

**ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, October 26, 2015**

The meeting of the Administration and Human Services Standing Committee was held on October 26, 2015, at 8:20 p.m., in the 5th Floor Conference Room of the Municipal Office Building. The following members were present: Commissioner Bynum, Acting Chairman; Philbrook, Johnson, Kane; and Townsend on behalf of Commissioner Markley. Commissioner Markley was absent. The following officials were also in attendance: Gordon Criswell, Assistant County Administrator; Melissa Mundt, Assistant County Administrator; Ken Moore, Interim Chief Counsel; Ruth Jones, Area Agency on Aging; and Wilba Miller, Community Development Director.

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

Acting Chairman Bynum said we have a revision. There is a blue sheet in your packet, however, we are removing it because we have been here for so long from tonight's agenda for consideration at another time is under Item 6, Measurable Goals, Item 1, Goals for Community Development will be moved to another time. Wilba Miller is here and she will be presenting on CDBG but not Measurable Goals.

Then, under the Committee Agenda, and I think tonight's meeting will demonstrate the need for this policy that we will be asking for approval of another day but we've got staff that have been sitting here for hours and hours for approval of grants. The item that we are putting to another agenda night is Committee Agenda, Item No. 4, which was the addition to new policy granting administrative approval of certain grants and the sooner we can do that the better I think we'll all be.

There are no minutes to approve this month. That brings us to the first item of business which is a presentation by the Greater Kansas City Chamber of Commerce. We also have Commissioner Ann Murguia and I am going to hand this over to you and let you introduce our guests for the presentation.

II. Presentation

Item No. 1 – 15166...PRESENTATION: PROHIBIT SALE OF TOBACCO PRODUCTS TO THOSE UNDER 21

Synopsis: Presentation encouraging the prohibition of the sale of tobacco products to anyone under the age of 21, presented by the Greater KC Chamber of Commerce. State and local law currently allows anyone over the age of 18 to purchase tobacco products. For discussion and direction only.

Commissioner Murguia said I want to thank all of my fellow vommissioners for allowing Tobacco 21 on the agenda this evening. I have a number of health professionals from all over the metropolitan area. They're up here to speak to you tonight also in the crowd in the back. I'm going to turn this over for a very short presentation. We're going to start off with Scott Hall. Scott is Vice President for Strategic Initiatives at the Greater Kansas City Chamber of Commerce.



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Scott Hall, Vice President for Strategic Initiatives, Greater Kansas City Chamber of Commerce, said the Greater Kansas City Chamber of Commerce believes that health is a key economic driver to the success of Greater Kansas City and each and every one of the communities that makes up Greater Kansas City including Wyandotte County, KCK. That's why we started nearly two years ago on a project we call Healthy KC. Tonight you're going to hear about one very important part of that project. It's about the 21 KC. This project is, as I said, we've worked on for a number of years, it's Greater Kansas City Chamber of Commerce, and we've worked on it with a consortium of partners representing communities all across our region. None more represented or more helpful than the help we've gotten right here in KCK, Wyandotte County. I want to thank you all for having us and I am really going to turn to experts. Here to my left is Dr. Ellerbeck, Chair of Preventive Medicine and Public Health at KU Medical Center and Dr. Simari is the Dean at the KU School of Medicine to talk a little bit about tobacco.

Dr. Simari, Executive Dean of School of Medicine and Adult Cardiologist, with a practice at the University. As such, I'm committed both professionally and personally to help all Kansans and to help my individual patients. Discussing tobacco use in the state and county and its importance is something dear to our hearts. As everybody knows tobacco is a primary risk factor for cardiovascular disease and death. By changing the laws from 18 to 21 to purchase tobacco would have very many important impacts on both the health of Kansans as well as our patients.



The sale and purchase of tobacco products,
including alternative nicotine delivery devices
should be limited to those 21 and over.

Why is it important to make this change. First of all lifetime smoking starts early. Most people start in their young teens starting to smoke, so having an impact in this very critical timeframe is very important.

The second is that smoking exposure comes from many different perspectives but it generally comes from once a community of students and friends when their at a young age. Since most people are still 18 years old, the majority of students are 18 years old in high school, by allowing students at 18 to purchase cigarettes and bring cigarettes into the school yard and into the groups or friends. Perhaps most importantly, the adolescent brain is greatly much more addictive and easily addicted to nicotine than the more mature adult brains. Getting cigarettes in the hand of young people not only causes them to be addicted but have a lifetime of addiction to smoking.

The Institute of Medicine as it looked at what the ideal age—what would be that ideal timeframe had suggested that 21 years of age would be the ideal timeframe to have an impact on decreasing smoking and decreasing the risk of smoking in a community. I believe and the University of School believes that changing it to 21 is critically important for our state and for our community.

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**Total Annual Excess Cost of a
Smoker**
to a Private Employer

	Estimate
Excess Absenteeism	\$517
Presenteeism	\$462
Smoke Breaks	\$3,077
Excess Health Care Costs	\$2,056
Pension Benefit (if provided)	(\$296)
<u>Total Costs</u>	<u>\$5,816</u>

Soman M, et al., Estimating the cost of smoking employees, Tob Control 2014;23:5 426-433
Published Online First: 5 June 2013 doi:10.1136/tobaccocontrol-2012-050656

There's one other aspect that I do want to bring up today. We are blessed to have a NIH designated Cancer Center at the University of Kansas and in the community. As we look towards increasing the cancer center status to comprehensive cancer center status nationwide, it's really important for us to be able to demonstrate that we're able to move the needle on health in the community, public health and population of the health of Kansans. By having this initiative would show that public private partnership to do so and it's very important for the KU Cancer Center. There is a lot of data to support the facts in which I've shared with you. There's also a very important community perspective of how Wyandotte County and Kansas City, Kansas can lead in this community and for that I will turn it over to Dr. Ed Ellerbeck.

