Administration and Human Services
Standing Committee Meeting Agenda
Monday, June 24, 2024
Immediately upon adjournment of earlier committee, or 5:00 p.m.

Location: Hybrid
We invite you to view the meeting in person in the 5th Floor Conference Room, Suite 515, Municipal Office Building, 701 N. 7th Street, Kansas City, Kansas, or virtually via a Zoom webinar.

Please click the link below to join the webinar:
https://us02web.zoom.us/j/89468503070
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Name	Absent
Commissioner Melissa Bynum, Chair	☐
Commissioner Mike Kane	☐
Commissioner Christian Ramirez	☐
Commissioner Andrew Davis	☐
Commissioner Dr. Evelyn Hill	☐

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

II. **Revisions to June 24, 2024 Agenda**

III. **Approval of standing committee minutes from March 27, 2023**

IV. **Committee Agenda**

Item No. 1 - UPDATE: OVERVIEW OF EMPLOYEE HEALTH PLAN AND ROAD TO WELLNESS CENTER

Synopsis: Overview and utilization of the employee health plan and Road to Wellness Employee Health Center.

For Information Only

Tracking #: 21152

V. **Public Agenda**

VI. **Adjourn**

ADMINISTRATION AND HUMAN SERVICES
STANDING COMMITTEE MINUTES
Monday, March 27, 2023

The meeting of the Administration and Human Services Standing Committee was held on Monday, March 27, 2023, at 7:30 p.m. The following members were present: Commissioner Markley, Chairman; Commissioners Bynum, Ramirez, Stites substituting for Johnson, and Commissioner Kane. Commissioner Johnson was absent. The following officials were also in attendance: Deasiray Bush, Fiscal Manager of Area Agency on Aging and Acting Director of the Transit Department; Gunnar Hand, Director of Planning and Urban Design; Ashley Hand, AIA, Director of Strategic Communications; and Monica Sparks, Deputy UG Clerk.

Chairman Markley said before I call the meeting to order, I want to announce that some committee members, staff, and the public are attending remotely 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 that 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 the current guidance from the Kansas Attorney General.

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

Chairman Markley called the meeting to order. Roll call was taken. All members were present as shown above.

Chairman Markley said there are no revisions to the agenda tonight and there are no minutes to approve.

COMMITTEE AGENDA

Item No. 1 – 212268…RESOLUTION: ACCEPTANCE OF AN EXTENSION TO SENIORS CARE ACT GRANT BETWEEN KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES AND AREA AGENCY ON AGING.

Synopsis: Adopt a resolution for acceptance of an extension to a grant the Area Agency on Aging (AAA) has received from the Kansas Department for Aging and Disability Services (KDADS), submitted by Deasiray Bush, Fiscal Manager, Area Agency on Aging. It is requested that this item be fast-tracked to the March 30, 2023, Full Commission meeting.

Deasiray Bush, Fiscal Manager of the Area Agency on Aging and the Acting Director of the Transit Department, said okay, short and sweet. We received Senior Care Act dollars from the Kansas Department of Aging and Disability Services. This is an ongoing grant for us, but this year we received additional grant funds in the amount of roughly $62,000.

This is a one-time grant funding and we are asking for the acceptance of an extension to our Senior Care Act grant funds or award. The grant will expire June 30. Again, we received an additional $62,000. The great thing about this grant there is no match.

The eligible uses of this grant are a one-time retention bonus for our staff employees, payroll expenses, incentive pay, onboarding, staff training, and staff development.

The Area Agency on Aging Department are proposing a budget of $22,100 for our staff bonuses of roughly 17 employees, then also healthcare providers, and new staff. We are proposing a budget of $24,000 to hire 60 additional new staff or in-home providers. Now we do partner with six in-home providers. So it gives each provider roughly 10 new employees and the sign-on bonus for the new employees is $400. Our in-home providers do provide in-home care for senior citizens, meaning attendant care or homemaker services.

Attendant care means that someone may be bed-bound and they may need some assistance with changing their Depends, they may have bed sores, or what have you. We have care workers that care for them. Then, homemaker services, that's for if someone needs laundry assistance, someone to go into the home and cook for them, or go to the store and shop for the client as well.

In addition, we are proposing $9,000 for healthcare providers to help them market the new hires. Nowadays most folks apply to the jobs on Indeed or LinkedIn. We're giving them a $1,500 budget

for six agencies to advertise for new hires. Then lastly, we have a budget of roughly $7,400, that will go towards our health care providers for cleaning supplies, which will assist with the homemaker services. That gives us a total budget of $62,000, to be exact, $62,567.33.

Chairman Markley said questions from any committee members? It does need to be fast-tracked, yes.

Action: Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve.

Chairman Markley said I have a motion and a second. Did I have any comments from the public or is there anyone with hands raised online? **Monica Sparks, Interim Unified Government Clerk,** said no comments received, no hands raised.

