ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, January 24, 2022

The meeting of the Administration and Human Services Standing Committee was held on Monday, January 24, 2022, at 7:57 p.m., remotely via Zoom. The following members were present: Commissioner Markley, Chairman, Kane, Johnson, Ramirez, Bynum. The following officials were also in attendance: Alan Howze, Assistant County Administrator; Kathleen VonAchen, Chief Financial Officer; Wesley McKain, Manager, Department; Susan Alig, Senior Counsel; Misty Brown, Chief Counsel; James Bain, Assistant Counsel; Gunnar Hand, Director of Planning & Urban Design; Alli Zeul, AmeriCorps Initiative Supervisor, Public Health Department, Monica Sparks, Deputy UG Clerk.

Chairman Markley said before I call the meeting to order, I want to announce that due to COVID-19, some committee m embers, staff and public are attending remoted via Zoom as well as on-site.

All participants joining by phone should mute their phones when not speaking to avoid background noise. During the meeting, please make sure you announce yourself by name and title every time you speak so the public that is observing knows who is speaking. This is critical given the number of remote participants and is current guidance from the Kansas Attorney General.

The public is allowed to participate by Zoom or submit comments by email prior to the meeting and those comments will be included in the record of the meeting. The public may also indicate their intent to provide remote public comment by contacting the Clerk's Office by 5:00 p.m. the day before the meeting. The public will also have an opportunity to provide brief comments either by telephone or via Zoom from the lobby of the Municipal Office building.

Chairman Markley said I will now call the meeting of the Administration and Human Services Standing Committee to order. Would the Clerk please call roll? Roll call was taken and members were present as show above.

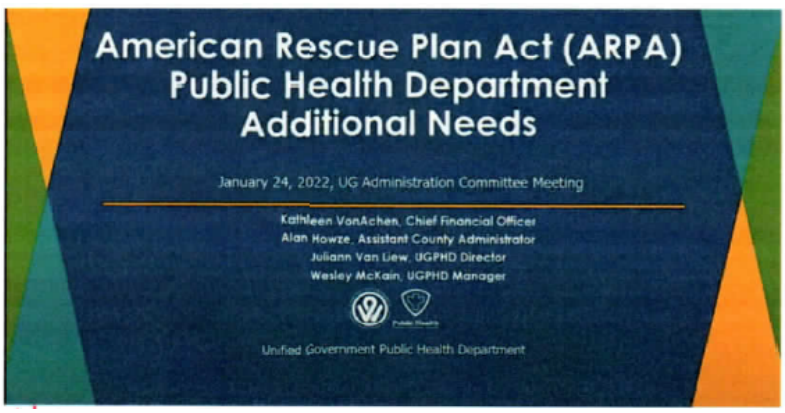
Chairman Markley said there were no revisions to tonight's Agenda.

Approval of Standing Committee Minutes from October 25, 2021. **On motion of Commissioner Kane, seconded by Commissioner Bynum, the minutes were approved.** Roll call was taken and there were five "Ayes," Kane, Markley, Johnson, Ramirez, Bynum.

COMMITTEE AGENDA:

Item No. 1 - 211256...APPROVAL: ARPA SUBCOMMITTEE ALLOCATION RECOMMENDATION

Synopsis: Approval of ARPA Subcommittee allocation recommendation for UGPHD additional needs for 2022 and beyond, submitted on behalf of the ARPA Subcommittee by Alan Howze, Assistant County Administrator and Juliann VanLiew, Public Health Department Director.



Alan Howze, Assistant County Administrator, said I'll get us started here and hand it over to Kathleen VonAchen, our CFO, and Wes McKain, from the Health Department. This is a funding request coming through for the ARPA dollars on the county side. Just as a quick—on the process here. The ARPA Subcommittee, which Commissioner Markley chairs, has looked at, or continues to look at the allocations for ARPA as those requests come through, specifically around COVID in this case, and then makes those recommendations for funding. Those are then provided to the standing committee. Should the standing committee decide to move forward with those recommendations, then they go to full commission for authorization. So that's kind of the process here.

So, the ARPA Committee has looked at this funding request and has moved to move it forward to the standing committee, so that's what we bring with you tonight. I will just sort of be

direct about it. I think there was also an issue with the agenda and the resolution not being attached to this in the agenda item. So, I'll ask Misty Brown, maybe she can kind of clarify or weigh-in on that. As we go through this discussion here this evening, I wanted to give you information and then get the determination of the committee as to how they would like to proceed with this, given that error. Misty or Legal, anything you want to add to that?

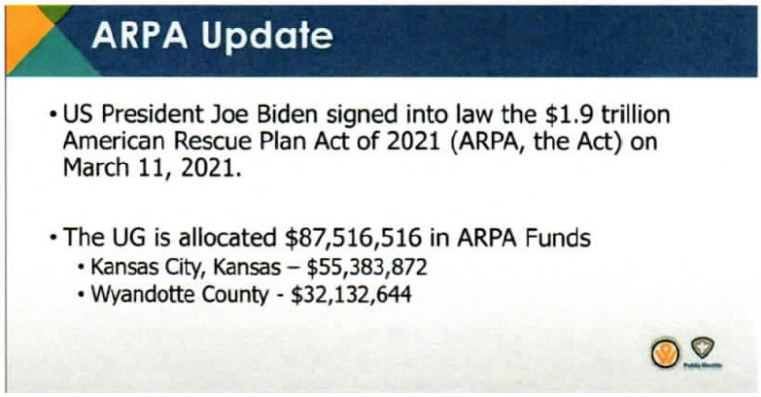
Susan Alig, Senior Attorney, said I'm sorry. I missed what the error was. Misty and I were actually discussing something else.

Mr. Howze said that the resolution for the funding was not attached to the agenda item itself, so we don't actually have a resolution. **Ms. Alig** said I think that with a vote or with a motion that clearly defines to approve it, we can draft a resolution that matches the motion later on.

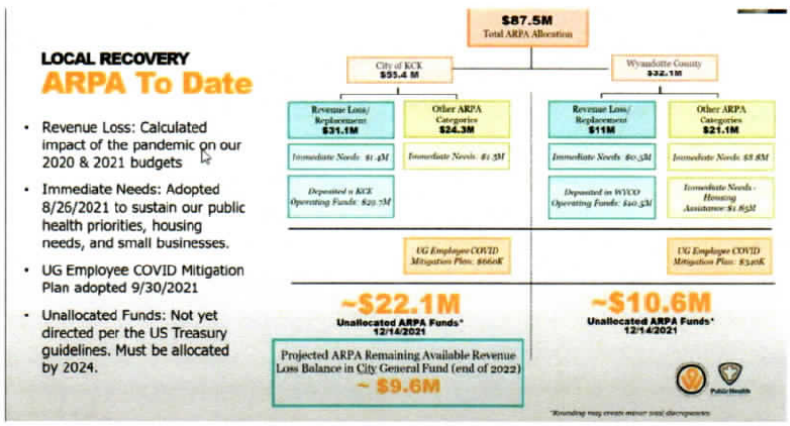
Misty Brown, Chief Counsel, said I would just echo what Susan said and what we discussed. There is a draft resolution that if it does advance to the next level that we would attach that resolution to be at the full commission meeting.

Chairman Markley asked, questions on that before we dive into the presentation, anyone? Let's forge ahead.

Kathleen VonAchen, Chief Financial Officer, said we've worked together with the Health Department as well as the ARPA Subcommittee, as Alan mentioned, and this constitutes the additional needs.



Just to give you an update. The American Rescue Plan Act, as an update. Our U.S. President Joe Biden signed into law $1.9T in American Rescue Plan Act funds as of 2021. That was passed or signed on March 11th, and the UG, as part of that Act, was allocated state and local fiscal recovery funds, $87M in ARPA funds, of which $55.383M is for the City of Kansas City, Kansas funds and $32.132M for Wyandotte County.



Since then, the Commission has made a number of allocations and I wanted to kind of walk through this chart before we proceed. Here, you'll see the large number, the $87.5M of which $55M is for the City of Kansas City, Kansas, and $32M for Wyandotte County. Since then, the Commission has approved a variety of items. First off, as part of the 2021/2022 budget, a revenue loss replacement calculation was included in the respective funds of KCK and Wyandotte County, and that's what this column down here is; $31.1M was calculated on the Kansas City, Kansas side and $11M on the County side. Then there was an immediate needs, so that left, for other ARPA categories, $24M on the City side and $21M on the County side.

On August 26th, a number of immediate needs were adopted by the full commission, and those immediate needs constituted funding mainly from the ARPA category or other categories in this green area. But a small portion of the immediate needs was also paid for from revenue replacement. Those portions are listed under that column here and split out accordingly.

Tonight, we're really going to be focusing on the County side because the Public Health Department is a County fund. On the next slide, we're going to focus on the County side. We're just giving you an overview of all the dollars. So that's how these were split out.

In addition, at the same time on August 26th, in addition to the immediate needs, another $1.85M was allocated for housing assistance. Then, subsequently on September 30th, the Commission approved what is called the UG Employee COVID Mitigation Plan, which was adopted by the full Commission. That totaled $1M of which $660K was for Kansas City, Kansas funds, our employees working respected to Kansas City, Kansas, and $340K is estimated for the County side.

Given all these funds, which have already been approved, the remaining balances on the Kansas City, Kansas side for ARPA is $22.1M and that's the allocated amount as of the middle of December. On the County side it's $10.6M that's still available and unallocated.

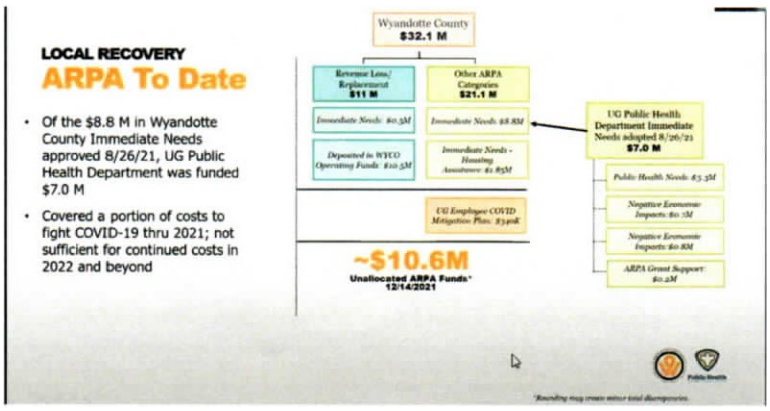
As you see up here, there's quite a bit of revenue loss, replacement money that was allocated in the operating funds. Based on the adopted budget of 2021 and 2022, we calculated that there is still revenue loss or revenue replacement monies that have not been allocated. Those are all sitting in the City General Fund and at the moment that's estimated to be $9.6M. These big orange numbers are the amounts that have not been allocated so far.

Commissioner Ramirez said the $9.6M, was that part of what was put into the fund balance**? Ms. VonAchen** said yes, so right now that money is the estimated amount that has not been allocated or spent as of the end of 2022 resulting from all this green column here. **Commissioner Ramirez** said so, it's what's left over. **Ms. VonAchen** said that's right.

