STATE OF KANSAS)
WYANDOTTE COUNTY)) SS SPECIAL SESSION, THURSDAY, AUGUST 27, 2020
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, August 27, 2020, with ten members present on line: Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; Townsend, Commissioner First District; McKiernan, Commissioner Second District; Ramirez, Commissioner Third District; Kane, Commissioner Fifth District; Markley, Commissioner Sixth District; Walters, Commissioner Seventh District; Philbrook, Commissioner Eighth District; and Alvey, Mayor/CEO presiding. Johnson, Commissioner Fourth District; was absent. The following officials were also in attendance: Doug Bach, County Administrator; Ken Moore, Chief Legal Counsel; Bridgette Cobbins, Unified Government Clerk; Gordon Criswell, Emerick Cross, and Melissa Sieben, Assistant County Administrator's; Juliann VanLiew, Director of the Health Department; Dr. Allen Greiner, Local Health Officer; and Dr. Erin Corriveau, KU Medical Center/Deputy Health Officer.

MAYOR ALVEY said before I call the meeting to order, I want to announce that due to COVID-19, we have individuals attending remotely. All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure that you announce yourself by name and title every time you speak so that the public participating knows who is speaking. This is critical given the number of remote participants in his current guidance from the Kansas Attorney General.

MAYOR ALVEY called the meeting to order.

ROLL CALL: Burroughs, Townsend, McKiernan, Ramirez, Kane, Markley, Walters, Philbrook, Bynum, Alvey.

NOTICE OF SPECIAL SESSION of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, August 27, 2020, at 5:00 p.m. by way of ZOOM for a COVID-19 Update and the Central Avenue Master Plan.

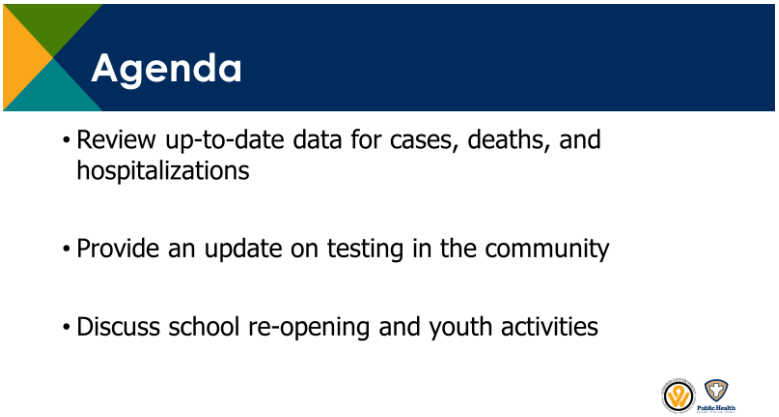
Due to COVID-19 the public will be able to observe or listen to the meeting live on YouTube or UGTV or through ZOOM.

CONSENT TO MEETING of the governing body of Wyandotte County/Kansas City, Kansas, accepting service of the foregoing notice, waiving all and any irregularities in such service and in such notice, and consent and agree that we, the governing body, shall meet at the time and place therein specified and for the purpose therein stated.

Mayor Alvey said tonight we have an update regarding COVID-19 and the Central Avenue Master Plan. I will turn it over to Mr. Bach.

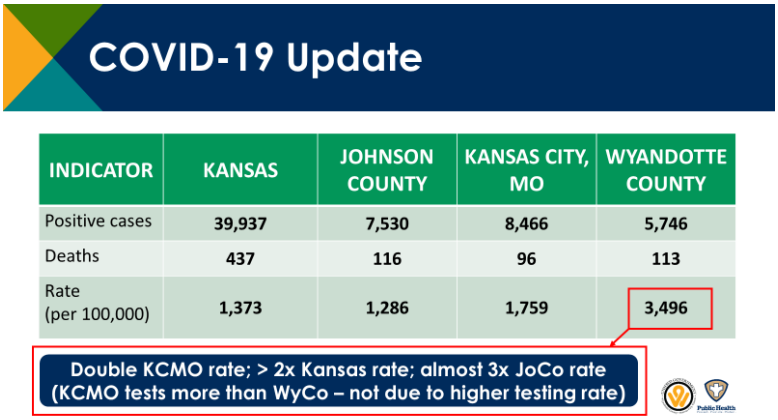
Doug Bach, County Administrator, said as noted, tonight and as we have done for the past five months, we've come forward to the governing body to provide an update on where we're at with COVID-19. Our numbers in the community and the impact this is having. We also wanted to provide some additional update tonight regarding activities in the community as we're looking at different orders that are out there, but it is clear there is no new order that we are issuing to the community. Nothing like that is intended tonight nor was planned to come forward to the governing body. We would like to go through and talk about the situation that's going on in our community and then if there were any necessary changes in the future, those would be ones that would come at a later date.

With that, I'm going to turn this over to Juliann VanLiew, our Director of the Health Department, and Dr. Greiner and Dr. Corriveau who will be offering presentations this evening.

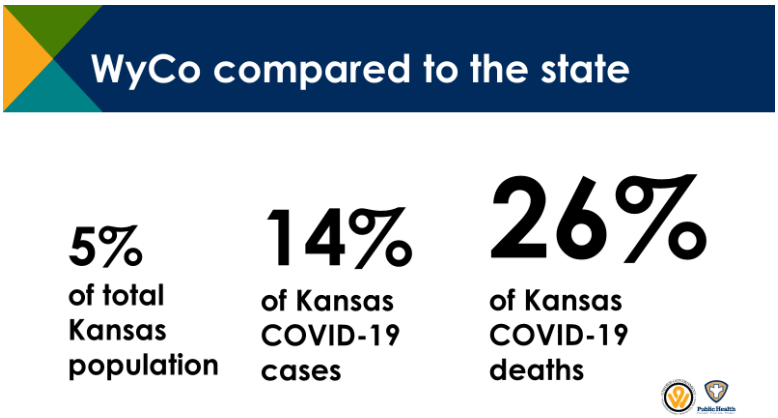


Juliann VanLiew, Director of the Health Department, said tonight we're going to be pretty data heavy, so we have a robust presentation for you with up-to-date information on our cases, deaths, and hospitalizations as well as testing and, as Doug alluded to, just some additional conversation about sports and youth activities.

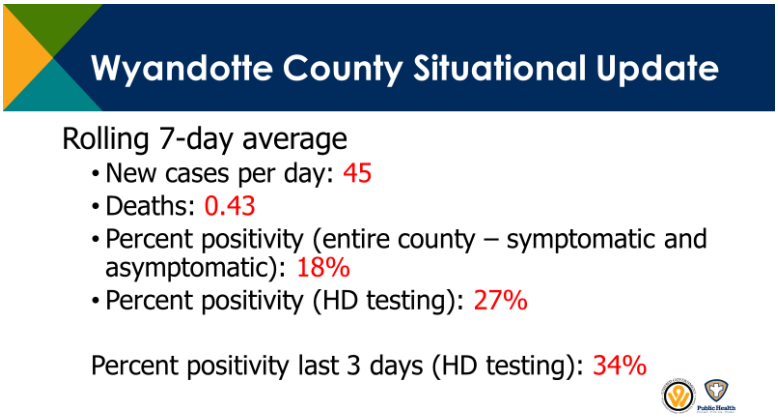
Dr. Greiner is actually going get us started tonight covering cases and deaths in the current situation.



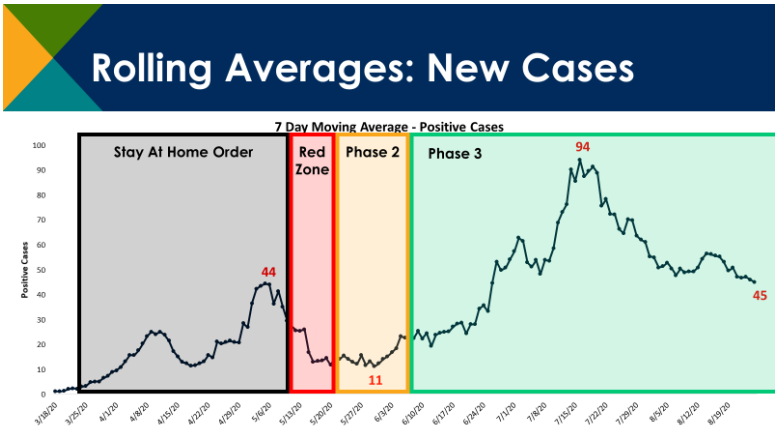
Dr. Allen Greiner, Local Health Officer, said this first slide shows how we're doing in terms of our case rate. You can see the red square there that we're still double the KCMO infection rate, twice the rate in the state of Kansas and three times the rate in Johnson County. We don't think that our rate is inflated because of more testing. Actually, KCMO is the only metro county that is doing more testing than we are, but again, our rate is significantly higher.



Also, compared to the state of Kansas, Wyandotte, of course, makes up only 5% of the Kansas total population, but we have 14% of the total cases in the state and 26% of the total deaths. So, that's all pretty disproportionate.

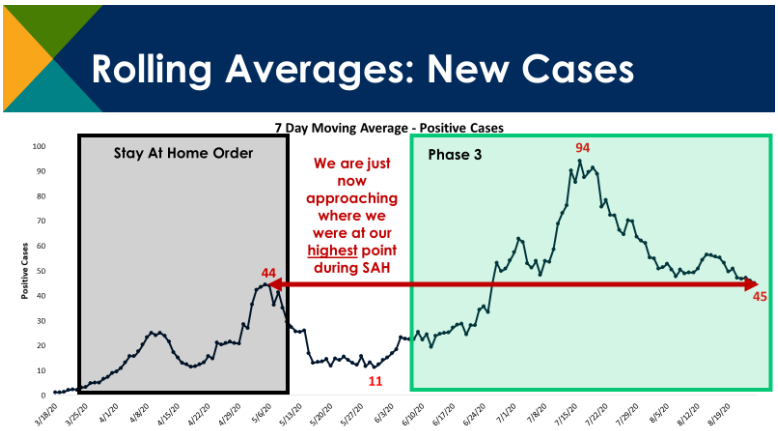


For our testing in the county, how many cases are we seeing per day, we're seeing approximately 45 now on a 7-day rolling average. That's an improvement and we'll show you a graph that shows that in a minute. The death rate is relatively low compared to where it was, less than half a person dying each day. The percent positivity rate remains extremely high. This is one of our major concerns and we'll show you some other data about this. At the Health Department itself, our positivity rate of testing is 27% of all the tests we have done over the course of the pandemic. In fact, it's going up in the last week to two weeks. The last three days the test positivity rate here at the Health Department has been 34%.

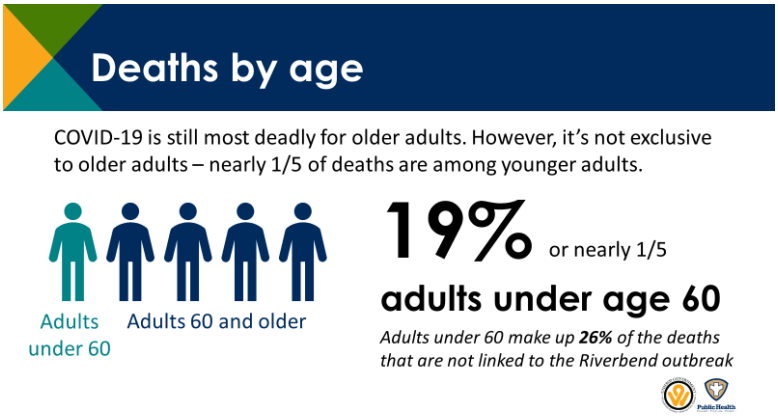


On our rolling average of new cases, over there on the far right, you can see that we're at about 45 new cases per day. That's actually about where we were at the peak of the stay-at-home order back there where you see the 44 on the left-hand side. We've come down a lot and that's really positive. We think most of that decline that we've seen since the middle of July is related to the mask order. This is one of those things we're always learning new information and it really is a

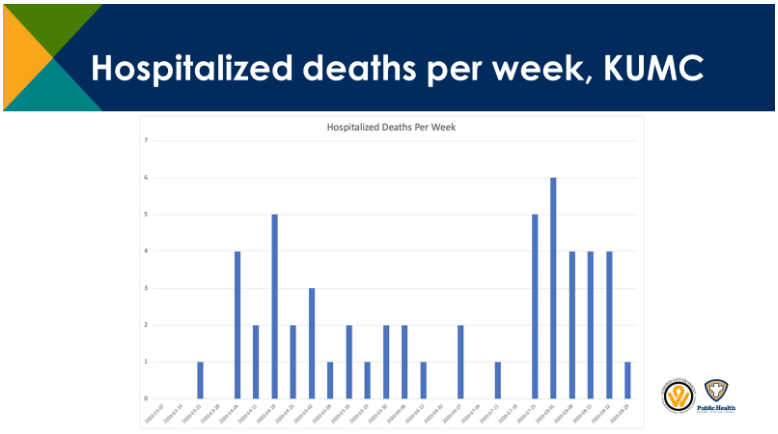
struggle, I think, for everyone to try to anticipate what we should be doing. You can see stay-at-home order on the left. We've got a huge decline in cases and wearing masks has really worked as well.



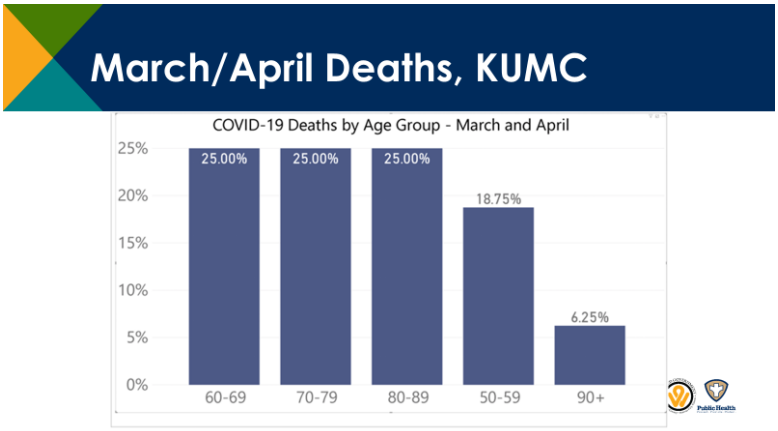
This just highlights how we're back basically where we were at the peak during the stay-at-home order.