Dr. Ellerbeck, Chair of Preventive Medicine in Public Health, said I am General Internist at the University of Kansas Medical Center and have been caring for patients in the Wyandotte community for the last 18 years. Many of the patients that I have seen have been victims of their nicotine addiction so that hits me from a very personal level.

The other hats I wear, I lead the Department of Preventive Medicine in Public Health in the Cancer Control and Population Health Program at the KU Cancer Center where we have a

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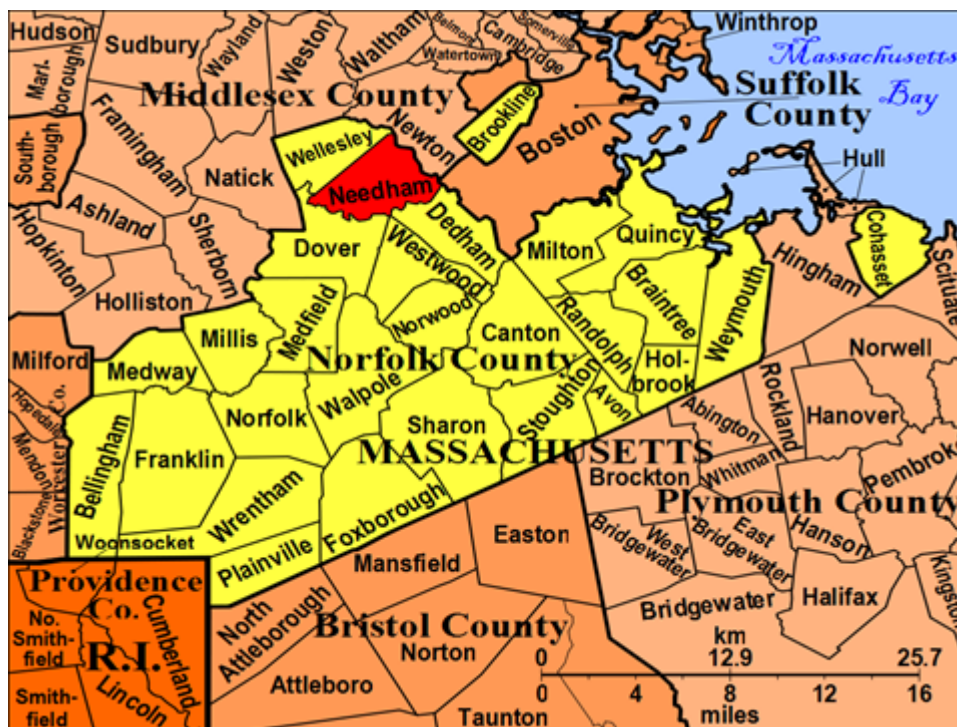
group of dedicated people who are looking at ways that we can work harder to stamp out the epidemic of tobacco. We have been working extensively on smoking cessation activity and also looking at issues related to neuro developmental factors associated with smoking and smoking addiction.

My wife is also a developmental pediatrician so she is very, very big on developmental issues and about the brain. For those of you who have teens in the household you may know that their brains don't fully develop until their early 20's. We know that the harmful effects they cause cancer and heart disease are related to the other products in the cigarette, but it's actually the nicotine that causes the addiction and nicotine does effect the neuro developmental aspects of the brain. Whether that nicotine comes from e-cigarettes or regular cigarettes it's an addictive substance that actually changes the way the brain actually works. You may know that we actually have an epidemic of e-cigarettes use in our schools so when we're talking about Tobacco 21 we're really talking about Nicotine 21 and raising the access or the sale to age 21 for all nicotine products whether it's a standard cigarette or an e-cigarette type of device. That neuroplasticity results in the brain being more sensitive to the defective effects of nicotine and cigarettes so that if someone starts smoking at the age of 14, they're twice as likely to become a lifetime smoker as if they wait until their early 20's to be a smoker. It also sensitizes it to other addictive substances. We actually have data that nicotine then makes you more susceptible to other drugs that you might experiment with other times and the earlier again that you're exposed to it, the more problematic that is. Interestingly enough the data will show, and I think Rebecca will show, a little bit of this, but even though we're talking about the group between 18 and 20 years of age; they're in the social networks with the younger kids in our high schools and our middle schools so the biggest impact of this type of legislation is actually in the age group of 14 to 17 years of age.

Finally, I'm going to steal just a little bit of your issue. She's going to tell us a story about Needham, MA and the Institute of Medicine Report which suggest that Tobacco 21 type of initiative could reduce youth smoking by about 25%. I just want to walk through a little bit of math with you real quickly. For every thousand kids that come through our schools about right now if we leave things the way it is, about 200 of them are going to end up being lifetime smokers. If there is a 25% reduction then that's 50 less smokers coming out of our schools from the Tobacco 21 initiative. Currently one in three smokers will die as a result of their disease so

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that's 17 lives saved for every 1,000 people in our schools. That's the type of impact that I actually can't have in my clinic. The County Commission actually has that potential power.



