STATE OF KANSAS)
WYANDOTTE COUNTY)) SS SPECIAL SESSION, THURSDAY, APRIL 28, 2016
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, April 28, 2016, with ten members present: Bynum, Commissioner At-Large First District; Walker, Commissioner At-Large Second District; Townsend, Commissioner First District; McKiernan, Commissioner Second District; Murguia, Commissioner Third District; Johnson, Commissioner Fourth District; Markley, Commissioner Sixth District; Walters, Commissioner Seventh District; Philbrook, Commissioner Eighth District; and Holland, Mayor/CEO; presiding. Kane, Commissioner Fifth District; was absent. The following officials were also in attendance: Doug Bach, County Administrator; Bridgette Cobbins, Unified Government Clerk; Joe Connor, Asst. County Administrator; Melissa Mundt, Asst. County Administrator; Gordon Criswell, Asst. County Administrator; Ken Moore, Chief Legal Counsel; Jason Banks, Asst. to the Mayor/Manager; Emerick Cross, Commission Liaison; Kathleen VonAchen, Chief Finance Officer; Chief Jones, Fire Department; and Chris Blake, Sergeant-at-Arms

MAYOR HOLLAND called the meeting to order.

ROLL CALL: Philbrook, Bynum, Walker, Townsend, McKiernan, Murguia, Johnson, Markley, Walters, Holland.

NOTICE OF SPECIAL MEETING of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, April 28, 2016, at 5:00 p.m. in the 5th floor conference room for a United Healthcare Report and a Fire Department update.

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.

Joe Connor, Asst. County Administrator, said this is an item that we talked about a number of months ago in the standing committee when we were talking about our Employee Health Fund, our Employee Benefit Fund and there were some questions about our population which is our employees and their dependents and how are we doing. The consensus at the time was to wait for the annual visit from Dr. Sun and the team from United Healthcare and so that's what they are here to talk about today. 2015 is closed out and we've got our report that the Employee Benefit's Committee gets every year but this is the first time the commissioners are getting this report.

We will start with a few introductions. Starting on the far left is Dr. Sun from United Healthcare. Marian Govreau, United Healthcare and Michael Margherlo, United Healthcare. They have worked on our account for quite a while. They have been good partners for us for a number of years. Our new partners are Kim Elsberry and Roger Crown from Cerner. They are going to talk just briefly about our Employee Health Center. We're not using the word clinic anymore, it's an Employee Health Center and they are going to talk a little bit about updates from that. Across the back we have quite a few folks that are a part of this team as well. Mike Olson, KU Med Center, is working on the occupational health side. Stephanie Anderson, from United Healthcare and then the Cerner folks are Stacie Totta, Abby Nowlin, Gabriela Caballero, Lisa Kiene, Sharon Radetic and Katie Keaton and so we have quite a few folks working on trying to make our employees healthier. I'm going to turn this over to Dr. Sun to let him get started with how we're doing as a group.

Marian Govreau, United Healthcare, said we're very pleased to be here to review 2015 and to talk about trends and solutions as well that we can recommend for the healthcare plan and talk about our partnership with the folks from Cerner along with the Unified Government Healthcare Plan.

Dr. Tony Sun said I have been actually talking about this for quite some time with the city and I think it is great and terrific that you have expressed such a strong interest in this. I'm going to level set with you here today starting with just the employee side. You're going to see a lot of numbers and I'm going to come back to that a little bit and we will make it starting from the United Government population. We roughly have about 5,000 employees and family members. If you look at some of the conditions and its prevalence we have roughly about 18% that smoke, 8% diabetics and we also still have 12% of folks with high blood pressure.

Some other points I want to bring up to your attention is this whole compliance issues: annual wellness visits, we know that is a great benefit that people should see their doctor or an annual basis but only 37% of the folks do that. If you look at some of the cancer screenings there is still much room for improvement on those as well. Roughly about 40% of the folks gets their mammograms and 28% get their cervical cancer screening and then similarly on the cholesterol screening. The data is reflecting similarly on what Cerner has done based on a survey health assessment they did on 762 folks and that's at the level of the Unified Government.

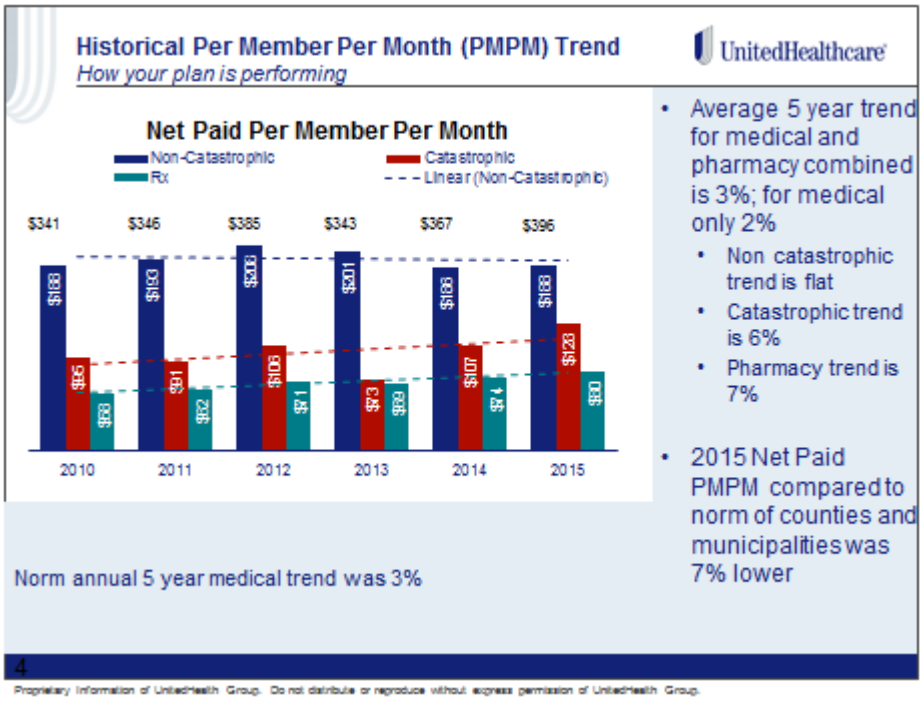
If you look at from the county health rankings in which the Mayor and the health counsel have been an active participant on that in 2015 Wyandotte County ranked 94th in the

health outcomes and similar risk factors are still reflected there, 23% uses tobacco that smokes, 38% are obese, 33% are inactive and only 56% get their mammograms and so that's at the county level.

The United Health Group does an America's Health Ranking on an annual basis and Kansas ranked 26th. The risk factors, again, are similar in smoking, obesity, inactivates, diabetics and high blood pressure and so the challenge continues to be on how do we get more activate, how do we get higher immunizations as well as to lower that high prevalence rate of obesity.

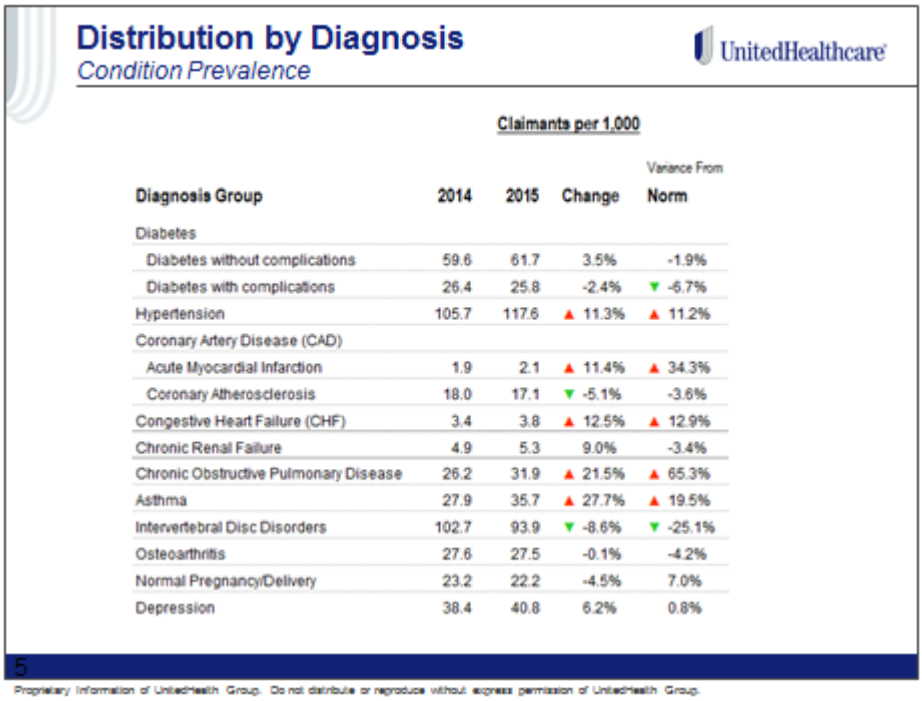
I think this really kind of gives you sort of at ground level, county level and at the state level on how some of these performances are.

I'm also happy to announce to you that in the coming weeks United Healthcare and United Health Foundation will be announcing a significant partnership with the Community Health Counsel of Wyandotte County to address the health concerns of these in most needs in Wyandotte County. This $1M will be announced and more information will be available very soon.



If you look at the historical trend, again, from 2010 all the way through 2015 we have claims that stay pretty flat on the so-called non-catastrophic and so that's been flat in that regards, however; if you look at the red tracking marks, these are some of the catastrophic cases that has come in. There has been a steady increase in that and it has been trending roughly about 6% over these six years. Because of that we are seeing I call it the silent of these not doing these preventative cares catching up with us.

Commissioner Walker asked can you define catastrophic. **Dr. Sun** said our catastrophic are claims greater than $50K on an annual basis.



Distribution by Diagnosis

Condition Prevalence

UnitedHealthcare

Claimants per 1,000

Diagnosis Group	2014	2015	Change	Variance From Norm
Diabetes				
Diabetes without complications	59.6	61.7	3.5%	-1.9%
Diabetes with complications	26.4	25.8	-2.4%	▼ -6.7%
Hypertension	105.7	117.6	▲ 11.3%	▲ 11.2%
Coronary Artery Disease (CAD)				
Acute Myocardial Infarction	1.9	2.1	▲ 11.4%	▲ 34.3%
Coronary Atherosclerosis	18.0	17.1	▼ -5.1%	-3.6%
Congestive Heart Failure (CHF)	3.4	3.8	▲ 12.5%	▲ 12.9%
Chronic Renal Failure	4.9	5.3	9.0%	-3.4%
Chronic Obstructive Pulmonary Disease	26.2	31.9	▲ 21.5%	▲ 65.3%
Asthma	27.9	35.7	▲ 27.7%	▲ 19.5%
Intervertebral Disc Disorders	102.7	93.9	▼ -8.6%	▼ -25.1%
Osteoarthritis	27.6	27.5	-0.1%	-4.2%
Normal Pregnancy/Delivery	23.2	22.2	-4.5%	7.0%
Depression	38.4	40.8	6.2%	0.8%

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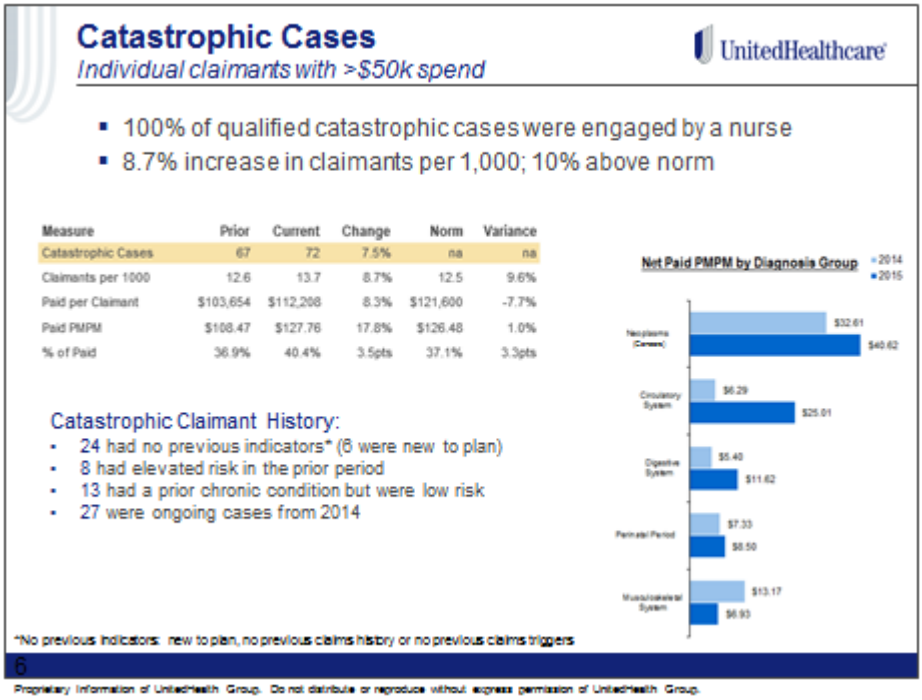
Marian Govreau, United Healthcare, said we just wanted to touch a little bit on the condition prevalence. As you look at the Unified Government Healthcare Plan and you think what our claims will be going forward, what are the drivers that could continue to increase claim costs within our plan and our population. When you look at that we've shown the top diagnosis groups. You can see the diabetes, the hypertension and how those have increased from 2014 to 2015 as far as the prevalence in the United Government Healthcare Plan itself. You can see the hypertension in the coronary artery disease and all of those things can be attributed to obesity.

Many times obesity isn't a diagnosis that we receive in, sometimes it is, but all of those are kind of what we call comorbid conditions that can go along with obesity and so those are some of the diagnosis and things that Dr. Sun talked about on that first slide in the additional conditions that we're seeing here. As Dr. Sun said these can be some of the silent diagnosis within your healthcare plan. These can be them, the individuals that will become those catastrophic claimants in future years.



We have a slide on the actual catastrophic cases themselves. Your question about what constitutes a catastrophic claim. It's the claimants at $50K and more. You can see in the yellow the catastrophic cases, the number of cases actually increased in the Unified Government Healthcare Plan from 2014 to 2015 by about 7.5% and so 67 individuals versus 72 individuals. You can see on the far right then the chart shows the top drivers of those catastrophic conditions which the highest being neoplasms or cancers. You can see the circulatory system, digestive system, perinatal and then musculoskeletal; back injuries and a lot of heavy lifting and things like that also can be a catastrophic claim driver. Those were the top diagnosis as far as the per member per month by the diagnosis group.

As we look at the catastrophic claimants we say we're there any indicators, was there anything that we should have maybe known about these claimants and what could have been done possibly about these individuals to help them not become a large claimant. I mean these are our brothers, our sisters, our coworkers; we want them to be healthy, right? We want them to be productive individuals and no one wants to be sick and be a catastrophic claimant. When you look at the catastrophic claimant history there were 24 of those 72 claimants that had no previous indicators, had no idea they had a condition that could have caused a catastrophic claim so there wasn't any. Six individuals were new to the plan. Eight had an elevated risk in the prior period and 13 had a prior chronic condition but were low risk and so 13 of those individuals had—maybe it was diabetic, maybe it was coronary obstructive pulmonary heart disease. Things like that could then push them into being catastrophic. It's those individuals that we really want to focus on. We don't want them to become those large claimants. We want to help them be healthy and lead healthy lives and so those can be helped then. We can reach out and help them with our clinical programs as well as at the wellness partnership with the Cerner team.

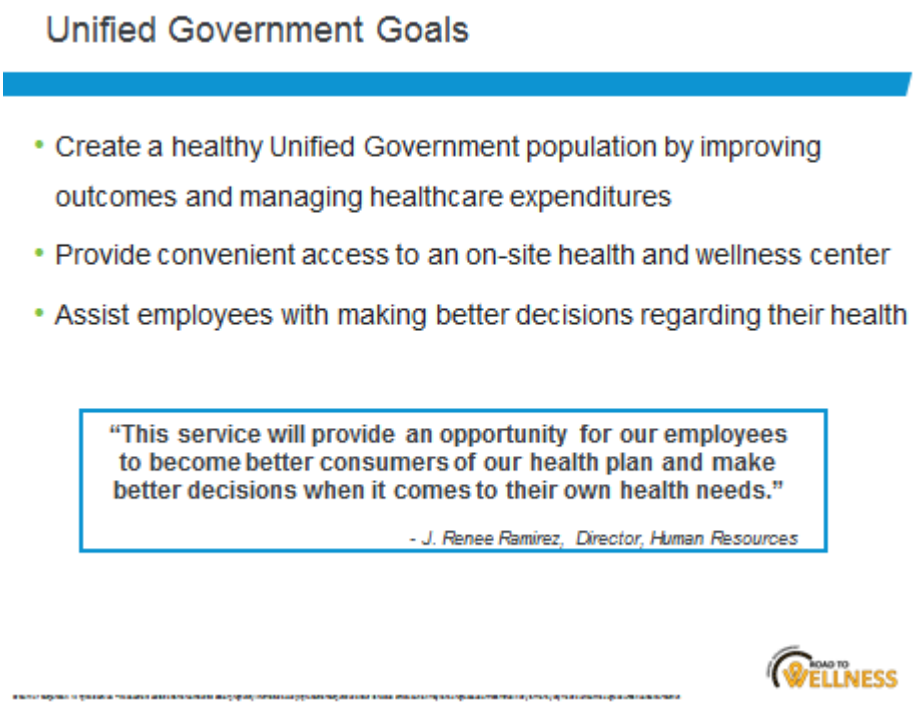
Dr. Sun said as you look at those numbers they're roughly about two-thirds of those all have some sort of data that tells us that they're going to be potentially catastrophic or potentially additional conditions that could come about. These are really beginning to show. As you saw the trend over the five years, if you had to forecast the majority of those trends will continue.

I review a lot of these cases when they come to us. I can't but help to say that health and care is very, very personal. As Marian said that's our team members, your Unified Government employees and their families and they are young by the way. Many of them are in their 40s and 50s that are seeing these catastrophic cases. These are individuals, these are team members. This could be somebody's father who is not going to be able to walk their daughter down the aisle or the mom who's not going to see their son graduate. These are very, very personal things that are going to impact all these employees.

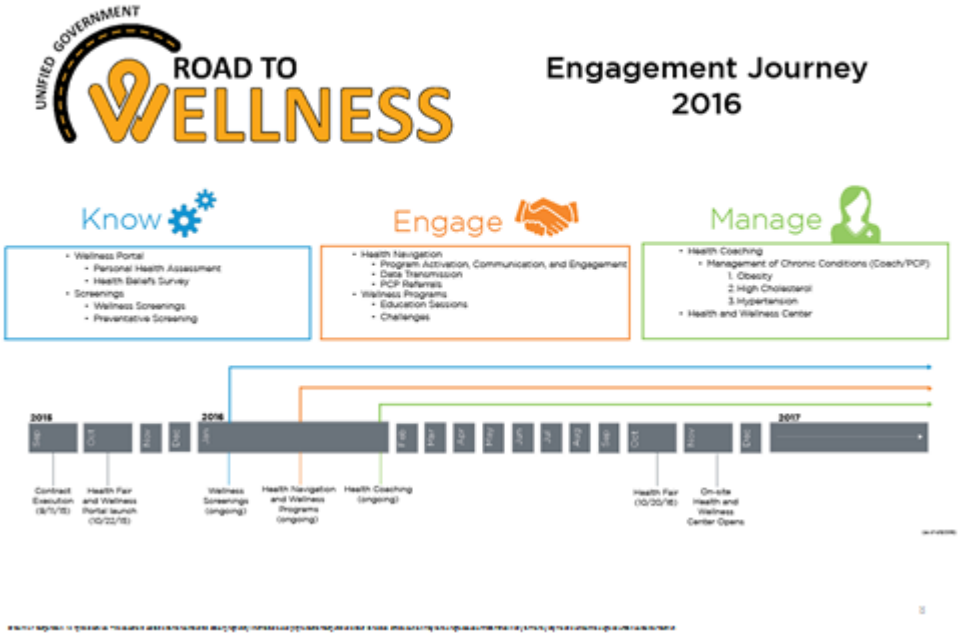
When we review these with you I think and it will be important for us all to care. It takes a whole village and all of us together and say health and care is very important to all of us.