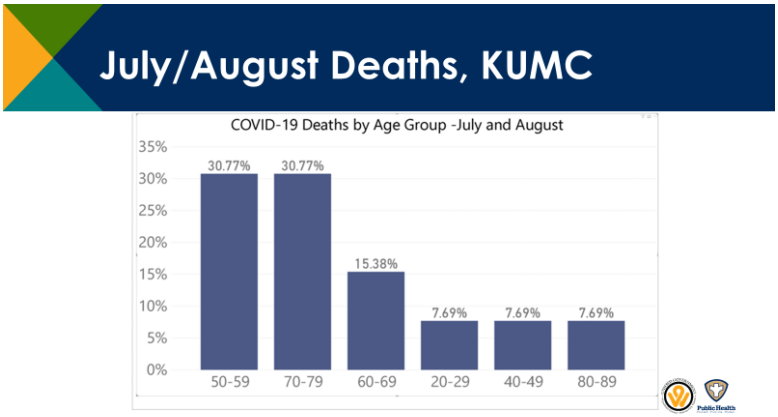
This shows—we know that COVID-19 is most deadly for older adults, but it's not exclusively deadly in the elderly. We've got about 1 out of the five cases of mortality affecting folks that are under the age of 60 and we'll show you some more data from KU here in a minute.



This is KU Med Center data and you can see again—what I think this really points out that the high number of deaths we had on the left there, we implemented the stay-at-home order and it made a dramatic impact on that. There was almost a month long period at KU Med where there were virtually no deaths and that's really changed in the last month to six weeks. You can see that those higher numbers—now it's a small number per day per se but changing from stay-at-home order to where we are now has made a difference. Hopefully, the mask mandate—we don't see it's affect probably until even later, so we might get a further decline of deaths with the mask order.



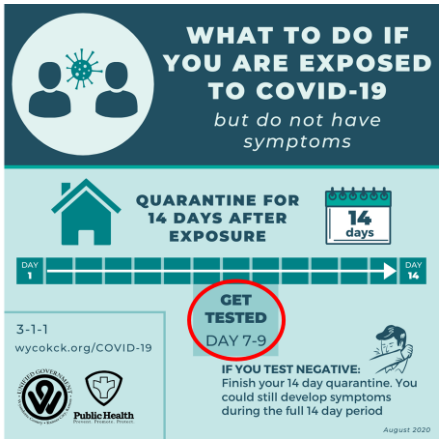
We apologize for the way the bottom looks on here. We got this data from KU Med and their computer program spit this out in sort of an odd way, but what we want to highlight is in March and April most of the deaths were in the 60, 70, 80 and 90-year old age groups. You can see those percentages there.



Here in July and August with the deaths that are occurring, a larger percentage of those are happening in 20-year old's, 50-year old's, 40-year old's. We've still got some occurring in 60, 70 and 80-year old's, but there is a little bit less of that and we wonder whether older adults have actually changed their behavior better than some of our other population demographics.

I'm kicking it to Juliann now to talk about testing.

- We encourage close contacts of positive cases to get tested
- Test 7-9 days after exposure to a positive case
- Saliva testing validation ongoing and nearing completion

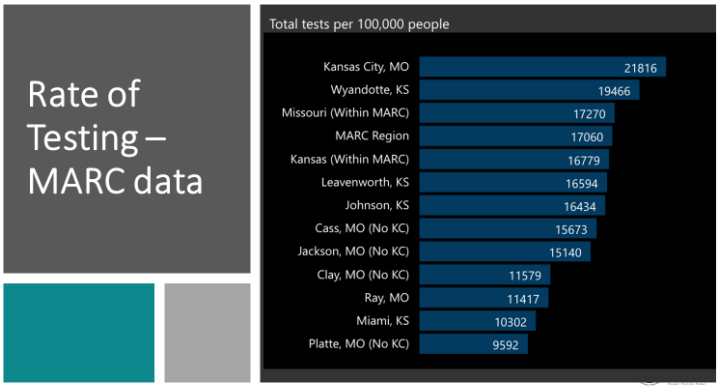


Ms. Van Liew said we just want to give you a little update on how testing is going at the Health Department as well as in the county. One thing we want to make clear this evening for commissioners in our community is that the Center for Disease Control, CDC, within the last couple of days have issued new guidelines against testing close contacts of positive cases. We believe this is largely politically motivated and this is not something that the Unified Government Public Health Department will be adopting, so we will continue as we have done to test close contacts of positive cases. That's, obviously, the clearest way to know who is positive from that initial case and to do the contact tracing and, hopefully, break the change of transmission.

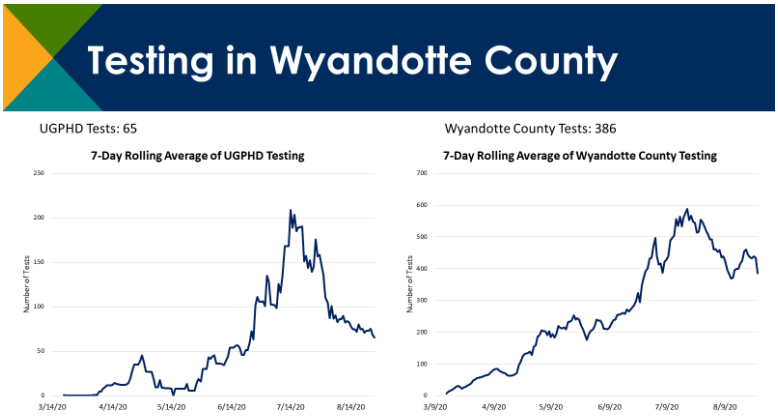
We have made a slight change in the way we do our testing. Previously if you are close contact to a positive case we ask you to come in to be tested 5 to 7 days from exposure. As everything, we continue to evaluate the most up-to-date research in science and what has come out in the last couple of weeks has shown that we actually need to push that back a little bit. We do invite people who are contacts of positive cases to come in for testing at the Health Department and we ask them to do that day 7 to 9 from exposure. That's when we get the best chance of identifying those positive cases.

Many of you know we've been working on validating saliva testing. We are hoping to finish this up within the next couple of weeks. It has taken significantly longer than we had hoped, but if that validation goes as well as we think it's going, we will be transitioning to doing that mode of testing, moving away from that fairly painful nasal swab which is our method right now. So, more to come in in coming weeks, but we're hopeful. That certainly is a much more comfortable test for our residents.

As always, just a reminder, folks can get tested at the Health Department for free if they live or work in Wyandotte County Monday through Friday 9:00 a.m. to 3:00 p.m.

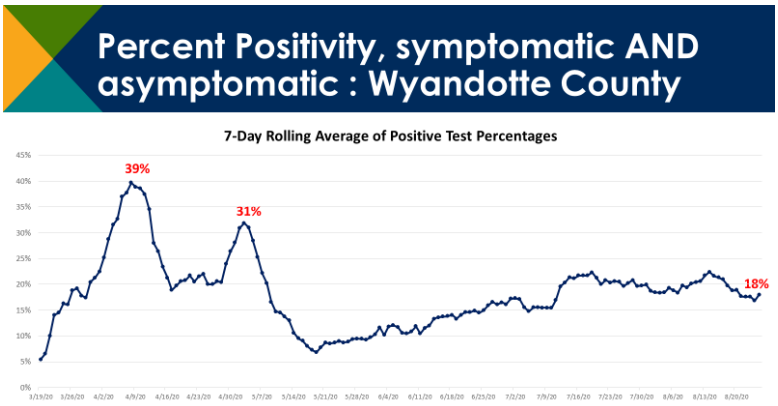


I wanted to show a little bit of a comparison in how well we're testing our community. You can see here, and I pulled this from the MARC hub they launched a few weeks ago, that Wyandotte County is second only to Kansas City, MO and the total test per 100,000 population. This is really great. It means we are testing probably as well as we can. We could always do more, but the more we test, the more cases we can find and isolate and quarantine and, again, break that chain of transmission. So, very proud of how our community has stepped up, not just in the Health Department but the many pop-up test sites that are going on showing that we are making an impact here when it comes to testing.

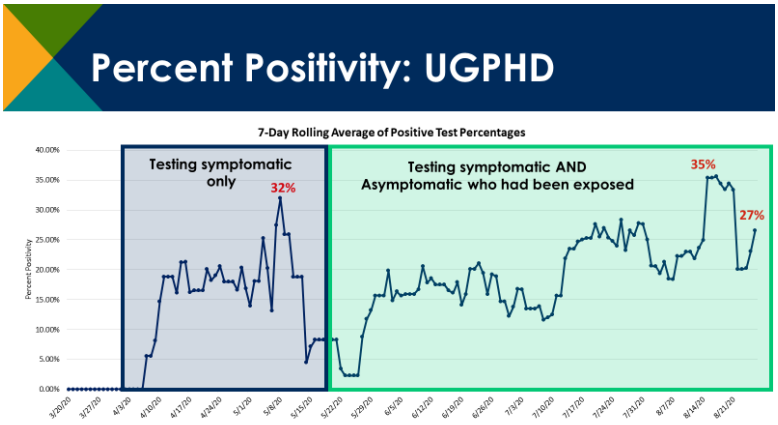


However, given that, we are seeing a bit of a decrease in testing. In the last few weeks, I think some of you already know this, the Health Department testing each day has significantly come down, so we're now testing on average about 65 folks a day, significantly lower than 5 or 6 weeks ago. Across the county we're also seeing a decline, not quite as steep, but it certainly has come down in recent weeks. Across the county our 7-day rolling average for the number of tests that

are being conducted is just shy of 400. We continue to try to figure out what's really the cause, the cause of the reduction in this testing, is it people experiencing fewer symptoms, are there other variers. So, we continue to work with our Health Equity Task Force and other partners to make sure we're hearing what's being said on the ground and make sure we're aware of any those additional variers that people are facing or reasons why people aren't coming for testing. It's an evolving and continue conversation.

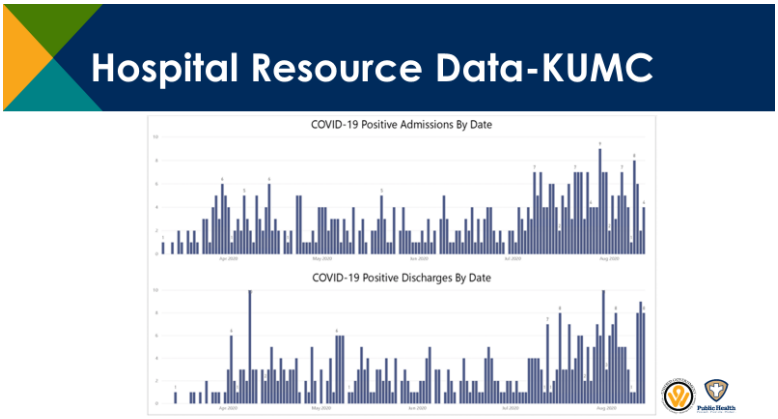


Across the county our 7-day rolling average for percent positivity, again, this is the percent of tests that come positive out of all the tests that are conducted. We've really hovered around this 20% range for the last many weeks. We're setting today around 18% positivity. This is quite high if you compare it to other jurisdictions within the metro and across Kansas as well. This is for symptomatic and asymptomatic testing, so I think there is some conception that our percent positivity is significantly higher purely because we do not do asymptomatic testing in Wyandotte and that is not entirely true. We do asymptomatic testing at the Health Department and pop-up sites for contact to positivity cases. There is also a significant amount of asymptomatic testing that happens in our medical facilities especially KU, our largest medical provider. So, it is symptomatic and asymptomatic percent positivity and remains very high.

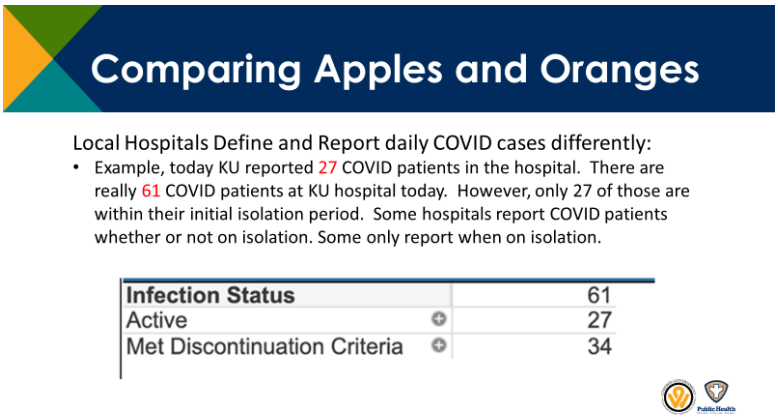


What we're showing here and what Dr. Greiner showed a little earlier, we're really trying to make sure we are learning lessons from the decisions that we're making, so we're trying to find differences before and after we make decisions. You can see here in the left box, testing symptomatic folks only and that's what we did at the very beginning of the outbreak at the Health Department. We really just tried to focus in on those folks who were experiencing symptoms. This was back in March and April before we knew a lot about COVID, a lot that we know now. We transitioned in May to testing symptomatic folks and asymptomatic folks who have been exposed and you can see our rate went down and then it has slowly climbed back up. Again, we're seeing that high percent positivity and that is one of the reasons that worries us about schools reopening and about a lot of the activities that are happening in our community.

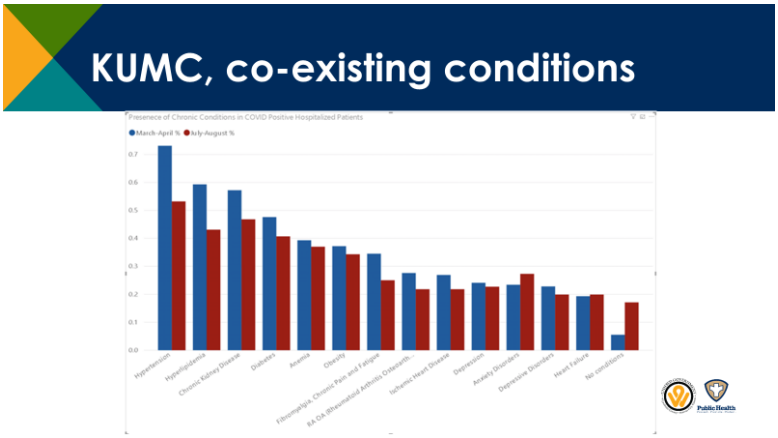
I'm going to shift here and send it over to Dr. Erin Corriveau who is going to speak to hospitalizations.