Rebecca Garza, Tobacco Free Wyandotte Coordinator of the Wyandotte County Public Health Department, Healthy Communities Division, said I'm also a Rosedale resident so I'm really happy to be here supporting one of my commissioners. I'm here to really walk through the specifics of the policy though. I think everyone touched on a lot of it. We're here talking about the sale and purchase of tobacco products and eliminating all of tobacco products including those alternative nicotine delivery devices that we mentioned before to those 21 and over. That does not include possession. We are not talking about anyone actually possessing those products. I think Commissioner Murguia will go through that more.

The great example we have about Tobacco 21 is Needham, MA and Needham, MA is a community that is very similar to Leawood, KS. It is a suburb of Boston itself and it is surrounded on all sides by Boston or other suburbs. It is a very populated area, I'm sure you can imagine. These were the very first communities to pass Tobacco 21 and that was passed in 2005. We have a lot of great data from them. After that policy changed they saw a decrease in just the

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first five years in their teen smoking rate of almost 50% which is huge as far as public health intervention go. Incredibly effective and that was just in their one community.



» Needham, MA:

2006-2010: Teen smoking reduced from 13% to 7% (a 46% decrease)

2006-2010: 16 surrounding communities - Teen smoking reduced 15% to 12% (a 20% decrease)

In the surrounding communities they did see a decrease of about 20% and that's due to some of the education campaigns that were going on. You can see that vast difference, that 26% difference that really correlate with Tobacco 21.



» The Institute of Medicine estimates that Tobacco 21 would **reduce smoking** among **15-17 year old** by **25%** and among **18-20 year olds** by **15%**

» Estimate a **2% decrease** in annual total tobacco sales due to Tobacco 21 American Journal of Public Health: "Retail Impact of Tobacco Sales Age To 21 Years"

We mentioned before the Institute of Medicine report which really emphasizes that this is incredibly effective public health measure and that's really what Dr. Ellerbeck was saying all about the social circle. We're keeping tobacco out of our high schools and that's because 80% of our area seniors are 18 when they graduate which means they can purchase those tobacco products for their friends that are 17 and younger. Through that kind of kind action that they're doing that's how we get our teen smoking rate as high as they are.

One interesting part of this is that in Needham there were zero convenient stores that went out of business and that's because there's only an estimated 2% sales that are attributed to those 18, 19, 20 year olds, so you see it's a very small impact on those local businesses that we really care about. Where you do see a huge impact and why I think the Greater Kansas City Chamber of Commerce is here is when you have someone that's addicted to tobacco and become a lifetime smoker the private employer's really do see a huge cost. There is a tiny credit because unfortunately smokers due tend to die sooner so if there is a pension, you're not paying it out as long, but there is almost a \$6,000 on excess cost for those private employers. This is really important for our economic health.

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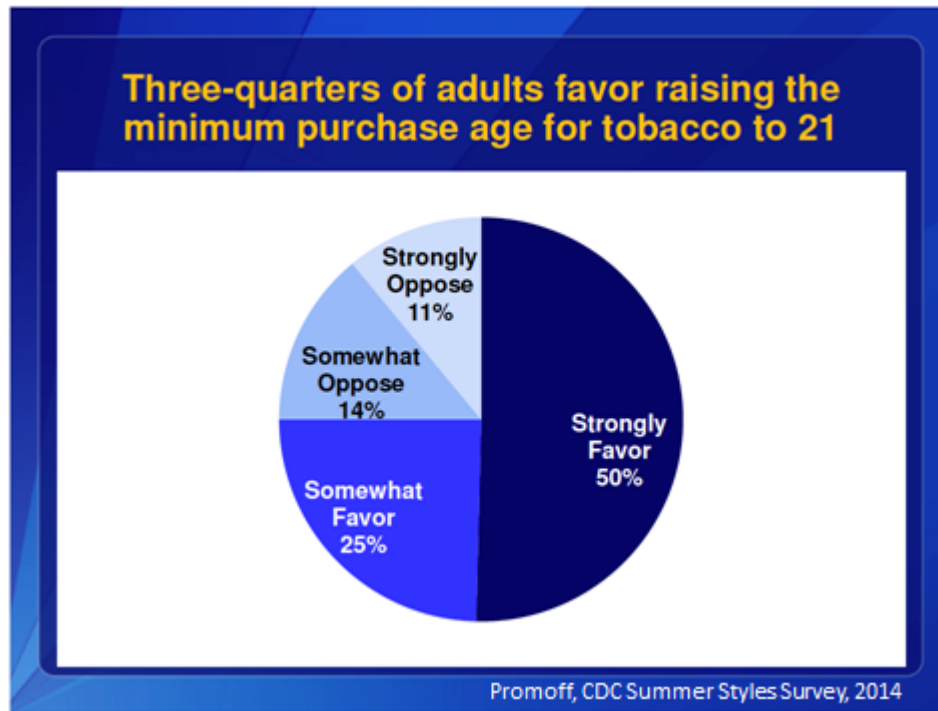
- » "Tobacco use undercuts military readiness and harms individual performance" – Jonathan Woodson, M.D., Assistant Secretary of Defense
- » Wounded warriors who smoke suffer from **increased complications and delayed healing**.
- » Costs the DoD **\$1.6 billion annually** in medical costs and lost work time.
- » Cigarettes **kill more soldiers and sailors** than wars do.