Kim Elsberry, Senior Manager for Cerner's Population Health Department, said I am here as one of the speakers along with my colleague Roger. We're going to focus on three main

topics this evening and the first one is what are the goals for improving the Unified Government's health and wellness of the population. The second is how are we going to get there, what does the journey look like. I would suggest it's more of a marathon than a sprint. We've taken some great steps here already in the last six months and I will go through some of the data points quickly. Dr. Sun has already shown a few of those. Those were based upon blood draws. We do have actual data from the individuals and how we know now we've a foundation for those individuals so I will talk about that as well as how we're going to engage. The third thing that Roger will speak to is the establishment and the build out of the new on-site health and wellness center for your population.



If you look at Renee Ramirez from the Unified Government, her comment in the box really can be summarized in a few key points. Improving your health of your population comes with managing outcomes and then also managing the healthcare expenditures. The second is really providing a convenient access point to those members or the employees and families at the on-site health and wellness center. The third one goes back to what Dr. Sun had said. Health and care is very personal so how can we assist employees in understanding more about their health and how to make better informed decisions of the healthcare consumer.



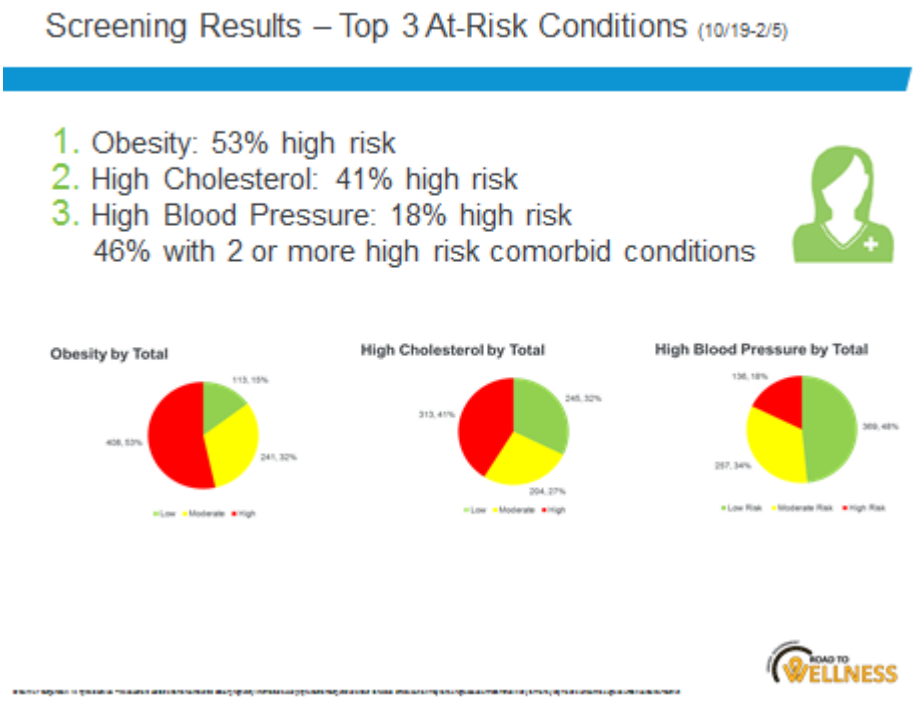
In September, 2015 we started our partnership with the Unified Government of Wyandotte County to provide the population health services. We work in partnership with UHC looking at the data across the claims and then the wellness screening data that we've collected so far. Cerner's approach to health, wellness and population management is to know your employees, engage your employees and then manage those outcomes. Through knowing your employees this is the foundation of what we will measure the outcomes with through this year and then the years going forward. This past year in the beginning of 2016 we did provide on-site biometric screenings in which we did receive results based upon blood draws from individuals as well as personal health assessments that asked questions regarding their health. All that data is aggregated at a level that we then can look across the population and identify the key risks. We do know based upon the participation in those screenings and personal health assessments the three key areas that have come up are obesity, hypertension and high blood pressure.

For engaging the employees we do that through a couple of different ways. It goes back to the personalization of health care. Leveraging technology with individuals, utilizing a health navigator who helps individuals connect with understanding their health, educating them through wellness programming, challenges, we do exercise and nutrition. We look at the top

conditions and we create programming both on an individual as well as a full population basis to move the meter on the data that we have for those high risk conditions.

From a management standpoint we also have an on-site health coach, Gabriela Caballero who is on-site. She will eventually be at the on-site health center but she will also be traveling between the different buildings. She is a personal coach to your employees to help them not only manage their conditions, but also from a holistic view of how do you provide behavior change that is lifelong. Again, this is more of a journey, more of a marathon than a sprint.

Based upon the biometric screenings that we did 26% of your employees already in the last four months have engaged with Gabby to manage their conditions. Of those 59% are in the top three conditions: obesity, hyperlipidemia, high cholesterol and then high blood pressure. That's actually a very solid number and we're very happy with that given the newness of the program and we do expect that to increase as time goes on.



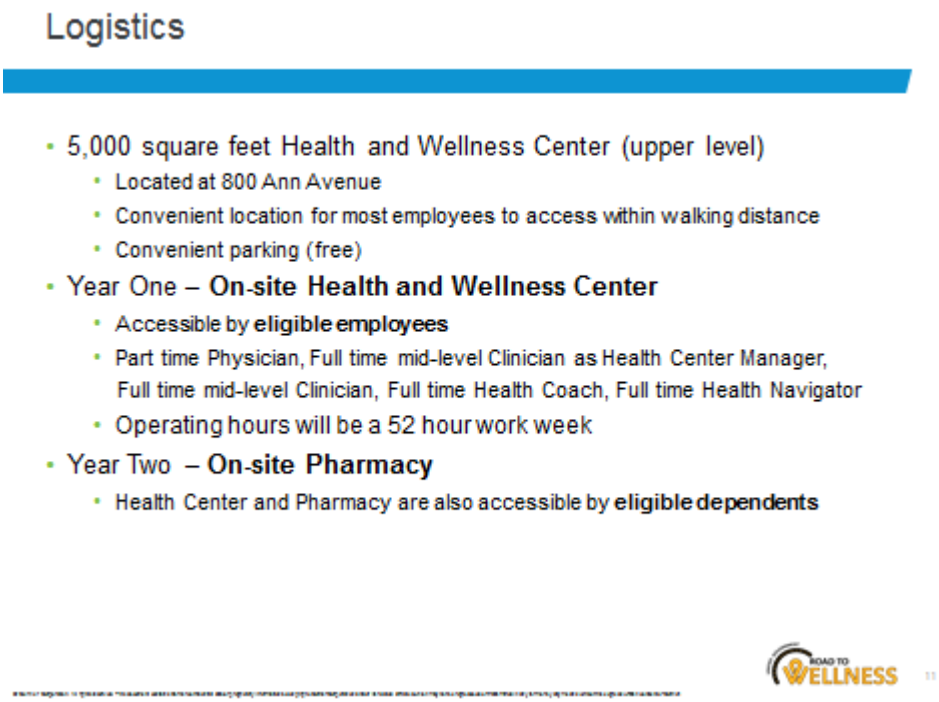
To wrap-up these are the top three risk conditions that I've already mentioned, but this is a visual representation. I would point out to you that obesity being the highest at 53% of the population who went through the screening flagged at-risk for obesity. This is BMI greater than 30.

Obesity is the most visible health condition that's in a population. I would also tell you that 46% of the people have two or more high risk comorbid conditions. There is a new study that just came out that talked about diabetics Type 2 in particular, 98% of all Type 2 diabetics have more than one condition and those as we know from UHC are expensive to manage and we are confident that we will be able to assist and help people in their journey of managing their conditions.

As I transition to Roger to talk about the on-site health center I will tell you this quote from Doug Bach is very relevant as far as this is a long-term strategy to manage the health of your population and I think it's a really exciting time and I'm very encouraged by the engagement that we've had already.

Roger Crown, Cerner, said I have responsibility for Implementation Services within our Population Health Services organization and it doesn't seem too long ago that we were actually in this very room presenting to the group in terms of the capabilities that Cerner brought to the table. We certainly appreciate the opportunity and the trust you have entrusted in Cerner to be able to help deliver the services to the population broadly.

I get to work with clients around the country in multiple different industries. Anywhere from manufacturing, technology, state and local governments and it's great what you're doing for your population in terms of providing an on-site health center.



It will be a location that your employees and dependents will be able to visit. The first year of the service it will be open to the employees and it will be available 52 hours a week. The location is actually just down the hill. I will show you a photograph in just a moment in terms of the location. It's actually located at 8th & Ann and so it's going to be very accessible, very convenient. It's going to be open 52 hours a week and it will be staffed by a part-time provider physician in the first year, a full-time Clinician as a Health Center Manager and also a Health Coach and a Health Navigator. We have a number of services that will be available to the employees. In year two, which is a year later, we will actually be opening the on-site pharmacy and the eligibility will actually expand to increase the eligible dependents on the health plan as well so spouses, dependent children, children from the ages of two and up will be able to come into the health center and it will be possible to be able to establish a primary care relationship. One of the facts out there today as we take a look at health across the United States is roughly 50% of the population actually has not established a primary care relationship. Many individuals are not going in to get the preventive care that they need to be able to seek to be able to find out whether they have a condition that is a concern and they should think about the fact that Dr. Sun

talked about with people not knowing they had a condition then becoming a catastrophic case downstream. There is a cause and effect relationship.

We have the ability to help detect those cases, encourage individuals to be able to enter into coaching or perhaps change their life status, change their approach to diet and exercise. There are many things you can do as an individual and it does take more than just one individual. It may require family support; it may require support in the work environment to be able to make the changes you need to make.

I know one of the events is the Kansas Walk that is a part of the Road to Wellness Program, getting people moving is fundamentally very important to improving your health status as is good exercise.

This is a quick overview of what we're doing. Let me show you where the health center will be located but before we do that I just want to be able to touch on some of the services that will be available. The health center will be open and you will have the ability to be able to come in to access primary care services so if you think about what you may go to the community to work with a physician today, we're not looking to disturb a good relationship that a member may have with a community physician but for the population that actually doesn't have a relationship will

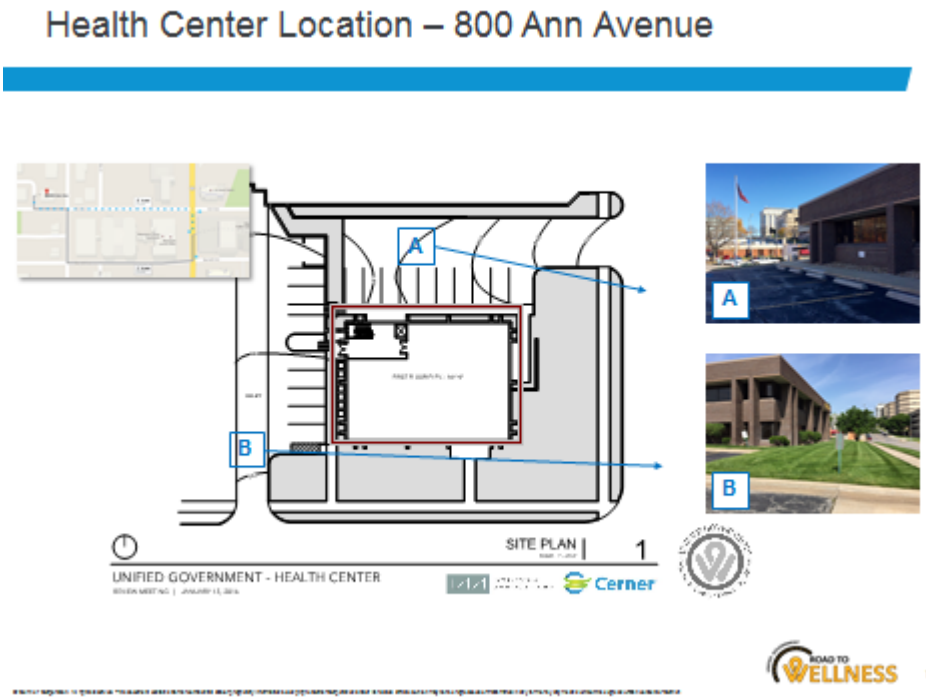
come in and get the care they need they will be able to come to the health center. So, anywhere from physicals for example, the ability to get flu shots in the fall, all the things you need to be able to do to learn about your health status.

We will also have the ability to have the coaching so we may have a referral from either the Wellness Program or the provider and health center team to engage on a more personal level with the individual who is delivering coaching. If you're a high risk member you may actually be coming on a weekly or a monthly basis. If you're a medium risk member, maybe it's sufficient to meet every three months, but we're able to tailor the programs specific to your particular requirements as an individual.

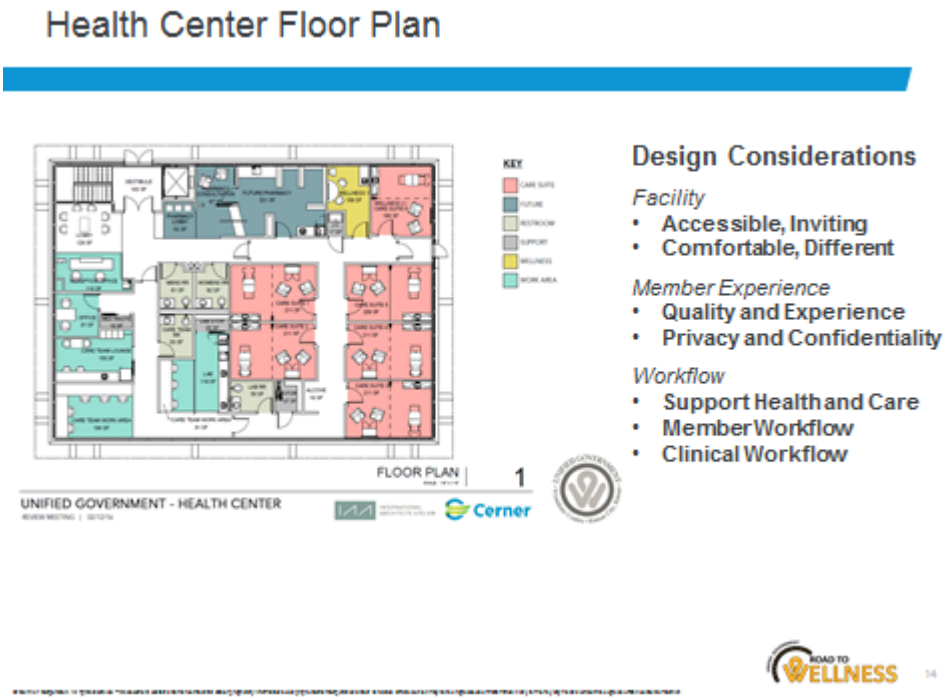
We also will be providing services for medication prescribed and have the ability to write a prescription. In the first year you will actually get a prescription filled within the community pharmacy. In year two when we open the on-site pharmacy you will actually be able to get the scrip filled in the pharmacy as well. The goal is to be able to improve the convenience and also reduce the cost associated with accessing the services.

We will have routine labs so if you have ever had your cholesterol checked or your A1C which is measuring the average blood sugar level over the last three months, those are all important things to do, we will have ability to do those tests within the health center and it's called a Clearway Lab Test; anywhere from a strep test to a pregnancy test. More complicated lab tests will have to be done—we'll act as a draw station, we will draw your blood and then we will send your blood out to a commercial lab, get the test results and then review those test results with you.

We're also working with KU Med the Corporate Health Organization to be able to deliver the occupational health services that are available and it's very important to be able to provide those services. Anybody that's been injured on the job or going through work comp case management, the ability to be able to receive those services is very key.



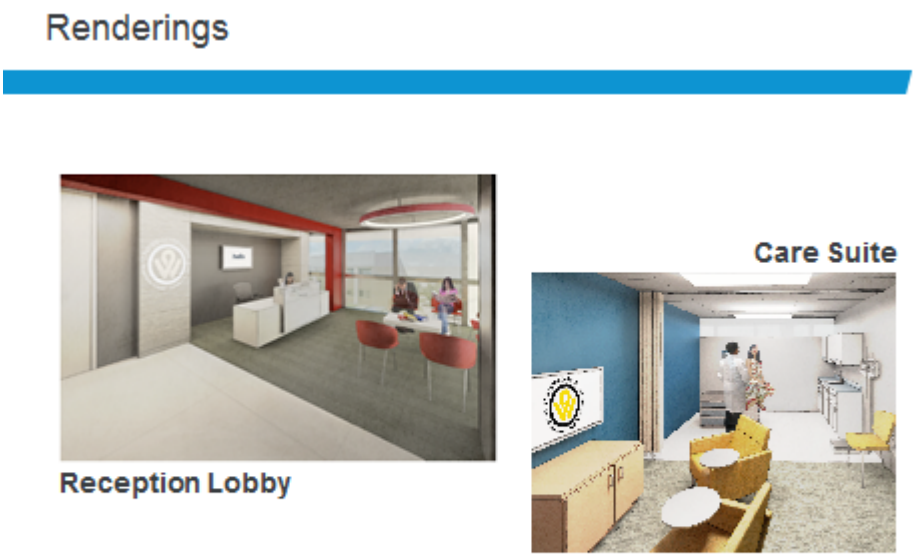
In terms of the orientation the location is actually where the National Soccer Coaches used to be located just down the hill. It's a great building. In total it's about 10,000 sq. ft. The health center will be located on the first floor and the photograph I'm actually showing is just looking down the hill to the county building where we were sitting this evening. The top photograph is the parking area for the patients so when you come to visit the health center there will be convenient and free parking available to the members.



Thinking about the inside of the health center this is where a lot of the magic happens. It's very important to consider a number of different things relative to both the facility design, the member experience and also the workflow in the health center. Given that it's an employee health setting privacy and confidentiality is very important. It's important to be able to come in, have a conversation and there are a few things more personal than your health. It has to be a facility that's first accessible, inviting, comfortable but also be able to provide a secure and private rooms to be able to have that conversation.