Dr. Erin Corriveau, KU Medical Center/Deputy Health Officer, said I wanted to highlight some data, again, that is out of our largest medical provider, KU Hospital. This evening, as you can see up at the top there going from April to May, June, July and August, you can see COVID positive patients admitted to the hospital is certainly increasing.

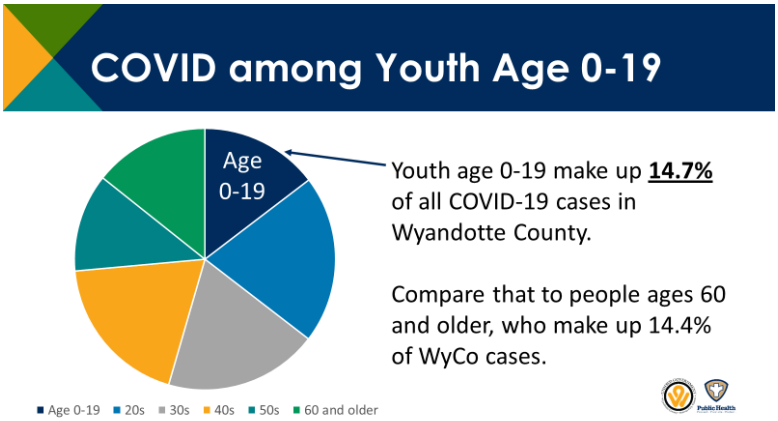


I wanted to also bring everybody's attention to the fact that every day we are getting our numbers from the hospitals around in the community. Today KU Hospital reported that they've got 27 positive COVID patients in the hospital. Actually, this is sort of a case of comparing apples and oranges. Not all of the hospitals report their data the same way. At the KU the COVID positive patients they report are those that are still in isolation, so within that first 10 days of their infection. That is not the total number of people in the hospital that have COVID, so we actually have 61 patients at this time at KU Hospital.

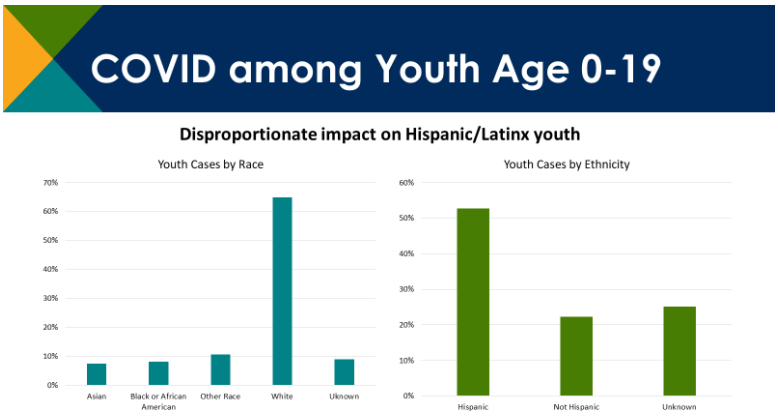


I also wanted to show some more data here. It's a very interesting trend that has occurred from early in the pandemic to later in the pandemic. You can see here in the blue bars which represent March and April and underneath there at the bottom of the graph, you can see various comorbidities or conditions, underlying health conditions that people have who may be admitted to the hospital with COVID. Interestingly, in March and April with the blue bars all the way over to the right, you can see when people have no underlying conditions, it was very rare that they were admitted to the hospital. However, the red bars now as we look into July and August show that the number of people admitted to the hospital with no condition is actually increasing, so this is actually really very concerning trends to us here at the Health Department.

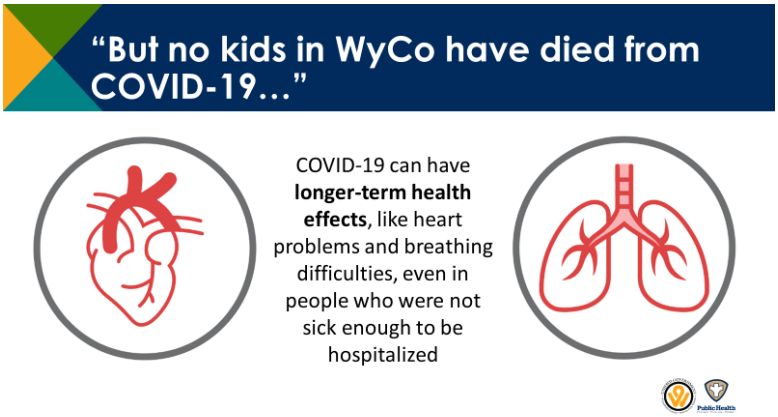
I want to talk a bit this evening about education. We're having some concerns around this in the community as many of you have heard about.



The first graphic here just shows that our youth age 0-19 years make up about 15% of all COVID positive cases within Wyandotte County and we compare that with people ages 60 and older who make up about 14.4% of the cases.



I just want to make the point here as well; we're finding a disproportionate impact on our Hispanic or Latinx Youth. As you can see here on the left side we're seeing in our youth over 65% of our cases identify as White. On the right side you can see the ethnicity that our Hispanic ethnicity is representing, unfortunately, a very large percentage of our cases.



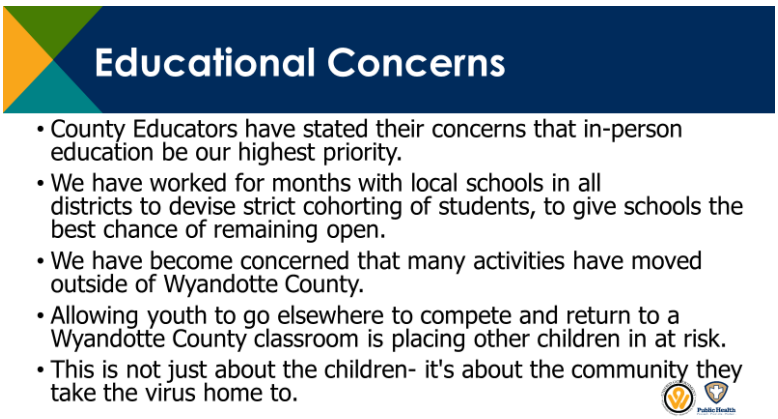
One of the reasons that we're very concerned, you know, you may hear well our kids get the disease, but they're not getting that sick and they're not dying from the disease. We do; however, have really significant concerns about kids getting the disease because we're starting to find that there are long-term effects especially on children's cardiovascular health going forward. We're seeing that also in sort of their parents age sort of into the 30's, 40's, and 50's.

I'm going to turn it over to Dr. Greiner as well. There has been some really interesting research on this, and we really want to hammer home why we're still trying to prevent young people from getting this disease. It's just not safe for anybody to get it.

Dr. Greiner said we don't have another graph for you, but we've been talking a lot about a study that came out of Germany that was published earlier this month that showed in a group of 100 individuals who were approximately four months out from their infection with COVID-19, and this was a group of 40-60-old adult males in Germany, four months out from their infection with COVID they did cardiac MRI's on those patients. We generally don't do MRI's on the heart because it shows us a ton of detail and we usually don't even need that much detail to look at hearts but because it gives you that much detail you can see really what's going on with the individual muscle areas of the heart very well. They found that 78 out of 100 of those patients had persistent cardiac muscle motion deficit, so that's a staggeringly high number for people recovering from a viral illness. We know this virus does attack the heart in some patients very significantly. Some patients can go into total heart failure, but having persistent cardiac issues is something that we worry about and one of the reasons why it may look like at times we are over reacting to various things.

In talking to some of our other staff here internally, we're constantly trying to walk a fine line between trying to be extremely cautious and use the science and data we know we have to protect everyone but also allow freedom, understanding that we are probably not going back to a stay-at-home order. We have to let people—hopefully, we have to get students back in the classroom safely. We think because of some of the methods we've learned about social distancing and mask mandates that we can control this even with letting people do much more than we did during the stay-at-home order period. But it's really tough for us walking that fine line and trying to work with all the individuals like you all on the Commission as well as the general public who all have their own individual concerns that are important.

We just don't want to see a situation where we lack activities like in-class schooling start again and might have a heart issue in some patients down the line that we feel could have been avoided with more careful planning and more detailed analysis of who is in contact with who. Sorry to go on so long. I'll turn it back over to Dr. Corriveau.

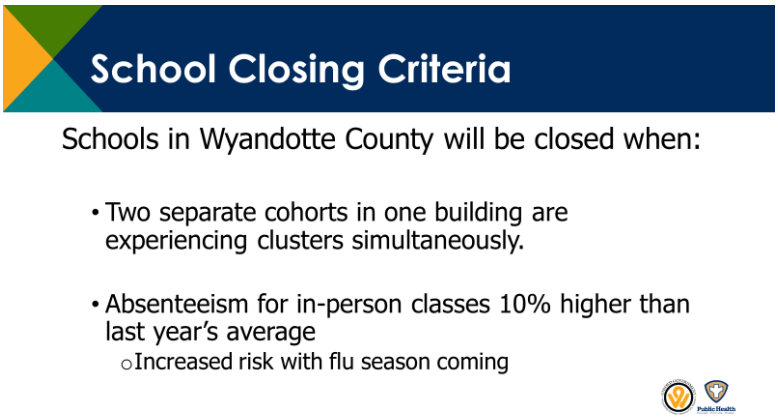


Dr. Corriveau said we're going to bring forward this evening some concerns we've got about our kids returning back to school. Of course, as you know, we're just right around the corner from that, so after Labor Day many of our kids except the first (inaudible) USD 500 district will be returning 50% capacity in-class learning. We've been working for a very long time throughout the summer months and here recently with our county educators and our superintendents and they really stated to us that their greatest interest and goals for our kids here in our county is to get them back to in-person learning. They've told us in no uncertain terms that is their highest priority.

We've devised this method along with our educators of really very tightly cohorting our students and we do this because we want to give our schools the best chance of remaining open.

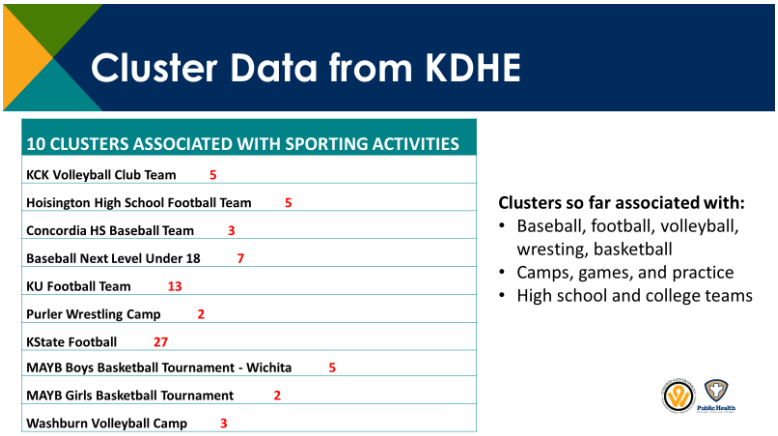
Cohorting students has to do with putting students into very small groups and then keeping those students within those small groups throughout the day so that day in and day out they're returning to the same groups so if one person gets sick, they're not comprising the other students that may be part of other cohorts.

We have become concerned after issuing our previous order regarding sports that many of the activities that were planned for students have moved outside of the county and so we're bringing forth just some more discussion and our concerns to you this evening. We worry that when we allow our students go elsewhere to compete and then return back to Wyandotte County that, unfortunately, we've broken those cohorts and we may be placing our children at risk. It's not just about the kids of course and we want to remind you that their parents and guardians, grandparents, etc. are really very at risk as well. We know that these children can easily spread the virus and such.

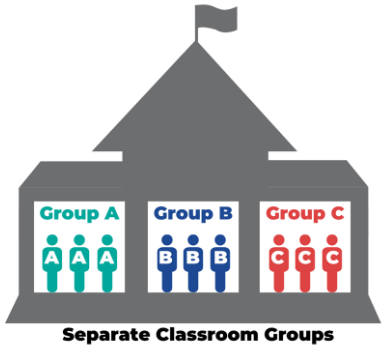


We want to also put forth this evening—we've been talking with our Epidemiology team. One of them put forth for use sort of our plans and when we might close a school. We haven't talked about that yet together. We plan if there are two separate cohorts within a school building that are experiencing clusters of outbreaks, we feel that would be the appropriate time to close a school for fear that spread would become really quite a bit wider.

We're also working with KDHE and our schools directly to define when we would close a school based on absenteeism and for now we're thinking for in-person classes if absenteeism is 10% higher than last year's average, we would consider closing the school at that time.

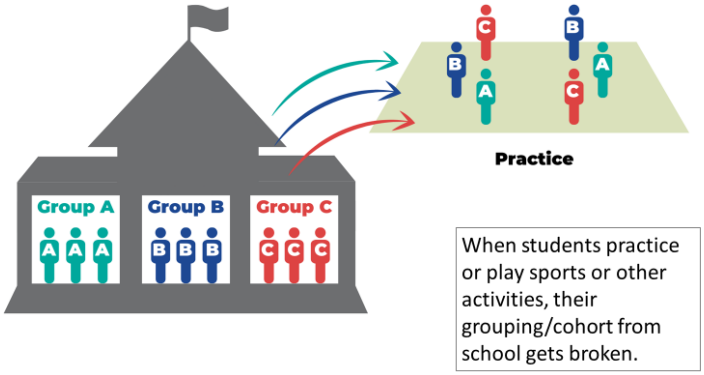


I wanted to also let you all know that, unfortunately, we're seeing a lot of clusters that are coming out of sports play in our state. I wanted to highlight for you, up above here, unfortunately, in our own community, the KCK Volleyball Club Team has, unfortunately, had a cluster outbreak associated there. You can see on down from there, there has been several others and, unfortunately, some of them pretty large. Some of these sports are contact sports, but then again, not all of them are, so we also wanted to highlight that, unfortunately, these activities are causing or at the root of several different outbreaks that are happening currently.

