springs Police Department	Maintain emergency health services at correctional facilities
Bonner Springs Police Department	Provide communications support for health and medical activities
Bonner Springs Police Department	Provide traffic flow and parking assistance around health and medical facilities
Edwardsville Fire Department	Support EMS operations as needed
Edwardsville FD EMS	Credential and badge department employees prior to an incident
Edwardsville FD EMS	Credential medical staff
Edwardsville FD EMS	Report incident related injuries to EOC
Edwardsville FD EMS	Dispose of medical supplies
Edwardsville FD EMS	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Edwardsville FD EMS	Participate on the jurisdictional hazard mitigation planning committee
Edwardsville FD EMS	Compile ESF 8 information and provide to EM for Incident Action Plan
Edwardsville FD EMS	Maintain Resource list for specialized medical transportation
Edwardsville Police Department	Provide security at or around health and medical facilities or at mass casualty sites
Edwardsville Police Department	Provide security assistance to medical facilities and to health and medical field personnel upon request
Edwardsville Police Department	Maintain emergency health services at correctional facilities
Edwardsville Police Department	Provide communications support for health and medical activities
Edwardsville Police Department	Provide traffic flow and parking assistance around health and medical facilities

Agency	Action
Edwardsville Public Works Department	When deployed, assume an appropriate role in the incident Command System (ICS). If the ICS has not been established, initiate ICS procedures until relieved by other first responder service (i.e. fire, police)
Kansas Department of Health and Environment	Provide additional resources, personnel and technical assistance to support public health and medical activities
Kansas Department of Health and Environment	Determine the extent or threat of contamination from chemical, radiological or infectious agents
Kansas Department of Health and Environment	Inspect food service establishments prior to resuming business
Kansas University Hospital and Medical Center	Implement internal and external hospital disaster plans
Kansas University Hospital and Medical Center	Advise the Health and Medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds
Kansas University Hospital and Medical Center	Establish and maintain field and inter-hospital medical communications
Kansas University Hospital and Medical Center	Provide a representative to the Wyandotte County EOC
Kansas University Hospital and Medical Center	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
Kansas University Hospital and Medical Center	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity and special designations such as trauma and burn centers
Kansas University Hospital and Medical Center	Coordinate the use of clinics to treat less than acute illnesses and injuries.
Kansas University Hospital and Medical Center	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff
Kansas University Hospital and Medical Center	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals, and specify where patients are to be taken.
Kansas University Hospital and Medical Center	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
Kansas University Hospital and Medical Center	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
Kansas University Hospital and Medical Center	Provide patient identification information to the American Red Cross
KCK Fire Department	Support EMS operations as needed
KCK Fire Department	Respond to the disaster scene with emergency medical personnel and equipment.
KCK Fire Department	Upon arrival at the scene, assume an appropriate role in the Incident Commend System (ICS)

Agency	Action
KCK Fire Department	Establish a medical command post at the disaster site(s) to coordinate health and medical response team efforts.
KCK Fire Department	Provide triage, medical care and transport for the injured
KCK Fire Department	As requested, deploy personnel to the Wyandotte County EOC to assist the Public Health and Medical Services Coordinator
KCK Fire Department	Establish and maintain field communications and coordination with other responding emergency teams (police, public works, etc.) and radio or telephone communications with hospitals
KCK Fire Department	Evacuate patients from affected hospitals and nursing homes
KCK Fire Department, Hazardous Materials Unit	Activate and perform decontamination of patients, service animals and pets
KCKFD EMS Division	Credential and badge department employees prior to an incident
KCKFD EMS Division	Credential medical staff
KCKFD EMS Division	Report incident related injuries to EOC
KCKFD EMS Division	Dispose of medical supplies
KCKFD EMS Division	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
KCKFD EMS Division	Participate on the jurisdictional hazard mitigation planning committee
KCKFD EMS Division	Compile ESF 8 information and provide to EM for Incident Action Plan
KCKFD EMS Division	Maintain Resource list for specialized medical transportation
Metropolitan Medical Reserve Corps	Coordinate support activities to ESF 6 for functional and access needs populations at shelters
Mid-America Regional Council	Serve as the sponsoring agency for the Medical Reserve Corps and coordinate with Wyandotte County to provide health and medical resources to support emergency operations
Providence Medical Center	Implement internal and external hospital disaster plans
Providence Medical Center	Advise the Health and medical Services Coordinator in the EOC of conditions of the hospital and number and type of available beds
Providence Medical Center	Establish and maintain field and inter-hospital medical communications
Providence Medical Center	Provide a representative to the Wyandotte County EOC
Providence Medical Center	Provide medical guidance as needed to Emergency Medical Services
Providence Medical Center	Coordinate with EMS, other hospitals and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility.
Providence Medical Center	Distribute patients to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, bed capacity and special designations such as trauma and burn centers
Providence Medical Center	Coordinate the use of clinics to treat less than acute illnesses and injuries.
Providence Medical Center	Coordinate with local emergency responders to isolate and decontaminate incoming patients to avoid the spread of chemical or bacterial agents to other patients and staff
Providence Medical Center	Coordinate with other hospitals and EMS on the evacuation of patients from affected hospitals, and specify where patients are to be taken.