I think another important thing to bring up is that at the age of 18 you're making career choices and one of those might be going into the military. One thing that's really important to keep in mind is that tobacco use really does undercut our military readiness. Unfortunately for those soldiers and sailors that are wounded in action if they are a smoker they aren't going to heal as quickly. They are more likely to have complications and it costs our Department of Defense just a huge sum of money, well over a billion dollars. Cigarettes kill more soldiers and sailors than wars do. During the 20th Century tobacco killed more soldiers throughout the world than all the war's combined. This is a huge problem for our military as well. I think in order to support our military we should keep this in mind.



- » **94 Cities in 9 states** have enacted Tobacco 21 policies.
- » **13,751,891 people** live in Tobacco 21 communities.

There is a lot of precedence for this. 94 cities, 9 states, the entire state of Hawaii has passed this so that kind of city does not include all Hawaiian cities. That's over 13 million people that are covered by Tobacco 21 policy and that's because they are very popular.



In a CDC poll you can see that 75% of adults that were polled and that included both smokers and non-smokers in that poll 75% were in favor of that. I think you'll see that there is a lot of support in Wyandotte County as well.

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More than 120 Endorsing Organizations - Including:



You can see just a sampling of the organizations here that have endorsed this. This doesn't include all of the individuals that have kind of stepped up and brought their signature to us. I don't think we have that list with us but over 120 endorsed organizations right now. I'll hand it back over to Scott for any questions.

Mr. Hall said I think I just want to echo what Rebecca said about the business communities interest and support for this endeavor. Those cost savings are real. They are becoming increasingly important to the bottom line of the business community and that's why we see this as such a critical economic development issue.

Commissioner Murguia said thank you very much. A great presentation. I'll sum it up for you as easily as possible. The goal of this committee and myself is to change the age in which people can purchase cigarettes from 18 and 21. We are not asking for there to be a law that prohibits people between the ages of 18 and 21 from smoking nor or we asking that a law be implemented that we'll fine someone for buying cigarettes for someone between 18 and 21. It is simply one small incremental step to make those youth between 18 and 21 think twice before making a

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decision to become a smoker. That's all they're asking so it's different than if you were changing the drinking age. I just wanted that to be very clear to the Commission.

Chairman Bynum said we did some revisions a few months around e-cigarettes and we said e-cigarettes smoking is smoking per our smoking policies. Does this go along with that? I realize that it's different but in terms of the proposed changes to our ordinance for this, does it include e-cigarettes as well. **Misty Brown, Senior Attorney**, said it would commissioner. **Chairman Bynum** said I think it should. You drafted, correct, the language of just changing the age from 18 to 21. We've got the change ready to go do we not? **Ms. Brown** said no commissioner. I did not draft it. I was here to come and seek direction from the Commission before drafting anything.

Ken Moore, Interim Chief Counsel, said our practice has always been before we take that step is that we bring it to the standing committee for guidance and determine to what extent you want to make changes. I understand this is a very simple change as Commissioner Murguia. We change it from 18 to 21 in a couple of places and I think that's all in the current ordinance, but I now note that the problem really is not on here for action, it's only for presentation. The public hasn't been made aware that the Commission, the standing committee is undertake any ordinance.

Chairman Bynum said I was under the impression that we could give staff direction tonight if we so choose. **Mr. Moore** said that's what we asked for. I think we need to come back with the ordinance as drafted. **Chairman Bynum** said sure, I understand.

Commissioner Kane said I'm not interested in the change. I'm not a smoker and never been a smoker. These people serve in the armed forces for us and they're under some stress. My brother was in the Air Force he smoked and when he got out he quit. We're to govern, not dictate. To be perfectly honest about it when you guys first came many, many years ago to talk about no smoking in Wyandotte County and we did that but a couple of the folks that came over we're smoking when they got out of their cars. Whether that was any of you guys or somebody

else that actually happened because I'm the one that saw them. I think you did have a good presentation but I'm not interested in it.

Commissioner Philbrook said well, I am definitely interested. Over the years of having employees I will tell you, yes, there's a big loss in time and actually attention to jobs because of the fact that when you go to look for them they're out back having a cigarette but nobody else takes those kinds of breaks. Yeah, for me, as an employer that hits home but not only that my dad died from emphysema because he started at 13 years old. I have an employee that started about the same age. He'll never stop smoking until he dies. I watch these people because they started so young and they would both tell you that it's because they started so young that to kick it is a heck of a lot harder. As you say the development of the brain is not fully developed until almost 21 and sometimes even longer depending on the person. I can understand that. I can understand this sort of a switch. I'm in favor of this.

Commissioner Townsend said thank you for the presentation. My question is more of a legal one. Where does the state of Kansas stand on this point and can we locally take any steps to initiate such an action if the state has not. **Ms. Brown** said commissioner; the state of Kansas prohibits anyone under the age of 18 from purchasing and possessing cigarettes. State statute does not restrict the local government for making this particular law more restrictive so we could make it more restrictive, we certainly couldn't be more prohibitive.