Commissioner Ramirez said and that's just in the fund balance and that is to be allocated however, if and when we'd like, correct? **Ms. VonAchen** said right. That is, because the special feature of the revenue replacement is that Treasury allows you to spend it on government services, which is a very flexible criteria. We're including it here because we want all the commissioners to understand that this money still is available and could be evaluated as part of the conversations that the ARPA Subcommittee is having.

Commissioner Ramirez said okay, if we could "combine" and use the fund balance left over with the unallocated ARPA funds, correct? That's what I got from what you said. **Ms. VonAchen** said that's right. I should put a caveat, of course. This number is an estimate based on budget and, of course, as we finalize the fiscal year 2021 numbers and then revise the subsequent budget, this number will change.

Chairman Markley said I don't see any more questions. l think you're safe to go.



Ms. VonAchen said so, as I mentioned, tonight's focus is really on the County side of the equation. All of these numbers are still the same as what I showed before. I did want to point out that the request is coming from the Public Health Department specifically, so we thought maybe you might like to know of the total immediate needs that were adopted on the County side on August 26th. The total immediate needs on the County side was $8.8M and of that amount, the Public Health Department received $7M. They utilized these funds for a variety of public health needs of which these are the various ARPA categories. $5.3M was for specifically public health needs; $700K for negative economic impacts. This one disproportionately impacted communities, this is a typo here of $800K. Some $200K for ARPA grant support. The Immediate Needs Report, that's on our APRA website, has all of the individual programs specifically listed out with an explanation each of the programs. These are all just lump sums.

PUBLIC HEALTH DEPARTMENT ADDITIONAL NEEDS (ARPA)	
PROJECT DESCRIPTION	REQUEST
COVID-19 Project Manager, 1 year	$ 63,747
Forgiveness for court fees if vaccinated (continued)	75,000
Maintain testing in schools, long-term care facilities, and high-risk settings in the community (continued)	100,000
Contact tracing/case investigation/epi (continued)	70,196
Transportation assistance for UGPHD clients	103,776
COVID quarantining & isolation (motel stays, meals) (continued)	75,000
Testing, vaccine communications (continued)	300,000
UGPHD Deputy Medical Officer	168,642
Overdose Data 2 Action	200,000
Drug misuse prevention coordinator (continued)	80,000
Non-Emergency Medical Transportation (NEMT) micro-transit pilot	150,000
UGPHD mobile clinic unit (continued)	240,000
Education Team on COVID, communicable diseases, health behaviors, and immunization outreach (continued)	220,000
Health Equity Task Force after RadX completes	424,413

So, now this is getting to the request of the Public Health Department, it's totaling $3.43M and there are two slides here specifically list out all the individual programs. At this point, I would like to ask Wes McKain, from the Public Health Department, to step up and talk about each of these items.

Wesley McKain, Manager, Public Health Department, said just real quick notes before I as quickly as I can go through these items. Overall, as you look at this list, there's kind of these different categories of items in here. One of the categories is Core COVID Response. You'll see things like COVID Project Management, testing, contact tracing, quarantine and isolation, communications and maybe some others as well. Those were originally much larger requests.

As we've learned more about FEMA and about what FEMA will cover we've reduced those requests because a lot of those items are eligible for FEMA funding. There's an item in front of the Commission on Thursday about this. We still have them in here because as of right now, we have assurances and understand that FEMA will cover those costs through the end of March, but we do not know what's going to happen after that.

We would like—we were anticipating and sort of structured this to be the second and final request that the Public Health Department would make to the Commission for ARPA. So, we wanted to put some contingency funding in here for these items past the end of March. Of course, if FEMA extends that, then we will not use this funding. We will use funding we can get reimbursed for and we will return this money to the ARPA pot to be redistributed. That's a portion of the costs.

Another element is there's a lot of this that is in line with our first request, which is about our CHIP. In speaking with the ARPA Committee and the commissioners, you and your discussions, and us in our requests have prioritized advancing our CHIP as part of the framework for how these ARPA funds would be used and you'll see that throughout here.

Mr. Howze said, hey, Wes, for the benefit of the public, maybe not using acronyms and spelling out what CHIP is. **Mr. McKain** said our CHIP is our 2018 to 2023 Community Health Improvement Plan. It prioritizes four areas of health improvement that are really focused on the social determinants of health, which aligns really well with ARPA-eligible uses which that Act also was looking not only at COVID virus mitigation, but also at the economic and social recovery of communities from COVID, which aligned really well with our CHIP. So those areas are violence prevention, safe and affordable housing, jobs and education and access to healthcare services. You'll see those kinds of categories reflected in that. That was an operating framework for our first request to the Commission in that immediate needs bucket and that continues with this.

Ms. VonAchen said, Wesley, I might add just one more thing is that the community, the CHIP, the Community Health Improvement Plan, one of its ARPA overarching goals is to improve our current health standings amongst the state, because right now, if not the, one of the lowest across all the counties, right? **Mr. McKain** said we are, yes. It will be difficult, if not impossible, for us to improve that if we don't make progress on some of those underlying factors that help to promote and support health, which include housing and access living, wage, jobs, and things like that.

A lot of these you'll see continued in here. If it says continue, that means that we've requested a portion of this funding and immediate needs to be continued in an additional request. Almost always that means that we requested, not always, but almost always it means that we requested two years of funding and that we're requesting a third year of funding which would take us through the end of ARPA, which is the end of 2024.

A final thing is that we're going to be sub-awarding a lot of this funding even though the Health Department is the operating agency that will be receiving the funds. A lot of this money is being sent out into the community, that's how a lot of our work on the social determinants of health and on long-term health improvement and COVID recovery works. We are not able, we don't have all the expertise to do all the work, so we form very strong partnerships with agencies and we support them through planning and funding, communications, access to resources, things like that.

The final, final thing is there are some items in here that are specifically for Health Department, for our clients and for us to support our clients more during this COVID pandemic, and so I will mark those out as well. I'll stand right now for questions. That's overview, then I'll kind

of dig in briefly into each item as we go forward.

Commissioner Bynum said Wesley, I want to make sure I understand some of what you said early. If there is an item here that is potentially reimbursable to the Unified Government from another source like FEMA, then you will go that route first; however, we only have clarification from FEMA, for example, of things they are going to pay for or reimburse for through March of 2022. So, what you're seeking is to lock in with these dollars that these needed functions will be funded one way or another, but if you get word that FEMA would reimburse something beyond that date, then you would go that route and that would free this ARPA dollar back up for other ARPA uses. Did I say that right? **Mr. McKain** said you got it exactly right. Yes, it's really a timing issue.

Commissioner Bynum said and I get that. That's how things work, right? But I guess the tagalong question to go with that is you're asking for funding that takes UG Public Health and your partners through the end of ARPA eligibility time. And so, if, let's say in 2024 we're still dealing with something and we get word late that FEMA's going to reimburse, what are we doing to our own ARPA timeline is the question? Are we squeezing our own timeline?

Mr. McKain said I don't believe we will and that's the reason I believe—I don't believe we will. All of the items that are going to be FEMA-eligible, those are—there's a lot that we'll just subaward and will last out. We intend to have budgeted out through the end of 2024. But all the FEMA-eligible items are really items that are going to be operative here in the next year. Things like COVID communications, contact tracing, those items will, I mean, I'm not a fortune teller, unfortunately.

I don't know exactly what's going to happen in the next year, but certainly I don't think that FEMA will continue doing this kind of staging process and we wouldn't be able to know how much. I think that there will be time to be able to shift and adjust and that we won't be kind of playing this game with FEMA for the next three years. I think that'll be a little bit sooner than that, and if not then that'll be an interesting problem to have. But yes, I don't know 100%, but I don't think that will be an issue.

Commissioner Bynum said well, I appreciate it. It's fair enough. And, Kathleen, I think that—is there some ARPA rule that says it just has to be encumbered by this certain date and not necessarily spent that helps us maybe not have a potential crunch like that? **Ms. VonAchen** said that's correct.

Commissioner Ramirez said this question may have already been asked and answered, so I apologize. Are all of these items eligible for FEMA reimbursement? **Mr. McKain** said no.

Commissioner Ramirez said like the Drug Misuse Prevention Coordinator, is that currently being funded? **Mr. McKain** said that says continued, so we did receive two years of funding for that in the Immediate Needs request and are about ready to onboard a person for that based upon the increase in overdose rates in our County. That $80K is for a third year to be able to provide extended funding for that person to continue to work. So, we've received part of the funding, and that $80K would be then to take us out to the end of 2024.

Ms. VonAchen said just to clarify each one of these items if it has continued at the end of it, it means that it was started with the Immediate Needs Report, and it's being continued in this.

Commissioner Ramirez said okay, so the original, the first ask—the Health Department came. Let's say FEMA, so the testing and all the COVID-related, those can be eligible for FEMA reimbursement, correct? **Mr. McKain** said yes, yes. For instance, the testing. Let's see the one that says testing and vaccine communications, $300K. That is, really the reason that's in there is let's say we spend quite a bit of money getting word out to our community about COVID and then we spend it and then we get to April and FEMA is no longer going to be reimbursing those dollars. We need a pot of money to be able to continue doing that work. If we don't have accounts that have a big amount of money in them to be able to spend that, that's kind of when ARPA kicks in.

It's like this kind of, a little bit—I don't want to call it a game, but it's like a process where we want to prioritize FEMA for as long as we can, but we have to have some contingency in place in case FEMA says—and often times we don't know until kind of right before the deadline or early before the deadline. So, these are really contingency funds and it's difficult to then go through this process to get accounts that have money in them to be able to pay our bills. It is a little unusual, I know, but it's good to think of those as kind of safety contingency funds to be able to use that.

Ms. VonAchen said basically because these needs will continue because the pandemic is still continuing, but FEMA reimbursement may stop at the end of March. We still need to be able to meet those needs.

Commissioner Ramirez said okay. This might be a very premature question since we're just towards the end of January. Has FEMA—been any indication that they might extend past March? **Mr. McKain** said as of—we asked the State that on a call that Matt May hosted on Friday of this last week and she said, I have no idea.

Commissioner Ramirez said so for the last dot to connect. These funds, the $3.43M won't kick in until after the ending of FEMA reimbursement, correct? **Ms. VonAchen** said no, these would be, in effect immediately. It's for 2022 and beyond.

Mr. Howze said a portion of them that are clearly what we define as FEMA reimbursable, those will be sort of held back, in a sense. Other portions of this would kind of kick in right away and would not be FEMA eligible at this point. So those funds would get accessed and go into motion more quickly.

Ms. VonAchen said I just want to point out that Central Accounting, myself, Wes, and the Grants Managers are all looking at this very closely and keeping very close track of all of these expenditures. We're making sure we have all the documentation so that we can seek reimbursement. What you're seeing here is a very summary kind of information. But, we're all over this and on top of it.

Commissioner Ramirez said okay, good thing. I had asked or try to make that connection because I was seeing or viewing this completely different than what was explained, and that might have been just my fault not really following. I'm glad that I asked that last question.

Commissioner Kane said related question to this chart, and I was asked this the other day, is there a way that the Health Department can say this district had so many shots and this district had so many shots to separate the districts to see which ones got so many and which one doesn't? Is that possible from the Health Department? **Mr. McKain** said we can break it down geographically, another level, if it would be a commission district or zip code or something like that, but there's no way to provide a basic…

Commissioner Kane said zip code is fine, district is even better, and I'd appreciate that.