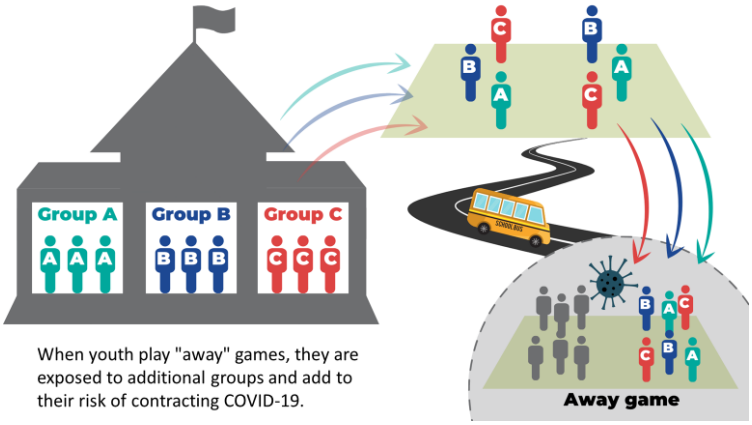


In order to return to the classroom, most schools in Wyandotte are implementing "cohorting" or dividing students into groups

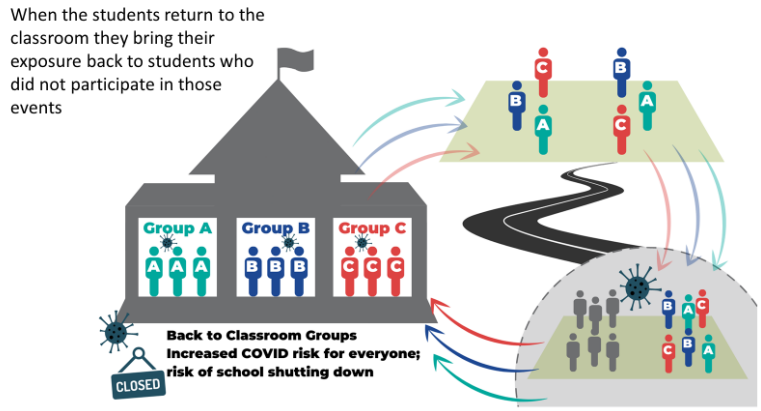
I wanted to finally before we end and get to questions, just drive home this idea of preserving the cohorts so that our kids can get back to in-person learning. Again, that is our greatest goal. You see there on the left-hand side, the markup of a school, you can see that the children are in their groups A, B, & C cohorted.



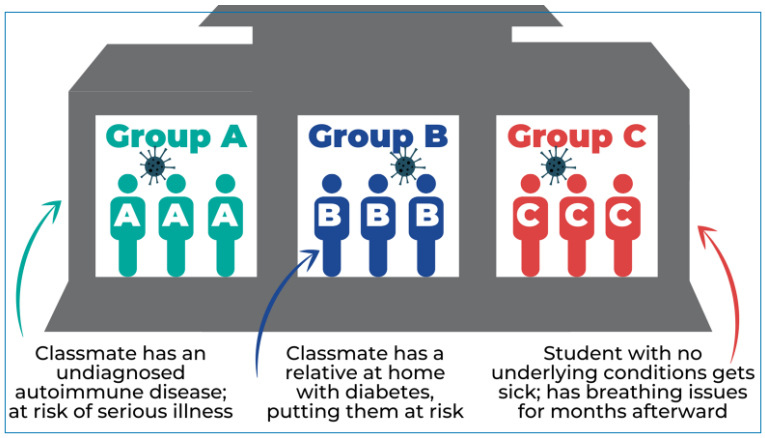
When we allow our kids to go out and practice in a team like setting or have activities together, they may be comprised of different cohorts and so at that time those kids would be getting together and, unfortunately, that's comprising the cohort at that point.



Then additionally, if we were to bus our children outside from the county, outside from areas where they're even doing these really intense cohorting plans, we're really worried actually about the spread of COVID to our kids that are from Wyandotte County.



If our kids were to become infected in that setting, we worry that they would bring the virus back and then it would spread really very quickly throughout the cohorts that we've laid out so carefully within our schools.



This is an extreme closeup of our cohorts. This highlights that—we can't make the decisions for the other kids in the class that are trying really hard to cohort. We just cannot put them at risk. We cannot say, well, we can go out and play and go elsewhere and whatnot and then comprise those other people who may be trying really hard to stay in a cohort and stay safe in that way, so we worry that these activities do that.

That was our last slide. I will kick it back to Juliann and then perhaps we can go for questions. **Ms. VanLiew** said we can go ahead and open for questions.

Commissioner Kane said I want to start. Last weekend there were over 2,000 wrestlers over at HyVee's Center. All summer long our kids have been playing baseball, softball, soccer, all outside of Wyandotte County. Some of us commissioners went to the Piper meeting the other day and they agreed to follow all the guidelines that were provided, and I thought that was pretty good. Then, the other day I heard what Dr. Lee Norman said. When asked in his press conference about the youth sports he said the decision would be on each goal what we have been putting all precautions in place to mitigate the chance of exposure of our kids are happy to be doing what they love.

I know you said there are no changes coming, but the stuff that you talked about is we're already going outside the county. Several of us—I work in Wyandotte County, but several people that have kids that go to private schools are driving over to Johnson County. The Legends is open. We have all kinds of shoppers there now. The teams have done what they've been asked to do. A gentleman talked to me a little while ago with a fifth grader and said his son wore a mask, it was 92 degrees outside, he's in fifth grade. When we follow those guidelines, when the school follows those guidelines, I don't know why any rumor would go out there or why we would have a presentation like this because it sounds like you're setting up to shut this stuff down and I do not like that at all.

Something else too, the doctor should not be the one that makes the decision. I guess there's something out there that if a decision is made like that, that the commissioners can override the doctor, that I want to see. I saw a little bit of it earlier. It's up to us. Our kids want to play

ball, they want to play—and if any of you go look at the video the other day at the first gentleman that spoke, he shook from the top of his head down to the bottom of his shoes talking about how important it was to him and all of you have got emails the last couple of days and it's frustrating for me just now to have a meeting at 4:00 to tell us actually what you're going to talk about.

I want to remind everybody that I asked the question on August 13th and asked a clear question during the meeting about what the medical officer's and the Mayor would do to those that played competition games outside the county. The medical officer's answer on the video was that they cannot control residents what they do outside the county. That was August 13th in a ZOOM meeting. Now all of a sudden, there's a rumor that we're going to shut down. You guys showed some stuff that your concerned about. Somebody needs to go out there and watch these kids, pay attention to them, talk to them, and I don't like being on ZOOM because the chambers would be filled up tonight with not the parents, but the kids that would tell us we really want to do this. They actually feel that it's being dictated and our approach on this is not what I like and in my mind it's not acceptable.

I know we haven't done anything, but before we do anything, we better make sure that everyone knows what's going on and something happens. They're getting ready to start playing games Friday and in my mind we need to give our kids something. We've tied them up for a long time. Everyone wants to go out there and see their kid do something. Everybody wants to get out of their house, but to all of a sudden here we are in District 5—the school board did a great job, they've got a fantastic new superintendent, everyone is trying to follow the guidelines and all of a sudden there's a rumor out there, well, we're not going to let them. I don't believe it's up to the doctor. The state doctor has already said that it's okay, leave it up to the school districts and we should leave it up to the school districts. I don't want a doctor making a decision who for one doesn't live here and it's going to affect our kids.

Dr. Greiner said, Commissioner Kane, I appreciate those comments and I do believe still that there is nothing any of us can do to control what folks do outside of this county. You know we've been in real close contact with our legal counsel here with everything we've done. I think a lot of the data we presented to me some of it boils down to the real clear evidence we have that stay-at-home orders work for reducing spread and reducing hospitalizations and reducing deaths. I think masks do that as well. The data is pretty clear that we're seeing a real major reduction in cases in

the last month to six weeks with that. I think we're going to see less deaths in future weeks because of mask orders as long as there is no other confounding variable that intervenes to increase spread in the coming weeks.

I think it was our belief and I believe the mask order that's been in place for some time now suggests that if anyone is going to engage in things that puts them within six feet of some other person for more than 10 minutes accumulatively, over time they would be wearing masks and so the combination of masks and social distancing I think is something that we are just trying to promote that because if we think it reduces spread, we think it reduces hospitalizations, we think it saves lives. If sports can be conducted in such a way that people can wear masks and social distance, then we think it's going to reduce spread and we don't think schools will end up having to be closed at as fast of a rate as they will if we're allowing things to happen in the county.

It's my understanding that if a school is going to have a football game, say in the state of Kansas, they have to have had 10 practices prior to that game. We just weren't aware that practices in the county were happening where close contact was occurring between individuals practicing and they were not wearing masks. That's something that was new to us as of exactly one week ago today and that's where this conversation has come from and that's where all this data has come from. We want to continue to dialogue and, again, we don't want to make a decision now. We want to have a dialogue about what's safe and what it's going—**Commissioner Kane** asked are you going to close the Legends? Are you stop Sporting KC, are you going to stop them from playing soccer? This is a big deal. This is huge to the families and I want everyone to be safe. When they're following the guidelines and all of a sudden, in my mind, I know that they feel out there in Piper that this was some sort of threat and nobody likes that.

I have never ever had so many phone calls, so many emails just here in the last hour, five or six people saying we can't do this. We're elected to listen to the people and as long as they follow those guidelines, they should play ball.

Dr. Greiner said, again, I think routine and universal mask wearing and routine and universal social distancing is what is going to get us through this with the least health impact. That's all I can say based on my training and my ability to review science. If others feel like they've got better expertise in that arena, then—**Commissioner Kane** said how can the state doctor say let the schools decide and then our Health Department says we're going to decide? **Dr.**

Greiner said I think if you—if we had the legal team—I don't know if Ken Moore is on and wants to weigh-in on that, but I think the legal teams interpretation of that is that it can't work that way.

Commissioner Kane said when I talked to Kenny earlier, he said there is a system in play where the commissioners could vote on this.

Mayor Alvey asked, Kenny, are you on the call. It's not working. We'll come back and try to get that rectified.

Commissioner McKiernan said I do see that Ken is on. He dropped off for just a moment, he dropped off again, so he must be having some connection difficulties.

I think Commissioner Kane has hit upon the most crucial piece for all of us as we move forward from today and that is to keep talking to each other. I think we've got to share in both directions. You know I see Mr. Moore is back and so I can suspend my comments and let him take over although I'm not sure he's unmuted. Mr. Moore, if you want to go ahead and talk, I'll come back later. Ken, we cannot hear you at the moment, so if you are unmuted, then you've got a connection problem. **Mayor Alvey** said, Commissioner McKiernan, go ahead. **Commissioner McKiernan** said, Ken, I'm going to go ahead and continue because I see by your graphic that you're unmuted and yet we are not able to hear you.

What I just want to emphasize what we've done here today, and we've done it before today, we just need to stay in touch with each other. We just need to keep each other constantly informed and constantly up to date and constantly informed about what's going on. Let's face it everybody, we have given Dr. Greiner, Dr. Corriveau and Juliann VanLiew an impossible task. We've asked them to keep us healthy and productive and active all at the same time in the face of a virus that frankly doesn't care what we do. We've got a true pandemic on our hands and we've got to hit the right intermediate point between all of the ways that we could possibly go, and I think the only way we do that is, we keep talking to each other.

I want to really thank Dr. Greiner, Dr. Corriveau and Ms. VanLiew, I think we owe them a debt of gratitude. I think anybody who has worked with them for any length of time, and I'm going to share this for those of you who haven't done that, anybody that has worked with them knows that these three people care very deeply about all of us in Wyandotte County. They work really hard to make sure that our community is as healthy as it can be and it's tough stuff because

there is a pandemic here. We need to engage all of each other as allies in this and keep talking and keep refining.

One of the things I really like about what they do is, they are learning. They're constantly looking at the data and from March 12th until today they've learned new things and as they've learned new things they've shared those with us, and they've tried to implement changes and protocols as they learn those things. I think that's ultimately what's going to pay off. They pay attention to the data, they are willing to change protocols, they are willing to change regulations in what they believe is going to be the way that is most beneficial to all of us, so we've just got to keep in communication with each other. I will stop it there and say again, I thank you for your continued work. We really owe you a debt of gratitude and I say that we will all continue to communicate, and we will beat this.

Ken Moore, Chief Legal Counsel, said I apologize. I was having technical difficulties. I guess the question was that the legislator in the special session did change the statutes that now allow the County Commissioners to override a local health order just like they change the laws to make it clear that the County Commissioners can override the Governor's executive orders, so that step is in place. I still believe that the local health orders are broad implications and there all encompassing throughout the county and are more broad than the school boards powers regarding the operations in this regard. For example, if we have a health emergency, the local health officer can ordered the school closed and I think that would override any school board decision not to do so. Those are the two factors that we need to balance and keep in place.

Commissioner Ramirez said thank you as always to Dr. Corriveau, Dr. Greiner, Juliann, to the Health Department. You guys are doing an amazing job for our community. Again, I will repeat as I said in the past, I think Wyandotte is doing the best in talking this on because we're not making it political. We're looking out for our people and our people's health and safety, so thank you for that.

My quick comment, Commissioner McKiernan, hit it right on the head. I see both sides of this argument, but then that means we need to have a conversation and find a compromise that works for everybody because that's the one thing in government that we all have to do is compromise and having an open line of communication. I just hope we continue that in the future

for anything and I agree with Commissioner McKiernan, if we work together, listen to each other, we can get over this and we can overcome this and make Wyandotte County better than it was before.

Commissioner Bynum said I just had a couple of questions on the slides starting with the information from the actual KU Medical Center and the patients that are there. My questions are relaying of questions and comments that folks were asking me over these last few days. With regard to KU and the hospitalizations, are we counting those that are Wyandotte? I know that many people that don't live in Wyandotte are hospitalized within KU Hospital, so it looks like one of your graphs had numbers among six, seven and eight people and then another, I think, Dr. Corriveau had related 27 in isolation yet actually 61. If you could spend two seconds clarifying the differences and the way that we're counting hospitalizations here in Wyandotte versus what might be happening at KU.