As we think about health center design I focus on both the member workflow and then also the clinical workflow. Drawing yourself to the picture just very quickly on the top left area that's where the lobby is, the reception lobby. As you come in you will get checked in at the front desk. We will get you checked in very quickly. We will already know about you so we will have received the demographic data which includes information about your name, date of birth, gender, address, etc. We will load you into the electronic medical record and then when you present we will actually want to confirm your identity and get you checked in for your appointment. We will escort you to the care suite and the care suite and on the right-hand side, the rooms that are actually identified in pink. We actually have six care suites and I will show you a photograph of what that actually looks like. The areas in the blue on the left-hand area are

some of the support areas so we have the clinical lab, a collaboration area for our team where they work together and then the top in the dark blue is where the pharmacy is likely to be located in phase two and we're going to monitor very carefully the growth of the health center to make sure that we have the right services at the right places. Convenience is really very key.



When you come in you will have a very short wait time. We don't have a waiting room, that's not our goal. Our goal is to have a reception lobby and we worked very closely with your architect, International Architect Atelier, and they put together two great renderings. The top one on the left is actually the reception lobby and so you will come in, it's a very inviting environment, you will get checked in at the front desk and you may take a seat for a couple of minutes and when they're ready they will actually take you to a care suite. On the right-hand side is the care suite where we provide the services.

One of the things that is very different is in terms of delivering a very different member experience is that we have what we call a collaboration area, consultation area, in the bottom of the diagram so the two chairs that are sitting around the television. Now, we have the ability to be able to project your electronic medical records so if you have ever sat in a physician's office

with a provider and you wonder what's getting documented in your medical record or what's being written down, we will have the ability to project that.

The second thing that's important is actually having both the marketing and communication materials that may talk about the health programming that's available so maybe the fact a Community Walk coming up. It may be Women's Health Month, it could be the National Smoke Out; any number of different programs that we will be working with Renee and her team in terms of creating awareness for the population.

About 75% of the time we find is actually spent in the collaboration area so that is where you can sit side by side with your provider and just like I'm sitting next to Gayle this evening you have the conversation you can have when you're sitting with your provider is very different as opposed to sitting up maybe on the exam table and looking up or down at the provider. In the community it's not unusual to have a five to seven minute visit. Our goal is to be different to allow time for that interaction to occur and with typically a 25 minute appointment the expectation is to have a 20 minute discussion with that provider and not only to talk about the particular problem you came in to see about but also to take a look at your broader health condition. For example, talking about your family history, there are things in your history that may affect your health status and so getting to know you is an individual getting to explore what the challenges may be and most importantly setting in place a plan to help improve your health status.

What are your thoughts in terms of the health center? This is going to be a great opportunity for the members of the health plan to get engaged and we certainly appreciate the opportunity to partner in this journey with you.

Ms. Govreau said the last slide of our presentation is really talking about improving the health of the Unified Government employees. We would like to highlight a few things as far as where we've been with the healthcare plan and then where we're going to with the collaboration of the Unified Government, Cerner and United Healthcare.

The first where we have been: throughout the years the Unified Government has made changes in the healthcare plan, increased deductibles, copays, coinsurance; those types of things but as those changes are made really the cost share percentage within the plan has remained static. What that means is even though the plan has raised deductibles a little and raised a little what the employees will be paying the cost share overall has remained at about 85% to 15% meaning the Unified Government is paying about 85% of the total healthcare costs for the healthcare plan and the employees are paying about 15% and that has remained the same over the last few years.

When you look at the overall cost trends within the plan they really mirror United Healthcare's book of business in our industry norms. They're really right in there the Healthcare Plan when we compare it to the other numbers with normative data.

One item we always talk about when we're doing our employee meetings with the Unified Government employees as well as meeting with the Human Resources staff is our

Premium Network. The Premium Network are our providers who have been evaluated for quality and efficiency. As you search for a provider you can see our Tier 1 designation in our Provider Directory and using those specialist has saved the Unified Government plan approximately over $2M over the last two years and so we're very pleased with that and we will talk about as we say where we are going about how we can continue to educate members on making good healthcare decisions in using those high quality and efficient providers.

Dr. Sun talked some on the preventive care and the wellness visits. You know despite a zero copay for the preventive care visits they have still dropped. Since 2012 the preventive care visits, the number of folks that are getting their preventive care visits still are only at 37% compliance in 2015. That's really very low and I always like to say we want to shoot for 100%, well probably 100% isn't realistic but certainly shooting for much greater than 37% and that comes with educating members and employees so that they know there is no cost share for that. Those are paid for by the healthcare plan to get members to get those preventive care visits.

The next bullet then is the screenings. Dr. Sun talked about those as well, compliance with mammograms, colon cancer and cervical cancer and you can see the percentages there of the individuals who are eligible for those types of screenings and you can see the percentage of those that are actually doing those screenings are vastly underutilized.

Where are we going: Given those statistics and talking about the partnership with the Cerner On-Site Clinic and the Unified Government Healthcare Plan, where are we going and so launch the employee Wellness Program and portal with on-site health coaching and health navigation? The plan is continuing to shift membership from the traditional plan to the HSA Plan, the Health Savings Plan. There are two different plans provided and offered to the Unified Government employees. Continue to promote the Tier 1 Premium Providers. That is one thing and I mentioned we've saved over $2M in the last two years by individuals using those providers that are quality and efficient.

Promote my Health Cost Estimator: You may have seen this quite a bit in the news, the transparency tools. You know how do I know which doctor I should go to, who's going to be the most expensive, who's the least expensive, who's has good quality outcomes? Let's promote the tools that are available on United Healthcare's website so that individuals will know the estimated cost of care before they go to their provider so they can choose a provider that will provide good quality and efficient care. We do recommend considering Real Appeal. It is a

virtual weight loss program that targets helping with all those comorbid conditions we mentioned for helping those with diabetes and helping lower hypertension and cholesterol and those things that go along with excess weight. Encourage participation in decision support and cancer resource. There are a lot of tools and do an educational campaign to members about hey why is United Healthcare calling. We're calling because we want to help you. We want to help you manage your health. Our mission statement at United Healthcare is "to help people live healthier lives." We want to do that by engaging folks that do have chronic conditions or ongoing medical conditions that they can make good health care decisions for themselves.

Promote virtual visits. On January 1 Tell a Medicine became available within the United Healthcare Plan to Unified Government and folks can actually have a doctor's visit right there on their phone. You can do facetime with a doctor and have a visit for some certain medical conditions and so we want to continue to promote those.

The Cerner on-site health and wellness center of course is going to be open as Roger explained here later this year and in collaboration with Cerner and the clinic we're going to continue to promote preventive care and wellness visits and really getting folks engaged in their health and educating members on seeking care in appropriate treatment centers. Should I go to a virtual visit provider or do I actually need an emergency room or is it somewhere in-between, is it a convenience care clinic or is it an urgent care center; what's the best place for me to seek care that's going to be appropriate care for what I need but also the least expensive place as far as seeking care with the best outcome. Really as we look at all that we really want to help with educating members to make better decisions so that they can have better outcomes for their own health and for the healthcare plan and that over time then will continue to help with the increases in the healthcare plan and to lower healthcare plan costs.

Dr. Sun said I want to thank you guys for really being active engagement in this because it will take a village and this is a very, very large team sport. All of us needs to be bonded together to help this. I think the benefits you have given to the employees and their family is terrific. I think we need to seize this opportunity to even take it a step further. I do think we can help people live healthier lives such as your employees and their families. I think having these engagements and really care for each of them is the health and care piece, that is really going to impact each of us individually as well as a whole community as a whole, as a county, as a state. Again, thank you

commissioners and thank you, Mayor, for your leadership in all these efforts. I do believe that Healthier Wyandotte is in sight where we can reach.

Mayor Holland said thank you very much. I want to commend United and Cerner both. They have been great leaders in this. They both also participate in the Mayor's Health Council and we very much appreciate your leadership in that as well because the concern is not only the health of our employees, but also the health of our whole community and this is a great start so thank you for that. We do take health care seriously here. It's a $30M enterprise at the Unified Government. We spend substantial amounts of money on health care every single year and anything we can do to engage employee health is going to be better for our workforce and better for our folks so we very much appreciate your partnering with us on this.

Commissioner Bynum said, Ms. Elsberry, as to the—I think you gave us a percentage of employees that took advantage of the wellness coaching. Could you say it again? I didn't catch it. **Ms. Elsberry** said let me give you a few different statistics. We had 762 people complete Personal Health Assessments. Those are questions that people answer and then we also had 580 people complete Biometric Screenings which are the blood draws as well as physical characteristics, how tall are you, what is your weight and then for health coaching to answer your question we had 162 unique individuals go through health coaching.

Commissioner Bynum said on the last slide that we saw it spoke about preventive care visits was at 37% compliance and then the bullet point after that the specific screenings also used the word compliance. Does that word mean participation? **Dr. Sun** said it not only means participation but actually getting it done. These are based on pay claims. **Commissioner Bynum** said so 37% of the total employees that are covered under our healthcare plan took advantage of the preventive care visits that are offered at zero cost. D**r. Sun** said that is correct. **Commissioner Bynum** said I guess what I'm getting at is do we have goals for improving all of these numbers among our employees participation wise? **Mr. Connor** said sure. I mean certainly there are goals to increase the participation of preventive services. That has been ongoing for a number of years now. This is just one of the tools that's out there that participation has dropped and so I think part of what we do with the United Healthcare team and our Employee Benefits Committee is to figure out what's the best strategy to try to keep prevention

out there in front of our employees minds and come up with different programs, services. I know we've talked about an incentive program that may have some dollars attached to it where you can actually earn some dollars back and so that's a constant struggle for our group internally to figure out how to try to do that.

Dr. Sun said, Commissioner Bynum, I think your point is spot on in regards to not just looking at 37% but look at the 63% that could have that service. **Commissioner Bynum** said exactly. **Dr. Sun** said and that's a tremendous opportunity.

Mr. Crown said one of the challenges with obtaining preventive care is you can always come up with good reasons why you possibly don't want to have it so one of the opportunities with the on-site health center is all of a sudden we have perhaps increase access and convenience for members to be able to come in. So to be able to get an appointment that ties in that works for you is very important and really changing behaviors over time. If you take a look at it and say okay well there is actually 63% of the population has not participated so in many cases financials can be a barrier to actually getting some of those done. That isn't the case in terms of the zero dollar copay so you're going to be able to take a look at what are the other attributes that are perhaps preventing people from taking that initiative to come in and getting something done.

I know a few years ago I had a chance to participate in the screening myself. I always thought I had been dealing with white coat blood pressure so having a blood pressure when I went to see a provider, it turns out I actually did have a high blood pressure problem and once I became aware of that I was able to then take advantage of it. I got engaged with our Health Coaching Program and I was able to get on medication, I was able to improve my health status as a result of that. So really getting informed at the individual level is really key and so if we can involve people coming into the health center perhaps taking a screening they may not have been involved with historically, the stats are 50% of the population don't visit primary care providers and for the males in the room the males are actually more guilty than the ladies are. We've worked with populations where individuals have actually talked about with the on-site health center how happy they are with the services there. We measured the satisfaction of those visits at the end of the visits and it's an anonymous survey and we have an extremely high scoring across all of our health centers nationally and it's really a testament to the capabilities that are available and it allows you to then be able to change behavior but it also used as an individual and it takes the encouragement I think from everybody around us to say okay this is the right

thing to do. This capability is going to be available, it's going to be a great location and we made a great investment as an organization to be able to provide that and take it to the next level. This is really a journey, a journey of improved health care and by starting on that journey you will be able to influence the numbers over time.

Commissioner Philbrook said I'll use me as an example. I switched over to the HSA, I love it and I am in a program through KU Med, my chart, so my question for you is do you guys have access to that information through United Healthcare to add me into the stats? I see movement of heads; yes you do automatically because I give you permission since you are my healthcare provider. **Ms. Elsberry** said yes, so there are two different types of data that we're discussing. We're talking about claims data and then electronic medical records data and so KU is one of our partners that will be transmitting electronic medical records data. So yes, we will have a lot of data to take care of you in a holistic manner. **Commissioner Philbrook** said so you guys are still assimilating that at this point and time. You don't have all of that yet. **Ms. Elsberry** said not yet. **Commissioner Philbrook** said what is the deadline you are looking at for that? **Ms. Elsberry** said it should be this year. **Commissioner Philbrook** said the only one you can wrap around me is obese because the rest of me is disgustingly healthy. I haven't figured it out yet.

Mayor Holland said I would like to ask I think one of the barriers to participation is often confidentially and many people don't want their employer to know that they're not well. Can you talk about how you put in place confidentially provisions into this on-site health clinic so that our employees can be confident that when they go there they are protected. **Mr. Crown** said there are a couple of aspects to that. One is around the physical design of the facility so first of all it is only available to the members visiting and the healthcare team that's actually part of the health center. Members of the Unified Government, let's say the HR team don't have access to the health center, they can come as a patient but they have no access to the information. Second, the data we have is actually stored securely in our electronic medical record and that's stored securely in our data center. Again, only the service associates have access to that information so as we come in for a visit it's very important—it's the same as if you would go to a community providers office, who you know the confidentially of that visit is really key and we understand our obligations in that respect. **Mayor Holland** said I think that's important because I want to

encourage our employees to use it and I want to make sure that people don't have any questions about that going in and so this is not the Unified Government doing a health screening. It is our partners in the medical field doing it and it is not information the Unified Government will have. **Mr. Sun** said I think, Mayor, it's a fact that the Unified Government is leading by example. It's going to be a terrific way, again, to impact the overall county health. Even though it reflects the health of the county overall as a whole the Unified Government can lead that. I think by leading by example there is nothing better than doing that. **Mayor Holland** said thank you all very much. We appreciate you coming in today.

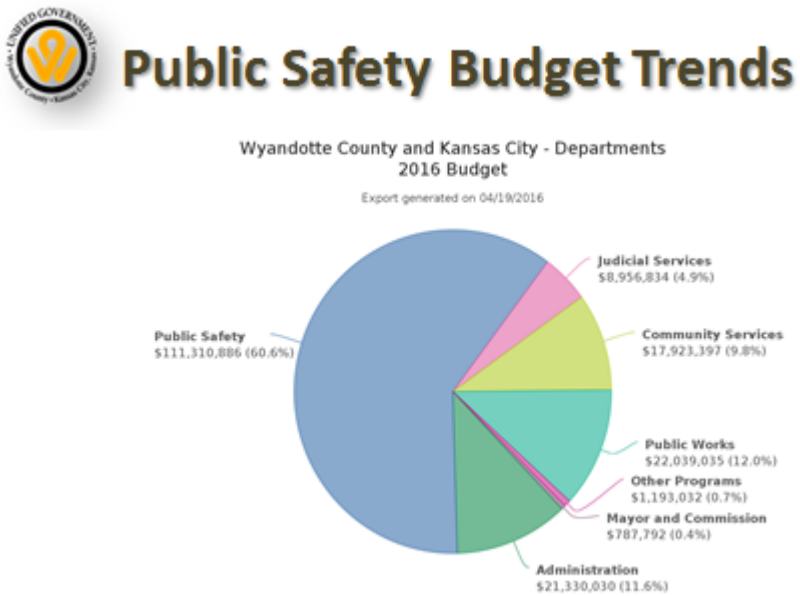
Mayor Holland said we're going to transition now. We will take about a five minute break while we transition from this team and we will have our Fire Study Update next.

Mayor Holland said while we're transitioning if I could make a quick announcement. I've been told there are people standing out in the hallway. If you would like, we have setup a live feed of this presentation in the main lobby with the TV monitor. It is both audio and visual coming off of UGTV and so if you're standing in the back and you would like to watch this, you're welcome to go down to the lobby level. There are also some seats that have opened up upfront after this last group departed so you are welcome to fill in the available seats even the ones at this back table or you are welcome to go into the lobby downstairs where there will be seating and audio visual feed.

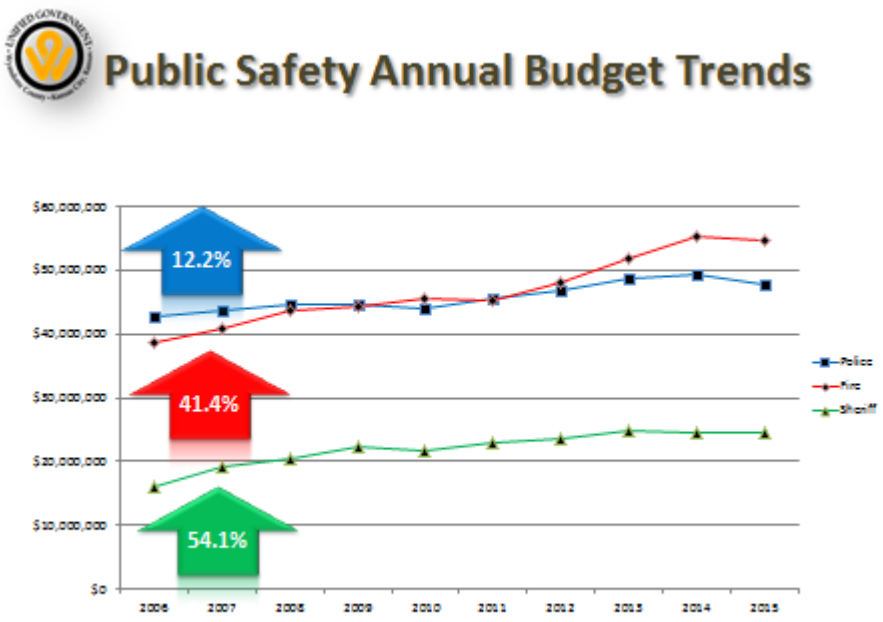
April 28 Special Session:
FIRE STUDY UPDATE

Mayor Holland called the meeting back to order. We are going to go ahead and get started with the Fire Study Update. We do have the FACETS group in. I will give you a little bit of background. We have been doing a series of studies on all of our Public Safety and you're going

to hear an update on the Fire Study today. I'm going to begin with giving some background as to how we got here and some additional information that has come forward since the study was completed and then I will turn it over to FACETS to begin their presentation today as well. Gentlemen, I appreciate you coming back and the work you're doing on our community's behalf.



We're just going to start off with some background. Our Public Safety budget, Police, Fire and Sheriff represents about 60% of our total budget at the Unified Government. That's how we spend the majority of our money. It's our top priority. That's not going to change. Public Safety will remain our top priority and it's something we value a great deal.