Agency	Action
Providence Medical Center	Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
Providence Medical Center	Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
Providence Medical Center	Provide patient identification information to the American Red Cross
Providence Medical Center	Identify ability of hospitals to perform decontamination of patients, service animals and pets
Providence Medical Center	Monitor available medical beds and report to ESF 8 Coordinator in EOC
Providence Medical Center	Maintain MOUs or MOAs to share medical resources
Providence Medical Center	Identify alternate care site planning activities
Providence Medical Center	Credential and badge department employees prior to an incident
Providence Medical Center	Credential medical staff
Providence Medical Center	Participate in the Hospital Preparedness Program
Providence Medical Center	Operate community alternate care site
Providence Medical Center	Operate community alternate care site
Providence Medical Center	Track the injured (registration to discharge process)
Providence Medical Center	Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information
Providence Medical Center	Report incident related injuries to EOC
Providence Medical Center	Activate and conduct medical care activities during a disaster
Providence Medical Center	Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc.
Providence Medical Center	Provide numbers of available beds, resources, medical capabilities and medical specialties to the ESF 8 Coordinator
Providence Medical Center	Coordinate and activate patient decontamination activities
Providence Medical Center	Dispose of medical supplies
Providence Medical Center	Conduct decontamination activities, in coordination with elf 10, for chemical, radiological, or biological agents
Providence Medical Center	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
Providence Medical Center	Report damages to hospitals to ESF 8
Providence Medical Center	Participate on the jurisdictional hazard mitigation planning committee

Agency	Action
Providence Medical Center	Compile ESF 8 information and provide to EM for Incident Action Plan
Providence Medical Center	Activate Departmental Operations Center
Providence Medical Center	Maintain Resource list for specialized medical transportation
Providence Medical Center	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers
Providence Medical Center	Request needed hospital resources through Hospital Regional Coordinator
Providence Medical Center	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations
Providence Medical Center	Ensure medical staff are credentialed and badged by the state in ESR, VIP, or MRC prior to an incident
Unified Government Building and Logistics Division	Ensure that any County facilities suitable for use in support of ESF #8 activities can be quickly made available
Unified Government Emergency Management Department	Provide initial notification for ESF 8
Unified Government Emergency Management Department	Coordinate local efforts related to K-SERV and medical professional volunteer registration
Unified Government Emergency Management Department	Identify currently available health and medical sector related volunteer organizations
Unified Government Emergency Management Department	Capture incident related expenses to be used in emergency response
Unified Government Emergency Management Department	Coordinate credentialing/privileging procedures to utilize volunteer behavioral health professionals and other staff
Unified Government Emergency Management Department	Coordinate activities in preparing access and functional needs populations for disasters
Unified Government Emergency Management Department	Communicate ESF 8 information to and between support agencies
Unified Government Emergency Management Department	Coordinate and maintain ESF 8 situational awareness

Agency	Action
Unified Government Emergency Management Department	Coordinate medical operations activities and resource needs for the following: health department, hospitals, EMS, environmental health, pharmacies, behavioral health centers/teams, clinics, funeral directors/coroner
Unified Government Emergency Management Department	Identify specific health and safety risks for disasters
Unified Government Emergency Management Department	Coordinate with ESF 7 to request resources
Unified Government Emergency Management Department	Coordinate and activate mutual aid, K-SERV and other methods for requesting additional medical providers and support personnel
Unified Government Emergency Management Department	Activate continuity of operations plan
Unified Government Emergency Management Department	Coordinate emergency organization credentialing/privileging procedures
Unified Government Emergency Management Department	Coordinate community outreach to functional and access needs populations
Unified Government Emergency Management Department	Provide communication of functional and access needs populations to the ESF 8 Coordinator
Unified Government Emergency Management Department	Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan
Unified Government Emergency Management Department	Record damage assessment information
Unified Government Emergency Management Department	Provide incident reports for elected officials
Unified Government Emergency Management Department	Assist functional and access needs populations in recovering from disasters including programs provided
Unified Government Public Health Department	Provide a trained representative to serve as the ESF #8 Coordinator and report to the EOC or other designated location as requested by the Emergency Management Department

Agency	Action
Unified Government Public Health Department	Issue public health advisories to the public on such matters as emergency water supplies, waste disposal, vectors, immunizations, disinfecting, and other public health issues dictated by the event
Unified Government Public Health Department	Establish preventive public health services including the control of communicable diseases
Unified Government Public Health Department	Organize the distribution of medical material
Unified Government Public Health Department	Ensure appropriate public health situational information is made available to the Data and Technology section in the EOC
Unified Government Public Health Department	Investigate sanitation conditions and coordinate immunization programs
Unified Government Public Health Department	In the event the potable water supply has been determined as contaminated, coordinate with the ESF #7--Resource Support to identify water supply vendors and assist with the development of a water distribution system.
Unified Government Public Health Department	Work with neighboring public health departments, as well as with State and Federal officials, to augment Wyandotte County's public health resources
Unified Government Public Health Department	Ensure the protection of public health emergency response staff by taking actions to obtain necessary protective respiratory devices and clothing, detection and decontamination equipment and antidotes for personnel assigned to perform tasks during response operations
Unified Government Public Health Department	Serve as the Lead Agency for Biological Incidents
Unified Government Public Health Department	Provide liaison to communicate between health department and ESF 8 for emergency related information
Unified Government Public Health Department	Coordinate with ESF 6 to identify agencies that work with individuals with functional and access needs in advance of, during, and following an emergency. This will serve as a resource to identify individuals with functional and access needs.
Unified Government Public Health Department	Identify health services needed to support identified disaster risks and provision of those services.
Unified Government Public Health Department	Coordinate activities related to health department SOG development
Unified Government Public Health Department	Participate in the CDC Public Health Preparedness Program
Unified Government Public Health Department	Ensure department employees are credentialed and badged by the state in KSRV or MRC prior to an incident
Unified Government Public Health Department	Coordinate public health department's exercise program