Chairman Markley asked other questions before we move on? Not seeing any, so, Wes, you can proceed.

Mr. McKain said I'll try to—I kept trying to time myself to make this short, so I'm going to make this as short as I can. COVID Project Manager, I think, is fairly self-explanatory. We have a lot of different projects going on and have to be convened and kept on track. That role's been very important to us.

The forgiveness of court fees if vaccinated. That's a project that was allocated for one year and the Immediate Needs, we're asking for a second year. That's a project, a partnership with Brandy Brajkovic from Municipal Court to be able to hit two purposes. One, to relieve people who have been vaccinated of a certain portion of their court fees and then also to help them get their suspended driver's license reinstated, which is related to our Workforce Development Strategies trying to give people access to jobs. You don't have a driver's license, it's more difficult to be able to get to a job. So, it's a multiple purpose one, and we're enthusiastic about it and would like to get a second-year funding for it.

Testing is another one. That's one of those FEMA-eligible continency funds.

Contact tracing. We have burned through a lot of contact tracing dollars. Now, our approach has changed a little bit with that with just a humongous number of caseloads so our costs might not be quite as significant, but we burned through the first allocation of $200K very quickly. We would like some more with that. Something to note is contact tracing is not FEMA-eligible for reasons I don't understand, but it's just not on the list. We do need to have a pot of money for that.

Transportation assistance for UGPHD clients. By the way, that acronym stands for Unified Government Public Health Department. That is a service to our clients that we would like to put in place. During this time, that amount we estimate would fund free transportation door-to-door for a portion of our clients who need it from now until the end of 2024.

COVID quarantining and isolation. That's another one that we believe is FEMA-eligible. That's one that has been on the line, but we're working on that right now to get that shored up, but that is helping people who are unsheltered or who are unhoused who need shelter. If they're COVID-positive, they can't be in the same areas as other folks who are sheltered, and so we put them in hotel rooms or other short-term rental units to be able to help them isolate until their symptoms resolve.

Testing and vaccine, communications, that's one of those FEMA-eligible items that is contingency.

Our Medical Officer, this is a continued one. We asked for a year. Having that extra leadership has been very helpful for us during the pandemic. That's another person to be able to provide guidance and leadership to us. So, that would take this role out until the end 2024.

These next two are about substance abuse prevention. This is an item—overdoses increased in 2020 and 2021. We have early data. I just got data in the last month that overdoses—there's evidence that overdoses, opioid overdoses in particular, are increasing in Wyandotte County as well. We have not convened and not had a program in this in the past, and so this is a really excellent and actually somewhat urgent time to focus on this issue. It's some implementation dollars for that project to be able to work with clinics and others to be able to prevent and treat this issue. Then it's a third year of staffing for a coordinator, and we got the first two years for that in the first allocation.

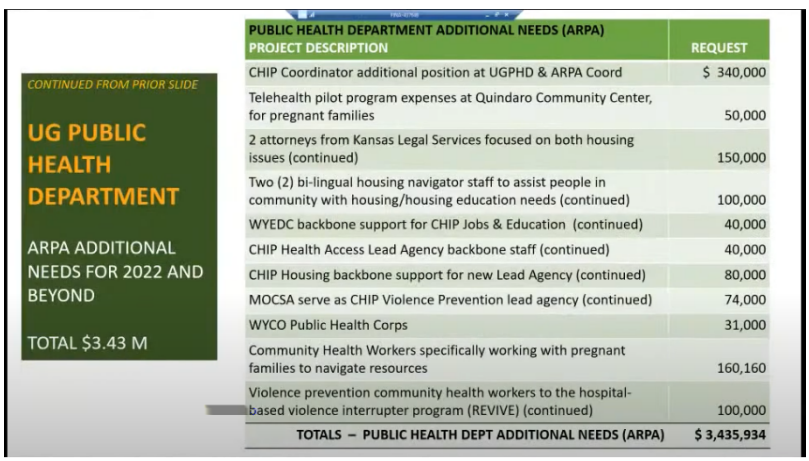
Non-emergency medical transportation PILOT. This is one that we've done a lot of work on it, the community pulling together, healthcare clinics, to be able to provide not emergency room visits but transportation to our Safety Net Clinics and hospitals for non-emergency issues, and we've developed partnerships. There's a funding project from a grant application from the Kansas Department of Transportation that's out there for this. Transportation access is one of the biggest issues that comes up when people talk about why they can't access health services. It's always in the top three. This would extend that. We're hoping to match some funds that we got from—that we hope to get from KDOT to be able to extend this beyond one year. That's what that is.

Our mobile medical clinic. We've asked for the funding to provide for that clinic in our first immediate needs request. That's really exactly what it sounds like. It would allow us to take our services on the road. It allows us to go places where people might have difficulty accessing services for lots of reasons: age, transportation, income, anything like that; proximity to the Health Department. They might live far out west and it might be difficult for them to get here. That's a lot of work getting that set up, so we'd like to have a temporary staffing person to get that off the ground. That's what that coordinator salary is for on that.

Education team. We have never had a health education team, but we started one during COVID because we were doing a tremendous amount on it. We asked for that within immediate needs for two years. This is the third year plus a little bit. We underestimated the salaries a bit on that, so it's a little bit of the salaries for the first two years; and then also some marketing costs to be

able to educate, not just about COVID, but about the items there as well. Our other health issues have not gone away and in some cases, might have gotten worse during COVID. We're really excited. We're actually in the hiring process this week for that team which is really great.

And then Health Equity Task Force. RadX is the grant right now that funds it, but we started this during COVID to really work on health disparities that we were seeing in COVID, the African-American mortality rate, the increased case rates among non-white populations. That work convenes and really spearheads a lot our health equity work. We would like to fund that and continue that through the duration of the ARPA period. To continue to work on our health equity strategies takes a lot of time and partnership, a lot of time to do it well. It's two staff people to be able to coordinate with that committee and all of the leaders who are part of that.



PUBLIC HEALTH DEPARTMENT ADDITIONAL NEEDS (ARPA) PROJECT DESCRIPTION	REQUEST
CHIP Coordinator additional position at UGPHD & ARPA Coord	$ 340,000
Telehealth pilot program expenses at Quindaro Community Center, for pregnant families	50,000
2 attorneys from Kansas Legal Services focused on both housing issues (continued)	150,000
Two (2) bi-lingual housing navigator staff to assist people in community with housing/housing education needs (continued)	100,000
WYEDC backbone support for CHIP Jobs & Education (continued)	40,000
CHIP Health Access Lead Agency backbone staff (continued)	40,000
CHIP Housing backbone support for new Lead Agency (continued)	80,000
MOCSA serve as CHIP Violence Prevention lead agency (continued)	74,000
WYCO Public Health Corps	31,000
Community Health Workers specifically working with pregnant families to navigate resources	160,160
Violence prevention community health workers to the hospital-based violence interrupter program (REVIVE) (continued)	100,000
TOTALS – PUBLIC HEALTH DEPT ADDITIONAL NEEDS (ARPA)	$ 3,435,934

We have a CHIP coordinator. We have one staff person in our Health Department fulltime who works on CHIP. We would like another person to be able to work on this expansion of this during the COVID recovery. That's what $240K of that first request is. Then the ARPA Coordinator is a continued one. It takes quite a bit of resources to get these dollars out administratively and things and so that is a third year of that.

The Telehealth PILOT Program. That actually pays for a lease for the Quindaro Community Center. That's the only cost for that. It's one that we're still getting up and running. The partnerships are developing. It allows for moms and families up in the northeast to be able to access Telehealth maternal visits if they have difficulty getting to the doctor.

These next two will be RFPs that we will submit. Unfortunately, it says Kansas Legal Services. We'll have to do an RFP for one. There are other potential agencies who will do that.

That's low income legal assistance. It's not only housing. It's housing, disability, Medicaid, family issues, employment issues, lots of things that people can find themselves in who if they're alone and can't navigate, they have a very difficult time. We heard that from our CHIP. It's very, very important. Lots of people said that was a huge need for members of our community.

Then, the bottom one as well. The one below it, housing navigation staff for individuals who speak Spanish in our community. Lots of housing dislocation during COVID because of lots of reasons. People whose primary language is not English, it's even harder for them to navigate those issues, and so that's an RFP we're going to find an agency to be able to help residents in the committee on that.

The next four, I mentioned, are four areas of our Community Health Improvement Plan, our CHIP. Those agencies are really the backbones, I guess you could say, of our CHIP. All of our partnerships in those sectors and spheres run through those agencies. We received two years of funding with the first one. This allows for a third year through the end of ARPA.

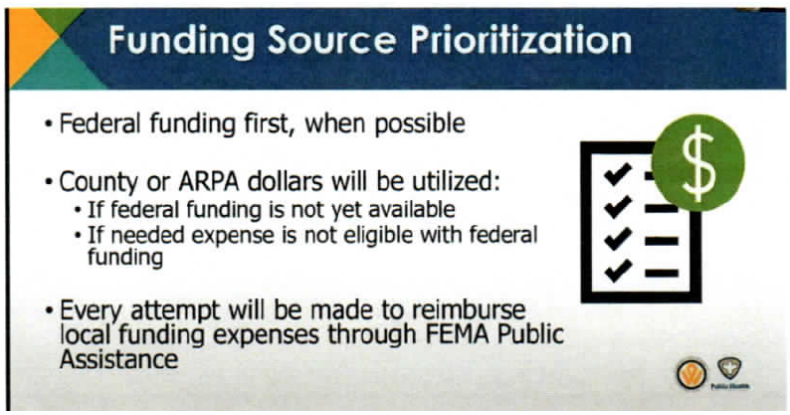
WyCo Public Health Corps. I'm not going to steal the thunder of that because that's the next presentation, but that's a really great opportunity. Very small amount of the total project cost is not covered under that award that we're seeking, so this is for some non-covered costs that we're requesting through ARPA.

Then these last two are about community health workers. Community health workers are really, really wonderful people who stand in between social services, governmental services, employment resources, and communities. They're from the community that is being served, but they are experts in the systems. They really function as navigators and people who walk alongside people who have difficulties getting the services. It's a growing model that's been really helpful in lots of areas. Two of them here are maternal health, so helping women navigate that as they're having a child. Those will be stationed at the Health Department for that.

Then the last one is actually a violence interruption program that THRIVE, which is violence prevention initiative in Wyandotte County led by a portion of KU has been working with KU Hospital to be able to interrupt violence by providing trained experts for people who are caught in cycles of violence. They bring people who are trained and experts in this who understand and have been a part of that in the past to be able to interrupt those. It's an evidence-based program that's been very effective. That partnership has taken a lot of time to set up, and that's for a third year of funding for that as well.