Commissioner Murguia said so, Commissioner Bynum, I would just like some direction for the committee. In my mind there is two options. It seems like you have the majority of people that are interested in looking at an ordinance change. We could schedule that for the next standing committee or if you would prefer I could request from the Mayor that he put it directly on the Commission Agenda for presentation. If you would like it could come back here, it's all up to you guys. **Chairman Bynum** said I don't think it needs to come back here. I think it could be requested to go straight to full Commission for a presentation. **Commissioner Murguia** said this committee cannot send it directly to the Commission, but what Mr. Moore has suggested is that since the Mayor is supportive of this initiative that I could request from him that instead of bringing it back here it could go to full Commission on non-consent so that it can be for open

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discussion. **Chairman Bynum** said I'm in agreement with that and would be willing to here from other that you are in agreement with that.

Commissioner Philbrook said you would be bringing a presentation and then a possible change in ordinance for them to look at for them to be taking action that evening. **Commissioner Murguia** said yes. **Commissioner Philbrook** said I just wanted to make sure that it just wasn't a presentation. **Commissioner Murguia** said it would be, in my mind, I envision it, I need to check with the Mayor; but what I envision is that this same panel of people would come to the Commission at a full Commission meeting, they would make the exact same presentation that they've given here instead of coming back to this committee and everyone would have their option to speak on the issue and at that point the full Commission would take action. **Commissioner Philbrook** said okay.

Mr. Moore stated before we do that, in looking at the current ordinance that we have there are several places where they use the age of 18, that would have to be changed to 21. Misty is going to go through those to see if you want to change all of those because I think some of them are more broad than we discussed today.

Ms. Brown said I won't belabor the point but the main portion of it is currently it is illegal to furnish tobacco to anyone under the age of 18. I'm assuming you want to keep that but do we want a specification that it would not be—do you want to leave it alone so that you could give it to someone 19 or 20? **Commissioner Murguia** said I'll tell you the only goal of this committee at this point and time is to change the age in which they can purchase tobacco. In my mind it's a much larger undertaking, not that we can't come back to this committee and move in that direction, but unless the committee feels differently. **Commissioner Philbrook** said I understand the direction you're going. One step at a time because you're not going to stop that anyway and then the other thing is as another commissioner brought forward is that he's not really too happy about the concept of telling people how to live their live. I think this would be a good starting point. **Commissioner Murguia** said the other issue we have as you all are aware of is the enforcement issue. Our officers are very busy on the street writing a ticket for someone in possession of a pack of cigarettes or writing a ticket to someone who has bought a pack of

cigarettes from someone would be daunting to our police force at this point in the game. For now I don't think we should add that extra burden to our officers.

Mr. Moore said it would only be restricting the retail sale under 21.

Chairman Bynum said any other parts of that we should here or is that the main clarification.

Ms. Brown said that was the main clarification and I just want to make sure the penalties for selling or giving someone under 18 that's the direction I was going.

Commissioner Townsend said that's what I was going to inquire about. The burden is actually on the person selling, not to sell to someone less than 21.

Chairman Bynum said I think we are in consensus that this is the direction—**Commissioner Kane** said shouldn't we have roll call on it. Shouldn't we have a vote on it? **Chairman Bynum** said it's not a vote. **Mr. Moore** said it's not on the agenda for action. **Chairman Bynum** said it's a recommendation. **Commissioner Kane** said I oppose the recommendation. **Chairman Bynum** said duly noted. **Commissioner Johnson** said I'm in favor of the recommendation. **Chairman Bynum** said I'm in favor of the recommendation as well so thank you very much. I think we are clear that the majority of us are in favor of the recommendation and the request for the presentation and potential ordinance change at a full Commission meeting with the approval of the Mayor. We thank all of you for waiting so patiently. We know it's important and we really appreciate you being here. **Mr. Hall** said thank you for staying with us tonight.

Action: No action taken. Presentation only.

III. Measurable Goals

Item No. 1 – 15167...MEASURABLE GOALS: COMMUNITY DEVELOPMENT

Synopsis: Presentation and discussion of goals for Community Development Department, presented by Wilba Miller, Community Development Director. For information only.

Action: Removed.