Agency	Action
Unified Government Public Health Department	Participate in county medical countermeasure planning
Unified Government Public Health Department	Coordinate community distribution and dispensing activities including vaccines and pharmaceuticals
Unified Government Public Health Department	Coordinate with Public Information Officer or ESF 15, if activated, to communicate incident related health and medical information to citizens including at-risk populations
Unified Government Public Health Department	Coordinate surveillance and epidemiological activities of the local public health department including activities with community partners: schools, EMS, hospitals, private medical providers, and others
Unified Government Public Health Department	Recommend or determine public health-related protective actions
Unified Government Public Health Department	Activate and conduct activities that may be involved in community disease containment measures including isolation, quarantine, and gathering cancellation
Unified Government Public Health Department	Activate and conduct county's mass countermeasures priorities and general activities
Unified Government Public Health Department	Activate and conduct county's disease surveillance system
Unified Government Public Health Department	Recommend or determine public health department's protective action
Unified Government Public Health Department	Provide liaison to communicate between health department and ESF 8 for emergency related information
Unified Government Public Health Department	Report incident related injuries to EOC
Unified Government Public Health Department	Coordinate vector surveillance activities
Unified Government Public Health Department	Perform vector surveillance activities
Unified Government Public Health Department	Provide briefs or updates related to vector surveillance activities to ESF 8
Unified Government Public Health Department	Dispose of medical supplies
Unified Government Public Health Department	Coordinate public health response and recovery information sent to emergency management
Unified Government Public Health Department	Conduct and monitor health effects post-disaster

Agency	Action
Unified Government Public Health Department	Provide public health input into community recovery affairs
Unified Government Public Health Department	Identify the public health impact of identified risks
Unified Government Public Health Department	Provide vaccinations against preventable diseases including tetanus, influenza, pertussis, etc.
Unified Government Public Health Department	Provide hand washing and other disease prevention campaign activities
Unified Government Public Health Department	Participate on the jurisdictional hazard mitigation planning committee
Unified Government Public Health Department	Compile ESF 8 information and provide to EM for Incident Action Plan
Unified Government Public Health Department	Activate Departmental Operations Center
University of Kansas Medical Center and Hospital	Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations
University of Kansas Medical Center and Hospital	Ensure medical staff are credentialed and badged by the state in ESR, VIP, or MRC prior to an incident
University of Kansas Medical Center and Hospital	Identify ability of hospitals to perform decontamination of patients, service animals and pets
University of Kansas Medical Center and Hospital	Monitor available medical beds and report to ESF 8 Coordinator in EOC
University of Kansas Medical Center and Hospital	Maintain MOUs or MOAs to share medical resources
University of Kansas Medical Center and Hospital	Identify alternate care site planning activities
University of Kansas Medical Center and Hospital	Credential and badge department employees prior to an incident
University of Kansas Medical Center and Hospital	Credential medical staff
University of Kansas Medical Center and Hospital	Participate in the Hospital Preparedness Program
University of Kansas Medical Center and Hospital	Activate community alternate care site

Agency	Action
University of Kansas Medical Center and Hospital	Activate community alternate care site
University of Kansas Medical Center and Hospital	Track the injured (registration to discharge process)
University of Kansas Medical Center and Hospital	Provide liaison for communication between hospitals and ESF 8 related to patient numbers and information
University of Kansas Medical Center and Hospital	Report incident related injuries to EOC
University of Kansas Medical Center and Hospital	Activate and conduct medical care activities during a disaster
University of Kansas Medical Center and Hospital	Activate and conduct medical surge activities: cancellation of elective surgeries, transfer of patients, etc.
University of Kansas Medical Center and Hospital	Provide numbers of available beds, resources, medical capabilities and medical specialties to the ESF 8 Coordinator
University of Kansas Medical Center and Hospital	Coordinate and activate patient decontamination activities
University of Kansas Medical Center and Hospital	Dispose of medical supplies
University of Kansas Medical Center and Hospital	Conduct decontamination activities, in coordination with elf 10, for chemical, radiological, or biological agents
University of Kansas Medical Center and Hospital	Coordinate with health and medical sector agencies submitting response and recovery information to emergency management
University of Kansas Medical Center and Hospital	Report damages to hospitals to ESF 8
University of Kansas Medical Center and Hospital	Participate on the jurisdictional hazard mitigation planning committee
University of Kansas Medical Center and Hospital	Compile ESF 8 information and provide to EM for Incident Action Plan
University of Kansas Medical Center and Hospital	Activate Departmental Operations Center
University of Kansas Medical Center and Hospital	Maintain Resource list for specialized medical transportation
University of Kansas Medical Center and Hospital	Maintain list/contacts for specialty medical care organizations such as Dialysis Centers