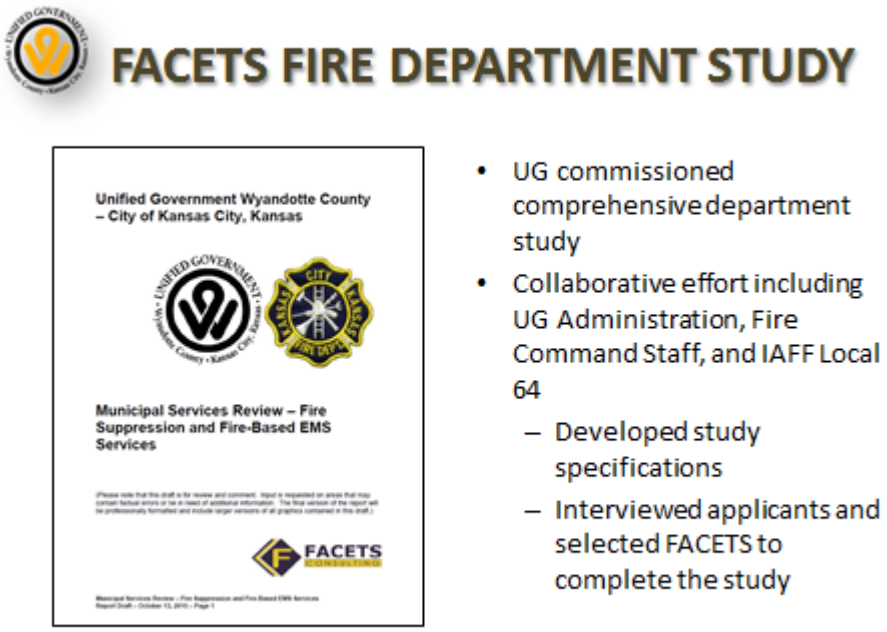


I put this slide up first in 2014 at my State of the Government and talked about the spending trends in our Public Safety that are averaging about 40% overall and my statement then is my same statement today. These spending trajectories are largely unsustainable. When we look at the overall budget and the growth in our community the ability to sustain growth in these three areas are pretty critical and I said then and I will say it again today, these aren't issues we take lightly. I don't believe you make cuts willy-nilly to Public Safety based on budget. I think it needs to be evaluated and we need to put safety and finances together hand-in-hand. We don't compromise one for the other. I think the importance of this is that we need to find a way through these studies to look at how we can be the most fiscally responsible while maintaining the safety of our employees as well as our community.

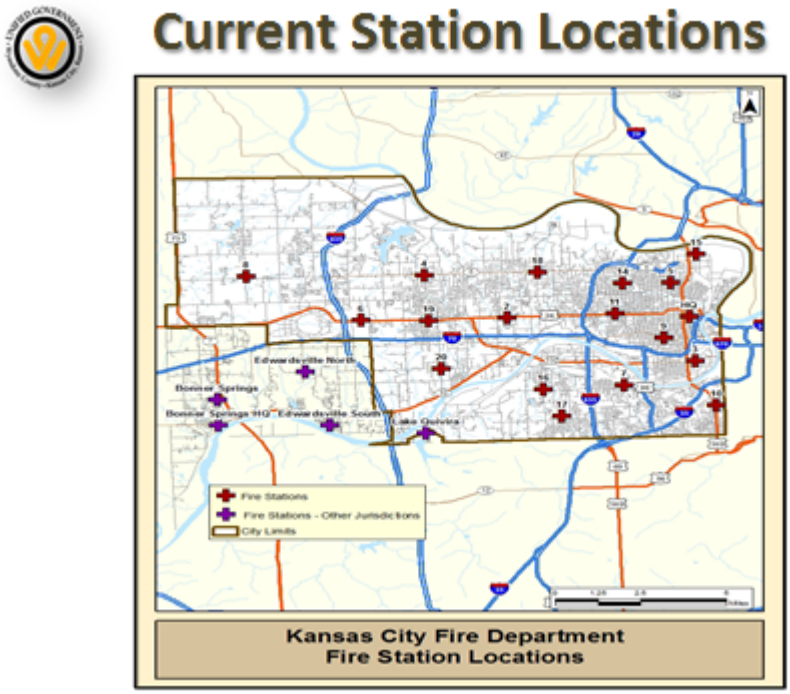
I also want to say and I will finish with this as well when I finish this introduction. Our firefighters are great people who work hard every single day. They're our friends, neighbors, family and many are here tonight. We appreciate you coming out tonight. I know this is a keen interest to all of you and I appreciate your participation tonight. This is not about individuals. It's really about a system. This system was in place before many of our firefighters were born and so we're really looking at a systemic issue as we address the cost in our department and not about individuals because our individuals do a great job. They put their lives on the line for us

each and every day and we just saw that today. This afternoon there was a commercial fire downtown this afternoon that they put out affectively and safely and we very much appreciate that.

We don't want to compromise the safety of either our employees or our community and we also need to look at the spending trends so it can be sustainable because that's one of my concerns is that I don't think it's sustainable.



This FACETS Study is online for anyone that would like to look at it. It was a collaborative effort in terms of bringing together the Administration, Command Staff and the Local Union that unanimously chose FACETS as the group to do this study and has been working together with FACETS as we've moved into the implementation phase.



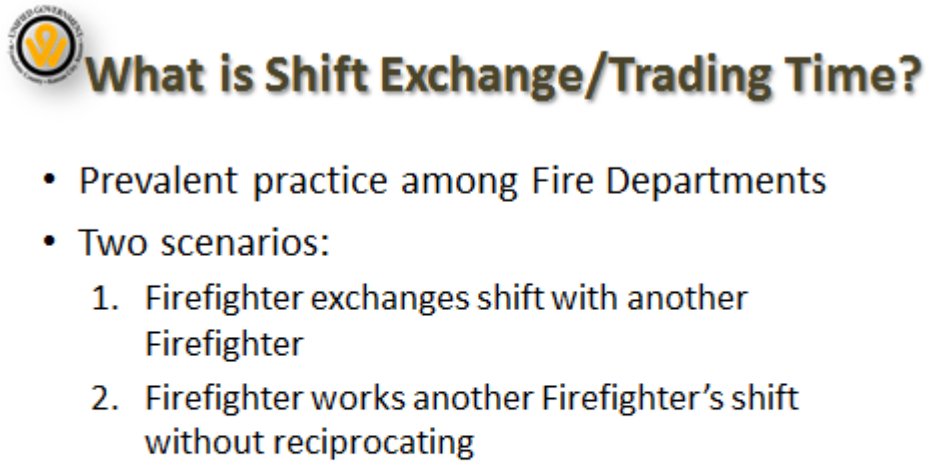
This slide shows the stations. One of the key things that showed is that we have an allocation of stations that doesn't serve our current needs. Many of these stations were placed many years ago. The Fire Department actually is older than the city itself. The Kansas City, Kansas Fire Department was actually founded before Kansas City, Kansas was and some of our stations are in a pre-automobile allocation. Also, as we've expanded west and taken in annexation other areas of the city, we've inherited old township fire stations many of which are in deplorable condition and are not spaced adequately in terms of how we would do it today knowing our population and our population trends.

Peer City Comparisons

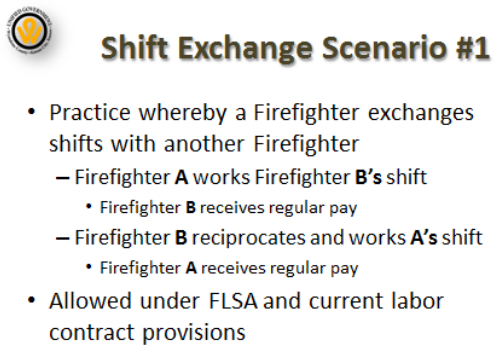
	KCK	Olathe	Independence
Population served	146,000	133,000	117,000
Square miles covered	129	60.42	78.25
# of stations	18	7	10
# of uniformed employees	426	102	157
FD budget cost / resident	$293.62	$125.49	$140.44

*Data source: pages 26-30 of FACETS Fire Study

These numbers are in the study as well. I just highlighted three cities looking at the comparative size of our cities. If you look at KCK, Olathe and Independence the square miles coverage obviously we have more square miles. We have significantly more stations in either city and if you look at the number of uniformed employees, 426 for KCK, 102 for Olathe, and 157 for Independence; significantly more employees than our peer cities. Also, if you look at our budget and what we pay per resident we're actually spending more than both of these cities combined on a per resident basis. Even when you factor in geography, the age of our housing stock, commercial areas and EMS service; Independence provides their own EMS, Olathe does not; even when you put that information together we have substantially more legacy in our Fire Department than other communities, other peer communities. I think having one of the poorest communities with the highest tax rates we need to be very sensitive to the employment numbers that we have and the spending per resident.

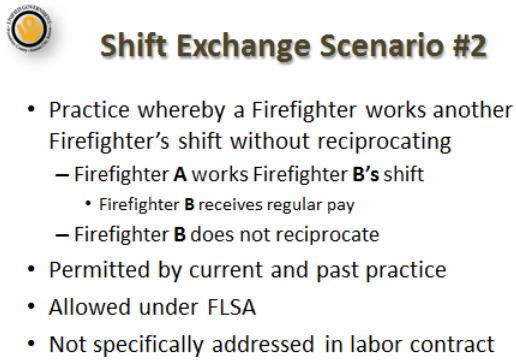


In addition following that we had an audit—the County Administrator requested an audit on shift exchanging or shift trading. I'm going to explain that a little bit because it's confusing. There are two scenarios. First of all I will say shift trading in Fire Departments is very common nationally. Many consider it a best practice that one person will trade for someone and then they will reciprocate and trade back. Another scenario is where one person works for someone but they don't reciprocate and trade back and I will go through that now in the next slide.

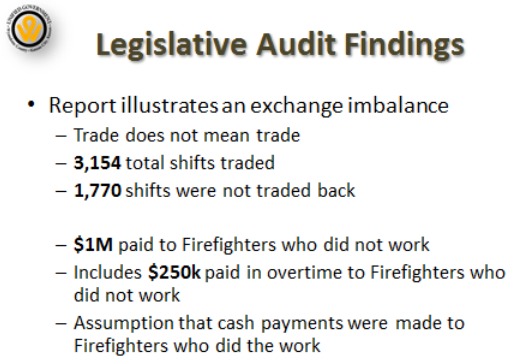


In situation #1 Firefighter A works for firefighter B, firefighter B stays on the clock and is paid as if they were there and receives regular pay. Firefighter A does not receive any compensation

from the Unified Government and then a few weeks or months later Firefighter B reciprocates and works Firefighter A's shift, Firefighter A is on regular pay as if they were there and Firefighter B simply fills in. This is allowed both under federal law and our current labor law provisions.



Scenario #2 is a practice where Firefighter A works for Firefighter B, again, Firefighter B stays on shift and receives regular pay but Firefighter B does not reciprocate and work for A. This is permitted under current and past practice. It's not specifically called out in our labor contract but it has been a past practice. It's been going on for years and years from what I understand and it is allowed under federal law.

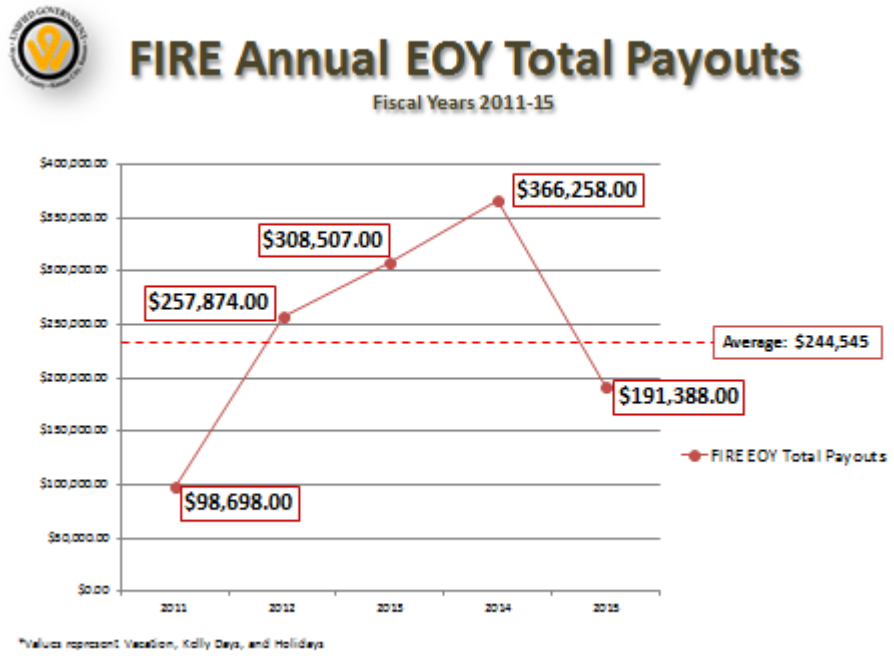


The issue with this is the audit showed that in many cases the trade does not mean trade. There were 3,100 shifts traded last year. Almost 1,800 of those were not traded back. What that means is that we paid about $1M in taxpayer money to firefighters who did not actually work their shifts including $250K in overtime to firefighters who did not actually work that overtime shift.

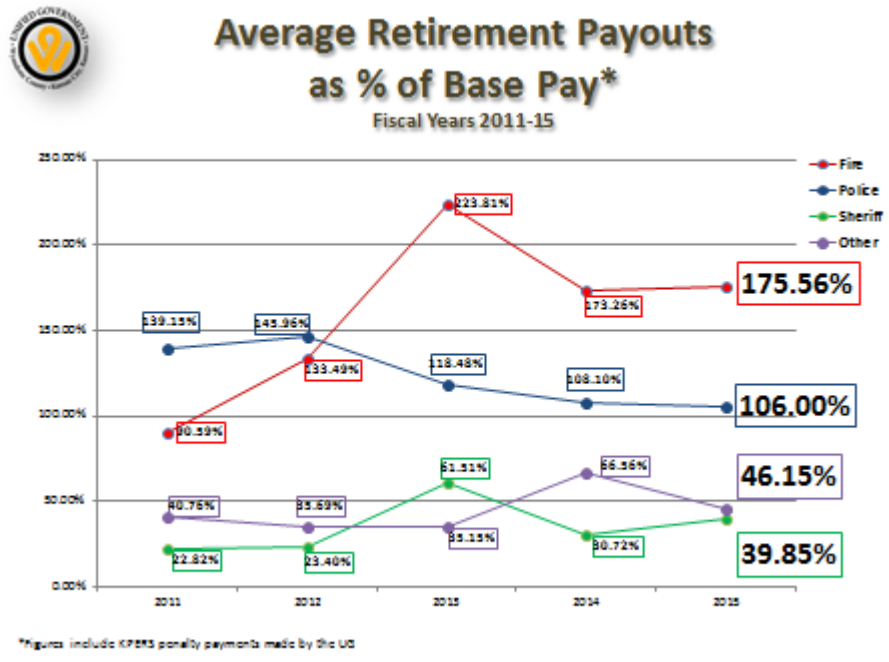
The assumption in the audit by the Command Staff is that cash payments were made to the firefighters who did do the work by the ones who were on shift and so instead of trading back time there was actually money traded. We don't have any documentation about that at the Unified Government because that's not something we have tracked.

What I will say about this is this practice is largely outdated. Many cities have put controls on this where they put a timeframe by which people have to trade back in. That range is from as little as two weeks within the same pay period to as many as a year that you have time to actually trade back, but the provision is that people are required to trade it back. It's a pretty outdated practice that city's allow people not to trade back and actually to sell a shift on their own.

I also think it's unfair. I think it's unfair to our workers. If we have a firefighter working an extra shift I think they ought to get paid time-and-a-half and I think it's unfair to some of our other departments who would love to have an overtime shift but actually have to work the shift in order to get paid. Ultimately, I think it's unfair to our taxpayers to be paying people who aren't actually working.

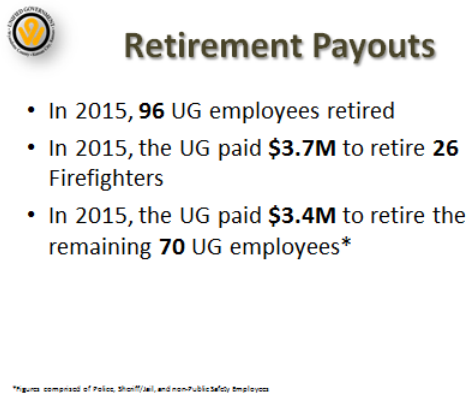


The next slide shows—many would say that even though $1M was paid out in salary to those that didn't work the argument would be well it didn't cost us any extra money because that was salary you would have paid anyway. The cost comes on this slide here where you can see in last year—the last five years we've averaged almost a quarter of a million dollars in money that was paid in end of the year payments for banked holiday and vacation time that was not used. This was called out in the audit as a result of the trading. If you could sell a shift instead of actually burning a vacation or holiday then you can do that and it's leading to banked time. Again, averaging a quarter of a million dollars in payouts a year I believe is unsustainable. I also think it's unfair. This is the only department at the Unified Government that receives payouts at the end of the year. The Police do not receive this, Sheriff's do not receive this and neither does any other department and it's not even in our contract. This is just a past practice that no one I've talked to knows when it started but paying out a quarter of a million dollars a year in banked benefits is a cost that we don't incur in any other department. The real cost comes on the next slide.

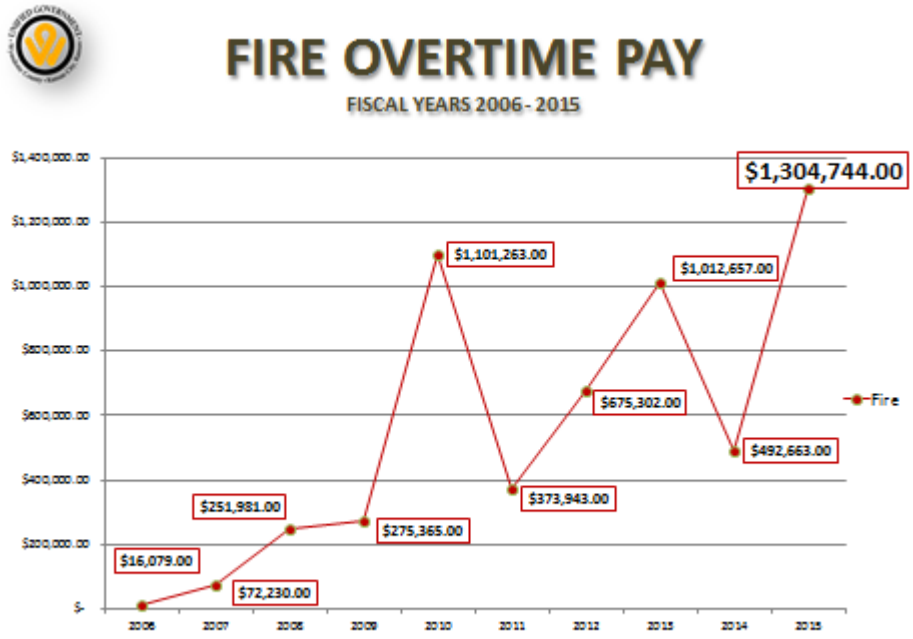


This slide shows average retirement payouts as a percentage of base salary. I will explain it this way, when you're an employee at the Unified Government and you work your career here you

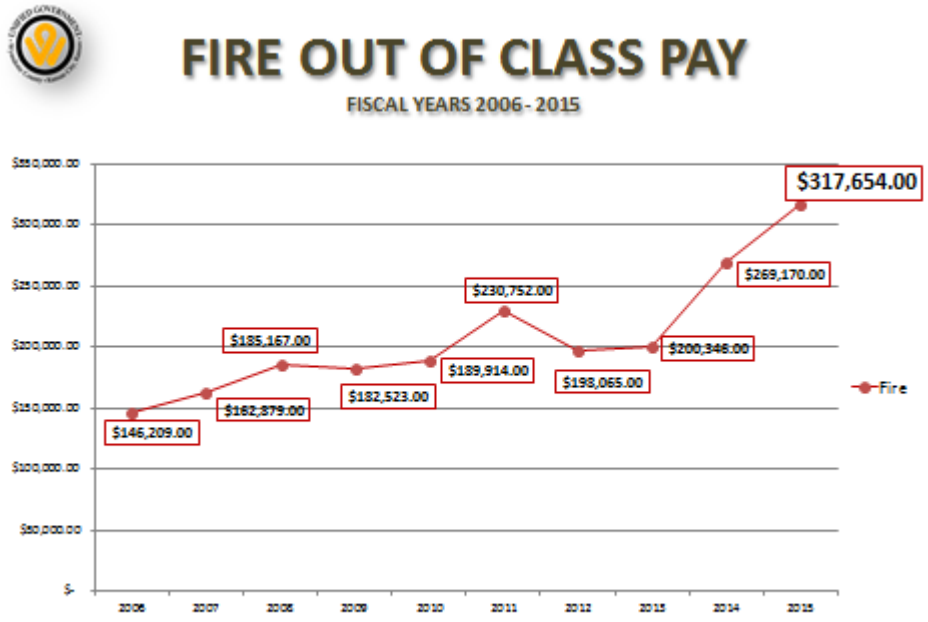
can bank a certain percentage of sick time and a certain percentage of vacation time that you can have paid out then at the end of your career. If you're a non-Public Safety employee, you can see the purple line; if you're a non-Public Safety employee that payout is equivalent to about 46% of your annual salary in a one-time lump payment, lump sum payment. To give you an example, if you made $100K a year you would get about a $46K check when you retired from the Unified Government in payout bank. If you're a police officer you receive more than double that at about 106% payout and if you're a firefighter you receive 175% of your base pay in your average payout. If you look at that number that represents a significant burden that we have and it includes $1M in penalties that we paid to KPERS, not only do we pay out the lump sum, but that number was so large it actually changed the payout trajectory of the retirement and KPERS actually penalizes the Unified Government. So, we actually paid $1M—that 175% includes the KPERS penalties that we paid. We pay some of that in Police as well. I would suggest this is unsustainable. If you look at the next slide you will see it looked at in a different way.