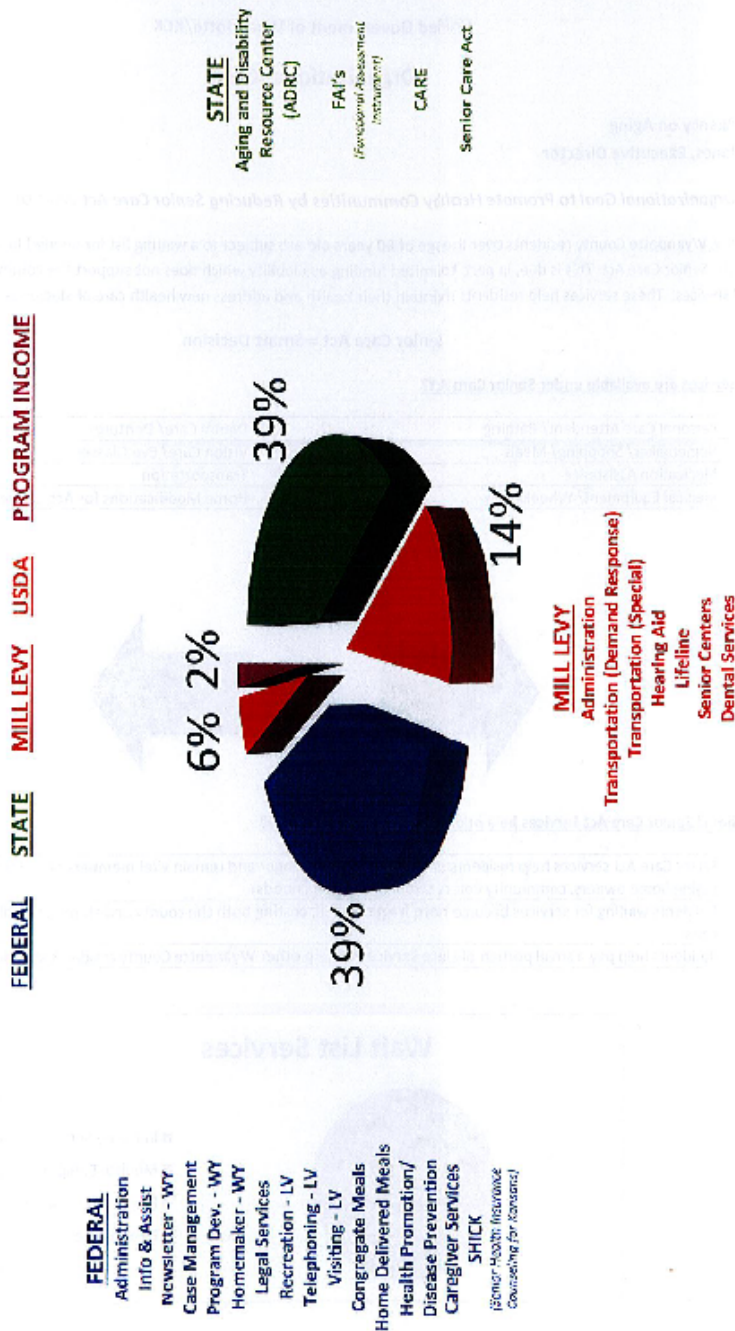
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Item No. 2 – 15173...MEASURABLE GOALS: AREA AGENCY ON AGING

Synopsis: Update of measurable goals for the Area Agency on Aging, presented by Gordon Criswell, Assistant County Administrator. For information only.

Gordon Criswell, Assistant County Administrator, said thanks for sticking around Ruth. This is a goal that a customer service goal that Aging came up with, and what is being passed around is just some extra information, if you will, about why Aging choose this particular goal for their department. It's fairly simple but it impacts an incredibly lot of citizens in our community. I just point out one thing that I think makes this goal important and Ruth can chime in if she wants. The cost of putting one of our seniors into a nursing home on a monthly basis cost about \$3500 a month. The cost of Ruth's team providing in-home services under the Senior Care Act cost about \$180 a month. I think this goal goes not only to social services but quality of life and keeping our citizens, particularly our seniors independent in their homes. I guess my thrust is if this is a goal that you want Aging to measure, are there other items that you would expect or want Ruth and her team to measure from the Aging Department.

Wyandotte/Leavenworth Area Agency on Aging



Chairman Bynum said on this side of the pie chart, 39% in the blue cut of the pie, 39% is federally funded. Ruth Jones, Director of Aging, said correct. Chairman Bynum said 39% is KDADs, state funded, 14% is mill levy local funded, and then this 6% and 2%, are those the

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food programs? **Ms. Jones** said program income that would be donations for our nutrition programs, our copayments.

Unified Government of Wyandotte/KCK

Organizational Goal

Area Agency on Aging
Ruth Jones, Executive Director

2015 Organizational Goal to Promote Healthy Communities by Reducing Senior Care Act Wait List

Currently, Wyandotte County residents over the age of 60 years old are subject to a waiting list for needed long term care services under the Senior Care Act. This is due, in part, to limited funding availability which does not support the community need for these critical services. These services help residents maintain their health and address new health care obstacles as they age.

Senior Care Act = Smart Decision

What services are available under Senior Care Act?

➤ Personal Care Attendant/ Bathing	➤ Dental Care/ Dentures
➤ Homemaker/ Shopping/ Meals	➤ Vision Care/ Eye Glasses
➤ Medication Assistance	➤ Transportation
➤ Medical Equipment/ Wheelchairs	➤ Home Modifications for Accessibility

COST OF CARE?

← \$3664

Avg Nursing Home Monthly Cost

\$180

Avg Senior Care Act Monthly Cost

→

Why should Senior Care Act Services be a priority to Wyandotte County?