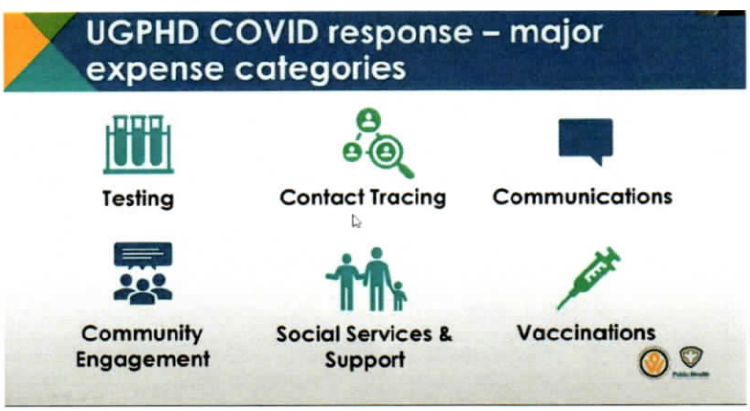
I know that's a lot. I apologize for how brief and high level that is, but I'll stand for questions on that.

Chairman Markley asked, questions, anyone? I'm not seeing any hands. Is there another portion of this discussion, team, before I ask for public comments or anything from that world?

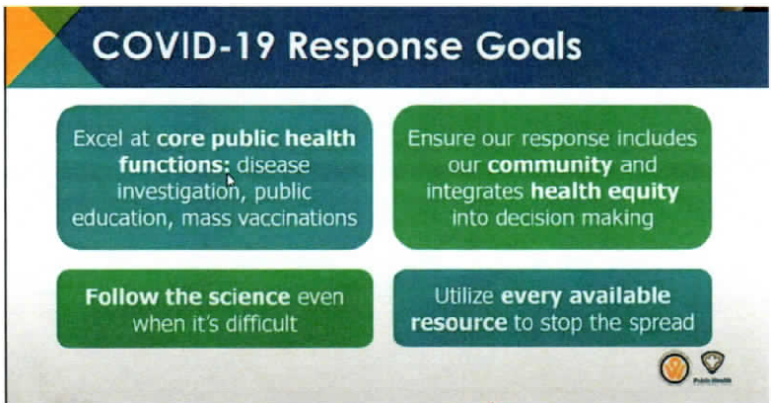


Ms. VonAchen said there are three or four slides here that you've seen before that generally talk about the objectives the Public Health Department is pursuing in terms of not only these ARPA funds but all funding sources and then how they've been done.

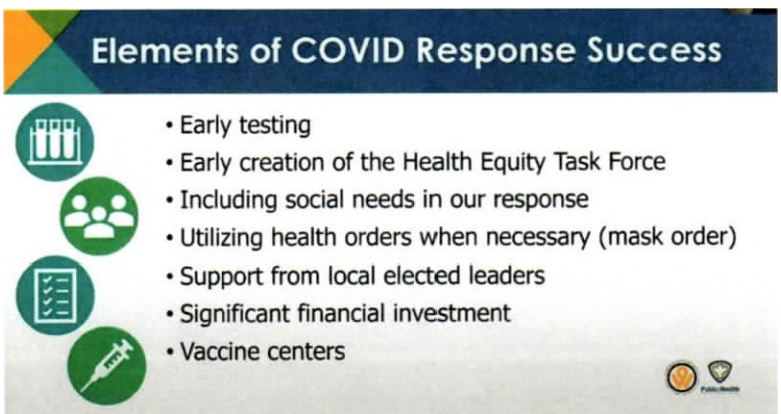
At the end of the last slide talks about what we are planning to put into the resolution. Generally speaking, I want to mention that, again, when we are looking at funding sources, we're prioritizing Federal funding first and then, subsequently, County or ARPA dollars. If Federal funding is not yet available—we'll use ARPA and Counting funding if Federal funding is not available and if needed expenses are not eligible for reimbursement. Every attempt will be made to reimburse local funding through the FEMA Public Assistance Program.



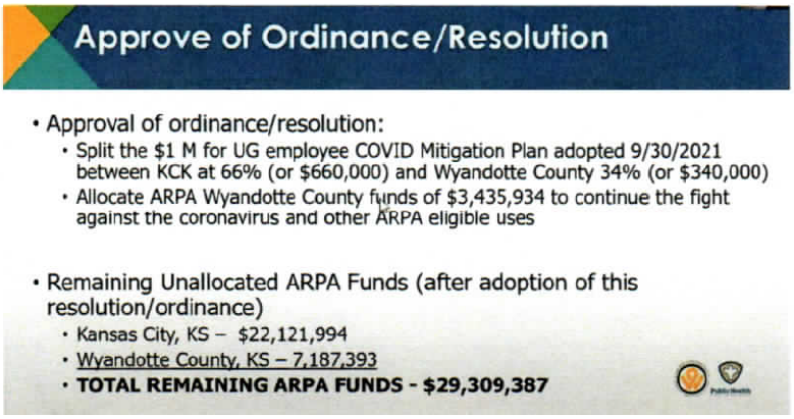
Generally speaking, the Public Health Department's response to COVID has hit into these major expense categories. Again: testing, contact tracing, communications, community engagement, social services, and vaccinations. Those are the key categories.



The response goal has been to excel at core public health functions, disease investigation, public education, mass vaccination and to ensure our response includes community and integrates health equity into decision making. They follow science even when it's difficult, and they utilize every available resource to stop the spread.



They've had some response successes. We've had early testing, early creation of the Health Equity Task Force, increased social needs in our response, they've utilized health orders, when necessary, supported local elected officials, and we've made significant financial investments and set up various vaccination centers. They've been very busy this past 18 or 24 months, I'm forgetting how long it's been now.



Finally, I just want to make the key points in the resolution. We actually have a drafted resolution, it was just failed to be uploaded into the system, so you're not able to see it, but this resolution that's being reviewed by the Legal Department would include several items. First off, back in September the Commission approved $1M for the UG Employee COVID Mitigation Plan, it was adopted on September 30th. But the point is that resolution should have split the money between KCK and Wyandotte County because that's how the funds are allocated. To do a little bit of a cleanup, we're inserting that language in this resolution so that it's specific, specific enough for our Federal reportings. We're allocating 66% of the million dollars on the Kansas City, Kansas side and 34% on the Wyandotte County side. This is not new money; it's just taking existing money that was allocated already and splitting it between the respective recipients.

Then lastly, the five resolution allocates in County funds $3.4M to continue the fight against the Coronavirus and other ARPA-eligible uses as we specified here in this presentation. So, if you subtract out this $3.4M then you end up with Wyandotte County money available of $7M rather than the $10M you saw earlier in the slide, it's now $7M. The total ARPA remaining funds totals $29.3M, not including the amount that's sitting in the City General Fund of revenue replacement. This is purely the ARPA-allocated funds that are available with the approval of that resolution. Any questions?

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to approve the proposed ordinance and resolution with the cleanup language for the UG Employee COVID Mitigation Plan that was previously adopted, and the allocation of our County side funds of $3.4M to continue the work of the**

Unified Government Public Health Department with regard to mitigating COVID-19.

Chairman Markley said we do have a motion and a second. I'll ask the Clerk if we received any comments from the public. **Monica Sparks, Deputy UG Clerk**, said we have not received any comments.

Roll call was taken and there were five "Ayes," Kane, Johnson, Ramirez, Bynum, Markley.

Item No. 2-211264...APPROVAL: STREET OVERLAY DISTRICT UPDATE

Synopsis: A consideration of the update to the 47th Street Overlay District in order to remove the requirement for a separate, inter-jurisdictional review panel comprised of the Unified Government, City of Westwood and City of Roeland Park, and other updates that allow each municipality to independently review their portion of this shared overlay district, submitted by Gunnar Hand, Director of Planning and Urban Design.

Gunnar Hand, Director of Planning & Urban Design, said in your package you should have received a draft of this update to our 47th Street overlay ordinance. This ordinance is put together in conjunction with the cities of Westwood and Roeland Park, as well as the Unified Government. You all may be familiar that we have an existing overlay for about the last 10 years at which point we had created a Joint Design Review Committee amongst the three individual cities. That was finalized in an inter-urban agreement. All three cities, over the last year, have come together to remove the need for said joint design review, they instead have put that back—we have decided to put that back onto our individual Planning Commission's Board of Zoning Appeals and Board of Commissioners, respectively.

Essentially, we went through a comprehensive review of the ordinance itself, put together a couple of updates that we saw above and beyond the core mission here which was to remove that Joint Design Committee. It's been reviewed by Legal. It is in compliance with the interlocal agreement currently established, so we're not breaking any rules there. It is planned to be heard at the Planning Commission in February and if recommended for approval at that time, by the full Board of Commission later in February, so we're not asking for any immediate advance of this

current to the next Board of Commissioners this Thursday. This is just ahead of time, moving along, and looking forward to February. Happy to take any questions if anybody has any specifics as it relates to the ordinance amendment.

Commissioner Ramirez asked can you in the best layman's terms as possible, describe what an overlay district is? **Mr. Hand** said so this essentially implements a couple of different design guidelines. It makes them an actual part of the zoning code. So, if you seek—you can't seek a deviation from it like you can other design guidelines that we use in our review process. It's incorporated as an overlay district in the zoning code specifically.

This talks about along 47th Street really trying to create a unique character along the 47th Street corridor. You might be familiar with them currently working through a complete street project on 47th Street. This was all part of the 47th Street Corridor Plan that was developed, again, about a decade ago. Out of that, they created this overlay district, the complete street's plan, and the ongoing implementation project that's been happening on 47th Street. It went from bike lanes—it's going to get upgraded to bike boulevard. So they're all part and parcel one together.

The overlay itself is essentially a district that floats over the zoning on the ground. We still have R1, C1, all those codes still maintain, but the overlay's additional guidelines; excuse me, additional standards on top of it. These speak mostly to creating a mixed-use urban district on 47th Street.

Chairman Markley asked, any questions? Clerk, are there any comments from the public? **Ms. Sparks** said we have not received any comments.

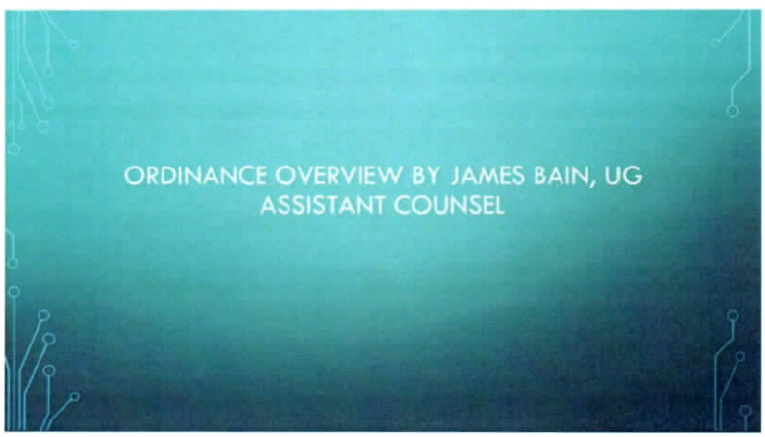
Chairman Markley said if there are no further questions from the Commission, I will entertain a motion.

Commissioner Ramirez said I believe Gunnar said there is no approval needed for tonight, correct? **Mr. Hand** said no, we do need a motion. We're not asking you to move it quickly to this Thursday like it has been over the last couple of weeks.