In 2015 we retired 96 employees and we paid $3.7M to retire 26 firefighters which is more than we paid to retire the other 70 employees. If you look at the payouts that we have on banked time for the Fire Department I would suggest, again, I think it's unfair to the other departments and I think it's unsustainable in terms of how we continue to balance our budget.



We continue to have challenges in this department with overtime. We set an all-time high in overtime last year despite having the highest sworn strength ever. We also had the highest overtime ever and in looking at the first quarter of 2016 we're on pace for 2016 to set another record this year. The overtime payouts, even with the large sworn staff, continue to be a problem that I highlighted two years ago.

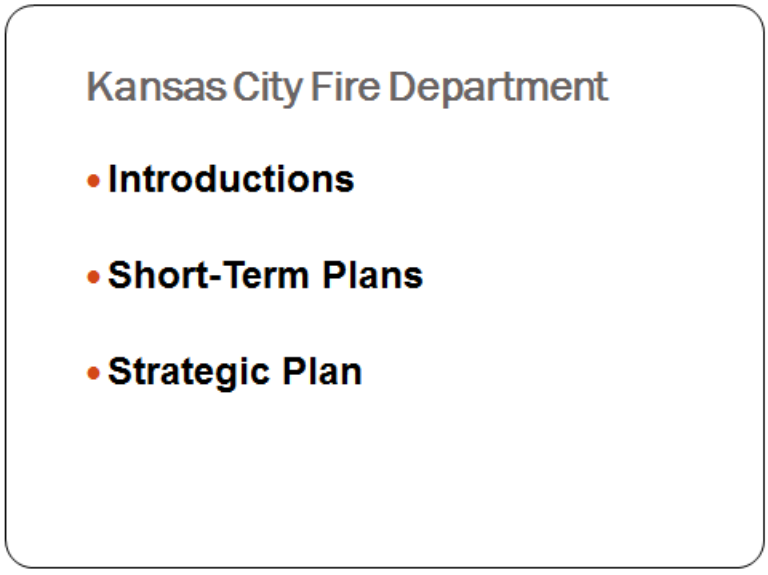


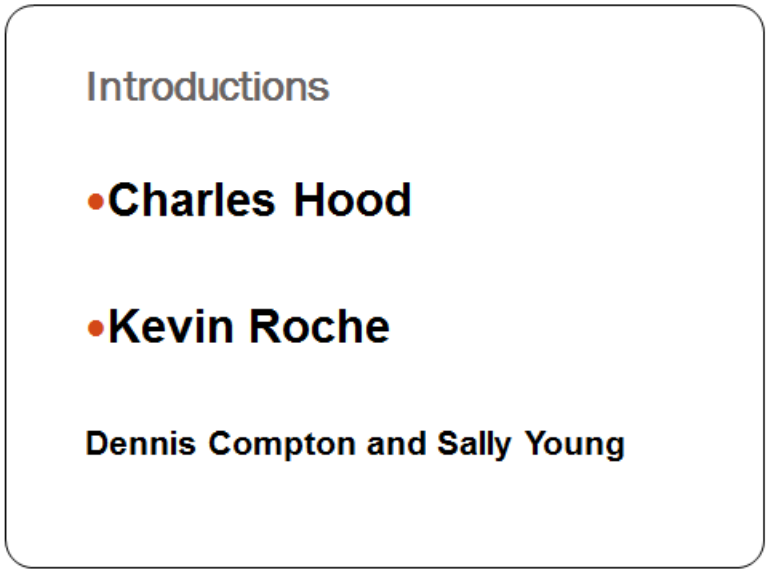
The last slide I will show is our out of class pay. Out of class pay is when you work at a higher level than your rank so if you are a Driver and the Captain doesn't come in and you work as a Captain that day, you're paid for that shift as a Captain. That out of class pay is in many of our contracts for many of our unions. One of the things that we have, we've set an all-time record in our out of class pay but we also had 900 incidents in the audit where we paid out of class pay to people who were paid as a Captain even though they were a Driver or other rank and actually traded the shift. Even though they weren't there performing the premium service they were paid the premium pay. I think that's, again, unfair. I think the people who do the work should get the premium pay, not the people who traded it. This continues to be a problem that we need to address.

I will close with this before I turn it over to FACETS for their update in terms of their implementation and simply say these systems were in place before many of our firefighters were even born. Our firefighters are great folks who do a great service for our community and deserve our respect and our support and I very much appreciate it. As I tell everyone, my family lives here too and we count on the Fire Department as well just like everyone else does. We do have some systemic issues that I believe are unfair, outdated, and unsustainable that we need to move

forward on. That's the snapshot from the past. I'm going to turn it over to FACETS to talk about how we're going to move forward and then afterwards we will have some comment.

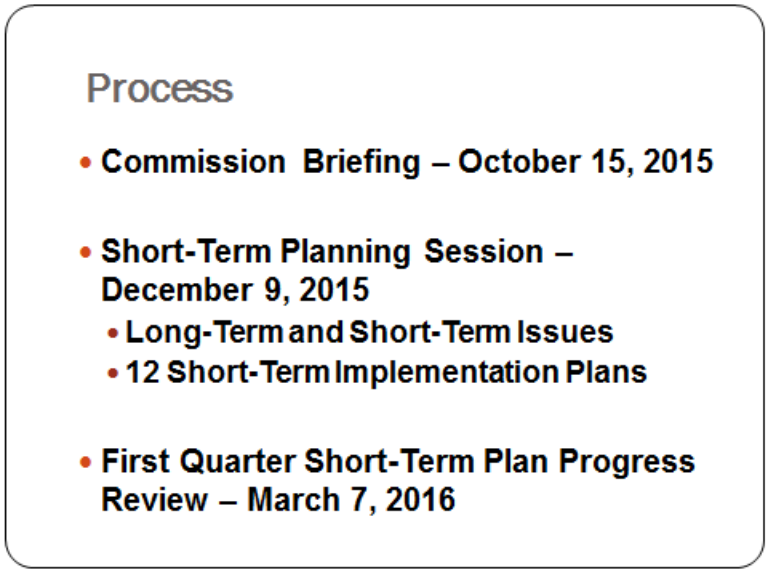
Mr. Connor said thank you, Mayor. As you said the FACETS group is here to provide an update on the implementation activities. They were here last fall to talk about the initial study results. I think they have some pretty good news to share.





Commissioners, just for introductions Kevin Roche is the Principal and Owner of FACETS; Charles Hood is one of the consultants with FACETS and he is currently the Fire Chief of San Antonio, Texas and so we're glad to have those folks working with us. Chief Jones, Chief Zimbelman and Jack Andrade from the EMS Division are here tonight.

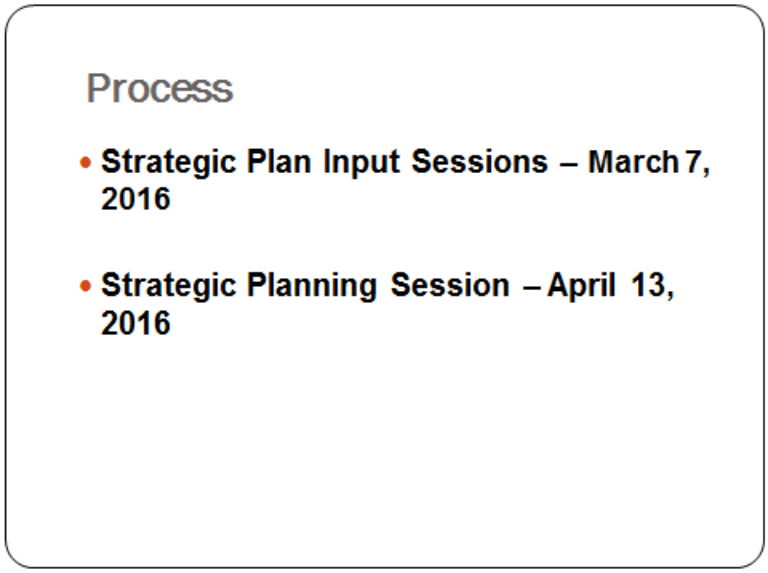
Kevin Roche, FACETS, said I think we bring good news about the process of implementation of our study in the Fire Department. The original Notice of Need included some implementation assistance from us in the process and we're very pleased to be here tonight to talk about a lot of the activities that have happened since we were here to brief you on the report in October. Joe has already done a nice introduction of us so we will skip that.



We did our briefing for you on the final report on the Fire Department in mid-October. We were back in Kansas City on December 9th as a group. It was a group comprised of UG leadership, department heads from the UG, the Fire Chief and his executive staff and the Union President and his executive staff and his members that all met together on December 9th. We basically went through all the recommendations of the report and classified them into three categories. The first category is plans that we could complete in the short-term within a year. The second category was items or recommendations that we thought would take longer than a year so they weren't going to be included in the Strategic Plan that I will talk about. The third were a few items that we set-aside that had Memorandum of Understanding or MOU impact that we set-aside temporarily in that session.

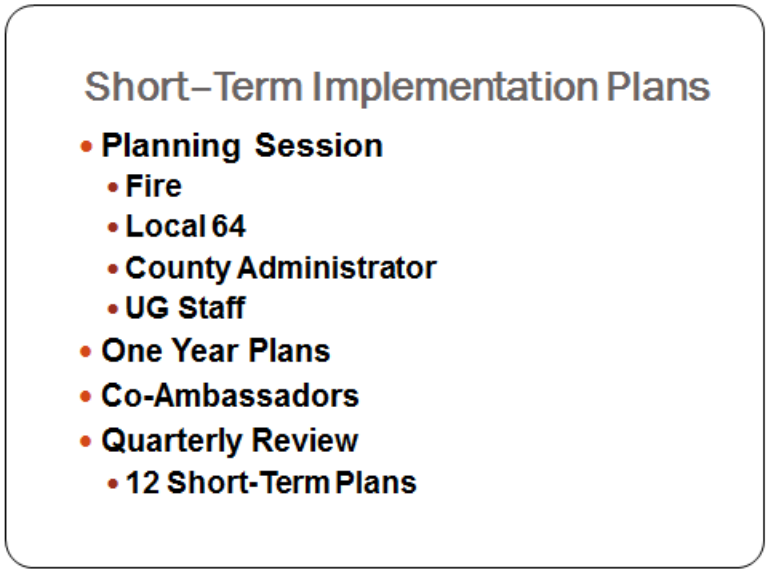
We came up with 12 short-term implementation plans and I will go through those in just a minute. We're using a process that has been used in other Fire Departments around the country where the groups come together and do the planning and then they meet quarterly to review the progress they have made on each plan. Each plan has a timeline during the year or during the three years in the case of the Strategic Plan. There are people that have responsibility for those plans during that time period and they're responsible to report back to the larger group each quarter just to keep things moving.

We had our First Quarter Short-Term Plan progress review on March 7th here in Kansas City and I think you will see as we go through there was some great progress made just between December and March.

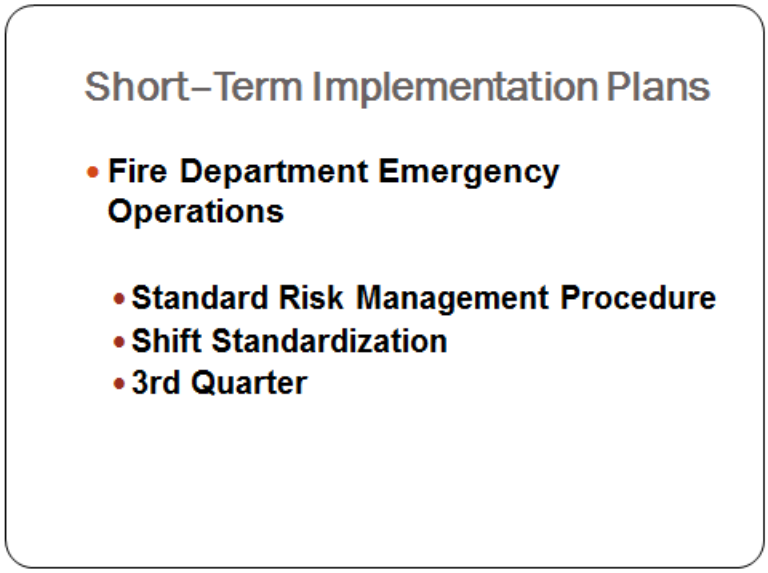


At that same time we did two Strategic Plan Input sessions. One was with members of the public that were selected by some of you commissioners and others, a very, very diverse group, a very good group that gave us some good feedback about the public's perception of the Fire Department. We also did a session with UG staff generally departments heads in departments that have a lot of interaction with the Fire Department. The same thing, how they're perceived inside the government and input again for the Strategic Plan.

We then came back on April 13th, just a couple weeks ago; we had about 25 people representing UG management, fire management and the Local. They came together and put together a Strategic Plan. We started basically from the ground up that day and built a plan that was sent out for review and just this week we got the go ahead that it's finalized.



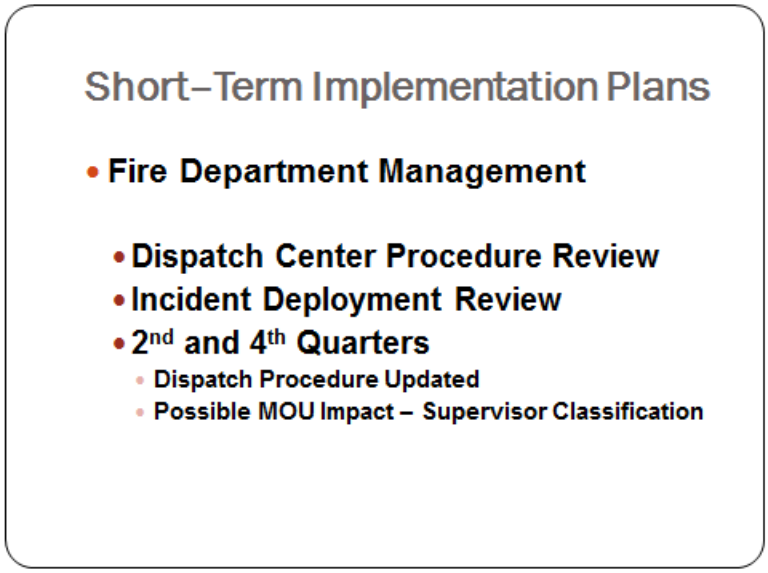
The Short-Term Implementation Planning Session was fire management, Chief Jones and his executive staff, the President and leadership of Local 64, the County Administrator and the Assistant County Administrator and then UG department heads. Again, we're looking at one year plans. Each plan gets a co-ambassador, generally a member of management. Sometimes UG management, sometimes Fire Department management and someone from the Local and their real responsibility is to drive that plan through the year and make sure there is progress made and then be responsible for doing the quarterly reports back to the group for review. We came up with 12 short-term plans. I will run through them rather quickly if that's okay and if I'm going too fast waive at me. **Mayor Holland** said I think we're fine on time.



The first one is Fire Department Emergency Operations. One of the recommendations from the report was that the Fire Department has a standard Risk Management Plan, a standard way that firefighters approach fires to do it more safely and effectively. The second thing was standardization between the shifts. We heard when we were here that different shifts between the Fire Department would manage things in different ways so we thought that standardization was important. Those plans are due in the third quarter of this year so that doesn't mean they have to wait until the third quarter to work on them. Generally the temptation is to have everything due in the first quarter and jump right on everything right away, but with the Fire Department as large as Kansas City it's important to space that out over time so that people don't get overworked or things don't get set-aside because there is too much going on so those are due in the 3rd quarter.

The second plan is on the Fire Department Executive Leadership and we recommended that the Fire Department conduct staff meetings and that they distribute the results of those staff meetings throughout the Fire Department so everyone can be informed. To empower—not just managers in the Fire Department to manage their budgets, but also firefighters to have input in the direction the Fire Department takes going forward. Then on the management level to decentralize management somewhat to have the sections more responsible for their individual budgets rather than having all that centralized at the Fire Chief office. That plan is actually due in the 4th quarter but some progress has been made. The department is looking at the use of technology to facilitate communication inside the department, to distribute meeting minutes, perhaps even this meeting to stream it on the internet live going down the line.

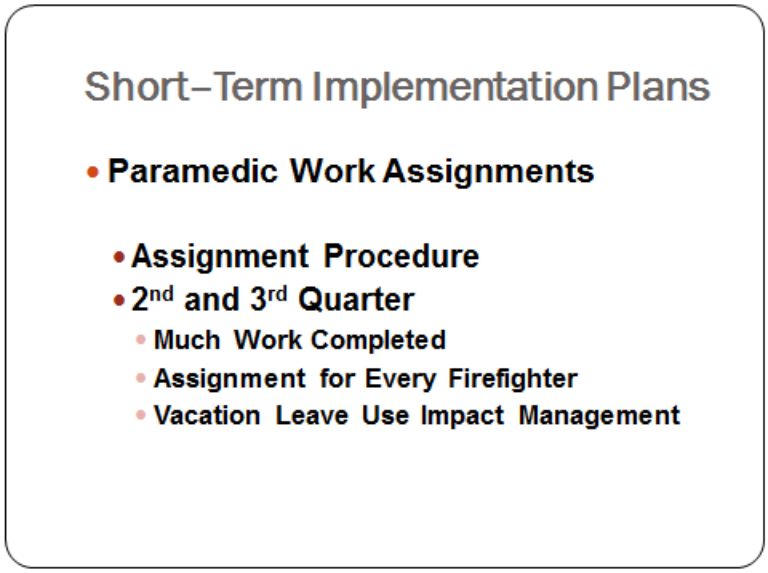
Since we gave our report there have been a number of promotions in the Fire Department or acting promotions in the Fire Department and some retirements at the senior leadership level. I think both of the Fire Chiefs two Executive Assistant Chiefs have retired since we were here so a number of changes in the Fire Department.