My second question is, again, relaying to you from questions I've been receiving over the last few days, how do we relate to multitudes of other activities that may or may not be happening as we cross the border into Missouri or Leavenworth County or Johnson County. You know folks that work in another community come home here every night to their families and especially as it relates to that discussion of the cohort within the classrooms.

Lastly, if you could just confirm for me that it's your understanding that all of our educational institutions, I should say at the Middle and High School level, had stated to you that the cohort was the way they were planning to do instruction when instruction was taking place in person. If you could just compare and contrast a little bit the concerns that you have particularly around the sports issue, or I should say, sports and other activities issues against the other comings and goings in and out of our community and then confirming whether the cohort model is the model that has been chosen by our educators.

Dr. Corriveau said I can respond to your first question regarding the graphs that were referring to the KU hospitalized patients. I appreciate that question. Those were of all the patients hospitalized there, not necessarily only Wyandotte County residents that were hospitalized there. It seems to me over the course of this time approximately a third to half of the patients at KU are generally from Wyandotte County although I could get you those more specific numbers. I was really just

trying to just make the point that there are actually quite a bit higher number that are hospitalized there with COVID and still being treated for COVID than the numbers that we're often hearing. I'll turn it to Dr. Greiner and let him speak to the second question.

Dr. Greiner said the second question I think was getting at what about people going elsewhere and doing activities and doing various things and then coming back to Wyandotte County where they reside. Of course, that's a big concern to us and I think that as Mr. Ramirez said, I think there is some evidence, which we didn't present much of today, that in this county we've actually done a better job with a lot of things over the past 5 to 6 months than other counties. If you look at the Johnson County data, today it's on the upswing and we hope that if people are going outside of our county and engaging in activities, they are prioritizing those two big interventions that I keep harping which is wearing masks and social distancing when they're doing those activities. If people are doing that, even if they're in a place where things are less restrictive, they're still protecting themselves and they're less likely to bring it back.

Our concern is whenever we identify something that's happening that might involve no masks and no social distancing, how can we mitigate spread when it relates to that. We are aware that people are doing things all over the metro and interacting with folks in different ways and different settings, but we hope they're being careful. We want to keep pushing that message of being careful and try to structure what we can to reduce those episodes where transmission occurs.

Dr. Corriveau said I'll get the cohort question regarding the question of if we had talked with our various educators. Yes, we have been in close conversation with our superintendent's and also the Archdiocese throughout this pandemic. Really very early on once we started thinking about reopening the county we very quickly got together a very large group of educators that was then divided into early education and school age kids and then higher education and worked together for a long time. Most recently as we've returned to this issue of school reopening and we're getting closer and closer, we've been working especially hard with all of our superintendent's and also the Archdiocese. We had talked a lot about cohorting and each of them have submitted plans to us about their school reopening and they had agreed that cohorting was a good way to go and it took a lot of discussion and creativity to get us there, but I think we all got there together.

Commissioner Burroughs said first and foremost I want to thank everyone who is participating this evening. This is an issue that's significant to our community and so thank you Dr. Corriveau and thank you Dr. Greiner and those who are charged with watching over our community.

I do have a couple of questions. This goes back to kind of what Commissioner Bynum had asked. We have a mutual aid with our public safety officials, and should they have to respond to an incident outside of our community to support a mutual aid, are we going to request that they be quarantine or what steps would we take if there was a potential for them to be infected and/or come in contact with someone in an emergency situation?

My second question would be the letter—what we're dealing with, we haven't had "an incident with our athletes by the three-letter word yet." So, if we should choose to allow school districts to participate in sports and allow our athletes to do that, the rumor is and that's why we're all here this evening, that we're going to ask them to quarantine and the cohorting comes into play. This goes back to question number one. When we have those incidents, are we willing to maybe look at a 25-day trial period, a 15-day trial period; if our schools have the resources in place, the parents have been educated, the students have been educated that this is a health issue. To what extent does it come time to let the community and/or the parents determine what is best for their families and another elected body to make a decision, that being the school districts.

Thank you and I know it was a little meshed together, but I wanted to throw that out and I'll await your answers.

Dr. Greiner said I think on the emergency response issue and assisting in other environments, we would hope, and I think this has been true in healthcare that those folks would be utilizing personal protective equipment. I think our police force and fire-fighters and others have—we've worked a ton with them, and they know how to use personal protective equipment, they know they should probably use it universally, they should just assume everyone they interface with has COVID. They've been doing that in the county, so I think we would assume if they went out of county, they would do that too and so they would not have to quarantine coming back in because they're using PP. In fact, in the healthcare environment—I've seen COVID patients myself and if I have the appropriate protection on, then I'm not required to go into quarantine even if I spent 30 minutes in an exam room with that patient. That sounds probably hypocritical to people, but that's the way healthcare entities all over the country are working.

Right now, I think in terms of say a community decision and a 25-day trial period, I think we are seeing some interesting things in some settings. We could say with professional sports, for example, with professional baseball, professional football, that there's a ton of resources getting poured into those trials and lots and lots of testing and lots and lots of work on cohorting that group of individuals whether it's the coaches or the teams. I think if we were going to something and we're always open to interventive creativity things, it's a resource issue to some extent too; what you can safely pull off and protect everybody involved when you're trying something out that might lead to cases and spread beyond a small group.

Commissioner Burroughs said I would just state that I don't believe there is one elected official in our community or statewide for that matter, that wants to put our children at risk. This is an issue that is of much importance to the families in our community as well as across the state. I think the real issue here is, are we treating our kids in a punitive manner or is the message all wrong. I mean I value each and every life in our community and I know the parents are struggling and I know the students are struggling. We need answers and the medical answers we're getting may not suffice enough. It may be as a community, and as was stated by Commissioner Ramirez, about that communication being critically important, I truly believe that is of great assistance in resolving these issues. This pandemic has allowed a lot of us to reconsider how we want to lead this community and I respect the work all the health professionals are providing us and the guidance they're providing us, but at some point we have to also provide the mental health aspect that this pandemic is causing. We have to recognize that and that can come into play also.

The approach of the parents wanting these students to participate in sports, I can understand and appreciate it. It's not just sports, it's other events whether it be the arts, musical event, whatever it may be. The education aspect through our educational community I truly trust that they are doing all they can to protect their kids. I don't believe there's an elected school board member that wants to see any of kids infected.

I will leave this with you Dr. Greiner and Dr. Corriveau. We need some assistance here as a community to find a resolve that's not punitive but that is understandable and offers a safeguard without being heavy-handed and that is a fine line to walk. I value each and every one of you and I value each and every one of the children in this community and like many of the other elected leaders that are here this evening, if we could all be king for a day, how would we solve it. I don't want to be a king for a day, but I do want to be part of a community that understands and

respects and values each and every one of us. Again, thank you for the opportunity to visit with you on this issue and I sincerely respect and appreciate what information you're providing us this evening.

Mayor Alvey said, Dr. Corriveau, I want to go back to the process of cohorting and I know this has been widely adopted by schools across the country. Again, the purpose of cohorting is to create a small grouping of 50% of the normal capacity of a classroom. Those students stay together all day, they eat together, they take breaks together. They don't change classrooms anymore, right, because they're having to disinfect the classrooms. The purpose from the superintendents, the desire of the superintendents of the school board, and I hear this from so many people, we really want to get back to school. Working with the superintendents who have come up with this and others who have come up with this process of cohorting that does not in fact eliminate all spread because we're not talking about eliminating all spread. What we're saying is if a student were to come into the classroom, and again, anywhere from 40 to 45% of the people with the virus are asymptomatic and don't even know they have the virus. So, a kid comes to school with the virus, they wear a mask in class, they social distance, they sanitize all the surfaces to reduce the risk, but it's very possible that virus could still be spread, we know that. So, that cohort then if we do come up with a positive, that cohort can then be quarantined for 14 days in order to present the spread to the other cohorts.

Dr. Corriveau said that's correct Mayor. Again, we are trying really hard to keep as many kids as possible in school and I want to get back to partly what you're talking about, the importance of this, but also Commissioner Burroughs comments I think were important. I want to emphasize that these are really difficult times for us to think about what to do next, you know, to keep everyone as safe as possible. Also, of course, there are a lot of loud voices right now on this issue and I think there are also probably just as many voices that are not as loud but are afraid and we talk to a lot of those people in private and receiving yelps from them as well. I'm sure many of you do too. I want to say that it is a fine line and we don't want to take hope away from our young people. We actually really just want to prioritize I guess the in-classroom learning and allow them to receive their education. We have prioritized that over other extracurricular activities at this point although I realize that extracurriculars in sports is learning in and of itself and it's

extremely important for development of our kids. I get it. We're just having a rough time with how to balance that.

Mayor Alvey said I understand and so the point I think I'm taking from this is, whether people go outside, and they play in close contact, is there any evidence that close contact does not result—cannot result in infection? **Dr. Corriveau** said if the two people are not infected. I think the reduction in that spread when people are in close contact is impressive when we wear masks. There is evidence to show that when we're in cloth masks. I think the reduction is, you know, 30 to 40%. If we're in paper masks and they're not—say sweat through or soiled, probably get a reduction of about 65% or so of that spread. N95's are really the way to go. You know we get 95% reduction, so yes, that's really it. We're trying to just decrease that chance. **Mayor Alvey** said I guess my point I'm trying to make is there is evidence, and, in fact, we have had infections within Wyandotte County athletic activities—you mentioned the Volleyball Club, so there have been evidence to that. **Dr. Corriveau** said yes. **Mayor Alvey** said so, there is evidence and more and more evidence that close contact in athletic activities do spread the virus but there is absolutely no evidence that it does not spread the virus and I want to be clear about that. **Dr. Corriveau** said correct. **Mayor Alvey** said I would like to say these measures we're putting in place are always about trying to protect and that what we've seen is all these measures are incremental. No one thing does it completely and even with a stay-at-home order there is still transmission because people still have to go out for essentials, but we want to make sure we don't have to go back to that and we're going to do whatever we can to stop the spread as much as possible. Yet, you're trying to balance that with getting kids back in school for in-classroom instruction which is very important, so that's the primary goal and we can't sacrifice that for other things.

I would like to say I've heard the same thing that Commissioner Kane has heard that we're dictating and having been the disciplinarian at a high school and a teacher and a coach, it's all about dictating. It's all about saying you will do this, you will not do this, and you do that because there is a greater vision at stake. You are saying this is who we want to become, this is what we want to become and so in order for us to become this, we must do these things, we must not do these other things. It's all about dictating. Football itself dictates everything. 100 yards by 40 yards, 4 downs, 4 quarters, it's all dictation. There are limits. That's how the game is played. That's really where the glory of the game comes out.

I think also we have to keep in mind if we weren't talking about COVID, we would be talking about concussions and the amount of resources that schools have put into mitigate concussions and how that has changed the face of football and other sports is astounding. What we were willing to do to stem concussions for the long-term damage that brings to children, we also have to do for this. If we keep that in mind, that we dictate, you cannot rough the passer. You cannot take the quarterback to the ground and pound him to the ground. That's dictated. You cannot do that and that's simply done for safety.

We're not just talking about the kids in the classroom. We're also talking about their teachers, we're talking about staff, we're talking about administrators, and of course, we're talking about the community at-large. I think about this, I see this, it was one of my responsibilities was to handle all the security for all the athletic events and when we first obtained lightning dictators we had a game of 7,000 people in attendance, a very important playoff game, and both teams were ready to go, they started the game, we had the lightning dictator, we started seeing the lightning move closer and closer and we had to move to the place where we had to evacuate and cancel that game. That was not a punishment. That is a consequence. I think we've got to be clear. There are natural consequences of actions and there are punishments. Telling people that they cannot engage in close contact is not a punitive measure. It is simply a safety measure that is a consequence of a virus, so I want to go right now to this.

The enemy here is not our Public Health Department, it is not the elected officials, it is not administrators. It is the virus. The virus is going to do what the virus wants to do. What we must do is pay attention to the virus, discover what it is, how it moves, what its affects are, and decide what we can do to stop that. Every time we gear off of that, every time we take our eye off the virus, we lose track of what we're about because the virus is dictating to us and if we don't dictate to the virus, it will take us where we don't want to go, and we've seen that time again. I think of my own mother again who has not been able to come out of the building since March 15th. That was not punishment, that is a consequence.

Finally, you know, the mental health. Having worked in schools, high schools for 31 of my professional years, I understand very well how important athletics are to the individual student, to the family, to the community, to the school. It's clear to me in everything we need to do to try to make that happen needs to happen, but we would never sacrifice—I would have never allowed the game to go on with lightning coming in. I was not going to be that person who was going to

have to answer the question why did you not evacuate the stands, why did you keep playing this game and people died. When you've had the power and you had the authority you did not stop it. Not one of us, I don't care whether it's the Governor, the President, the Health Department, an Administrator, a teacher or a coach wants to say I could have done something to stop death and I did not do it.

I'm very passionate about this because we have to look at the virus. The virus is kicking us. Stop arguing with one another. Stop complaining about the measures that are taken. Stop complaining about masks, stop complaining about having to slow down. If we do what we need to do to slow the virus, we take control and not let the virus control us.

Having said all that, I think it's time to move to our next topic. Doug, how much time do we need for this next topic. **Mr. Bach** said I believe it will probably take 45-50 minutes at least to go through it. I believe the presentation runs a good half hour plus to move through this. **Mayor Alvey** said Commissioner Burroughs has a brief comment and then we will go on to the next topic.

Commissioner Burroughs said I appreciate your comments. I would just—I think it's important that we let the community know where we are tonight on this issue. Has anything changed or is there any proposed changes coming? I think it's important they have an opportunity to know where we are this evening. **Mr. Bach** said I can probably just leave it with there is no change from what has come out this evening. I believe from the information our doctors presented, they are continuing to evaluate the situation and review it and you know there have been changes that have come across over the last five months, so there could be things that could come back for additional discussion on it, but there is no change made to any rules or orders that are in place today.