➤ Senior Care Act services help residents stay in their homes longer and remain vital members of the community (tax paying home owners, community voters, stronger neighborhoods)
➤ Residents waiting for services become more fragile and ill, costing both the county and state avoidable healthcare costs.
➤ Residents help pay a small portion of these services to help other Wyandotte County residents stay healthy

Wait List Services

Service Category	Relative Priority/Wait Time
In-Home Services	High (Largest slice)
Medical Equipment	Medium-High
Home Modification	Medium-Low
Dental Care	Low (Smallest slice)

Chairman Bynum said this side where you have a goal to reduce the number of people on the Senior Care Act waiting list. **Ms. Jones** said yes ma'am. **Chairman Bynum** said I have been under the notion that The Senior Care Act is federal, am I right about that? **Ms. Jones** said no. The Senior Care Act is a state program, Medicaid program (inaudible). **Chairman Bynum** said it's a state Medicaid. **Ms. Jones** said no, the people on Senior Care Act have income that's above the Medicaid eligibility. **Chairman Bynum** said so they qualify for the Senior Care Act services. **Ms. Jones** said they would qualify for a nursing home and Medicaid but their income is higher than the Medicaid eligibility. **Chairman Bynum** said so part of the issue you are struggling with to bring the number waiting for those services down is the dollars. The funding to be able to do that. **Ms. Jones** said exactly. **Chairman Bynum** said and those are state dollars, is that right? **Ms. Jones** said the state funds the Senior Care Act Program. Currently we have about 125 people on the services. We have about 274 people waiting. Those people that are waiting for services they are either going to get better, die, or go to a nursing home. **Chairman Bynum** said 127 in-services, 274 waiting. **Ms. Jones** said some of those are underserved. What that means is that we've gone in and decreased those plans of care to meet our budget. When we assess those people they actually needed more services than they are actually getting but they are getting some. We have about 74 people who are underserved and the rest of that 274 people are people who are waiting for some type of service. If you look on what type of services are available under the Senior Care Act and then look at the pie chart at the bottom, the majority of people are waiting for attendant care and personal care type services. **Chairman Bynum** said so when we say Mrs. Jones make a goal to reduce this wait list and we know that the way to reduce the wait list is tied to funding available, how can we help you reduce the wait list beyond just saying reduce it please. **Ms. Jones** said we're not going to reduce it unless we have funding available. **Chairman Bynum** said so I'm questioning the goal.

Commissioner Philbrook said it's not that we don't care, it's just we don't know how to do anything about it because of the money, state funding. We would like to have more control. We would definitely like to have more control over the state where the money comes from and direct it. At this point and time we don't seem to be doing very good right now.

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Chairman Bynum said so when you are providing these services is that your staff out in the field or are you contracting with agencies that provide attendant care and do these things? **Ms. Jones** said our staff would go out and complete an assessment and determine the hours of services or the need and then develop a plan of care and that plan of care is then contracted with a home health agency who provides that service. **Chairman Bynum** said that's what I thought, I just wanted to make sure. Of course, I've spoken with your staff and those agencies that are working with your department so I wanted to make sure I had that right.

Commissioner Johnson asked who made the suggestion in terms of reducing the number of eligible and ineligible clients. **Mr. Criswell** said actually I suggested that because this is one of those areas where it's hard to measure and so getting it in front of you all to give us some direction was sort of my ultimate goal. **Commissioner Johnson** said so having said that, was there any data or tools that you used to come up with this. In other words number there has to be an idea of how that could be done. **Mr. Criswell** said my thinking, commissioner, was to try and find one activity that the department was already doing and then one that they had some semblance of control over. Many of the goals that Aging has are statutory required, right, and so I don't have a way or Ruth doesn't have a way to change Kansas Statute. I tried to think of something that the department would have a little bit more hands on control over in terms of meeting one of your pillar objectives here. **Commissioner Johnson** asked how did that go. **Mr. Criswell** said this is it. This is why we have it in front of you so you can help us figure it out.

Chairman Bynum said I'm going to say to you that we won't figure that out tonight and I think we can land on a goal with you that fits within our identified strategic planning areas, especially Social Services and Healthy Communities, just for a couple. I think we can get there, I just don't think we're going to get there tonight. Now I'm going to say that this would be great, but given that it's really not within our control we may have to revise it. I'm perfectly willing to do thinking about that on a day when it's 9 o'clock in the morning, not 9 o'clock at night. I'm not saying it's not important. **Ms. Jones** said one thing I'd like to leave with you and for you to think about as Gordon went over the cost of care, as I mentioned earlier, these are folks who don't qualify for Medicaid so if you look at the cost of the nursing home that cost would be eaten

up real quickly if that person was to go into a nursing home as opposed to staying in the community, paying their taxes, supporting neighborhood grocers. If we look at it from a cost effective we're saving money if we can keep people in their home. **Chairman Bynum** said we can even come at it from a economic standpoint. **Ms. Jones** said exactly. **Chairman Bynum** said we know that there's no possible way that people being served by this program are going to be in a nursing home. There's no way. It's not possible. There's no possible way these folks who do not qualify for Medicaid, but do not have incomes of disposable \$3,500 to \$4,000 per month, there's no possible way for them to afford nursing home. **Ms. Jones** said many of them that are above the eligibility for Medicaid have some assets but those assets are going to be sucked away real quickly. **Chairman Bynum** said correct. Maybe they could afford it for six months but we're on the same page here. I'm just saying we can come up with this. We're just not going to come up with it tonight. I appreciate this information from you and your efforts at staying here all night to bring it to us.

Commissioner Philbrook said the only other thing I would ask is that it's okay if for some reason we can come up with OPM, other people's money, to put into this fund. Is that maybe an option? **Ms. Jones** said yes. This is one of the few programs we have that because these people have a higher income they are required to have a co-payment and so that co-payment does go back into the pot for more services. **Commissioner Philbrook** said well I'm just thinking of maybe some more community partners that might be willing to add some money. I just wanted to throw that into the mix. **Chairman Bynum** said absolutely. We're just going to have to come back to it, but I understand what you're graveling with and it's important but we'll get there, we're just not going to get there tonight. I'm sorry, we're just not. Since it's for information only unfortunately we'll be bringing you back. I'm letting you go sooner than 9 o'clock at night and we'll keep working on this goal with you.