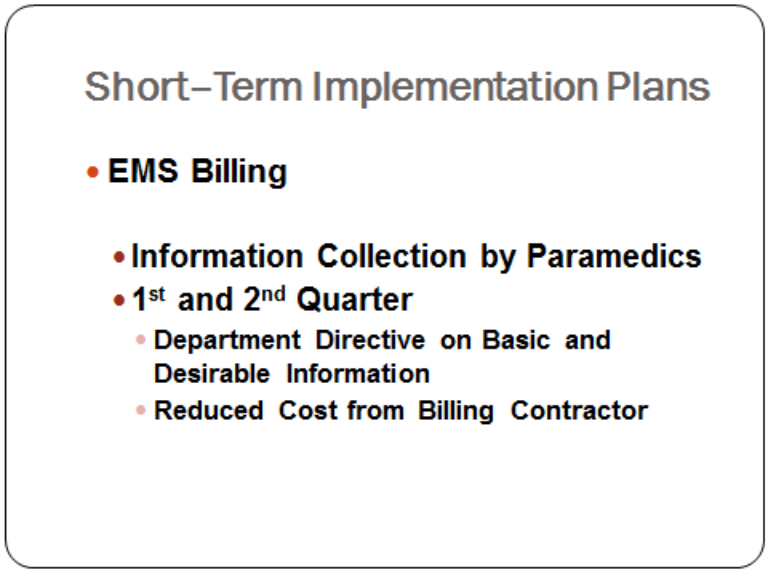
Under Fire Department Management we recommended that dispatch center procedure be reviewed and that review has been completed and the procedure has been updated. Probably the bigger recommendation here is that the Fire Department has a process where they look at what resources go on each type of call to make sure they're being the most efficient—using the resources that the Fire Department has most efficiently and that process is going on.

We also recommended that there be a civilian supervisor in the Dispatch Center. That's one of those issues that we set-aside that may have a MOU impact. I understand that the MOU is being negotiated or in process now.

Fire Department Training – We recommended that an assessment be conducted of the training that is being provided to incumbent firefighters not recruits coming in off the street but firefighters that have been on the job for some time. The meetings have already been held. That plan is actually due to be completed in the 2nd quarter, the quarter we're in right now. One of the first efforts was to centralize all training in the Fire Department to make sure all training went through one place so it could be managed and they weren't competing sets of priorities out in the field and then records management. We understand that the new CAD System, the records management system for training that's a part of the new CAD System is not adequate to track firefighter training. The Fire Department is found to work around for that, I think a no cost work around, to be able to track training records. It's very important not only to make sure that people get training but also if the insurance services office comes in or if there is a review of the Fire Department, it's important to have training records.

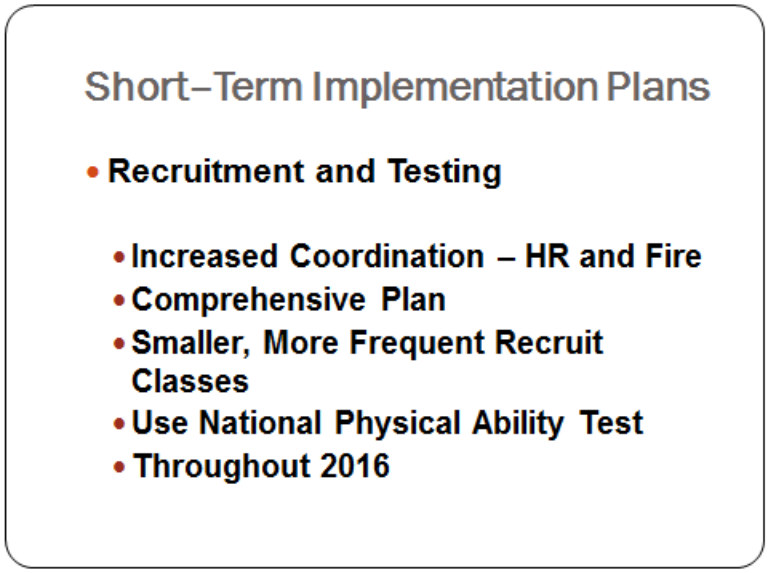


Chief Hood and Chief Bryson, members of our team, visited every fire station on every shift when we were here to do our study. One thing they heard over and over from the paramedics on the job, generally the younger men and women on the job, is that they lacked a home in the Fire Department. Not all of them, but some of them lacked a home. Some of them were not assigned to a fire station. They just went where they were needed each day. We thought that made the job less desirable for the them, they may want to get out of being a paramedic faster, it also didn't contribute as much to their development as firefighters as they would if they had an assignment, had a company officer that was responsible for them and watched over them. Already in the 1st quarter even though it was due until the 2nd and 3rd quarter the Fire Department has drafted an assignment procedure that gives every firefighter a home so they have a Captain that's watching over their crew development. If they're not needed at that station that day then many times the firefighters will be detailed to other stations to fill in where there are vacancies so there should be no impact on vacation use or overtime due to that new plan. It will certainly raise the job satisfaction for the firefighters especially the younger men and women in the department that are serving as paramedics generally on the Fire Department EMS units.

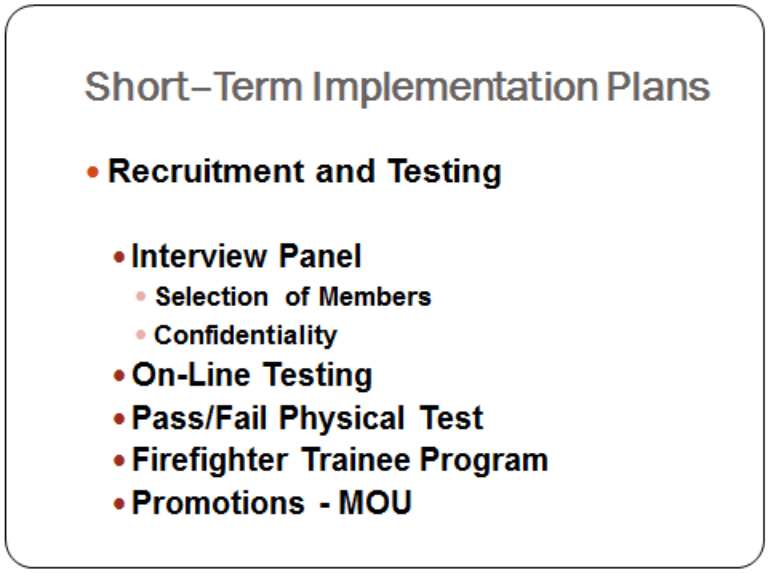


On EMS billing the Fire Department issued a directive on basic and desirable information that would come in the electronic patient care record. I hope you will remember from the last time we were here the more information the firefighters are able to gather during the transport, the more payable or the better collection rate you will have on that ambulance ride when it goes in. The department reiterated the importance of getting insurance information, social security number, and date of birth when they're out on calls.

The department was also able to negotiate a lower billing rate, a lower percentage from the ambulance billing provider which is good news. A 1% is a big deal in the kind of numbers that is being talked about here and I understand the department is actually in conversations with the billing provider to even get a lower rate on their collections. It's kind of a balance. You don't want too low of a collection rate because then the ambulance contractor won't pay attention to your collectibles but you don't want to pay too much either so it's a real balancing act.



On recruitment and testing probably the most activity of any action plans during the 1st quarter. We recommended increased coordination between Human Resources and the Fire Department. In the past after the test was given most of the firefighter hiring process was centralized in the Fire Department. We felt like the UG ought to be more involved in that, that the Fire Chief could use some assistance in that and we recommended a Comprehensive Recruitment & Testing Plan, smaller more frequent recruit classes and that has an impact on overtime as well. That the department consider the use of a National Physical Ability Test. Right now the department uses its own homegrown test. These plans will take a whole year to complete but there was some good progress even just in the 1st quarter.



The Fire Department has developed a proposal to use an interview panel, these are for new firefighter hires coming off the street, once the firefighter or the person that wants to be a firefighter passes a written test, pass their physical test, they will actually come to a panel made up of Fire Department employees, UG employees, and perhaps even some member of the public on the panel that will make a recommendation to the UG and to the Fire Chief about whether or not that persons proceeds through the process. This is all still a proposal.

The UG is also talking about using online testing to save money rather than having an in-person test where people come and sit in a giant room that online testing be used. This is a best practice used in many Fire Departments in the country including the biggest Fire Department in the US, the New York City Fire Department.

The Physical Ability Test that the Fire Department has given in the past has always been a pass/fail test but in the past the person's grade or their time on the test was noted on the form and passed up through the process. That can sway opinions one way or the other about the person's ability to do the job. The fact that they passed it is the biggest indicator of success so in the future the person's time will not be reported up the chain as the person's considered, just rather they passed or failed the test.

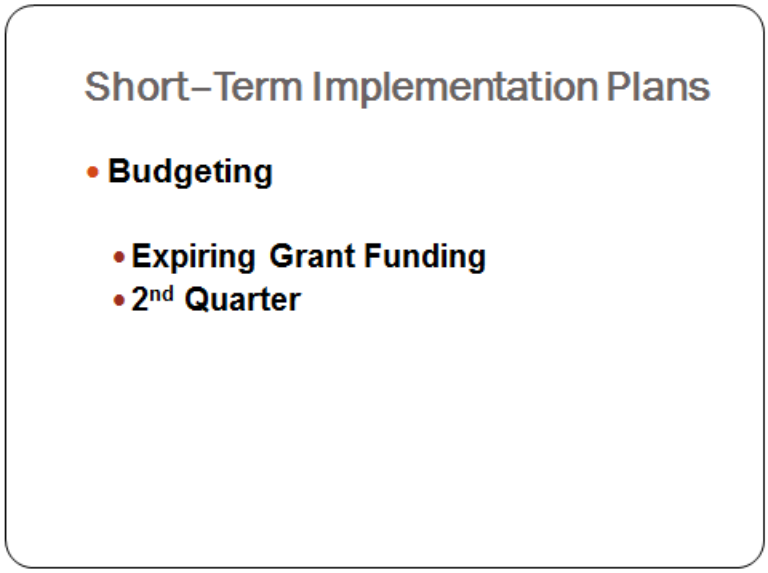
We understand that in this year's budget or perhaps next year's budget, this year, thank you Mayor, there is funding for Firefighter Trainee Program that will bring eight people from the community in as trainees, put them on a path to success to become firefighters. This is a

program aimed I think primarily at diversity, gender diversity and racial diversity in the Fire Department and it's a great plan from what we've heard about it so far.

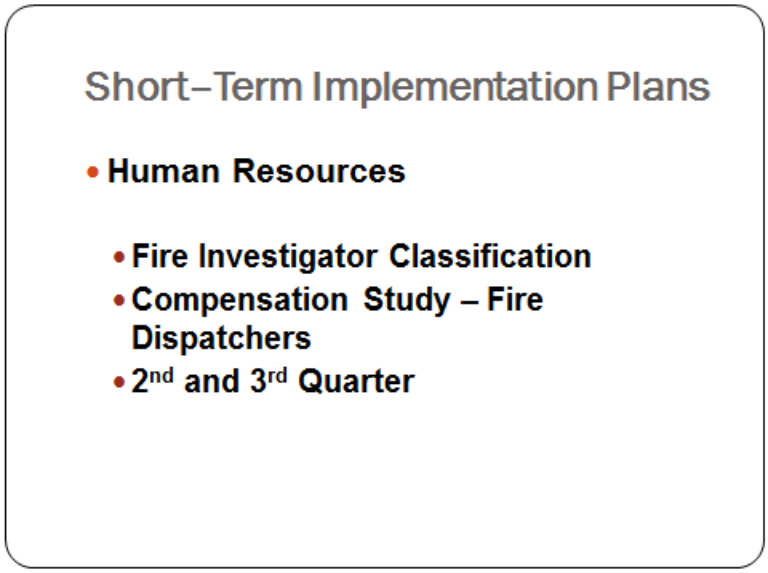
Promotions in the Fire Department right now are held up by the consideration of the MOU. Once that's done there may some changes in the promotional process as well in the Fire Department.

We recommended closer coordination between the Kansas City Fire Department, Johnson County, Kansas City, MO., and other Fire Departments in the area. The Fire Department has had discussions already on these issues. They are going to be conducting meetings with other Fire Departments but what they want to make sure of is that it's a fair deal. One town should not close their Fire Department and just count on Kansas City to come in and take care of their problems. They have to take care of their own family first; they also have to offer something to KCK. If KCK is going to back them up for big fires then KCK needs to be getting something for its money at the same time. That's goes for the training and equipment, equipping the firefighters and so all that is part of the same discussion and there are meetings planned this year. This could run through the end of the year with other Fire Departments. The good thing about working together there is an existing mutual aid system now in this area that brings in firetrucks from everywhere for big fires but in many communities around the country the closest firetruck will come to your emergency whether they come from your town or from your government or

not. It's really good customer service for the customer. They get the fastest response they can that they can get.



I think on budgeting there are some expiring grants in the Fire Department for staffing and there is a plan for accommodating the loss of that funding in the Fire Department and that's due this quarter.



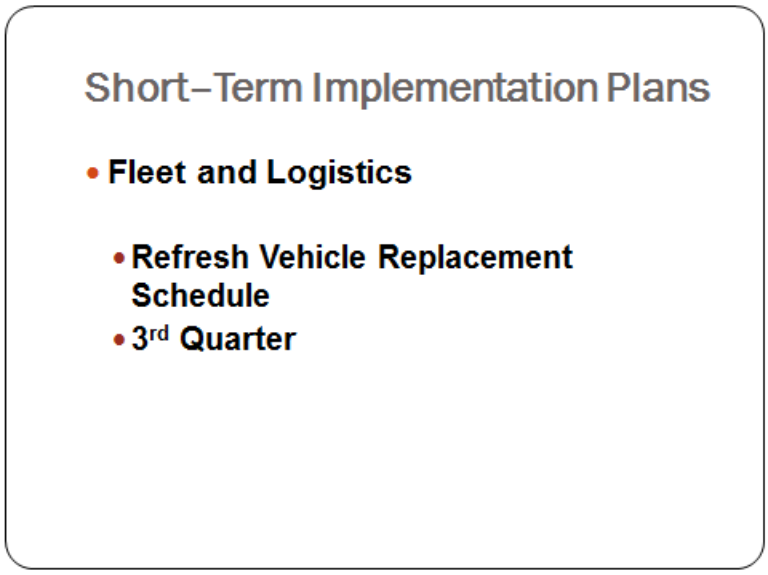
Currently the Fire Investigator classification is a Chief classification. There is some discussion of having a Captain fill that position and then having a peer Captain that also works in a fire

station that's also trained as an investigator. If the primary investigator is off for some reason, vacation or some other reason, that peer Captain can drop right in and be trained up and ready to go. It also provides some depth if there is a larger fire or the investigator needs some assistance while on-duty; it will be assistance that's on duty to that scene.

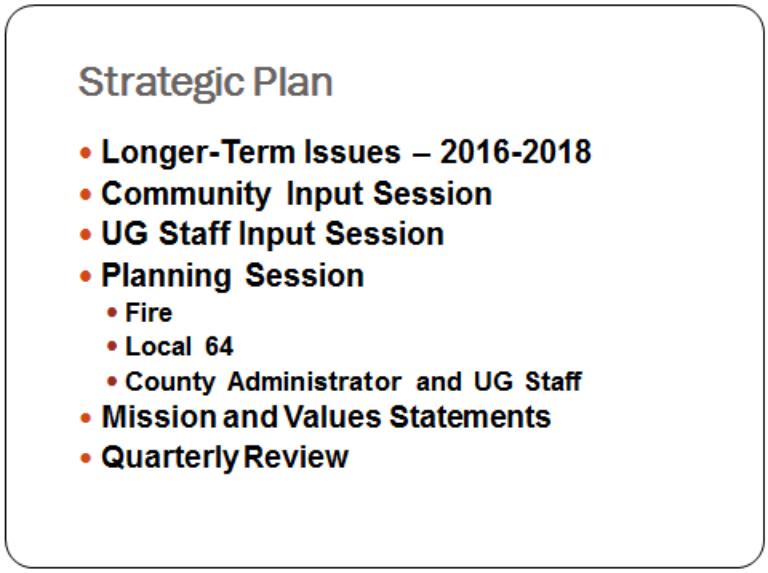
We also recommended a Compensation Study for Fire Department Dispatchers. I hope you will remember the last time we were here we talked about the fact that the UG in the fire dispatch area is sometimes a training ground for dispatchers that come in. Certainly there are some senior dispatchers there that have been there for a long time, but unfortunately dispatchers will come in and they get a very high level of skill working in a busy center and then they're hired away by another dispatch center or private entity that pays more. Those are due in the 2nd and 3rd quarter.

I hope you will remember when we were here the Kansas City Fire Department now charges almost no fees for Fire Prevention Services. That's very unusual. In most Fire Departments across the country they are not typically fees for regular inspections or for complaint investigations if someone complains about clutter in a yard or a fire danger, there is typically not fees for that but if you're building a new building or if the Fire Department comes in and does an inspection and you don't comply with the requirements that are made during the inspection within a reasonable period of time there are sometimes re-inspection fees. Those fees are being discussed in the UG now between the Fire Department and the UG. I imagine you will hear

more about that in the future. They're not typically fees that will—any fee is important to a business but they're typically not fees that are high enough to crush a business. They are usually in the hundreds of dollars, not the thousands of dollars. I know from my experience working in the Fire Marshal's office in Phoenix many times the building developers will gladly pay the fees as long as they get the service in a timely manner. The staffing currently in Fire Prevention in the KCK Fire Department doesn't allow them to keep up with the inspections that they are currently charged with doing.