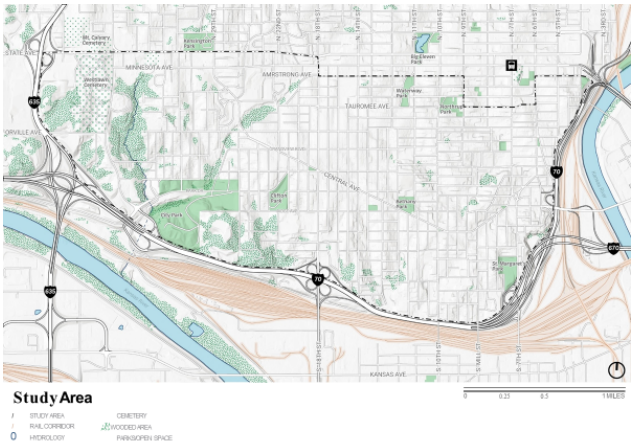
Mayor Alvey said we will go on to the next item for consideration, the presentation regarding the Central Avenue Master Plan.

Doug Bach, County Administrator, said this next item, as you said, is regarding the Central Area Master Plan. We have been working on this for some time and I'm going to turn this over to our Planning Department. We have Kim Portillo with our Planning staff and Jamie Granger who is our consultant with Interface Studio who are going to do the presentation tonight.

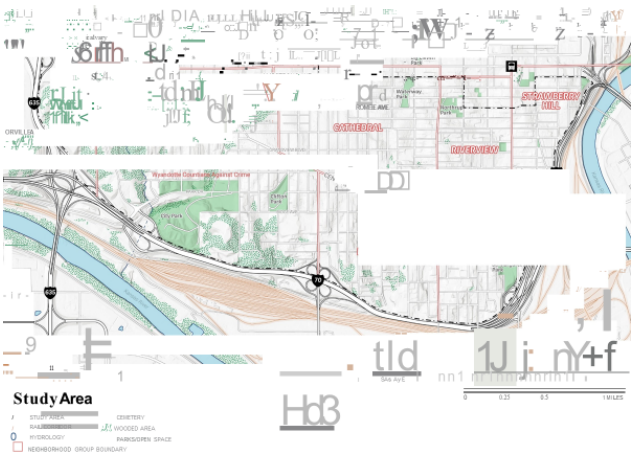
Kim Portillo, Planning Department, said we've been working on the Central Area Master Plan for the last year. We are getting close to wrapping it up and we're in the final stages. The hot topic COVID did throw us off a little bit with our public engagement, so just as we were about to engage in our final public meeting the COVID started happening, so we moved to an online presence where we started doing online public engagement. We actually had some pretty good interaction on that and now we are moving on to the steps of putting together the draft plan, getting input and then moving on to putting together the final master plan. Jamie, with Interface Studio has some updates and presentation for you guys and we really want to get your input on where this is going, if it's the direction that you expect it to be in and if the implementation items are things that you agree with and all of that. I'll turn it over to Jamie.

Jamie Granger, Interface Studio, said I appreciate everyone taking the time in allowing me to present tonight. I understand a planning process can seem trivial with everything kind of going on in the world, but I appreciate you allotting me this opportunity to share the process.

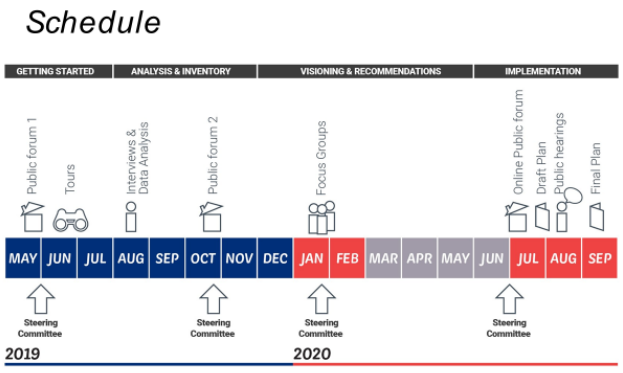
I know some of you have been involved in the process, others haven't. We shared with you a draft. I fully understand that probably everyone hasn't gotten a chance to read it, so hopefully, we're going to share a little bit about the process and some of the recommendations and, hopefully, get some of your feedback.



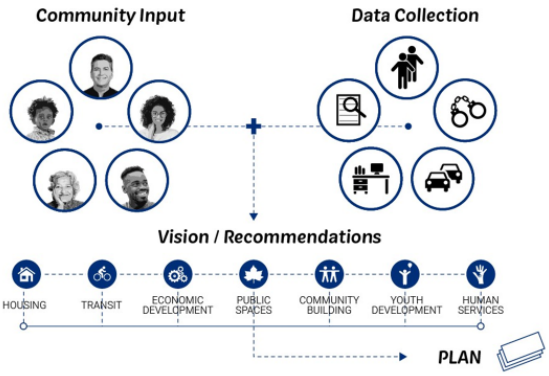
When we're talking about the Central area, it's really this area to the southwest of downtown bounded by 635 & 70 and then the northern border being State and Armstrong and downtown being kind of cut out from that area.



Really this is a collection of smaller neighborhoods. They're all unique in identity. We got the opportunity to meet with all these neighborhood organizations and they were involved in the process.



I won't dwell on this too long as Kim kind of touched on this. We started probably about a year ago, toward the end of last summer really in earnest. We we're gearing up for a spring completion, obviously, things changed. We had to change course, but now as we've developed a draft plan we've been sharing it with either the Planning Commission, a variety of UG Departments, our Steering Committee, all trying to get feedback. It's going to take a lot of feedback to really come up with the final plan and will eventually be voted on.

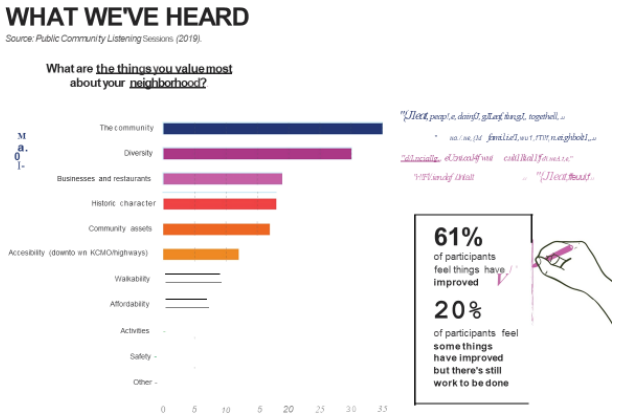


Just a little bit about our process, it's really community and data driven. We try to get as much input from the community as possible and do a lot of research and analysis and really the combination of those two really leads to a vision and recommendations and ultimately some strategies.

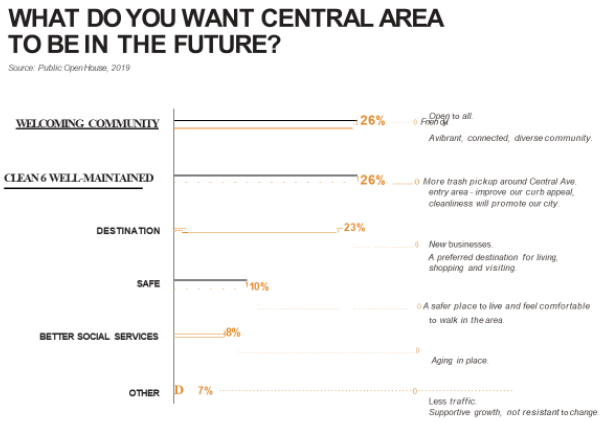
Outreach by the numbers

- Interviews: 34 individuals from 11 organizations
- Public Events: 4
- Special Events: CABA Central Avenue Parade table/tent
- Neighborhood Meetings: 9 (CABA, Cathedral, Prescott (2), St. Joseph's Watchdogs, Strawberry Hill (2), WCAC, Livable Communities
- Focus Groups: 4 (Housing, Business, Mobility, Residents)
- Online Survey: 186 views – 82 interactions

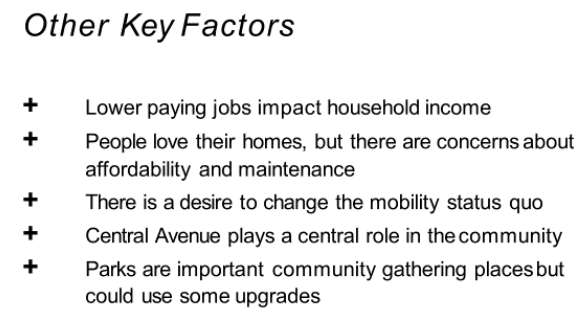
In regard to outreach, we tried to reach as many people in a variety of different ways. We did that through individual interviews, a variety of public events. We had a presence at some larger parades. We met with all the neighborhood meetings, some multiple times. We had some focus groups about some key topics and then as COVID happened we transitioned a lot of the outreach in online survey, and we got some great input from that as well.



Just some bigger topics and things that we've heard from that outreach process. We asked a series of questions across all of this outreach, one of which being what are the things you value most about the neighborhood. The number one response being the community, second being diversity, and then third being businesses and restaurants.



Then a more forward thinking question about, what do you want the Central area to be in the future. The top two answers were a welcoming community and clean and well-maintained community.

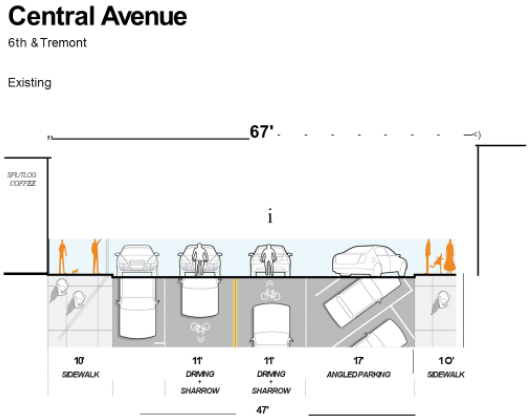


In regard to a lot of the research that we did to supplement that outreach, there are a few other key factors that we determined were important. The Central area is a lower income community compared to both the city at large and the state, so you know there's obviously consequences to deal with that. People really love their homes, but there are concerns about affordability and maintenance. There is a desire to change the mobility status quo. I think 93% of residents commute to work by car according to the census. Central Avenue plays a central role in the community and there are a variety of different commercial corridors, but Central is really that one that kind of connects all these different neighborhoods. Also, that parks are important community gathering places but could use some upgrades.

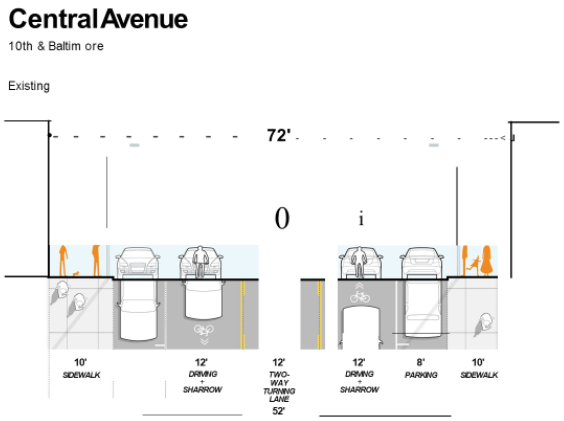
We kind of took all that information and developed a vision supported by four separate goals. The four goals being around Central Avenue specifically about housing, some about mobility, and another about community. I'll go into each one of these specifically with a little more detail.

The first goal is to establish Central Avenue as a social, cultural and employment center of the neighborhood. There are a few different strategies associated with that. The first being to create a place on Central Avenue through physical improvements. The second is to leverage the diversity to create a unique identity and market opportunity. The third being ongoing resources for existing businesses.

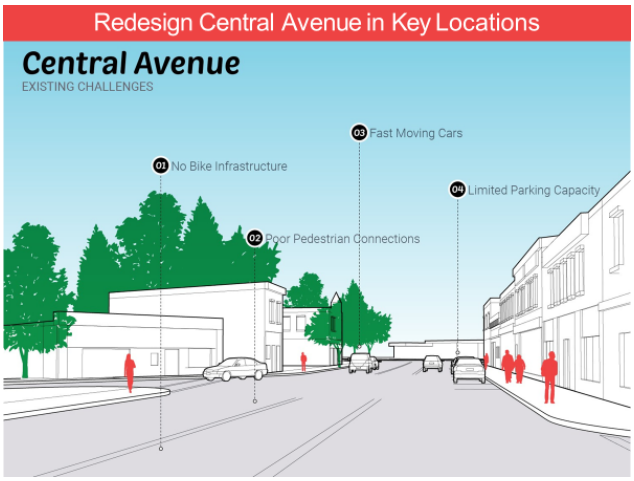
I will walk you through a few of action items. I probably don't have time to go through all of them, so I called out just a few important ones. The first one being the idea around redesigning Central Avenue in key locations. We see really kind of four areas that will benefit from this the most. It's really the areas that have the highest concentration of businesses, one of which is kind of the changes to the street have already happened.



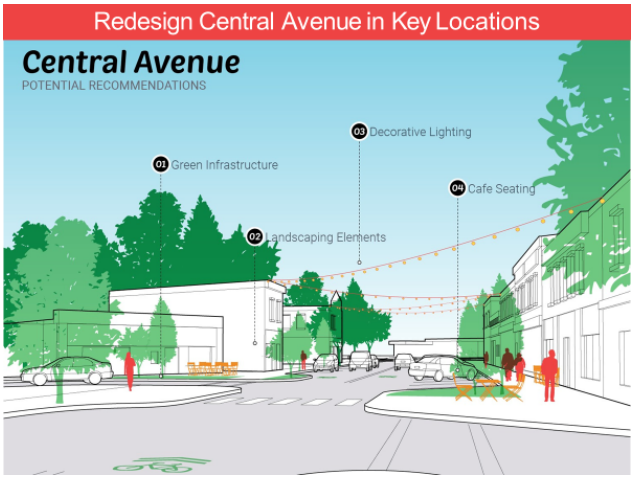
It's really that eastern side, east of 7th, around Slaps and Splitlog Coffee. There used to be a turn lane in the middle that was removed, and angle parking was introduced. You know it slowed down traffic, it has increased the amount of parking spaces, added some pedestrian amenities. I don't think it's a coincidence that a lot of the investment that has taken place on Central happened in that location.