Agency	Action
University of Kansas Medical Center and Hospital	Request needed hospital resources through Hospital Regional Coordinator
Voluntary Organizations Active in Disasters	Provide food for emergency medical workers, volunteers and patients, if requested
Voluntary Organizations Active in Disasters	Maintain a Disaster Welfare Information (DWI) system in coordination with hospitals, EMS, aid stations, and field triage units to collect, receive, and report information about the status of victims.
Voluntary Organizations Active in Disasters	Provide Disaster Welfare Information to the ESF #8 Coordinator for appropriate dissemination
Voluntary Organizations Active in Disasters	Assist in the notification to the next of kin of the injured and deceased.
Voluntary Organizations Active in Disasters	Assist with the reunification of the injured with their families
Voluntary Organizations Active in Disasters	Provide first aid and other related medical support (within capabilities) at temporary treatment centers
Voluntary Organizations Active in Disasters	Provide supplementary medical and nursing aid and other health services, if requested and within capabilities
Voluntary Organizations Active in Disasters	Provide assistance for the special needs of the disabled, elderly and children separated from their parents.
Wyandot Center	Identify county's behavioral health response capabilities
Wyandot Center	Coordinate behavioral health capabilities of the organization
Wyandot Center	Coordinate organization's behavioral health disaster team
Wyandot Center	Coordinate and activate behavioral health care activities
Wyandot Center	Conduct behavioral health care activities
Wyandotte County Coroner	Manage the disposition and tracking of the deceased
Wyandotte County Coroner	Identify county's fatality management capabilities
Wyandotte County Coroner	Develop procedures to appropriately vet and release casualty and fatality information
Wyandotte County Coroner	Coordinate fatality management process and request additional support
Wyandotte County Coroner	Activate the Kansas Funeral Directors Association Disaster Team to support fatality management according to the Kansas Mass Fatality Plan
Wyandotte County Coroner	Report incident related fatalities to EOC
Wyandotte County Coroner	Coordinate and activate mortuary services during an emergency
Wyandotte County Coroner	Conduct mortuary services during an emergency
Wyandotte County Coroner	Coordinate and activate the Kansas Funeral Directors Association to support fatality management according to the Kansas Mass Fatality Plan
Wyandotte County Coroner	Activate mass fatality site
Wyandotte County Sheriff's Office	Provide security at or around health and medical facilities or at mass casualty sites
Wyandotte County Sheriff's Office	Provide security assistance to medical facilities and to health and medical field personnel upon request
Wyandotte County Sheriff's Office	Maintain emergency health services at correctional facilities,

Agency	Action
Wyandotte County Sheriff's Office	Provide communications support for health and medical activities
Wyandotte County Sheriff's Office	Provide traffic flow and parking assistance around health and medical facilities

4 REFERENCES/ATTACHMENTS

The following reference documents are available from the Emergency Management Department. These documents have been hyperlinked where possible:

- Public Health Emergency Response Plan
- ICS Forms
- Wyandotte County Multi-hazard Mitigation PlanRegional Hazard Mitigation Plan
- ESF 8 Resource Coordination Guide (under development)
- Wyandotte County, Kansas Special Incident Annex
- Regional Incident Management Plan;
- RHSCC Regional Coordination Guide ESF #8 Plan
- Regional Mass Casualty Incident (MCI) Plan

Comment [u7]: Wrong link

In general, detailed contact lists and inventories will not be attached to ESF annexes since this type of information changes constantly. Instead, information is provided as to the department or individual that maintains each type of contact list or inventory.

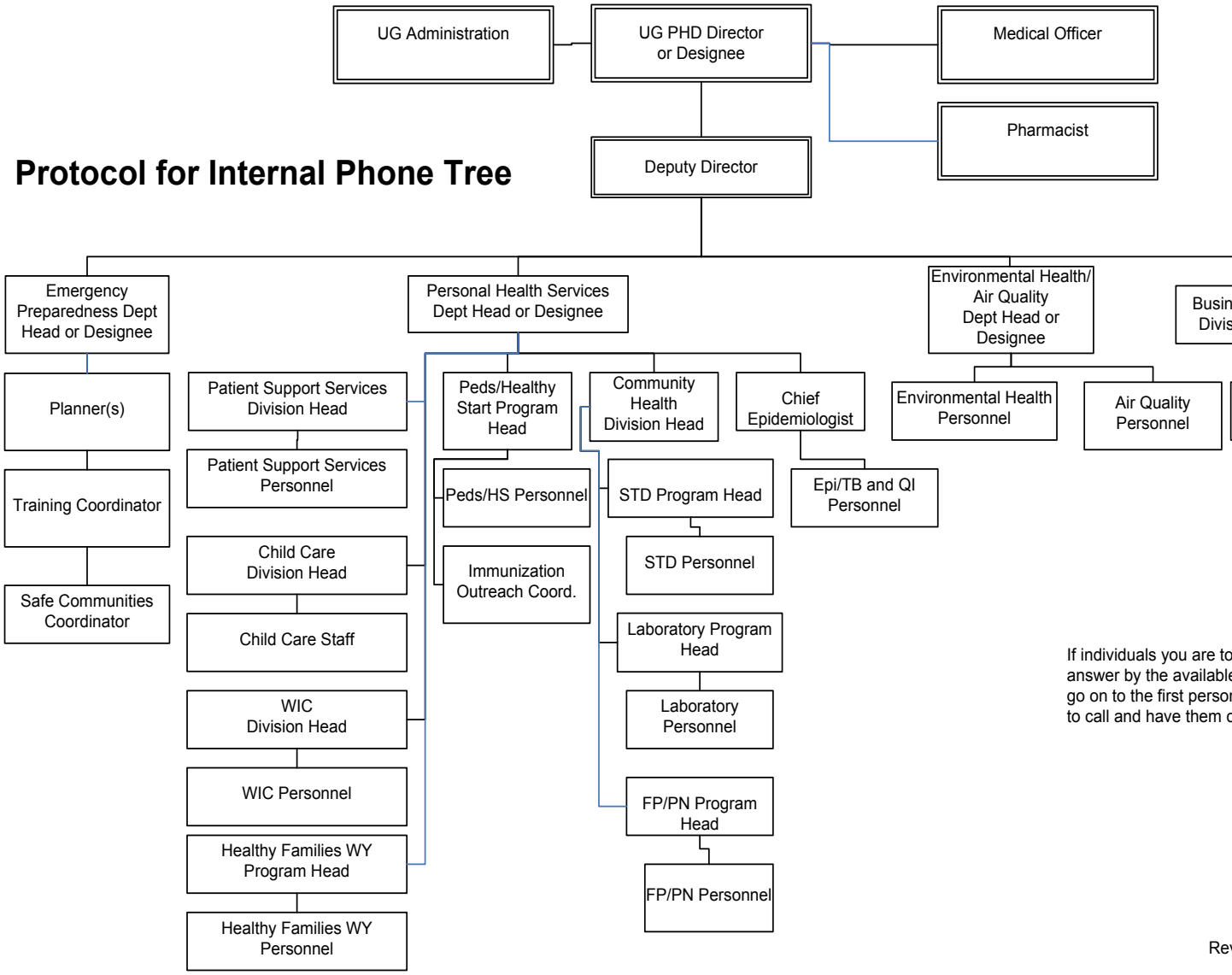
- Local emergency resources—see ESF 5 and ESF 7
- Mass Fatality Resources/Contacts—information maintained by the County Coroner
- Mental Health Resources/Contacts—Information maintained by the Wyandot Center
- Suppliers—Maintained by Unified Government Purchasing Department
- Services/contracts—Maintained by Unified Government Purchasing Department
- Mutual aid agreement contacts—maintained by the State of Kansas individual response agencies