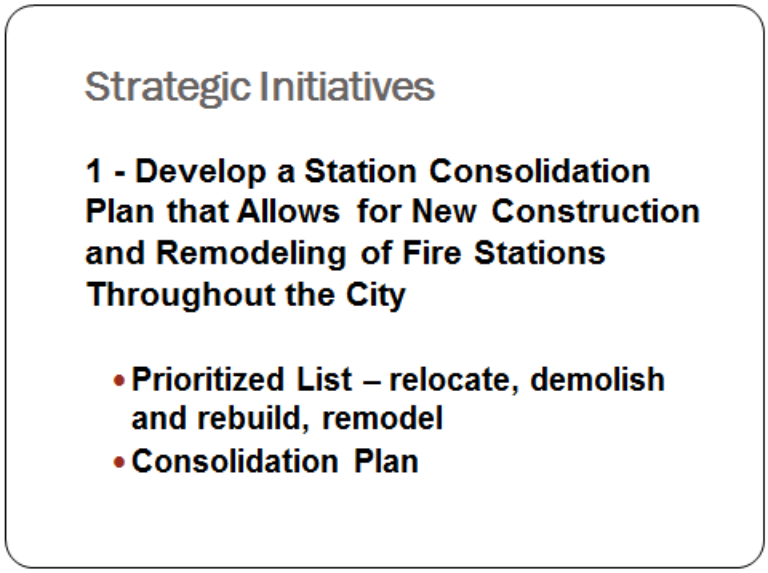


Many purchases like in many cities around the country the Fire Department fleet replacement was delayed during the economic downturn. That has created a backlog of replacements in the Fire Department. The Fire Department is looking into a couple of things. One of them is prioritizing the fleet as to which apparatus and which ambulances need to be replaced first. Generally if you're buying ambulances and paying cash for them, you're not leasing them, you don't want to buy ten fire pumpers and three ladder trucks in one year because then 15 years from now all those trucks are going to age out and you will have that same problem 15 years from now. So, a lower level of regular purchases if you're going to buy the apparatus outright is usually preferred but there are also other options that we will talk about in the Strategic Plan for lease purchase or lease turn-in. That plan is due in the 3rd quarter.



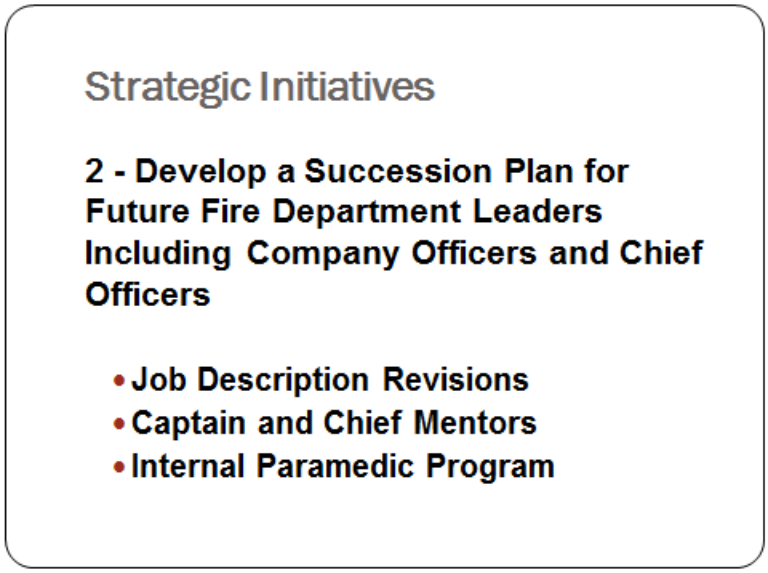
We met about two weeks ago on the Strategic Plan. This is a three year Strategic Plan which is a fairly short timeframe for a Strategic Plan but it's the first plan the Fire Department has had in a while. Many organizations I think you've seen in your private lives or your business lives trying to bite off a 20 year plan as their first Strategic Plan and it falls on its face because 20 years is too long of a horizon for most plans. The idea here is to have a three year plan and then before that third year is over, before 2018 is over, have another plan in place for 2019 through 2022 so it's an iterative process and it's a constant process. At that meeting we had feedback from Chief Compton, he facilitated the meeting for us, he provided feedback from both the community and the UG staff input sessions and the people that attended the sessions, again, were Fire Chief Jones and his executive staff and members, the President of Local 64, the business manager and his leadership, the County Administrator was kind enough to spend the day with us, Assistant County Administrator and several department heads were with us. Prior to the meeting the Fire Department and the Local jointly developed a Mission Statement for the Fire Department and many Statements of Values that were really very well done and are incorporated into the Strategic Plan.

The Strategic Plan will also have quarterly reviews so the process that we've set up here is every quarter labor management and the UG management will get together and review the progress that has been made on the short-term plans and on the long-term plans and late this year they will do another set of short-term plans for the next year just to keep the process going.



There were seven strategic initiatives developed at the meeting. The first one was to develop a Station Consolidation Plan that allows for new construction and remodeling of fire stations throughout the city and this is a big deal. The first task and it's the shorter term task is to develop a list of existing fire stations of which stations should be relocated, which stations should be demolished. They have served their useful life and it would actually cost much more money to bring up to current standards than it would to push them over and then which stations would be rebuilt on the same site and then which stations would be remodeled. You have several stations that are in very good shape, but it's sort of the good, the bad and the ugly. I'm not telling the commissioners anything they don't know. The condition of fire stations in the county varies very widely.

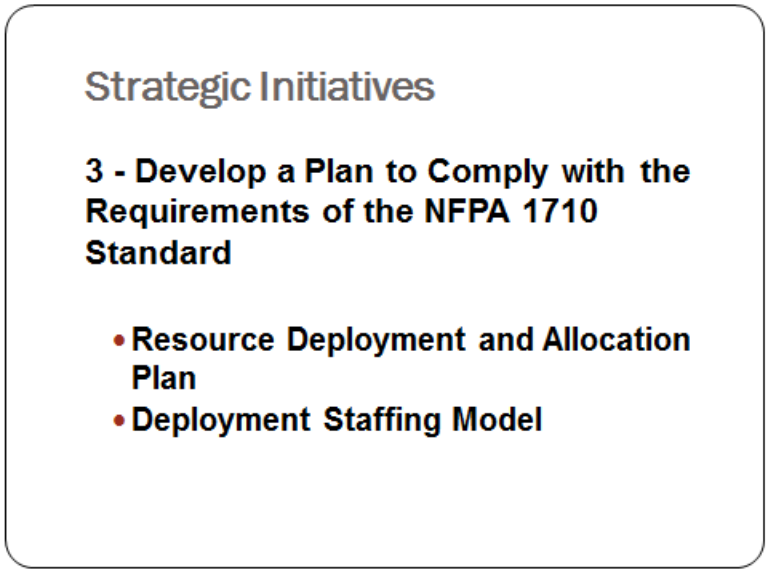
The second one is actually the bigger deal. It's a Consolidation Plan. Our report recommended the consolidation of a combination of a number of stations in the eastern part of the UG and the building of two fire stations in the western part of the UG to provide service out there. This is remarkable because it's the Fire Department management, UG management leadership and the union getting together on how to proceed with that plan. This is something that's going to take—it's a phased plan because what's involved is staffing, there is construction of new stations involved, there is site selection for stations and so on and so it's something that's going to take a while to do but if you don't have a plan you don't know where to go so this is a really big deal.



The second one is to develop a Succession Plan for future Fire Department leaders including Company Officers and Chief Officers. This is an issue in every Fire Department in the country. As Fire Chief's retire it's a way of making sure that they payback the Fire Department and make sure they develop officers to take their place. That's not just the Fire Chief position. It's every Chief Officer in the organization, every Captain in the organization, and every Driver in the organization needs to make sure they're doing their part to bring people up.

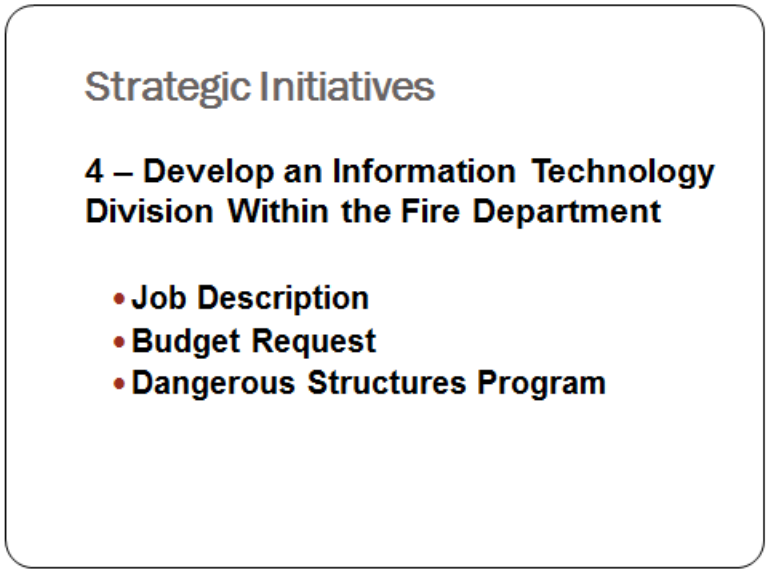
The first step in this process is to do some changes in job descriptions or update job descriptions and then to have a process where there are Chief Officers and Captains that are mentoring firefighters and Captains below them to become the future Captains and Chiefs in the Fire Department. That's a big deal.

Also, an effort to encourage firefighters that are already on the job that have their EMT Certification to become paramedics and the cheapest paramedic that you can train in the Fire Department is someone who is currently a member of the Fire Department and can contribute that service. We're hoping as the quality of the paramedic job increases more firefighters will keep their paramedics; more firefighters will get their paramedic certification going forward.



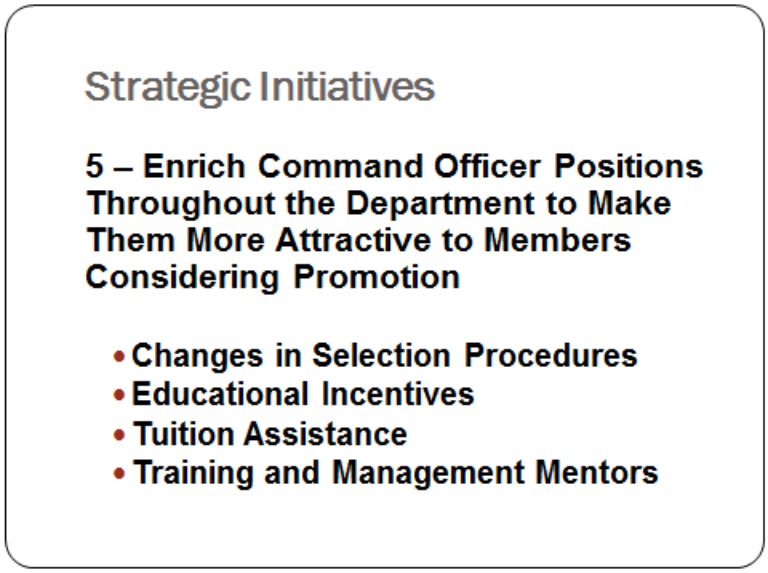
The third one is to develop a plan to comply with the requirements of NFPA 1710. This is really intimately tied back to the fire station location plan because 1710 has basically two sets of requirements. They have requirements for response times for initial units and for the first alarm and they have requirements for unit staffing so our report recommended that eventually over the course of this plan that all fire engines, Quints and ladders in the KCK Fire Department be staffed at four people every day. Some units are currently staffed; the ladder trucks and Quints are staffed at four and one engine, Engine 8, in the far west of the county is staffed at four because they are sort of the Little House on the Prairie.

Through the redeployment, through the consolidation of stations we can actually staff—if our whole plan is implemented you can actually staff all the units that are in service every day with four people and actually have a net of five less people on duty everyday staffing every unit.



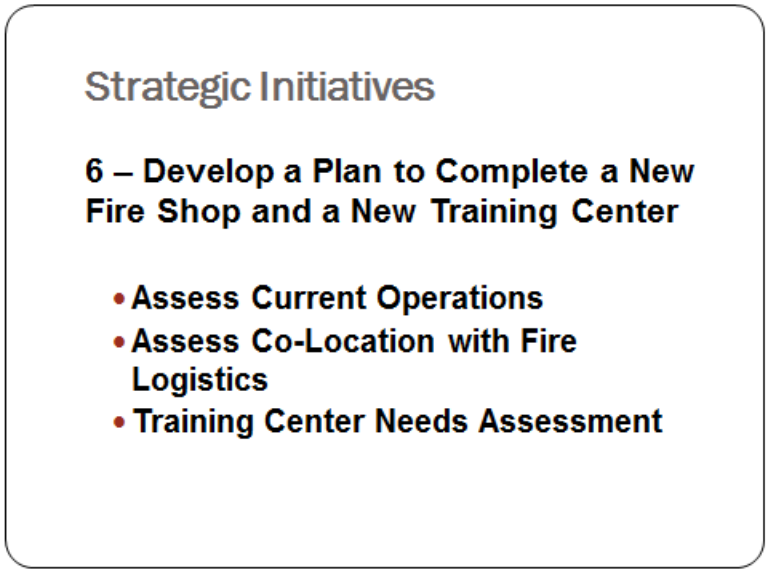
The fourth one was to develop an Information Technology Division within the Fire Department. The Fire Department currently has no IT support within the department. One of the comments we got from the public group that came in and gave us feedback about the Fire Department was that they knew the technology was not optimal in the Fire Department and they pointed specifically to the Fire Department website. It's increasingly the way that people get information about their government. They point out the fact that the website was a little bit clumpy and no disrespect to anyone that works on it.

They are working on a job description and a budget request to become part of the regular UG budget process. They are also looking to implement a program on dangerous structures. There is a template for a program that the US Fire Administration provides that is a way to get firefighters information about buildings that are known to be dangerous before they arrive on the scene. It's a way to give them information as they're responding to the call about hazards that are in the building. There may even be some buildings that are marked as X buildings where firefighters don't go inside and fight them; they're generally unoccupied buildings that are in bad disrepair.

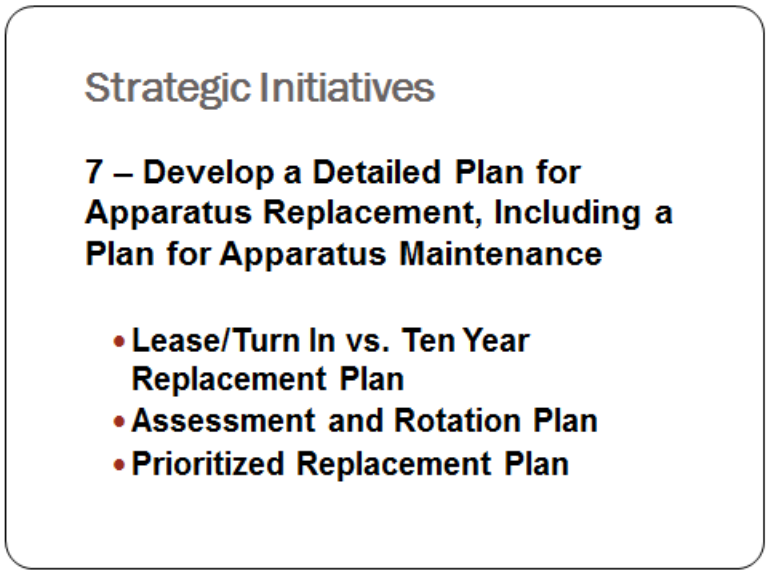


The fifth strategic initiative is to enrich Command Officer Positions through the department to make them more attractive to members considering promotions. It's said in many Fire Departments across the country that one of the best jobs in the Fire Department is to be a Captain in the fire station. You have sort of your own kingdom to run while you're on duty. Becoming a Chief Officer there are some minuses as far as pay goes sometimes. Most Chief Officers don't get overtime and so it's a way to try to make the jobs more attractive.

There was some discussion about changing the way Officers are selected specifically if there are some staff positions. Sometimes staff positions go to the Fire Chief or the Chief Officer that has the least seniority because it may be the least desirable position so there is some talk about trying to make those jobs more competitive where Chief Officers will want to work there rather than working shifts out in the field, some educational incentives for all members of the Fire Department, enhancing an existing Tuition Program and then also having training and management mentors inside the Fire Department so there are people inside the Fire Department that are helping develop young men and women as they're coming up in the Fire Department so they are ready to be Chief Officers, ready to be Captains as they come up.



Six is to develop a plan to complete a new fire shop and a new training center. Some of the components of our report in October were that the current Fire Department shops at Station 15, I believe, and the training centers are suboptimal is a nice way to say it. The department is developing a new Logistics Center right now or it's in the process of being built. The group is going to look at the current operations of their fire shop and the training operations, assess the capability to co-locate a fire shop along with a Logistic Center at the new site and then to do a training center needs assessment of what would the Fire Department need to have an adequate training center of KCK firefighters.

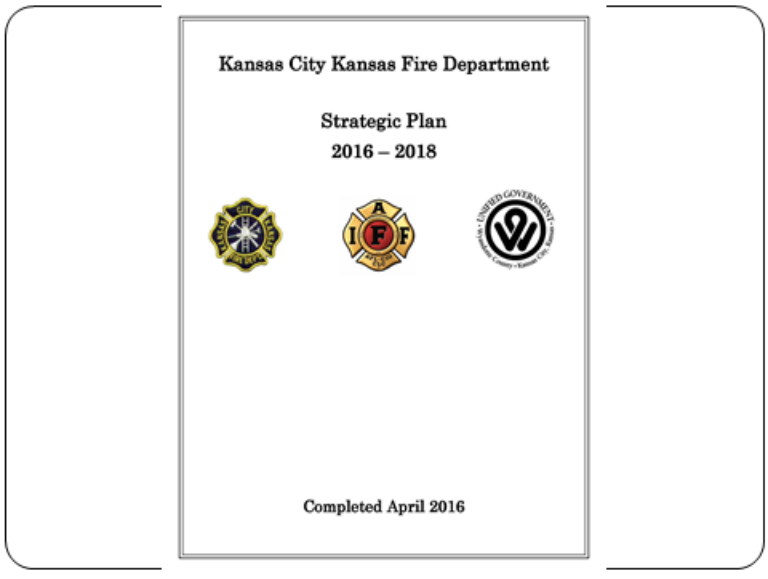


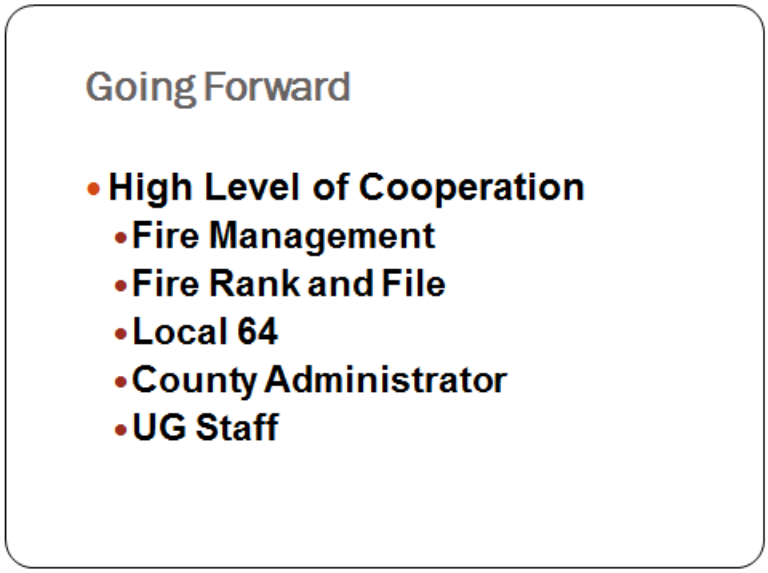
The last strategic initiative is to develop a detailed plan for apparatus replacement including a plan for maintenance. Fire apparatus is extremely expensive. A ladder truck general costs $1M plus fire engines are in the $400K to $500K range if not more so they're extremely significant purchases. There are other ways of buying fire apparatus other than buying them outright. There are lease/purchase plans or lease/turn-in plans. The difference between them is lease/purchase is basically a financing plan like leasing a car. A lease/turn-in you keep the apparatus for a number of years, pay annually on it and then at the end of that period you turn that apparatus back while it still has some value to the person that built it for you.