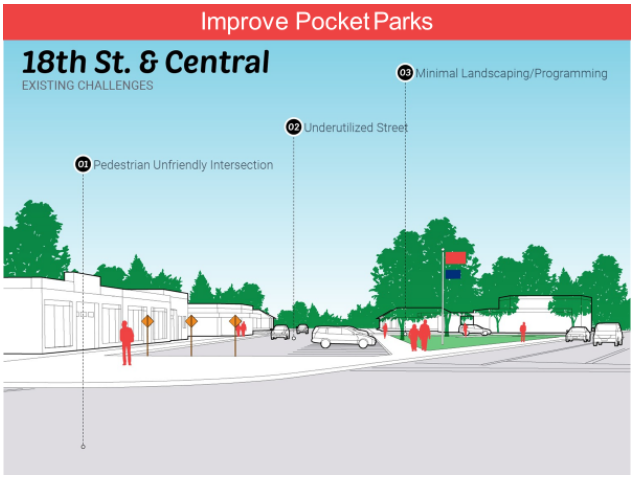
The majority of the stretch of Central looks something like this. It has a continuous turn lane, fast moving cars, limited parking. The idea that came up through the process was really to kind of reintroduce the condition that happens on the eastern end to cross this Central Avenue corridor in some of those key locations. This will help support businesses with additional parking, improve pedestrian access and all of these things that kind of came out of the process.



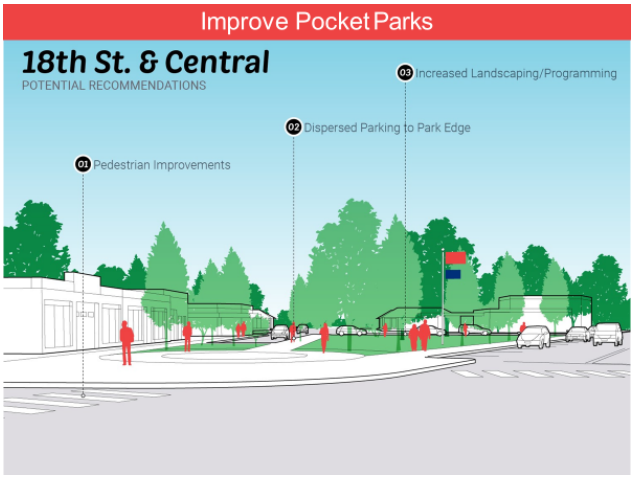
Just thinking about what this could physically look like is just west of 7th.



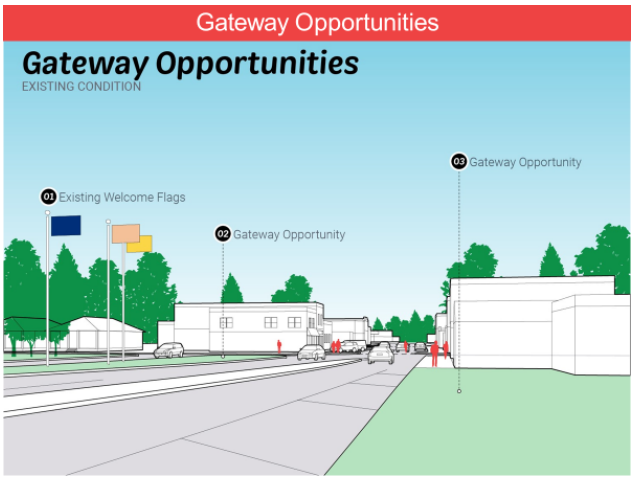
You can see how it kind of really impacts the neighborhood in that particular stretch, adds a significant amount of new parking and it's really just creates some more of a commercial vibe on Central Avenue that's currently not existing.



Another action I think is about improving some of these pocket parks. Central Avenue cuts at an interesting angle and leaves these kind of leftover spaces. One more prominent is 18th & Central and we really heard a lot in the process about this is really a critical intersection. It's really the start of the corridor, the commercial section of the corridor. There were some recent investments that have been done (inaudible) Park Drive,



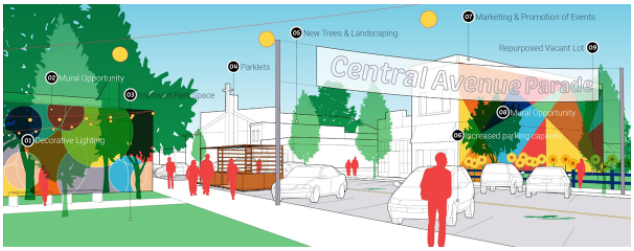
But can we reallocate some of that parking space and really make this more of a community gathering space.



In addition to 18th & Central, there are some other Gateway opportunities that can really welcome people to the corridor and really build off of its identity. One being the far eastern side. This is really a first impression a lot of people get of Central Avenue and even Kansas.

So, how can we really make it more engaging that really reflects the unique identity on Central Avenue. This is something that we done, the design process of this can be done in coordination with businesses and residents to really determine something that's fitting for the corridor.

We also see a big opportunity around LaPlacita Food Market which takes place in Bethany Park. There is a variety of different programming events that happen on the corridor, but LaPlacita probably has the most potential to really bring people back to the corridor on a reoccurring basis. It also really plays off of its strengths within the Central area being its diversity, the diverse food that takes place and in the times of COVID there is also an opportunity to really provide healthy food options for residents in a really socially distanced area, so it's something that could be improved on. When asked specifically, residents identified kind of a permanent presence within Bethany to help support the market either through a market shed or something similar, so that's something to consider as well.



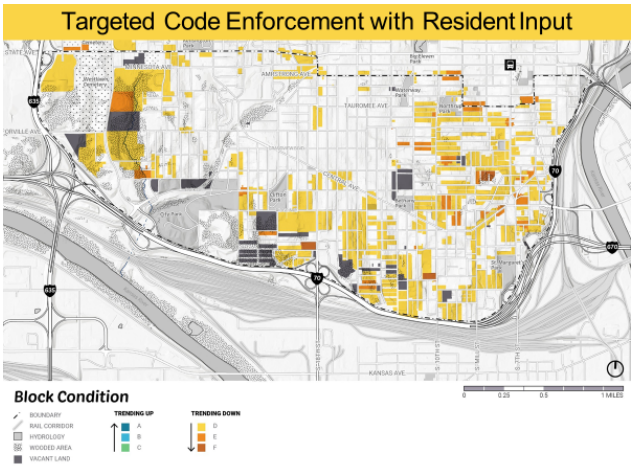
This is just how a lot of these strategies could play out and really make a unique space on Central Avenue. We asked specifically if there is one place residents would want to invest on Central, where would it be and it's really that stretch between 13th & 18th, but when we start thinking about implementation focusing on that area makes a lot of sense.

Goal 02:
Provide **HOUSING** that is suitable for a range of life stages and economic circumstances

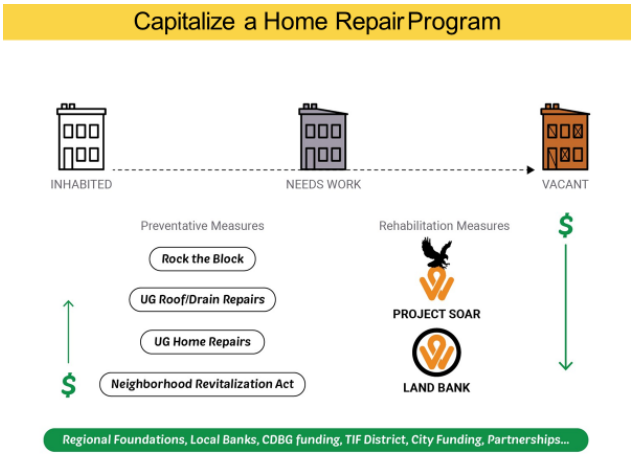
Key recommendations will fall into the following categories:

4. Provide support & resources for existing homeowners & renters
5. Add to the housing stock to diversify options and support broader community goals

The second goal is to provide housing that is suitable for a range of life stages and economic circumstances. Strategies being to provide support and resources for existing homeowners and also to add to the housing stock to diversify options and support broader community goals.

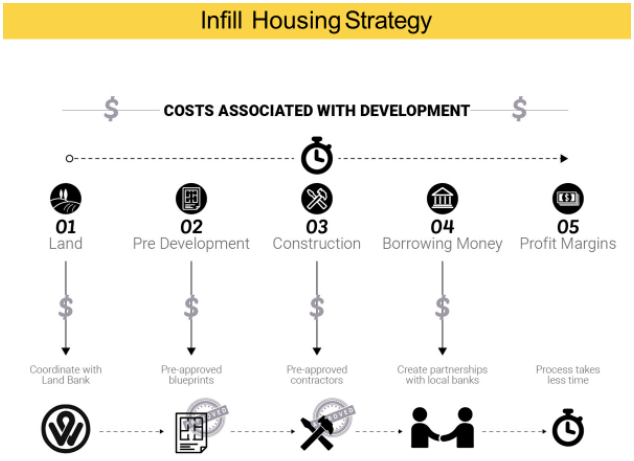


Something that came up in the process was code enforcement and convenience of housing. Through our analysis portion of the planning process we did a block by block survey of the block condition. We took into account things like vacancy or maintenance and really broke it up into areas that were trending up or places that were trending down, so by targeting some of the code enforcement of the areas that are trending down. All of it done in coordination with resident input in that residents are really the eyes and ears of a community and they can help kind of enforce and really make a distinction between an elderly individual who can't maintain their house or an absentee landlord and that's an important distinction to make.

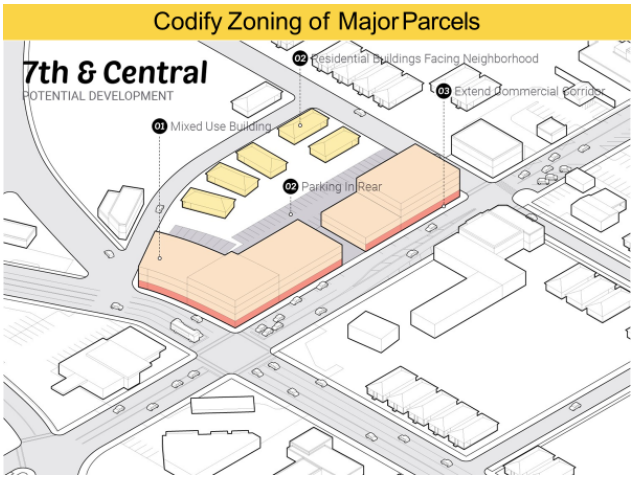


Another issue that came up is the challenges of home repair. It's an older housing stock, a lot of residents have issues maintaining their houses. There are a variety of different programs that exist that kind of prevent houses from becoming vacant. There's a process in the small maintenance issue turned into a large issue and then ultimately the building is abandoned and then the Unified

Government has to deal with it kind of on the tail end through rehabilitation or demolition or some of those other tools that exists. So, are there opportunities that's going to interject earlier on in the process. This is something that came up in the Northeast Area Master Plan as well, so it kind of lends to a broader citywide opportunity to address some of those issues and help residents.



In terms of new housing, we see an opportunity with infill housing strategy, and we see that it's really looking to lower the barriers of entry for development and costs in some of those five stages associated with development. There is a big opportunity just due to the fact that the Land Bank owns a significant amount of holdings in the Central area and so some of those costs can be lowered. There's opportunities for pre-approved blueprints or relationships with contractors, all of those things that can bring new housing to the market at a lower cost. There's also partnerships to be made kind of on that fifth section as well about developers who have a different business model, not necessarily profit driven and coordinating with them. CHWC already does a lot of work within the Central area.



Finally, in this section is codifying some of the zoning of major parcels. Concurrently with our process the city has also been updating the zoning code, so it's important that some of the zoning changes really reflect the community's desire for some of these larger development sites. 7th & Central is an obvious one that came up throughout the process in that it sits just adjacent to a lot of the good activity that's been going on, on the eastern end of Central. So, can the regulations that exist really build off of that good work—investments that have already been done. Obviously, this is a privately owned parcel so there is only so much control, but inevitably if the developer would need to come to the city for something, having a vision for the site and the zoning to back it up is an important step.

Some of the other sites that came up are the former Bethany Hospital site as well as Alcott Arts site, so those are in a way more challenging sites and there's a lot of moving parts. I think through this process we started levels of communication with all those involved that will be involved as those developments take place and make sure they're addressing the community needs.

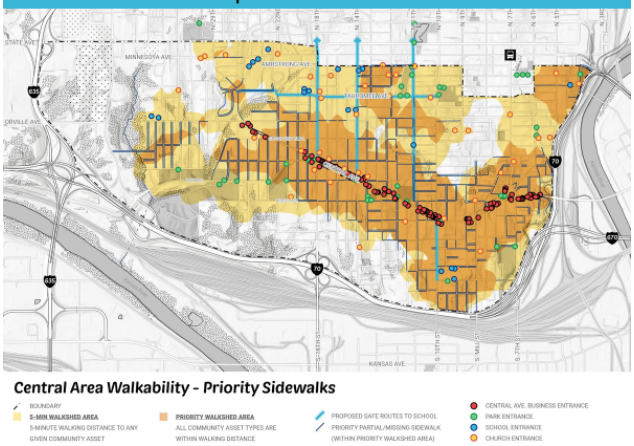
Goal 03:
Design a **MOBILITY** network that gives options and promotes a sense of community

Key recommendations will fall into the following categories:

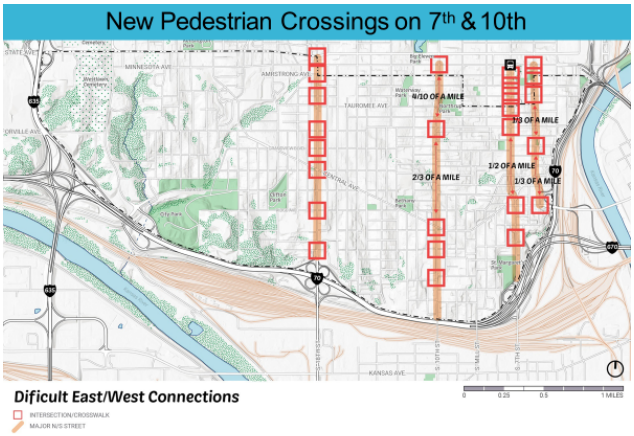
6. Improve the comfort and safety of the pedestrian network
7. Develop a bike and trail network
8. Increase transit and shared mobility ridership through improved connections and collaboration

The third goal is design a mobility network that gives options and promotes a sense of community. The first strategy is to improve the comfort and safety of the pedestrian network, develop a bike and trail network, and increase transit and shared mobility ridership through improved connections.