Action: No action taken. Information only.

October 26, 2015

IV. Committee Agenda:

Item No. 1 – 15164...REQUEST: CDBG REALLOCATION AND GRANT APPLICATION PROCESS

Synopsis: Request approval of the 2016 application for CDBG funding and approve a timeline to implement the CDBG grant application process for allocated dollars from 2015 and 2016, submitted by Wilba Miller, Community Development Director. This item was previously discussed at the September 28, 2015 standing committee meeting. It is requested that this item for fast tracked to the October 29, 2015 full commission meeting.

Chairman Bynum said we have been here a very long time. You have provided us with the revised new application. It was in all of our packets. I'm going to turn this over to you and let you share with us whatever you want to share. In particular I know that you're looking for direction on a timeline that you have proposed.

Wilba Miller, Community Development Director, said the thing that I'm asking for tonight is the approval from you of the revised application that we submitted to you all and then to talk about fast-tracking it to the full Commission this Thursday night for their approval to go ahead and start the timeline and the process. One of the things that I need to make sure that everybody is aware of, once we put this application for CDBG funding out into the public domain we are specifically telling them that we are going to be doing on Page 3 of the application. We're going to be getting RFP's, Request for Proposal, not on Section A, which is the public services. We have a cap there. We are very close to the cap I believe. I think from Section B through E in the ad we can say this is where we want to have people apply for. **Chairman Bynum** said I agree with that and the point is we're staying with bricks and mortar and we will make it clear as we advertise that this pot of money we are putting this grant application forward for is still bricks and mortar. We've reached the cap on public service. **Ms. Miller** said we have a little flexibility. **Chairman Bynum** said reaching, that's not what this is. This is bricks and mortar and this stays with the philosophy, if you will, that was put forward by the CDBG Committee that brought forward those items. Let me see if I can spit out one more thought and then I'll let you have the floor.

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The other comment that I had as I read through the application was again, you know with the marketing, there is a Woman's Chamber of Commerce. **Ms. Miller** said it's on the back page. A list of where we want to market it. **Chairman Bynum** said yes. I read through that and I just wanted you to be aware that would be another way to market the application and any—there might be many other ways and I know you're open to that. **Ms. Miller** said part of the thing that I am going to ask is that when we send it to commissioners also, if somebody we don't have on our list if you want us to forward it or you want to forward to somebody else, that would be appropriate also.

Commissioner Townsend said I think you hit on just a couple of overall questions that I have for clarification so that when this version or whatever's approved goes out, it will be limited just for, looking at Page 3, Section b, c, d, and e type spending. **Ms. Miller** said that's correct. **Commissioner Townsend** said this will pertain only to the 2015 and 2016 budget money that we have left over so to speak, this is not 2017. **Ms. Miller** said correct. **Commissioner Townsend** asked is it anticipated the same application would be used when we go into the 2017 cycle? **Ms. Miller** said this is sort of our Pilot for this application.

Melissa Mundt, Assistant County Administrator, said I just want to follow up on what Wilba just said. This is new. We're going to run it through this process and have it back to you at standing committee in January and we'll do what we call a plus delta looking at any changes we want to make at the end on it and just make sure that it's good to go to put back out again the next time around. If something comes up, we're going to want to talk to you after that January timeframe, probably February, to talk about what we might do differently.

Action: **Commissioner Townsend made a motion, seconded by Commissioner Kane, to approve.** Roll was taken and there were five "Ayes," Philbrook, Johnson, Kane, Bynum, Townsend.

October 26, 2015

Item No. 2 – 15144...GRANT: KANSAS BASED BREASTFEEDING PROMOTION

Synopsis: The Unified Government Public Health Department’s WIC Program has applied for a \$3,000 Kansas Based Breastfeeding Promotion Projects grant from the Impact Funding Team organization, submitted by Terry Brecheisen, Health Department Director. No match required.

Terry Brecheisen, Health Department Director, said the \$3,000 grant for the breastfeeding support group and that’s to provide incentives for the ladies to continue breastfeeding. The goal is for six months and also to buy some stuff for our breastfeeding room that we have at the Health Department.

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

Item No. 3 – 15161...GRANT: BABY AND ME – TOBACCO FREE

Synopsis: Request approval of a \$4,999 grant application to the March of Dimes for “Baby and Me – Tobacco Free,” submitted by Terry Brecheisen, Health Department Director. No match required.

Terry Brecheisen, Health Department Director, said the Baby and Me Tobacco Free Grant and that’s a nearly \$5,000 grant. A similar thing to provide incentives for new mothers to not smoke, quit smoking and also household members to quit smoking and to provide incentives for them to do that and to pay for some costs of the educational program.

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

Item No. 4 – 15172...NEW POLICY: ADMINISTRATIVE APPROVAL OF GRANTS

Synopsis: New policy authorizing administrative approval of grants, submitted by Ken Moore, Interim Chief Legal Counsel. Information forthcoming.

Action: Removed from agenda.

Chairman Bynum adjourned the meeting at 9:10 p.m.

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