The department is also considering a Rotation Plan where a fire truck that is based at an engine that's very busy would be rotated with an engine that's not so busy so it evens out the amount of wear and tear on the apparatus and lengthens the life of the apparatus.

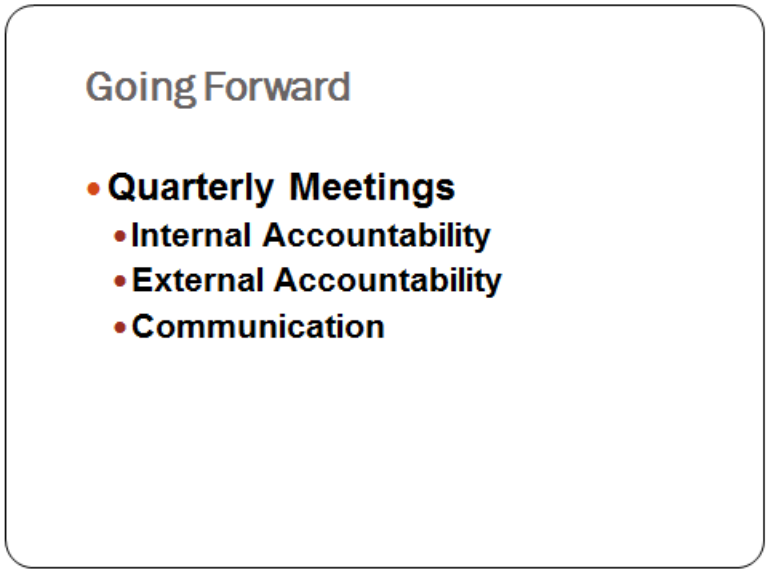
The department is also in the process now—I know they have had some meetings already on prioritizing a Replacement Plan. Rather than all the apparatus being a number one priority there is some discussion about trying to phase that over time if the department or the UG decides to buy the apparatus outright.

So, that's the lovely cover of the plan. It was completed this month and actually I haven't sent a final copy to the UG, Fire Chief or the Union yet. We just got that okay this week and I've been traveling.

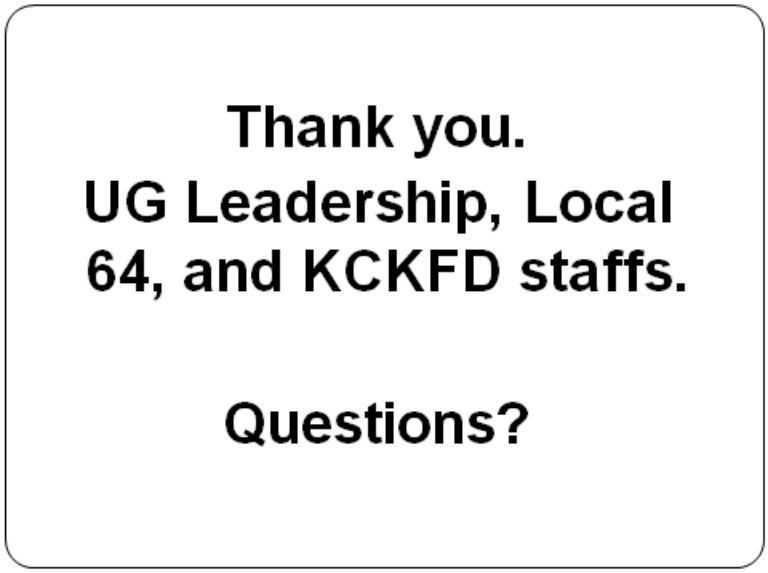




Going forward - What successful implementation of the recommendations that we made, what successful implementation of the short-term plans and the long-term plans requires a really high level of cooperation. Everyone has to be at the table, everyone has to contribute to the effort and so there is a great template for that in the meetings that we've had so far. We've had excellent participation from Chief Jones and his executive staff, excellent participation and interest from firefighters in the field about what's going on and they are part of the solution, excellent cooperation from the President of the Local, the business manager and their executive team. Excellent supports, remarkable support from the County Administrator and the Deputy County Administrator. The fact that they are able to take so much interest in the operation of the Fire Department is really a testament to their leadership and then UG staff; we met a number of UG Department Heads when we were here, ran into people in stores and told them what we were doing, everyone here is interested in the Fire Department being successful.



Again, going forward we will have quarterly meetings. That helps with internal accountability. If someone knows they are going to have to standup in front of their peers and report on progress on their plan they are much more likely to have progress on their plan than if they are not going to be accountable. It's also external accountability. It allows the County Administrator and other UG management and staff to see what's going on, make sure these plans are moving forward and have input in them. Lastly, it gives the opportunity for communication. It may be that I'm having a problem implementing my plan, I'm at a brick wall and don't know what to do; if I talk about it in the meeting there may be someone else in the meeting that knows a way around that and can help me move that plan forward. Again, it's an iterative process, it can be a pain, I won't tell you that people look forward to the quarterly meetings because they know sometimes they can be kind of dry but it really does make sure that the process moves forward over time.



That's our presentation. I would just like to thank you and again everyone that we have worked here in the UG and the County for helping us with this study.

Mayor Holland said fantastic. I appreciate your report.

Chief Jones, Fire Department, said as far as the strategic planning process I just want to comment that it has been a very positive effort working together in a labor management process to tackle the initiatives in the Strategic Plan. We will continue to develop those initiatives as we go forward and so we're really looking forward to that. I think it has the opportunity to be a very positive outcome as far as keeping us at a level of excellence where we need to be. I think we provide that level of excellence and this allows us some opportunities to make some changes to enhance that. As far as some of the information that was provided previously I just wanted to clarify a couple of things. Just on the example used as a comparative cities I think both of those cities, neither one of those also do fire-based EMS as far as EMS transport and so there are some differences there.

As far as the trading of time I just wanted to make sure it's clear that trading time is budget neutral and that there really is not a correlation between trading of time and end of the year payouts. The other part of that as far as trading of time is the individuals who trade time must have the same ability qualifications to do the job as the individual they are trading. It actually allows for some flexibility. You know with our unique schedule 365 days a year, 24/7,

weekends, holidays it allows some flexibility for firefighters so they can attend events or family things, kids programs or something like that and so it's very useful.

The other correlation that is there is the correlation between overtime and the carrying of vacancy. We've carried a large number of vacancies that we did in 2015 and we are now and so there is a direct correlation when to carry the vacancies and the requirement to have those come in and work overtime to actually fill those positions on a daily basis. Just a few clarifications I wanted to make in regard to that but I wanted to thank the Chiefs here today. Chief Hood, Kevin Roche and their presentation; and I also wanted to thank the leadership of Local 64. It's been a very positive experience to work through this labor/management process and I also want to thank the Commission for the support they give us. I believe in the Fire Department, I believe in these firefighters. They do a terrific job and I want to thank them also.

Commissioner Murguia said originally at the beginning of this presentation there were some statistics that were given that you presented. I was just curious if it was taken into consideration that most of our employees work 8 to 5 and they have their holidays off and that our fire personnel are required to be working 24/7 and cover all major holidays like Christmas and Thanksgiving. Was that all taken into consideration? **Mayor Holland** said absolutely. **Commissioner Murguia** said then I was just curious if anyone knew—kind of in that same mode the number of hours the average fire personnel works versus the average UG employee, does anybody know? **Mayor Holland** said I believe its 53.5 hours per week versus 40. **Commissioner Murguia** said yes, I was just curious and so it's 13 more hours a week that they are working and then in the comparison to Independence and Olathe, Olathe is not very urban so were the calls for service and the types of calls for service that our personnel do, our fire personnel do, taken into consideration when you look at the population in Olathe and Independence versus what our population is and the demographic of our population? **Mayor Holland** said I will ask the FACETS group to answer that. They pulled together a group of about 20 different Fire Departments and if I remember correctly finding peer cities was challenging so I will let you all respond to how you choose those comparatives.

Charles Hood, Consultant with FACETS and the Fire Chief of San Antonio, Texas said, Mayor, your point is correct. It's very difficult, it's not a joke because it's true, but the only

thing you can say absolutely about Fire Departments is all Fire Departments in the US is that there is nothing you can say absolutely about all Fire Departments in the US. Every Fire Department approaches things differently so we tried very hard to get a group of cities that lined up with the challenges that the firefighters in KCK face the large land area for an urban Fire Department that KCK faces. Mayor, I don't remember the exact number but there were more than a dozen departments that we used as comparator's when we did the study and the Mayor cited a couple of them tonight. **Mayor Holland** said that's all in the FACETS Report that you can review. It's all available online.

Commissioner Murguia said the only request I would have is as we go through this I at some point would like to hear from Local 64 and from any fire personnel that has something they would like to say. **Mayor Holland** said okay.

Commissioner Philbrook said just a small clarification. You mentioned that the other two organizations, Olathe and Independence, they have Para's but they don't transport, is that correct? **Chief Jones** said yes. **Commissioner Philbrook** asked does that mean—they have EMS but do they have the Para's? What do they have in comparison because we're one size fits all sort of group here. **Chief Jones** said they have a number of EMTs and Paramedics in their workforce but as far as providing for EMS Division as a transport division that runs all the transports—**Commissioner Philbrook** said but that's the only difference? **Chief Jones** said as far as the only difference there you know Olathe provides for within an automatic aid system with multiple Fire Departments, multiple smaller Fire Departments they kind of act as a larger Fire Department so they kind of cover each other's territories so it's kind of a difficult comparison. **Commissioner Philbrook** said so their EMS sort of system kind of overlaps several different areas is that what you're saying because I'm kind of lost, it gets complicated. **Chief Jones** said Fire Suppression and EMS overlaps but the EMS transport service in Johnson County is provided through Johnson County Med-Act. There are a couple other departments in Johnson County that also provides EMS transport so it's not all of Johnson County that is covered by Johnson County Med-Act.

Commissioner Philbrook asked how many of the groups, the other cities; the peer groups that you picked out other than these had all the firemen, fire ladies trained as paramedics. **Chief Jones** said you mean all paramedics across the—**Commissioner Philbrook** said all

firefighters were trained as paramedics as well. **Mayor Holland** said I think that's a question to FACETS. **Mr. Hood** said I can jump in and say there are very few Fire Departments that are all paramedic. One department that I can think of would be Dallas. Everyone that they train they train them as paramedics initially but most departments are not all paramedic. They are going EMT and then you're going to have X amount of paramedics and so the more paramedics the better but you may have a small, small department where everyone is a paramedic but there are not a lot of models where everyone is a paramedic. It's cost prohibitive. **Commissioner Philbrook** said I'm just trying to understand this and shake it out because this is not my job normally.

Commissioner Walker said, Chief, I think I recall this when I was here before. For those that haven't been around we went to this system that increased the number of employees from just a Fire Department—first we had K.A.R.E. many years ago then we stopped having K.A.R.E. and then it was decided that we were going to be progressive and a previous Commission and it might have even been the City Council, the years kind of run together, and it was decided that we were going provide our own EMS transport system. The reason we did that was because the cost of providing that service through an independent third party had reached the point where projecting it out with the increases that were occurring as well as the questions that revolved around the services that our citizens were getting we opted to bring it in-house which has resulted in what appears to be, just when you look at statistics, and you can make statistics say whatever you want them to say depending on how you present them; but we have a lot more "firefighters" because we did add that service in-house. We didn't have those numbers before we became an emergency medical provider. Now, is anything I said incorrect Chief? **Chief Jones** said no. You had to substantially increase the number of personnel to move to a fire-based EMS transport system. **Commissioner Walker** said I say this in jest so no one take me seriously, if you want to reduce the number of firefighters and reduce the cost of firefighting then just quite doing the Emergency Medical Service and hire somebody to do it for you. I mean the reason you won't do that is because that is ridiculous. You cannot control the quality of service, the timeliness of service or the fact that whichever gets to the scene first the ambulance or the firetruck, you've got somebody who is going to be providing medical attention to your love one

from the get-go. We can certainly cut the numbers of them by letting a third party do the emergency medical.

Mayor Holland asked what is the numbers, what is the number that was added for EMS? **Chief Jones** said that is a complicated equation. I will tell you this, what it takes is about 87 personnel to run the EMS Division as far as EMS overall. Now, we're talking about an integrated system in the fire-based EMS transport system that also does first responder and everybody is trained to work within this EMS system whether they're an EMT or Paramedic and so how many were added, initially I would say not enough. It was understood that the number that was originally hired was not high enough to provide for the entire system and because it's integrated those existing firefighters were all used within that system of EMS and EMS transport. It becomes complicated when you look at it and you say okay how many firefighters do you have but when you run a fire-based EMS system where you also do transport and have you firefighters who can work on the fire truck one day and on the ambulance the next, they are going to rotate back and forth and it's very efficient in that model. I would also say we are considered an A model within fire-based EMS across this country and we do an excellent job and the quality issue that Commissioner Walker talked about was in fact an issue that was dealt with to the point where I believe that our peers would agree that the service we provide is on a very high level. The word to best describe it is the level of excellence not only in our response times and the ability to work as a team in an integrated system from the first responder to the EMS unit but also within that transport all the way to the hospital. An EMS call is more than just transporting somebody to the hospital. It's the integrative care received by this EMS transport fire-based system.

Doug Bach, County Administrator, said I believe somebody probably knows for sure the number, I believe we hired 76 when we started the unit in 2004. **Someone in the audience** said 72. **Mr. Bach** said 72, okay. **Chief Jones** said the number as far as budgeted potentially through the EMS Enterprise Fund but I will tell you that you can look at the number 87 is what it takes to run it as far as an EMS system on a daily basis but some of the individuals that operate within those positions are from the budgeted—on the other side of the equation through General Fund activities.

Commissioner Johnson said thank you all for this great presentation. Of the seven bullet points that were in this proposal the thing that I was trying to correlate was how the minority recruitment and promotion things that were identified would fit within those seven areas and would there be specific goals within the three year period of time established within that and then my last question is what role will the Public Safety Recruitment Task Force that was established, will that continue to be or is that going to be dismantled or what role will they play in this process as well so there were three questions I had. **Chief Jones** said I think it's very important that the recommendation from the Task Force be a part of the equation for our Strategic Plan and was absolutely part of our Strategic Planning process and will continue to be. What we have here is an ongoing effort to increase minority participation in the hiring process and a lot of those recruitment activities that we've initiated have already been very successful. We're finding better ways to enhance that, very aggressive recruiting program you know within the schools and we've looked at opportunities to start very much communicating with the younger grade levels all the way up through high school and in college and also individuals within our community who may in fact be minorities and who may be out of high school and looking for an opportunity to go back to school, achieve the necessary certifications and take a shot at being a part of the application pool. We've been successful in job shadows that we've done with these individuals from the high school students to those that are out of high school and that has been very successful. We have a long list of people that are chopping at the bit to try to have the opportunity to participate and to get involved in the application process.

Commissioner Johnson said I guess my thing is when I look at the recruitment pool that comes in and then the graduating class I'm counting numbers to see if that is reflective of our great diverse community as one of its real strengths of our community and I was just encouraging and certainly I'm happy to be a part of any discussion as it relates to how we increase those numbers so we can look like across all lines the diversity of this great community. **Chief Jones** said right and then another aspect of that is getting the community involved in that recruitment process because I think that's really a beneficial factor in getting that motivation and in that preparation. In some areas it takes years to kind of look ahead and say if I want to take a shot at this, if I want to pursue this, and in some cases as we look upon my dream is to become a firefighter and how do I pursue that. If a young man or young lady looks at that in high school or middle school and we reach them and we kind of give them the roadmap on how to get there, I

think it makes a big difference. I think a lot of our firefighters are actually influenced in that way at a young age where they kind of had their eye on the prize in that regard and they work towards that. So, yes, I agree with you absolutely.

Commissioner Bynum said, Chief and to the Consulting Team, at the end of your presentation when you were talking about the strategic planning effort that is something that to me is very pleasing because I think what I heard was a real spirit of cooperation around the Strategic Plan for the overall Fire Department. Within that I think I heard pieces of the consolidation that have been brought forward in the FACETS Study but again I feel like I have the sense of a cooperation among the Administrator's Office, your department, and everyone else that was involved. It's probably too early to say but I wonder if within that planning process and that cooperation around the consolidation there are savings that could be found. Would that be a statement that could be made fairly or are we too soon to see something like that? **Chief Jones** said I believe it would depend. If the overall goal the focus was just to save money, if that was just focused on—**Commissioner Bynum** said sure, it would be a happy bi-product I guess because I'm really pleased with the strategic planning piece that's going on and I'm looking forward to seeing that. **Chief Jones** said I think what we're looking at is in the industry and in the fire service the term Standards of Cover is what you use and basically that's your deployment of your resources and in compliance with the National Standards and what that means to the outcome of responding and serving the public. It has to be looked at in that perspective so finding a way to do it in the most efficient and effective way possible without I guess lowering that standard of excellence that we talk about that I believe our public has come to expect which I think we perform on a daily basis. Looking at it through that focus and in trying to create efficiencies but yet provide that standards of cover in a community that has been growing. We have a bright future and a bright horizon in looking at the opportunities for growth. With that growth and that growth of infrastructure requires the ability to have the resources necessary to protect it but can we look at the most efficient way to do that, but also keep it in mind that standard of excellence and that standard of cover for resource deployment necessary to do it right. **Commissioner Bynum** said I appreciate that because our job here is to look at everything we can possibly look at to be as efficient and provide that excellence. I think we are working on that all the time and here we come on another budget cycle and you know the presentation before

this one was on healthcare and things that we can do as government and things that the individuals can do, that everyone can do collectively to lessen that burden, if you will; that I think the Mayor commented was a $30M price tag. I just feel like as the governing body it's our responsibility to make sure that in everything we do within this government we're looking to keep excellence but also always look for efficiency and that's why I wanted to commend the strategic planning effort because I really think that is a very likely outcome of such an effort like that so I'm really happy to see it and I just wanted to hear your comments and thoughts on that really and thank you.

Mayor Holland said I want to thank everyone for being here tonight. I want to thank all of you who have worked on this study. This study is unprecedented. There is no one that can remember a comprehensive study like this in the Kansas City, Kansas Fire Department or in the Sheriff's Department or in the Police Department. The study is unprecedented, the cooperation is unprecedented, and it's just tremendous cooperation that's going on right now to look at every facet, if you will, of our Fire Department and I would say the opportunity is unprecedented. We have an opportunity as a community to prepare a Fire Department for the next 50 years and to really look to the future of what's best going to serve our community long-term to provide the safety we expect and to provide the sustainability that we expect as well. Thank you all very much and everyone who is working on this.

Someone in the audience said what about the Local. We thought we had time to talk. **Mayor Holland** said we had setup a Special Session and we did not have a place on the agenda for public comment. We can talk about an opportunity to do that in the future but today's Special Session was to hear the FACETS update. We will convene downstairs at 7:15 p.m. **Someone** in the audience said what about your snapshot? That wasn't a part of FACETS.

MAYOR HOLLAND ADJOURNED
THE MEETING AT 6:55 P.M.

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Bridgette Cobbins
Unified Government Clerk

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