The following documents are attached to this ESF:

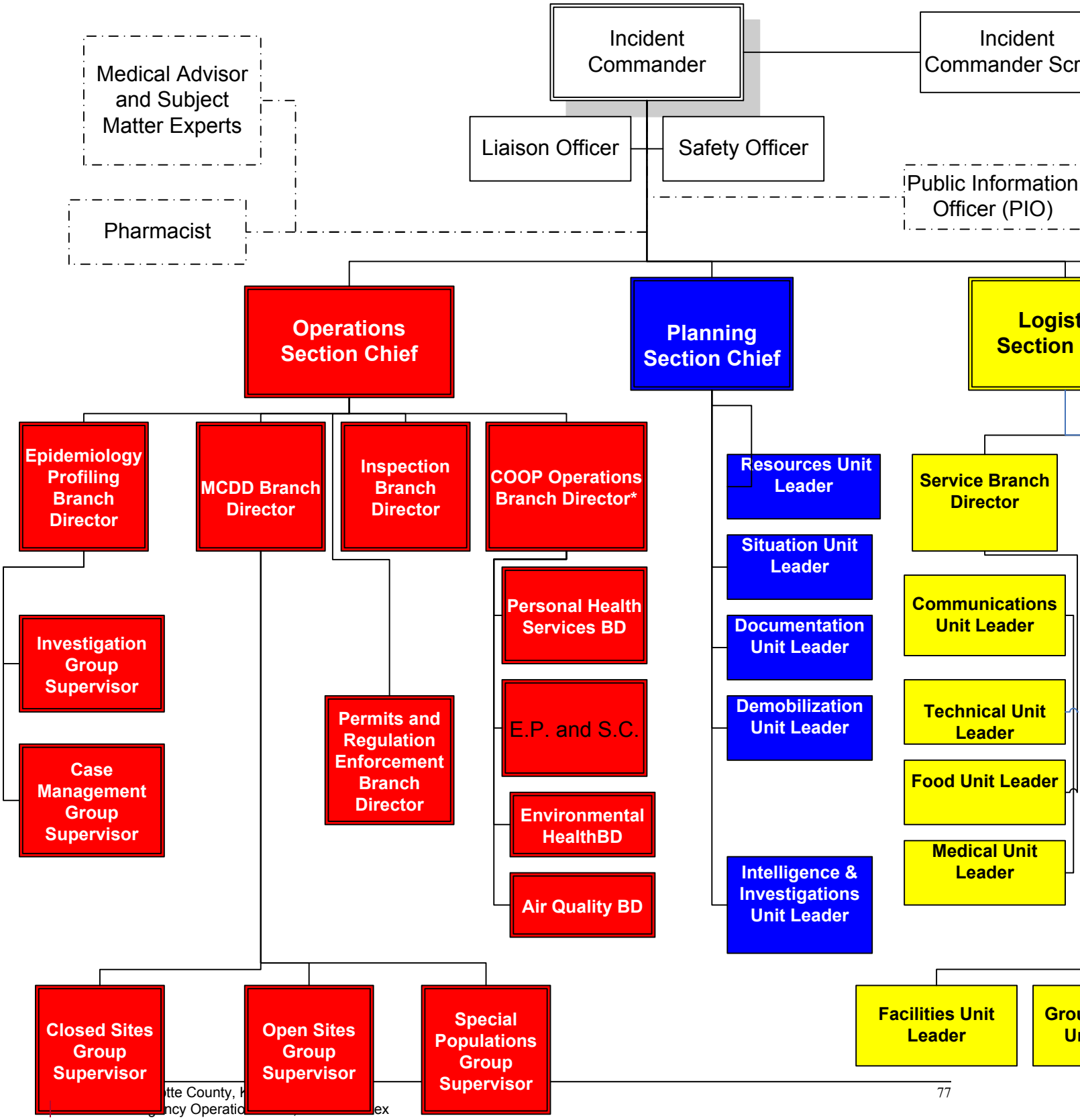
Public Health Department Internal Call Tree
Public Health Department ICS Structure

~~Disaster Worker Activity Log~~
~~Disaster Supplies Used Log~~
~~Health Alert Network~~

~~Public Health Department Internal Call Tree~~



Public Health Department Operations Center
ICS Flowchart



***If the COOP ICS Structure needed to be activated, the COOP Branch Director would then become the Operations Section Chief**