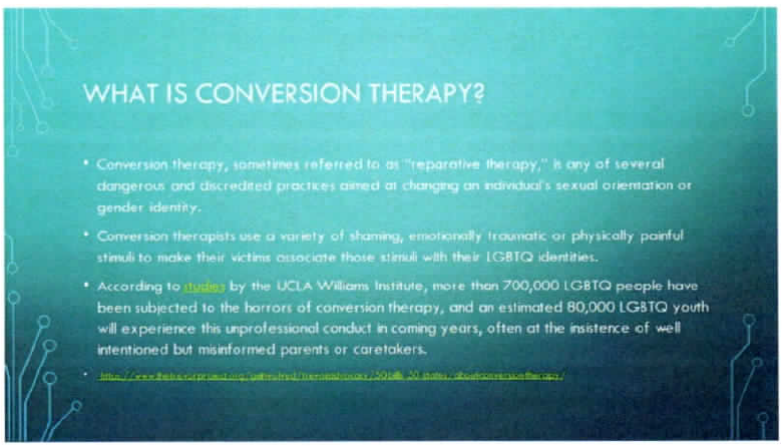
Action: **Commissioner Kane made a motion, seconded by Commissioner Ramirez, to approve.** Roll call was taken and there were five "Ayes," Kane, Johnson, Ramirez, Bynum, Markley.

Item No. 3 - 211240...ORDINANCE: CONVERSION THERAPY PROHIBITION

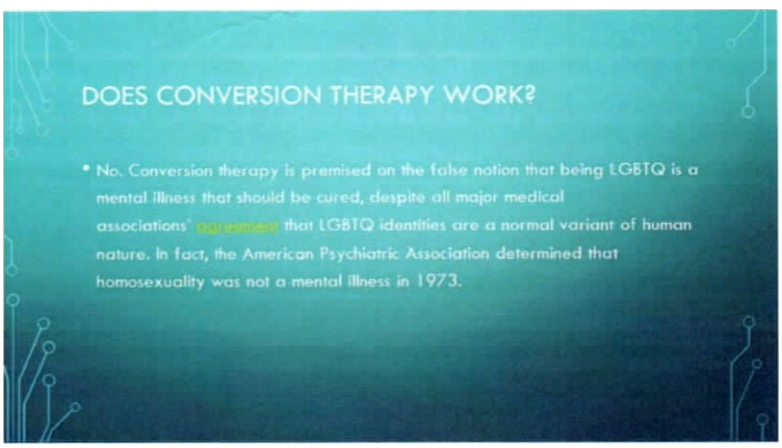
Synopsis: An ordinance adding Section 22-44 to the Code of the Unified Government of Wyandotte County/Kansas City, KS, establishing a prohibition on conversion therapy of minors, submitted by Christian Ramirez, District 3 Commissioner; and James Bain, Assistant Legal Counsel.



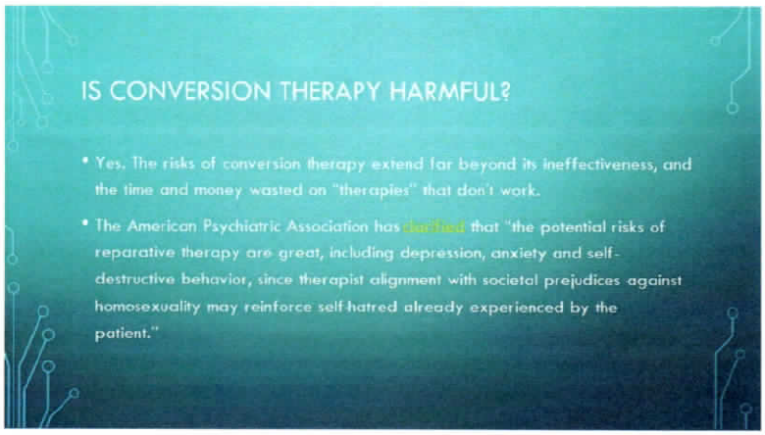
Commissioner Ramirez said first I want to thank James Bain for working with me. I know I presented this to him about when I first got elected. Thank you for continuing to work with me on that. I have a short presentation. I know there was a presentation presented in the packet, but I made a few changes since then. This is for a conversion therapy ban within the city limits of Kansas City, Kansas.



Just to go over what it is. Conversion therapy sometimes referred to as reparative therapy is any of several dangerous and discredited practices aimed at changing an individual's sexual orientation or gender identity. Conversion therapists use a variety of shaming, emotionally traumatic or physically painful stimuli to make their victims associate those stimuli with their LGBTQ identities. A UCLA Williams Institute study found that more than 700,000 LGBTQ people have been subjected to the horrors of conversion therapy. An estimated 80,000 more youth will experience this unprofessional conduct in coming years.



So, the question is, does conversion therapy work? No. Conversion therapy, it's premised on the false notion that being LGBTQ is a mental illness that can be cured. But all major medical organizations and associations agree that LGBTQ identities are a normal variant of human nature. The American Psychiatric Association determined that homosexuality was not a mental illness in 1973.



Is conversion therapy harmful? Yes. The risks of conversion therapy extend far beyond it's ineffectiveness, and the time and money wasted on "therapies" that don't work. The American Psychiatric Association clarified that the potential risks of reparative therapy are great including depression, anxiety, and self-destructive behavior. Since therapists alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient.

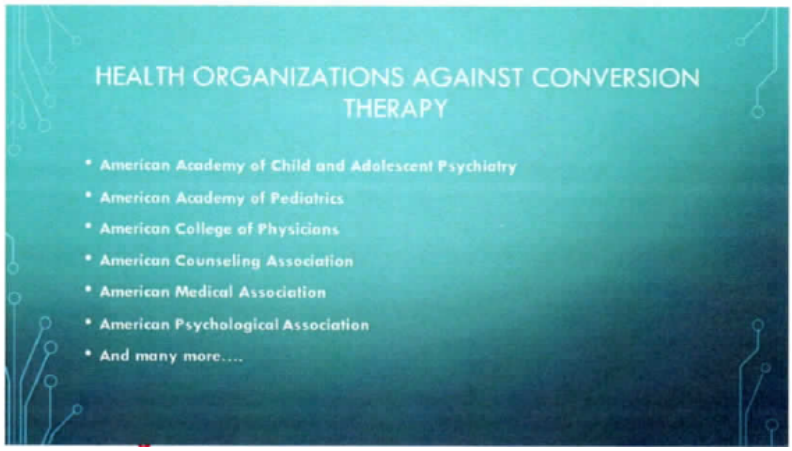
James Bain, I don't know if you would like to give an overview of what the ordinance does itself.

James Bain, Assistant Counsel, said so the ordinance makes it a crime for licensed medical providers, either medical or mental health providers, makes it a crime to conduct conversion therapy on minors. Adults can still make a decision to see a medical or mental health professional if they choose. The ordinance exempts religious activities or religious counseling by a pastor. The ordinance allows counseling within a family, and holds those free speech rights within a family as not a criminal activity. So, it focuses on licensed medical providers conducting conversion therapy on minors.

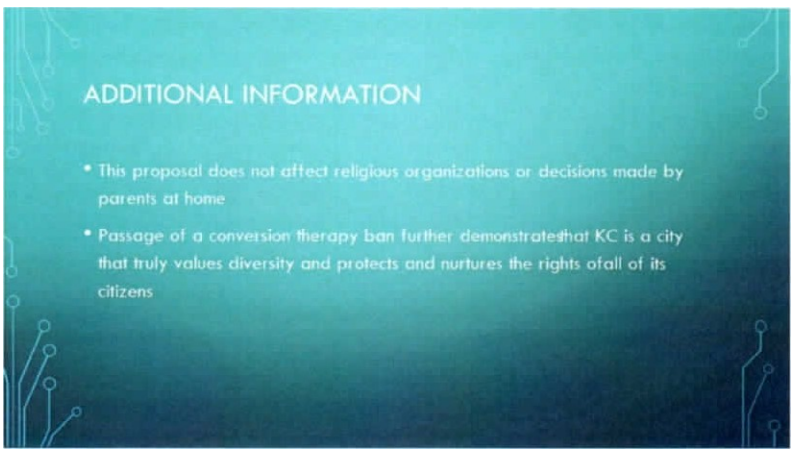
Commissioner Ramirez said I will preface this ban does not preclude a medical professional or therapist or psychiatrist who provides counseling to LGBTQ youth who may be going through the coming out process. This does not disallow you from doing that. I want to make that very clear.

Just to give an overview of where we are with conversation therapy bans around the U.S. There are conversion therapy bans for minors in 20 states, Puerto Rico, and the District of Columbia. Thirty states and four territories do not have any state law or policy. Kansas is one of those states.

There are over 100 cities and counties across the U.S. who have this ban, including Kansas City, Missouri; North Kansas City, Missouri; Independence, Missouri; Roeland Park, Kansas; Lawrence, Kansas; and Prairie Village, Kansas.



This is just a very short list of all of the health organizations who have come out or made statements against conversion therapy saying it has no scientific or mental health validity whatsoever.



Additional information that James had mentioned, this proposal does not affect religious organizations or decisions made by parents at home. Passage of the conversion therapy ban further demonstrates that Kansas City is a city that truly values diversity and protects and nurtures the rights of all of its citizens.

I want to thank James, again, for all of his work and also Tom Alonzo and the Equality Kansas and our Human Relations Commission and the county and city for working on this and hanging on with me through this. It's taken me a couple of years to get this onto an agenda, so I thank Commissioner Markley. You and I had a conversation. So, thank you for allowing us to have this conversation. If anybody has any questions or comments.

Mr. Bain said I just would touch on the in-home activities. This ordinance does not infringe on child in need of care laws that we have in Kansas. So, if a youth is being terrorized in their home, we do have child in need of care laws that DCF could be involved in that home without the use of this ordinance. So, we're trying to stay out of that lane, that DCF lane and that child in need of care lane by focusing on the licensed medical providers.

Commissioner Bynum said I appreciate the clarification from James Bain on that last item, and I thank Commissioner Ramirez for the work and bringing it forward. I would like to make a motion to adopt this conversion therapy ban. Is it county-wide or city-wide? I guess I missed that part. Commissioner Ramirez said it's just within the city limits of Kansas City, Kansas.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Ramirez, to adopt the conversion therapy ban.**

Commissioner Markley said we have a motion and a second. We also have a couple of comments.

Commissioner Kane said let the lobby speak first, please.

Chairman Markley said certainly. We do have a request to speak, I believe, the Clerk can announce.

Ms. Sparks, Deputy UG Clerk Office, said we have a participant in the public lobby. They would come forward and state their name.

Lisa Wright, Overland Park, KS, said I do have ties to the Kansas City community as one of my five children recently taught first grade at McKinley Elementary for four years. Another of my children is a member of the LGBTQ community. That child identifies as clear non-binary and teaches first grade in New Orleans. My child found PFLAG Kansas City, the support group for me when they came out. PFLAG is a national organization of parents, families, friends, lesbian, gay, bisexual, transgender, questioning people who provide a support system for the families and friends of LGBTQ people to enable them to understand, accept and support their children with love and pride. They also provide education for individuals in the community at-large, and support the full human and civil rights of lesbian, gay, bisexual, transgender, questioning people.

PFLAG's vision is to create a world where differences are celebrated and all people are valued inclusive of their sexual orientation, gender identity, and gender expression.