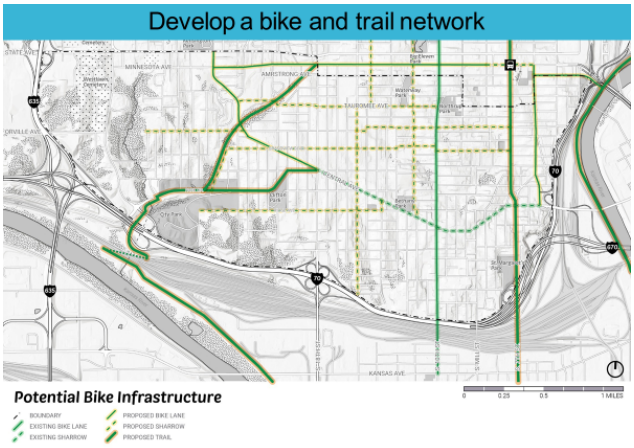
Focused Sidewalk Improvements & Safe Streets to School



An integral piece of a real pedestrian network is our sidewalks. Many streets within the Central area are lacking sidewalks, so in an ideal world every street would get a new sidewalk, but you know its financial reality is kind of what we're up against in doing something like that. We took the approach of really focusing on some of the streets that would benefit the most because they have access to a lot of different institutions and things that residents value or would be walking to either a business, a park entrance, a school, a church, all of those things and where can we kind of concentrate resources. Specifically, residents really called out those sidewalks adjacent to streets so calling out specific routes to streets where some of that target investment can take place.



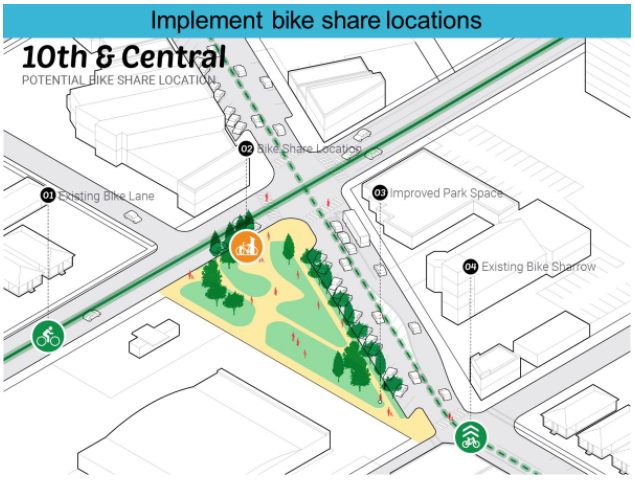
Some of the major north/south streets within the corridor are significant barriers for residents crossing east/west. If you look at this map, this calls out 18th, 10th, 7th, and 6th. This square box is being intersections with crosswalks. You can see at 18th, it is a wide street but there are opportunities across but when you look at places like 10th, you have to walk almost 2/3 of a mile before you get to a designated crosswalk. These are serious impediments to a safe pedestrian network for residents.



Residents really has a strong desire to improve upon existing bike network and really provide—ensure that this plan calls out improved infrastructure so people will feel safe biking through the Central area in an interconnected network. The existing bike lanes on 10th and there are some in-lane sharrows on Central. This is an ideal network that would most likely be built up over time and it's really built off the sidewalk and trail master plan as kind of a base.

There are some opportunities to extend the existing network and really make some other strong connections particularly to the river. That came up through the process as well and tap into some of the larger trail network that takes place throughout the city and the region.

Residents called out Minnesota as one earlier implementation piece and this is just a graphic of what something like that could look like. This is near the 18th & Minnesota intersection. Part of that has to do with Minnesota is such a wide street that you could install bike infrastructure without really changing the main dynamics of the street.



More of an immediate implementation piece, the Unified Government is working on a bike share program and there's an opportunity to install bike share locations throughout the Central area particularly on Central Avenue. When you look, it makes a lot of sense to install where the existing bike infrastructure already exists, so 10th & Central is an integral piece of that. If you tie that in

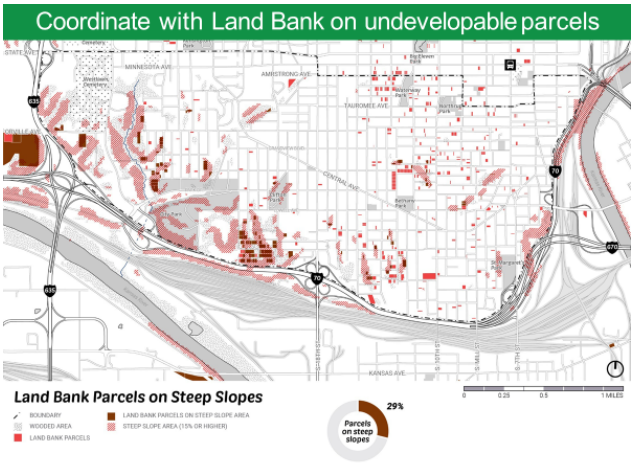
with an improved park—investments to parks like Lally Park, you can really see how—you know there's a concentration of investment in one place can have a broader impact.

The final goal is to empower residents to build community through shared neighborhood improvements. A first strategy is improving existing green space. Second, beautify neighborhoods and activate underutilized lots and then finally create an inclusive environments accessible to all.

There is a variety of planned park improvements that are already existing. One being in Clifton Park, so there's an opportunity for that to be an early stage implementation and it will address some connectivity issues and some amenities. Something else that came up through the process is the vacant building that exist in Clifton Park and a desire to make that a community amenity. There is a UG program, Stories for Stories, that's working to paint the building and really draw attention

to it and that's a good way to kind of start the initial conversation about what a more permanent solution could be.

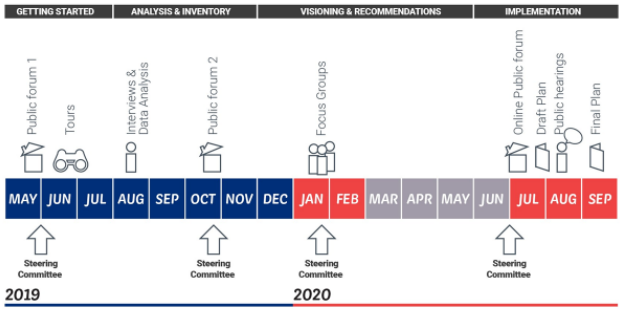
Bethany Park came up as well as a park that could use some investment as kind of a central gathering place for the community.



There's opportunities to coordinate with the Land Bank on undevelopable parcels. There are a large number of vacant properties within the Central area, many of which are owned by the Land Bank. Some of which probably don't have a lot of development potential because of the steep slopes or other issues. So, what is really the long-term solution for what some of those parcels are. There's an opportunity for the Land Bank to start that conversation with residents and organizations about turning some of those spaces into assets either through programmed gardens or return them to kind of a natural state, whatever it is, that can really help support the community.

Finally, this really touches on one of the number one thing that residents talk about is they value community which is always a challenge in such a diverse place as the Central area. There are some large scale events that bring people from all over to the Central area but there is really a desire for some of these smaller scale neighborhood events. Things like community dinners, block parties, interfaith gatherings; all these things that provide a more intimate setting that allows residents to really interact and socialize, so there's strategies around that as well.

Schedule



So, again, I'm just going to come back to where we started. We really have the draft plan, hopefully, you've all been able to take a look. We originally was planning on the Planning Commission and you all voting next month, but the timing didn't necessarily work out, so we actually have two months to work through edits throughout the process. Hopefully, we have a little bit of time for some questions and comments this evening.

If not, within that timeframe, we're extremely welcome to receiving comments via email or get in touch with any of us, really just general comments. It would be helpful for us to know if there is something you're adamantly opposed to so we can kind of tweak that or if there are things that you think are missing. Also, are there opportunities to learn a little bit more about potential opportunities for implementation either through partnerships or funding.

So again, I thank you for allowing me the opportunity to speak tonight and, hopefully, we can have a little bit of time for discussion.

Ms. Portillo said with that, we would like to open it up for questions or comments that you guys might have for us.

Commissioner McKiernan said I want to say thank you to the group. I think that you have done a great job through a little over halfway through our process. COVID knocked us a little bit off our protectory, but I think you've done a great job with staying focused. I really like how you've come up with the goals and the possible objectives under that. You've given us a lot to think about, but I think it has really coalesce really well, what I hear anyway, as the priorities of the folks in the various neighborhoods. I think your goals and your objectives are stretch for us in many ways but if we can accomplish even some of them, we're going to have a markedly improved neighborhood or Central area.

I just want to confirm, now at this point you're planning to put this draft out online and then gather additional feedback to this. Is that what I heard? **Mr. Granger** said yes. The draft report has much more information than I shared with you. We gave a similar presentation to the Planning Commission, I guess, it was last week or two weeks ago and got some input. We gave a presentation to the Steering Committee which is mostly made up of residents and then we also—I think, Kim, maybe you can jump in, I think this was put online on the website that was set up when we kind of changed a lot of our outreach and put quite a bit online so there's opportunities for residents to engage and provide comment as well.

Ms. Portillo said we met with CABA as well, the Central Avenue Betterment Association, so we pushed it out to their membership and then we met with some of the stakeholders and pushed it out that way as well. We have it up on our online page.

Commissioner McKiernan said I want to clarify one thing. What's out online, because I haven't had a chance to go look at it yet, is it the much longer, more detailed document or is just this presentation? **Ms. Portillo** said it's the full draft. **Commissioner McKiernan** said perfect.

Mr. Granger said there are some obvious placeholders, but you know we'll go through a variety of different revisions in the draft before we come to a final draft that ultimately will be voted on. There are some things missing. One being the update to the land use zoning because that's still kind of still ongoing, but there is a lot of information there more so than what we discussed tonight.

Commissioner McKiernan said I just want to say I very much appreciate your work. You have really given us a plan, a document, a goal that if we can move down that road, we're going to make marked improvements in the Central area.

Mayor Alvey said, Jamie or whoever has the screen, could you go back and go to the five step process. I think it might have been the third or fourth slide. It was the five different—**Mr. Granger** asked was it the five key factors. **Mayor Alvey** said no, I'm sorry. Keep going. I can see if I find it, otherwise, I will have a private conversation with you, but it was the things that are kind of instrumental basically in bringing some new development to the process. **Mr. Granger** said okay, I know what you're talking about. This one. **Mayor Alvey** said yes, that one. If you look at the last one, the process takes less time. So, that's not a discreet piece. That is describing that if you do all these things, cost associated development the process takes less time. I think one of the things in here is kind of—it's almost included when you say pre-approved blueprints, but the process during which or in which a developer or rehabber works with the Unified Government I think is its own cost especially in terms of time.

I don't know that it's really well described or represented here, and I think we really have to focus on that for our own purposes because we have to look at that whole process from the beginning of offering plan review all the way through final inspection. Our part in that can either excelerate or slow down that development and when it's a slower process, when there are too many obstacles or too many bumps in that process, it discourages new development. I'm not sure how that could be represented here, but I think we have to represent that simply in order for us to attend to our piece of that because a lot of this is focused on what the construction does, what the lenders do, the developer does. Our piece in this, I don't see represented so well.

Mr. Granger said I think that's a valid point. The challenge is that the UG is probably involved in most of these steps, so there's an opportunity to rework this graphic to really better stress that. I think the intention of this is a lot of these things are already in place. You know the Land Bank already has—is very successful, has a lot of folding's. There are some already made relationships with contractors in a lot of the rehab. Some of the newer things being pre-approved blueprints. This is kind of a newer idea that cities have been taking. You know it would require further study, but to determine a few different housing typologies that are consistent with the neighborhood developer to kind of go to and use. At least for a small developer, some of those upfront costs are the most difficult things and paying for an architect, paying for those things, so really lowering the barriers of entry for that. You know you're allowing more people into the process rather than some of the larger developers who have the capital to really deal with some of those upfront costs.

I think it's a really important point that you make in that, yes, the Unified Government should be represented more in this graphic and we can make some adjustments. **Mayor Alvey** said, in fact, I would say that we probably need to include in there the other development costs such as sewer hookup, water hookup, and power hookup; but that's for another conversation. **Mr. Granger** said this is a very simplified graphic of the actual process.

Commissioner Philbrook said would you put up the picture or showing the whole area that's included in Central Avenue. I have a very little bitty, bitty part in this and that's just west of 38th Street over to 635 and south of State. I have really a request and that is that we move that little section right through there into a State Avenue improvement area because it really is totally different and so different from the rest of that area that I don't think that it can get or has gotten appropriate treatment because I already know that one of the biggest complaints is being able to walk from 38th Street west. I know it's a quagmire and I'm not asking for money right now. I'm just saying that I think that section should be put in a State Avenue improvement sort of thing over where we have it now. That's all. That's just my request because that way when we look at improvement along State Avenue, we can put that in there too because there's a lot to be done along there. That's my request.

Mr. Granger said I think that's a valid point in that part of our study area is so removed from the rest of the neighborhood and not many people actually live there at least living people. It's almost its own kind of thing, I think you're exactly right. **Commissioner Philbrook** said but that is a walking corridor if they really could walk from there west. The only safe way to get there is by car or bus (inaudible) area, so that makes it really hard on the folks that take a bus into that point or try to take a bus out of that point. I would just ask that it would be moved over. Like I said, I'm not asking for money right now. I'm just asking it be considered in a different section.

Mayor Alvey said I think that concludes. Thank you so much for your presentation.

MAYOR ALVEY ADJOURNED
THE MEETING AT 6:44 p.m.

_____
Bridgette D. Cobbins
Unified Government Clerk

dt