~~Revised 6/30/1~~

4

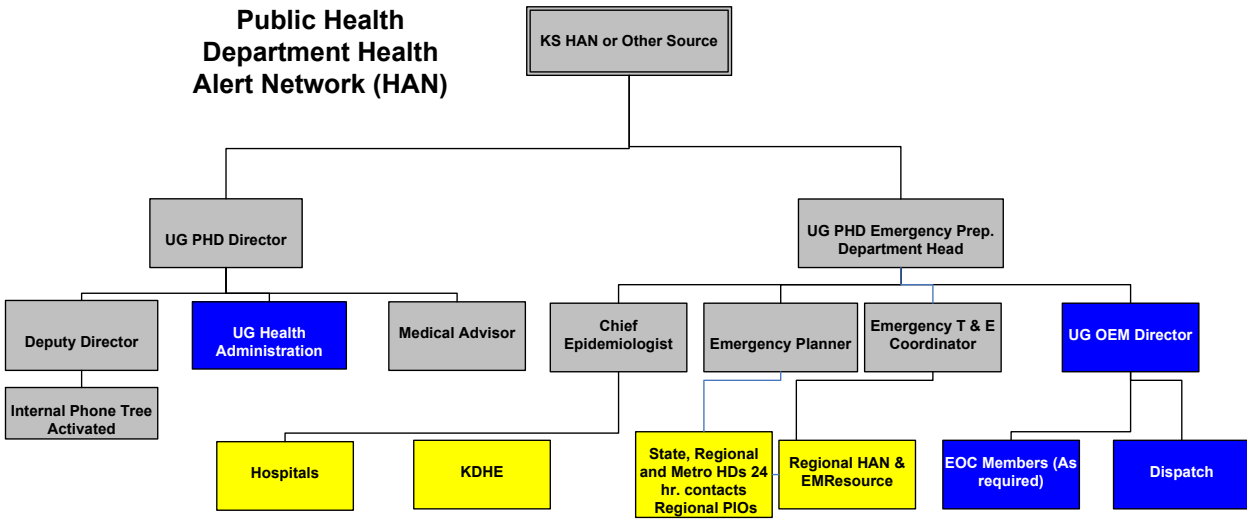
~~Disaster Worker Activity Log~~

~~DISASTER WORKER ACTIVITY LOG~~					
~~Date~~	~~Name/Department (if any)~~	~~Activity/Service~~	~~Start Time~~	~~End Time~~	~~TOTAL Time~~

~~Disaster Supplies Used Log~~

~~DISASTER SUPPLIES USED LOG~~					
~~Date~~	~~Employee Name~~	~~Activity/Service~~	~~Start Time~~	~~End Time~~	~~TOTAL Time~~

~~Health Alert Network~~



Attachment 123
Revised 6/30/14

ESF # 8 RECORD OF REVIEW AND UPDATES
Review Revision Comment/reason for revision date completed by

COMMUNITY DISEASE CONTAINMENT (CC) SOG RECORD OF REVIEW AND UPDATES				
REVIEW	REVISION	COMMENTS / REASON FOR REVISION	DATE:	COMPLETED BY:
	0	pg. 7--added Priority Prophylaxis	4/3/2007	Jason Cummins
	1	pg. 10--added translation and language line	4/3/2007	Jason Cummins
	2	added Attachments 21 & 22	4/3/2007	Jason Cummins
	3	Updated all	5/15/2007	Jason Cummins
	4	pg. 5--added Attachment 146 & Inventory Info	5/15/2007	Jason Cummins
	5	Updated all	8/20/2007	Jason Cummins
	6	Added PPE Inventory	10/22/2007	Jason Cummins
	7	pg. 5--Added Bob and update comment	12/27/2007	Betty Amos
	8	Updated all	8/18/2009	Kevin Cluskey
9		Reviewed	2/23/2010	Kevin Cluskey
	10	Added History Page (Replaced by this page 9/3/2014)	9/28/2010	Kevin Cluskey
	11	Added HIPAA Guidelines	10/20/2011	Larry Franken
	12	Additions to recognizing the event section	12/14/2011	Larry Franken
	13	Linked Attachments to Document	2/29/2012	Kevin Cluskey
	14	Changed "Clinicial Services Division Head" to "Clinical Services Division Head"; changed promulgation wording; changed EDDs to Epi-Trax; "Chief Epidemiologist" to "Chief Epidemiologist"; PAPRs were added and phone investigators only was eliminated.	1/15/2013	Gay Hall
	15	General Review and update	8/27/2013	Gay Hall; Erica Hupka; Gary Martin
	16	General Review and update	2/18/2014	Gay Hall; Kevin Cluskey; Gary Martin
	17	General Revision to Include Attachments	9/12/2014	C.L. Webb, Jr.

Staff Request for Commission Action

Tracking No. 153

Full Commission Meeting Date: NA
Committee: Public Works & Safety

Date of Standing Committee Action: 1/19/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
01/06/2016	Bill Heatherman, County Engineer	x5416	bheatherman@wycokck.org	Public Works

Item Description:

The next application round through MARC for federal-aid transportation projects will begin in February of this year. At the November 2015 Public Works and Safety Standing Committee, staff presented information on that program and suggested several projects we were considering as prime candidates for grant application. The attached memo lists the 7 projects that were are actively considering at this time. Staff will present the rationale for these projects and answer other questions the Committee may have. A formal resolution of support for the final list of projects will be requested from the Committee and Commission at the next meeting in February. No action is required in January. Funds to support the local share and costs for these projects are current set aside in the CMIP. Grants are for projects to be constructed in the 2019-2020 time frame.