Conversion therapy describes a range of dangerous and discredited practices falsely claiming to change or, from the perspective of these organizations, correct a person's sexual orientation or gender identity or expression to a heterosexual practice or cisgender expression. These practices have been rejected by every mainstream medical and mental health organization for decades, but due to continued discrimination and societal bias against LGBTQ people, there are some practitioners who continue to conduct conversion therapy.

Minors are especially vulnerable to this abuse, and the practice of conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide. Research conducted at the San Francisco State University found that if an LGBTQ child is rejected by their family or caregivers, their risk of attempted suicide is eight times higher than their peers, and they are six times more likely to report high levels of depression.

As a society, we need to accept everyone for who they are. I want my children to be accepted for who they are without risk of anyone trying to change the amazing human beings they have

become. **Ms. Sparks** said you have one minute. No one should lose the love and support of their family because of who they are or who they love. God did not create my child to hate my child. Please love your children.

Chairman Markley asked Clerk, did we receive any other public comments before I move to Commission Kane. **Ms. Sparks** said we did not.

Commissioner Kane said I don't even know where to start. Christian, I have never agreed with you more, ever, than right now. I know so many people that live alternative lives and they're outstanding people. To put somebody through something like this is unbelievable. I don't get emotional, but I support this, I support you in this, and I support everyone else that lives an alternative lifestyle.

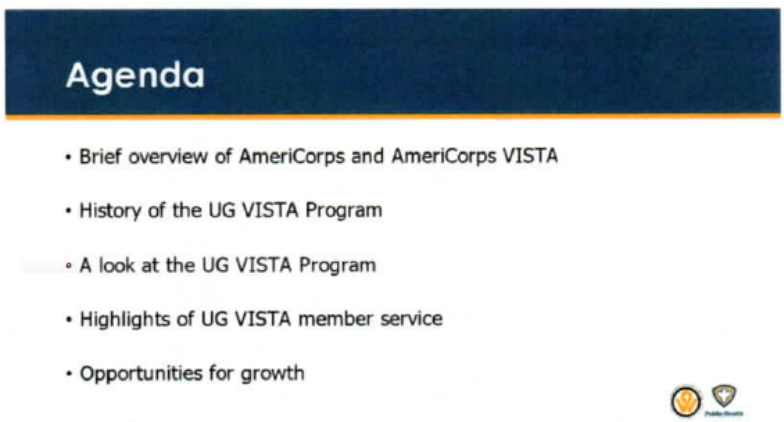
Roll call was taken on the motion and there were five "Ayes," Kane, Johnson, Ramirez, Bynum, Markley.

Item No. 4 - 211235...PRESENTATION: UG VISTA PROGRAM AND PUBLIC HEALTH AMERICORPS APPLICATION

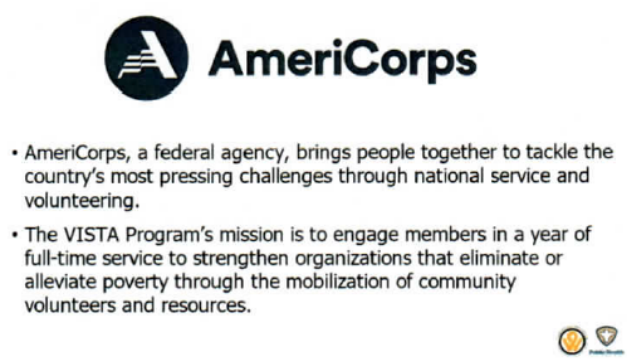
Synopsis: A presentation about the UG VISTA Program and request for approval for new AmeriCorps program, Public Health AmeriCorps, submitted by Tory Anderson, Health Department.

Alli Zuel, AmeriCorps Initiative Supervisor, Public Health Department, said the Health Department houses the AmeriCorps VISTA Program that we have here at the Unified Government. My purpose is twofold. Alan Howze suggested that I give a presentation to all to update you all on

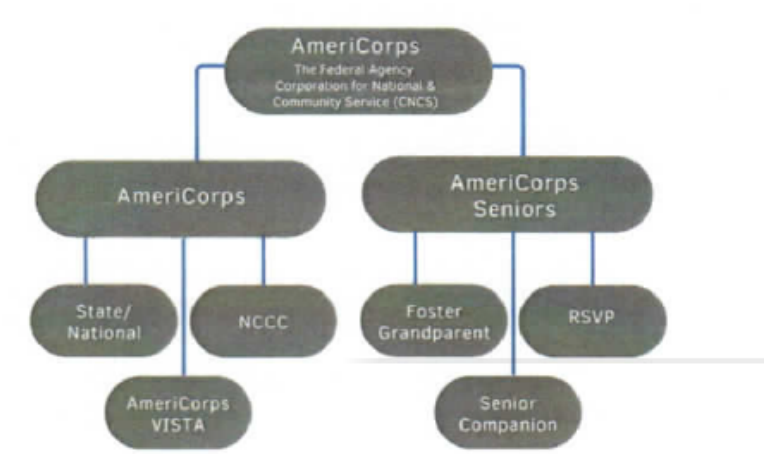
the wonderful work our AmeriCorps VISTA members are doing here within our program, and then also ask for grant application approval for WyCo Public Health Corps for the Public Health AmeriCorps application. I'm going to do first the VISTA presentation and then go into the details about our grant applications.



Here's just a small agenda. Just a brief overview about AmeriCorps VISTA and AmeriCorps, a brief history about our program, as well as kind of a look at our program right now, some highlights, and then going into what I call an opportunity for growth, which is the grant applications for Public Health.

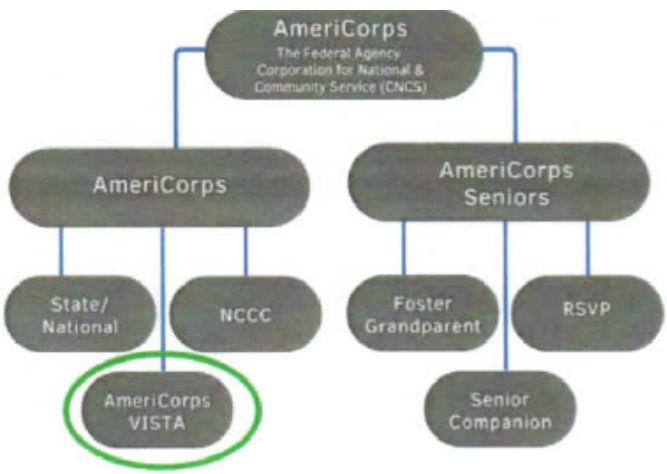


First, I believe most of you are familiar with AmeriCorps. It's a Federal agency, so a Federal program that brings people together to tackle our community's most difficult challenges through national service and volunteering. VISTA specifically is a program that engages members in a year of service to strengthen our community and eliminate poverty through the mobilization of volunteers and community resources.

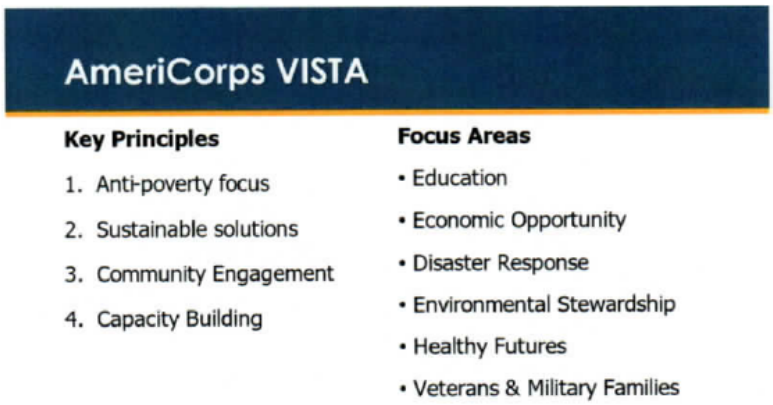


I wanted to provide you kind of a chart about AmeriCorps because AmeriCorps can be somewhat confusing if someone isn't up to date on all of the lingo. There is a Federal agency that used to be called the Corporation for National and Community Service, it now does business as the title AmeriCorps. Then there are two kinds of main programmatic levels, one is called AmeriCorps also and then the other is AmeriCorps Seniors. Under AmeriCorps we have State/National, VISTA and NCCC. Under Seniors we have Foster Grandparent, Senior Companion and RSVP.

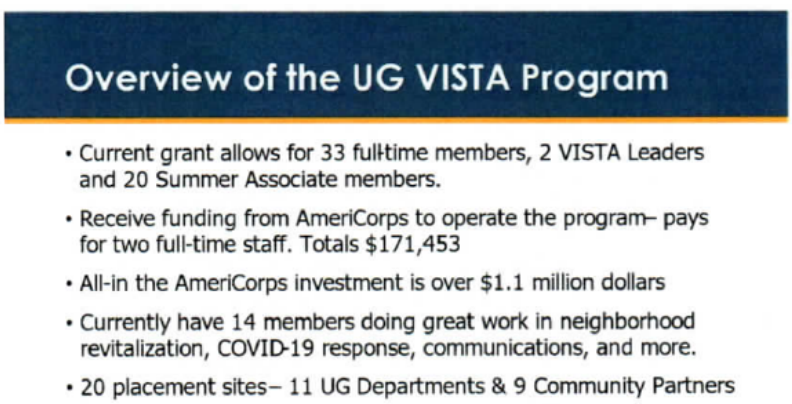
Here, in Wyandotte County, through all of the different organizations that apply for AmeriCorps grants, we have almost all of these AmeriCorps programs in Wyandotte County. Specifically, at the Unified Government, we have a VISTA Program which is housed in the Health Department, which is what I coordinate and manage. Some of the departments do participate in an RSVP Program through the United Way. Then there are other programs in Wyandotte County that cover the other sort of programs, if you will, for AmeriCorps.



So right now, I'm just going to talk to you about AmeriCorps VISTA.

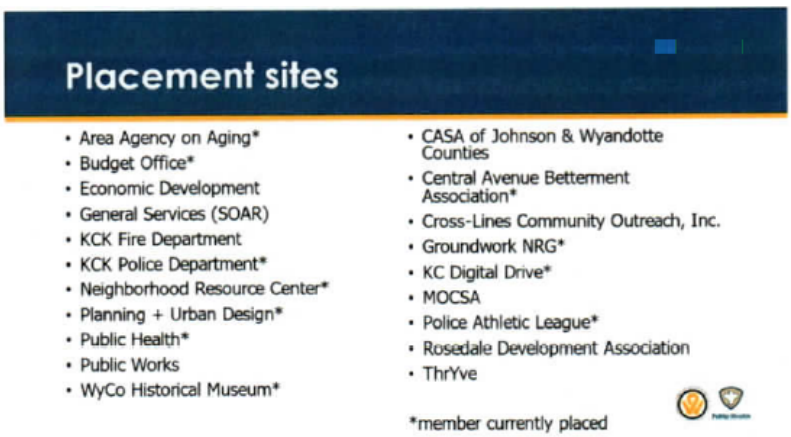


The key principles are an anti-poverty focus, sustainable solutions, community engagement, and capacity building. AmeriCorps VISTA members do capacity building so they don't do direct service or have direct interaction with clients. They do more, if you will, background or program development, those types of things. The focus area for AmeriCorps VISTA is on education, economic opportunity, disaster response, environmental stewardship, healthy futures and veterans and military families. Specifically, our program focuses a lot on healthy futures, economic opportunity and then more recently, disaster response with the COVID-19 pandemic.