Action Requested:
For discussion only.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Memo: Candidate projects for 2016 Federal Aid Transportation Grant Application

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY
& KANSAS CITY, KANSAS
PUBLIC WORKS DEPARTMENT

ONE McDOWELL PLAZA 701 NORTH 7TH STREET, 66101 (913) 573-5400
FAX (913) 573-5435

To: Members of the Public Works & Safety Standing Committee
And Board of Commissioners

From: Bill Heatherman, P.E., County Engineer

Date: January 6, 2015

RE: Candidate Projects for 2016 Federal-Aid Transportation Grant Applications - Status

The next application round through MARC for federal-aid transportation projects will begin in February of this year. At the November 2015 Public Works and Safety Standing Committee, staff presented information on that program and suggested several projects we were considering as prime candidates for grant application.

As of the date of this memo, the list we propose is as follows:

1. Leavenworth Road, 63rd to 78th Street, Continuation of Complete Street Improvements

2. 7th Street and Central Avenue, Intersection Improvements and Signal Upgrades

3. Safe Routes to School: Sidewalks near 2 Schools – (proposed William Allen White/West Middle School and Francis Willard Elementary)

4. Bikeway Improvement along One Route – Signing, Striping and Spot Improvements – (proposed route along Metropolitan/Strong Avenue between 7th and 42nd, with Connectors to Shawnee Drive and Merriam Lane)

5. For Discussion: Roe Boulevard, County Line to I-35, in coordination with City of Roeland Park for a joint project (Recent request from the City of Roeland Park)

6. RideKC Regional Transit System Upgrades (UG Transit co-sponsor with KCATA) – including Regional Fare Collections System, Clean Vehicles/Vehicle Replacements and/or Technology Enhancements

7. Pedestrian Accessibility at Transit Routes – Locations in Kansas City, KS (TBD) (Submitted in collaboration with Regional Initiative of KCATA and KCMO)

We welcome input from the Committee on these projects or other questions you may have. A formal resolution of support for the final list of projects will be requested from the Committee and Commission at the next meeting in February.

Staff Request for Commission Action

Tracking No. 154

Full Commission Meeting Date: NA
Committee: Public Works & Safety

Date of Standing Committee Action: 1/19/16
(If none, please explain):

Publication Required: No

Date:	Contact Name:	Contact Phone:	Contact Email:	Department/Division:
01/06/2016	Bill Heatherman, County Engineer	x5416	bheatherman@wycokck.org	Public Works

Item Description:

Each year, the Unified Government considers various requests from neighborhoods to provide improvements to their storm drainage systems. At the request of the Commission, staff has considered making improvements in the manner by which such projects are identified, prioritized and programmed. The attached memo gives some background and makes a proposal regarding this issue. It is presented to the Committee at this time for discussion purposes. Following that discussion, staff will plan to prepare a formal Resolution to codify the Commission's direction and criteria.

Action Requested:
For discussion only.

Budget Impact: (if applicable)
Amount:
Source:
Included In Budget:
Other (explain):

Attachments List:
Project Prioritization form, Policy for Stormwater Enhancement Projects

March 17, 2000

Project Prioritization Form
Score Sheet

CMIP PROJECT NO. _____ PROJECT NAME _____

REVIEWER: _____ DATE: _____ TOTAL SCORE: _____

I. Economic Viability

(score points if you answer "yes to the following)

A. Significant reduction in residences flooded (1 point) _____

B. Businesses are protected (1 point) _____

C. Overtopping of streets prevented (1 point) _____

D. Value/Cost Factor (Maximum of 2 points)

1. Estimate value of property being protected ($1000's) _____(V)
2. Current Estimate of Cost (CMIP) For Project ($1000's) _____(C)
3. Assign Score:
   If V/C>2 (2 points),If 2>V/C>1 (1 point),If V/C<1 (0 points) _____

TOTAL POINTS (A+B+C+D) = _____

II. Public Health & Safety (Check the following that apply)

A. High Hazard (Score 5 Points if you check any of the following)

_____ Possible breach of a fill that serves as a dam during a large storm and protects a developed area.
_____ Roadway overtopped by more than 12" of floodwater.
_____ Homes flooded at least 2 ft. deep in the living area.
_____ Businesses flooded more than 2 ft. deep.
_____ Only access to subdivision is subject to overtopping of road during 50-year event.

B. Moderate Hazard (Score 3 Points if you check any of the following)

_____ Water ponds on a roadway for more than 6 hours.
_____ Homes flooded at least 4" deep but less than 2 ft. in the living area.
_____ Water overtops the road by more than 3 in. but less than 12 inches.
_____ Existing dam nearing end of design life and failure threatens roads and/or buildings.

C. Low Hazard (Score 1 Point if you check any of the following)

_____ Water enters building but less than 4 inches deep.
_____ Existing dam designed to let significant flow goes through emergency spillway during large storm events.
_____ Road(s) overtopped - less than 3 inches deep.

TOTAL POINTS (A+B+C) = _____

III. Planning Issues (Check the following that apply)

_____ Project addresses water quality compliance issue.
_____ Project part of joint project being installed with other units of Government.
_____ Project addresses area where high maintenance is currently needed.
_____ Project improves/upgrades current system that is near end of design life.
_____ Project is part of a multiphase project.
_____ Project addresses an erosion issue that is threatening several homes, businesses or roads.
_____ Project will prevent additional offsite damages as new development occurs.

(Score 1 point for each item checked up to a maximum of 5.)

TOTAL POINTS = _____

IV. Other Considerations (Subjective Ranking,)

High Public ~~Awareness~~ Visibility(5 points)
Local Awareness(3 points)
Limited Expressed Need(1 point)

TOTAL POINTS = _____

IV. Total Score(Sum Items I –IV. Max 20 Points) TOTAL PRIORITY SCORE= _____

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY
& KANSAS CITY, KANSAS
PUBLIC WORKS DEPARTMENT

ONE McDOWELL PLAZA 701 NORTH 7TH STREET, 66101 (913) 573-5400
FAX (913) 573-5435

To: Members of the Public Works & Safety Standing Committee
And Board of Commissioners

From: Bill Heatherman, P.E., County Engineer

Date: January 6, 2015

RE: Policy for Stormwater Enhancement Projects – Discussion and Proposal

Each year, the Unified Government considers various requests from neighborhoods to provide improvements to their storm drainage systems. At the request of the Commission, staff has considered making improvements in the manner by which such projects are identified, prioritized and programmed.