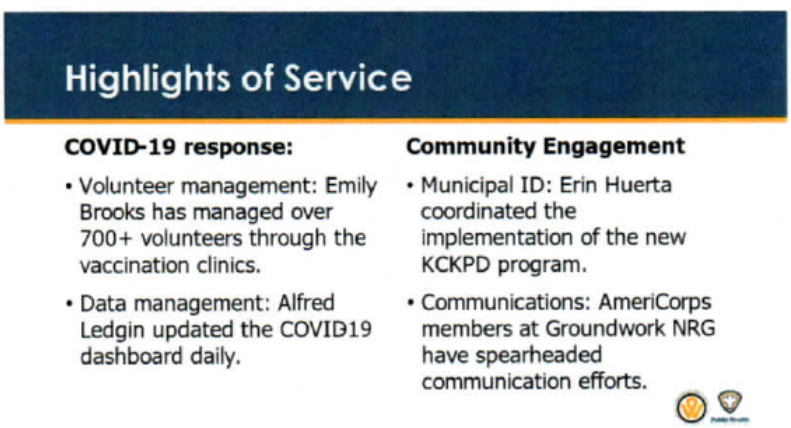


Specifically about our program, we operate the largest intermediary AmeriCorps VISTA Program in the State of Kansas here at the Unified Government. Our grant allows for 33 year-long full-time members, 2 AmeriCorps VISTA leaders, and 20 summer associate members. We receive funding from AmeriCorps to operate this program and it pays for two full-time staff, so myself and an additional staff person. It totals a little over $171K for this grant year. All in, the AmeriCorps

investment into our program is a little over $1.1M. The Unified Government doesn't receive all of those funds, but it includes things such as the living allowance for our members, benefits such as an education award, then they do receive some health insurance benefits as well. We currently have 14 members that are doing great work in neighborhood revitalization, COVID-19 response, different communications, and so much more.



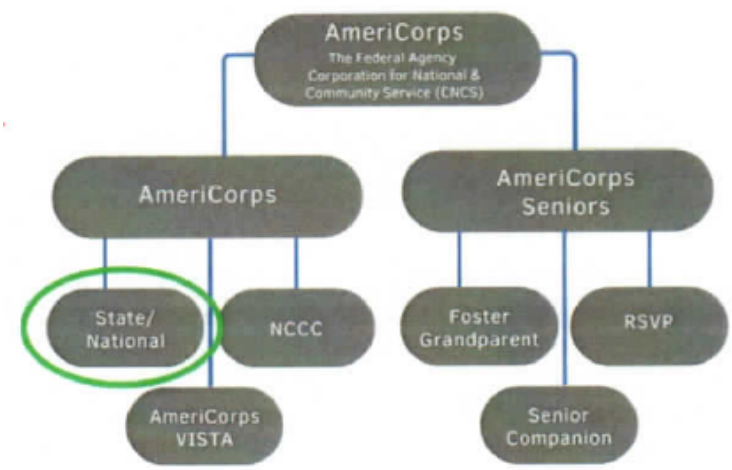
Overall, we have 20 placement sites, 11 of them are Unified Government departments and 9 of them are community partner agencies. So, we place members both within the different departments of the Unified Government and at community partner agencies.



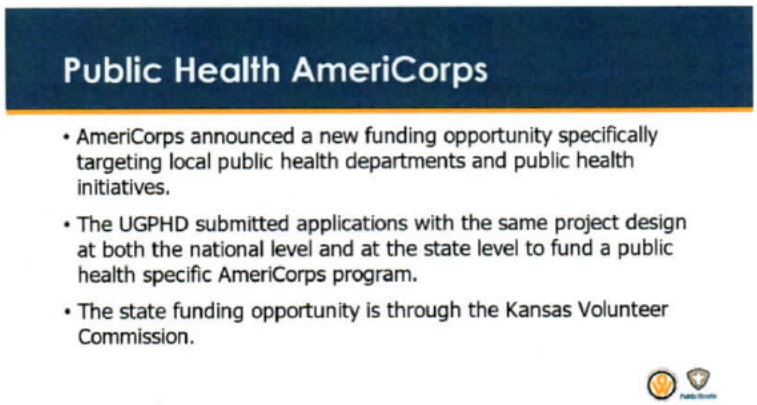
Some of the main highlights of recent AmeriCorps VISTA service is we have a member who has successfully managed 700+ volunteers at our COVID-19 vaccination sites. Earlier in the pandemic, we had a very wonderful AmeriCorps VISTA member who did all of the updating to the COVID dashboard and kept community members up to date on kind of what was happening when nobody really knew what was happening at the beginning of the pandemic.

For community engagement efforts, we have a member that's placed within the Kansas City, Kansas Police Department who has worked on research and helped implement the Municipal ID Program that KCKPD has; as well as one of the members at our partner agency, Groundwork Northeast Revitalization Group, has spearheaded a lot of communication efforts, which have kind of doubled, if not tripled, in the pandemic of making sure that northeast KCK residents are understanding kind of what's happening and what's going on in our community.

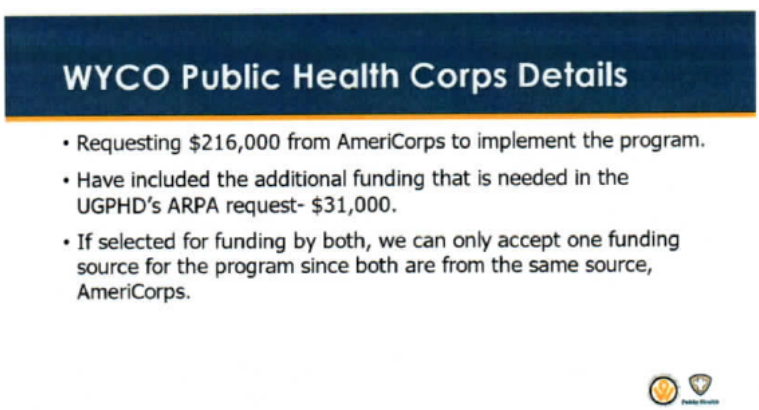
So, now I have just kind of a brief overview of our Public Health AmeriCorps applications. Those were included in the documents that we sent over, hopefully, to the Clerk's Office and got sent on to you.



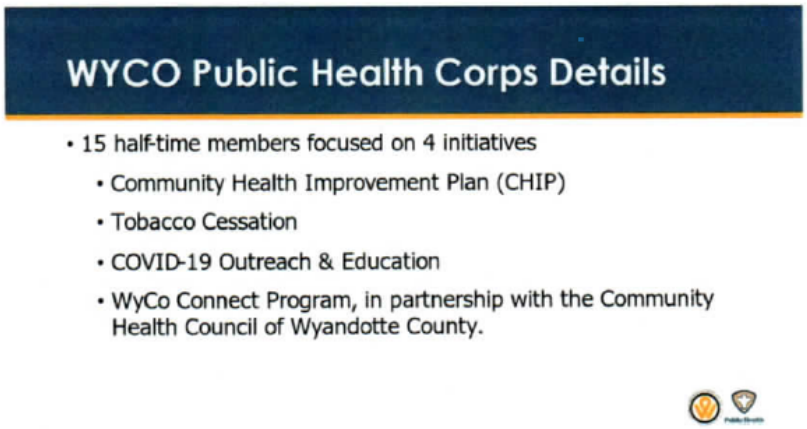
This program is what's called a State National Program and it's different from our VISTA one. There are different congressional legislations and regulations that go along with this program than with VISTA.



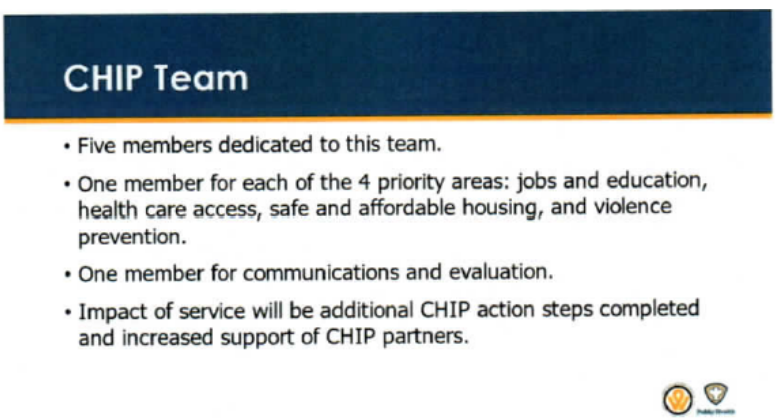
Overall, there was a new funding opportunity announced back in October, I believe it was, that was specific to public health departments for local public health initiatives. The Public Health Department submitted applications for the same project at two different levels of funding. One is a national- or federal-level funding from AmeriCorps themselves, and the other is a state-level funding from the Kansas Volunteer Commission. Both opportunities are AmeriCorps money. They are just funneled through separate opportunities. That's how we were able to apply for both with the same programs.



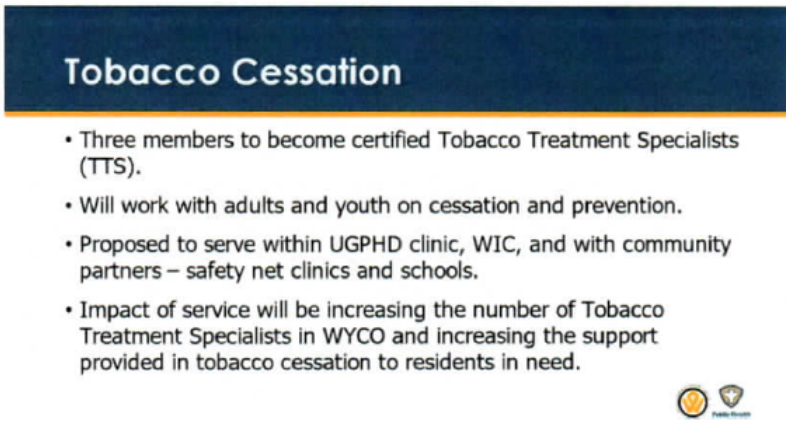
We requested $216K from AmeriCorps to implement this Public Health AmeriCorps Program and then, as Wesley mentioned earlier, the additional funding was included in the second ARPA request for the Public Health Department and it totals $31K. If we are selected for both of the funding opportunities, we would need to select one since it's the same program design and the same source as AmeriCorps.



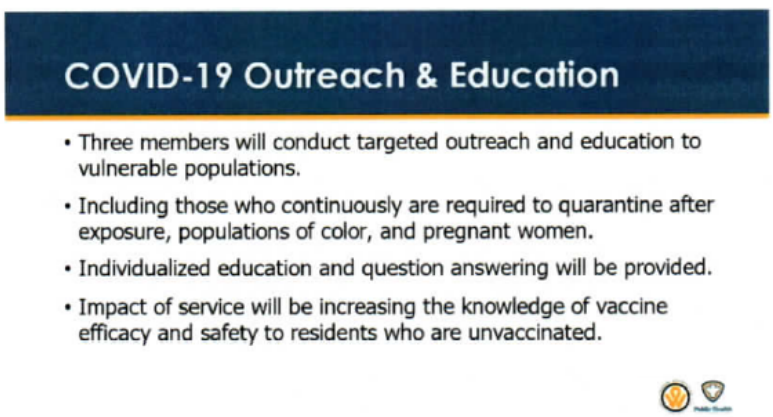
On to what's actually included in the application, it is for 15 half-time members that are focused on four public health initiatives. The first one is our Community Health Improvement Plan, the second is Tobacco Cessation, the third is an increased in targeted COVID-19 Outreach and Education Programs, and then the fourth is the new WyCo Connect Program, which is in partnership with the Community Health Council of Wyandotte County.