Intent: Develop a new system for identifying, prioritizing and programming storm drainage projects.

Background: At the present time, the Unified Government does not have a specific, high-level policy document outlining the manner by which requests for storm drainage enhancements will be programmed.

Despite that, we do each year perform a substantial amount of capital work to maintain and enhance the system. Much of that work is maintenance-driven, where the cause of action to initiate a project is related more the structural condition of an existing City asset. Each year we perform issue one or more "spot repair" contracts where a variety of small improvements are grouped together into one contract for efficiency. We also undertake emergency repairs.

We also undertake "enhancements" type projects, which are those primarily intended to eliminate flooding, stream erosion or other nuisances. Enhancements may involve the upgrade of an existing City asset to a larger size, or may involve the piping or modification of a natural stream or private system. The line between "enhancements" and "major maintenance" can sometimes get blurred, since we use the opportunity of a major maintenance project to provide what upgrades and enhancements that we can.

In the past, enhancement type projects often required the creation of a benefit district (also called an improvement district), where a majority of property owners can create a special assessment to be levied on their property as a means of paying for part of a storm drainage project. The practical difficulties and public relations challenges of a benefit district are significant and not many have been formed.

This past year, the Public Works & Safety Standing Committee considered a request for project in the Stonehaven neighborhood. This project was for a new drainage system and extensions – thus

fitting the "enhancement" definition. The Commission did approve the authorization of this project, and in so doing, specifically agreed to waive any requirement for the formation of a benefit district. At that time, the discussion by Committee members included a request for staff to study our policies regarding prioritization of new projects and indicated a desire to find more flexible means of programming projects than reliance on benefit districts.

We also note that the City has a Stormwater Utility program in place that raises dedicated funds for storm drainage needs. That fund currently receives approximately $3.3 Million in revenue annually. Much of that funding currently goes to support ongoing operations, maintenance, and EPA-mandated water quality efforts. A portion of that funding is reserved for capital projects.

Prior to adopting the Stormwater Utility, Public Works staff had engaged in various studies of flooding and enhancement needs. We have at various points in time compiled lists of known flooding issues. With some additional effort and policy guidance, staff could update those lists to reflect the status of known issues in 2016. At the present time, there is no shortage of potential projects to be undertaken – the real issue is one of prioritization.

One of those prior studies suggested a scoring matrix that could be used to assess the relative benefits of a project. The scoring matrix gives consideration and points to such factors as depth and frequency of flooding, number of homes involved, protection of streets, costs of projects relative to benefits, and safety. It also considers planning issues such as joint projects with other agencies, upgrades to existing facilities, and water quality compliance. A copy of that recommended matrix is attached to this memo for discussion purposes.

Finally, at the request of the Commission and Administrator, staff has begun utilizing several new processes during annual budget preparation to better manage information about "future" projects. We budget a placeholder amount within the 5 year CMIP time frame to leave room to add 1 or 2 projects annually in a reasonable time frame for completion. We have begun maintaining a formal list of priority but "unfunded projects" within the CMIP budget. And lastly, we are providing more informational briefings to the Public Works and Safety Standing Committee during the fall and winter about specific projects or programs. This time frame allows us more policy oriented discussions about projects outside the typical budget cycle.

Proposal: In light of these factors, staff proposes the following outline of a new system for storm drainage projects.

1. A standing list of priority projects would be maintained by the Public Works Department and reviewed annually with the Public Works & Safety Standing Committee and Board of Commissioners. Endorsement of the list, including any changes or additions, would be requested at that time. These reviews would happen in the fall or early winter, prior to the budget cycle.

2. A scoring matrix would be used by Public Works staff to provide objective data and context to each project under consideration. The matrix proposed previously can be used at the outset. We would request Commission endorsement of the matrix and will record the score of each project on the priority list. Our goal is to utilize a system that can score projects with only a small amount of staff work and prior to any effort at concept or detailed design.

3. During that annual review, staff would also recommend the next 1 to 3 projects to be considered for addition to the CMIP. The goal would be to identify projects for construction in the period 3 to 4 years out, while still leaving some undesignated funds in the 4th or 5th year. This process would allow us to commit to projects with enough lead time for design and coordination while also leaving room for the Committee to act each year. Using the regular committee process annually would also allow the public and project proponents an orderly way to provide input.

4. The criteria for staff to recommend projects for programming and construction will balance the following four factors:

   a. Benefits of the project – as determined by the scoring matrix

   b. Degree of neighborhood support, as evidenced by percentage of resident-owners signing an informal petition of request and pledging their cooperation – but not requiring them to form a benefit district.

   c. The degree to which a project leverages other funds or can be coordinated with other projects to save money.

   d. When other factors are similar, then "length of time on the list" would be considered.

5. Once programmed, such projects will be progress in the manner similar to all other capital projects, with financing, design, right of way and utility coordination. It is typically necessary to allow 2-3 years of preparatory and design time for these projects. Unlike road or street improvements, there is also a higher degree of uncertainty about project cost and scope when beginning drainage projects, aspects that should be sorted out in the earlier stages of design.

6. We recommend that the essence of the ultimate policy be condensed into a Governing Body Resolution and formally adopted, so that it can be easily shared with neighborhoods and project proponents.