I briefly wanted to touch base on kind of what each of the teams would do and the impact of those teams. So, for the CHIP or the Community Health Improvement Plan Team, five members would be assigned to that team. They would focus on the four focus area plus communications and evaluation for the plan overall. Then the impact would be additional actions steps of the Community Health Improvement Plan being completed as well as an increase support for our CHIP partners that we have.

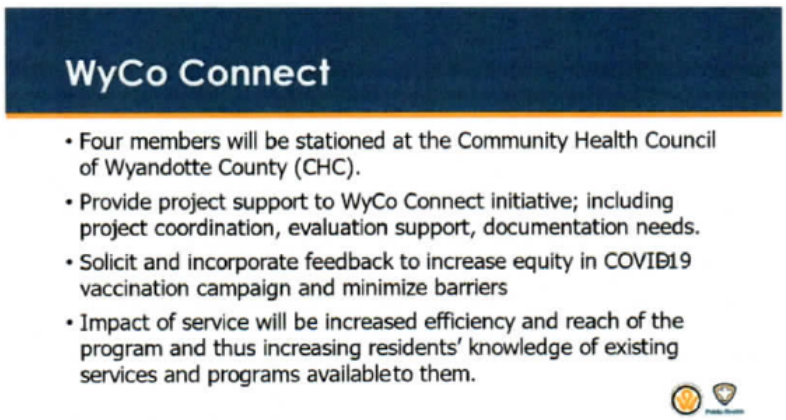


Our Tobacco Cessation, the plan is to have these individuals go through the Tobacco Treatment Specialist certification process through KUMED, and they will work with adult and youth on tobacco cessation and prevention. They would work within the Unified Government Public Health Department clinic with our WIC clients and with community partners such as safety net clinics and schools. The impact of this service would be increasing the number of these Tobacco Treatment Specialists here in our community as well as increasing the support that is provided in the realm of tobacco cessation.

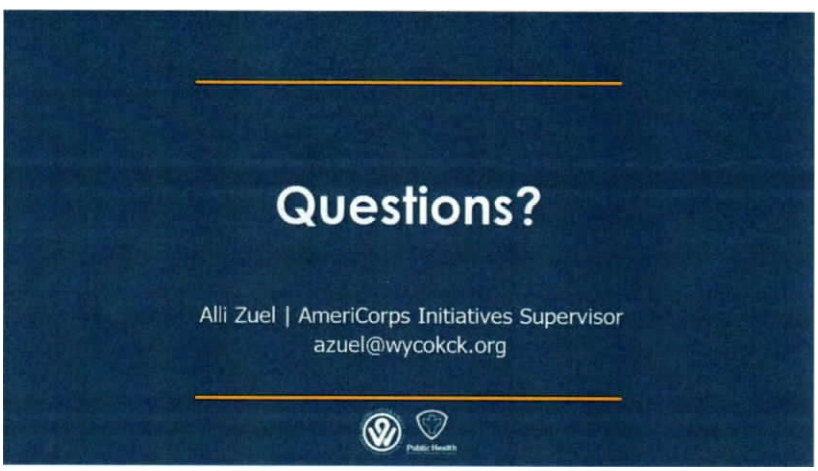


Next is a targeted COVID-19 Outreach and Education Program with three members that would do targeted outreach to vulnerable populations that may include individuals of color, pregnant women, or those who have been chronically quarantined, so they're unvaccinated and they keep coming into contact with individuals who are positive for COVID-19, so they have to continuously quarantine. These members would provide individualized education and answer questions, kind of be there to support members of our community as they make decisions to become vaccinated or essentially become vaccinated. The impact would be, increasing the knowledge of our residents about the

safety and efficacy of the COVID-19 vaccination and hopefully overall increasing our community's vaccination rate.



Then finally, the WyCo Connect Team will be placed at CHC, the Community Health Council. They will provide project support for the WyCo Connect initiative through coordination, evaluation support, and documentation needs that they might have. Overall, these AmeriCorps members would be supporting the community health workers that are working through the WyCo Connect Program. They will also solicit and collect feedback on the equity initiatives that are going on with COVID-19 Outreach, just to ensure that we are acting in the most equitable way in our COVID Outreach. Then the impact of this service would be increased efficiency and reach of the program of the WyCo Connect Program, thus increasing our resident's knowledge of existing services and programs that are available to them.



I know I kind of sped through that but I'm happy to answer any questions that anyone has.

Commissioner Ramirez said in the spirit of transparency, I have spoken with Misty Brown, and she has spoken with Commissioner Markley, who is aware, I will be asking for approval to recuse myself. In 2020, Governor Laura Kelly appointed me to serve on the Kansas Volunteer Commission. This application will come before us, as a Commission, so I will need to recuse myself here and recuse myself there.

Chairman Markley asked any other questions from the Commission?

Alan Howze, Assistant County Administrator, said I just wanted to maybe make just a quick point. One is to thank Alli for the leadership that she's shown in this program. This is something that has grown over the last couple of years at the Unified Government and has provided a tremendous amount of value. It's taken people from within the community that have joined the program. It has brought people from parts, within the Kansas City metro as well as around the country into our community for a year or sometimes two years of public service. It's just been a phenomenal experience for them, and provided a whole bunch of really useful capacity and efforts across a whole range of departments as you saw in the presentation. This is one that's, I think, you pay pennies and we get back dollars. But more importantly, we get back a whole bunch of great people who come and spend time in Wyandotte County and contribute their time and talents to making the community a better place.

Chairman Markley said definitely the case. We have had some amazing worker bees out of this program. A lot of them have had some high visibility with us, as commissioners, as they have done their work, so it's been definitely a good partnership.

Clerk, do we have any comments from the public? **Ms. Sparks** said we received none.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Johnson, to approve.** Roll call was taken and there were four "Ayes," Kane Johnson, Bynum, Markley. (Commissioner Ramirez previously recused himself for this vote.)

Item No. 5- 211242...UPDATE: PLANNING & URBAN DESIGN

Synopsis: Departmental update on Planning & Urban Design, submitted by Gunnar Hand, Director of Planning & Urban Development.

Gunnar Hand, Director of Planning & Urban Design, said I'll be quick. This is just an oral update on what we've been doing on planning and what we intend to do. I wanted to bring this to you all because over the last couple of months, you may have seen we brought a couple of ordinance amendments. We just earlier in this agenda moved forward with the update to our 47th Street Overlay. We moved two moratoriums in the COVID-19 emergency ordinance continuances a month ago. Before that, we updated our historical preservation ordinance, so we're on a bit of a roll.

The background to that is we are in the process of hiring and creating a new division within the Planning and Urban Design Department called Ordinance Studies. That section, one person, will focus on the zoning code as a living document. It will ultimately turn into getting us back to the comprehensive updates of the zoning code.

Before we do that, there's a couple of things that have to fall in place. One, we have immediate needs right now that need to be addressed in the code and I think that if anything, COVID-19 has laid those bare to us. We have been planning over the last few months to focus on a couple of issues in 2022 that we want to just quickly go over with you.

As an additional background to that, just really quickly. You are probably familiar that we are in the middle-ish of creating for the first time a country-wide mobility strategy. We hope to release an RFP in the Spring/Summer to dovetail or continue the mobility plan efforts into the update of our Citywide Master Plan. The number one tool to implement a vision for a community is its zoning code. So once we get those master planning documents all up-to-date, we'll go back to the zoning code probably not until 2023.

So, in 2022 we have a multitude of fixes that we need to make and what we are thinking about doing in 2022, specifically, was to focus on housing. We are open to a conversation; we want to just sort of put this out there to start said conversation. We'll be working with our new mayor and new CAO and, technically, the new Board to go through some of these priorities, but we just wanted to let you know that we'll be coming more often over the next few months once we have somebody hired.

We hope to, in rapid succession, put certain things together. Specifically, we need to fix our short-term rentals issue, pulling that out of the zoning code update and expanding on it. It didn't go too deep into the issues that we've seen in the last year and the continued explosion of short-term rentals.

We're going to look into creating an accessory dwelling unit ordinance. We're going to be looking to pull out, again, another section from the zoning code update to create a tiny homes village section in our ordinance, among many different things.

The name of the game in 2022 is housing. Again, that's a priority that we were working with in 2021. We're happy to adjust as needed. We just want to put you guys on the radar that we will be coming through with quite a few ordinance amendments in the next 6 to 12 months.

Commissioner Ramirez said, Gunnar, you said something that rang my ears because it's very important to my district and specifically Rosedale, is STRs. When you get to that section of code or whatever, I would love to be a part of that because that is something that I hear a lot from Rosedaleans is more regulation of the STRs and how we can better incorporate them into the community. I think they're beneficial as well, but you know they have to be done the right way. I would definitely love to be part of that conversation.

Mr. Hand said absolutely, we appreciate that, Commissioner. What we think, let's just say strategically, is we can 't not address that issue before going into any other housing ordinance issue. Can't talk about accessory dwelling units if we don't first talk about short-term rentals, because a lot of times those short-term rentals are in ADUs, whether they're permitted or not. Again, it's something that we thought we could put on the back burner, but with two to three short-term rentals in Rosedale every month, again, it's something we need to work on. We'll be doing that as soon as possible.

Again, we're right at the beginning of hiring that new section and so we do need a little bit of time to speed that up, but we've been trying to build some momentum into that new position. Yes, we will reach out to the Commission, you specifically, because it is the biggest of issues in Rosedale probably followed up by, in terms of density, the Strawberry Hill central area neighborhood.

Commissioner Bynum said, Gunnar, you've been with us all night, so thanks for hanging in there. You've heard a lot of information prior to your update about the Community Health Improvement Plan and one of the components of that is the safe and affordable housing leg of the plan. There's been three years of work done on that and I'm just curious if you have already reached out to that group or do you plan to? How can we weave those two things together when we do step into this prioritizing of the housing conversation?

Mr. Hand said I would answer that by saying this, I think we're going to approach these ordinance updates specifically things that relate to housing because they're so expansive in their nature. The way we approached the Armourdale Area Master Plan. We will engage all relevant UG departments in that effort.

The other synergy that I think is important to note here is that the Community Development Department is also in the process of updating their five-year Consolidated Plan. Those are, over the next five years, what are we going to spend our Community Development Block Grant money on and we're tying those specifically in this next five years closer to the implementation actions and the area plan work that we've been doing. All of those work collectively together. Yes, we will absolutely be reaching out to both the Board of Commissioners, the community, and the entire UG family to do this work. That's it for me.

Chairman Markley asked, any additional comments or questions? There were none.

Action: For information only.

ADJOURN:
Chairman Markley adjourned the meeting at 9:24 p.m.

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Brett A. Deichler, PMP/CPM
Unified Government Clerk

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