Commissioner Bynum said I just want to say thank you for what the department does. One thing that I don't think I understood clearly until recently is the in-home providers and the outreach that you have. That may not be the correct word, but I think you are serving a significant number of older adults in the community through those in-home providers. Is that right? **Ms. Bush** said absolutely. It is one of our most popular programs in the Senior Care Program. Actually, we receive roughly $780,000 in grant funds, but if we were to eliminate a waiting list, it would be a total cost of $1.5 million to run that program successfully.

Commissioner Bynum said you still have a waiting list. **Ms. Bush** said yes we do. **Commissioner Bynum** said any guesstimate of how many are on it? **Ms. Bush** said I cannot get that number today. I can look that up for you. **Commissioner Bynum** said what you propose here with your additional funds, with being able to add more providers, could bring that down, is that right? I don't want to get too far out of line with what can happen. **Ms. Bush** said not exactly. We are able to hire additional staff. However, the program component of the grant is still limited. **Commissioner Bynum** said okay. Well, I want to thank everybody in the department for what you do. I think there's a motion and a second.

Chairman Markley said we have a motion and a second. Roll call, please.

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

Item No. 2 – 212207…UPDATE: SHORT-TERM RENTAL USES

Synopsis: Consideration to create a new Short-Term Rental Ordinance and staff review process, submitted by Gunnar H. Hand, AICP, Director of Planning Urban Design.

Chairman Markley said item number two, team, is our update on short-term rental uses. I believe this is for information only this evening. That's why it's labeled an update and Gunnar Hand is here to present. Welcome back.

Gunnar Hand, Director of Planning and Urban Design, said we had prepared a presentation for you this evening, but at the Planning Commission hearing earlier this month, the Planning Commission directed staff to add something back into the ordinance. As a part of that, they have actually called a special subcommittee meeting next week by the chairman of the Planning Commission to go through some of it in more detail.

Effectively, if you recall, we've been through three iterations now. We've gone in originally with a proposal to have a special use permit process and an administrative process which we do not have currently for short-term rentals. They did not like that, so we pulled it out, changed it, and came back. They actually wanted to put it back in, but at a more constrained level. We're in the process of adding an administrative review, in addition to the regular special use permit process that we currently have, but it's not been codified in our Code of Ordinances. Our anticipation is after all the engagement we've done, which we've described and presented in the past, after this special committee hearing, technically next month, then the Planning Commission; we hope to be back here in April with a final ordinance for your consideration to the Board of Commissioners at that time. We are very, very, very, very close on this one.

Commissioner Ramirez said in the packet, part of it was the following primary residential buildings which would be allowable for an STR, and one of them is mixed multifamily. Would that include apartments? **Mr. Hand** said, correct. **Commissioner Ramirez** said how would someone turn an apartment into an STR? Would they have to get permission from the landlord,

the property manager? **Mr. Hand** said effectively, yes, but if you think about it, there are many apartments that are wholly owned by someone who then rents them out. Those people could turn a rental multifamily building into a series of short-term rentals and probably make a ton more money off it if they so choose based on our current process. So, they would need one SUP to do that.

What we've done is, based on other input that we've received from the public and some of the research we've done across the region in the nation is, to a degree, we're actually probably more advanced than most in looking at this. We wanted to make sure that this short-term rental not only codified our current SUP process, but also addressed all the possibilities of a short-term rental. We've focused heavily on single-family homes because that's pretty much all we've seen. We've seen a mixed-use building that has asked one for the ground floor and the top floor. We've seen a mixed-use building that has retail on the bottom with one on the second story. There's been some other than single-family homes, we just wanted to make sure that they covered the gamut of all typologies so that all our bases were covered moving forward with this ordinance and we had something to go off of that includes allowing some apartment buildings to move towards short-term rentals. But limiting that based on the feedback we've heard, I think we've limited to, it goes by unit numbers as you can see in the ordinance, but at some point, it has to be less than half with the idea being it's not the majority of a unit, a block, unless it's a single-family building being all short-term rentals. **Commissioner Ramirez** said "for a building with seven dwelling units or greater, less than 50% of all total units are allowed to be short-term rental units."

Mr. Hand said again, because it is a special use permit process, what that allows us to do is it sets a maximum, that doesn't mean that's what they do. Because it's this SUP, special use permit, we can define however many maximum or little that we want on a case-by-case basis. If we don't talk about how short-term rentals could be used in multifamily buildings, that will eventually happen, and we will have a code that needs to be rewritten. We tried to cover all our bases in moving forward, but also maintain flexibility for the future. **Commissioner Ramirez** said, okay. **Mr. Hand** said you picked out the most esoteric piece of the ordinance. Good work. Sorry, esoteric, like only a planner would know how to talk to that jargon. **Commissioner Ramirez** said sorry, I was reading through that, and I read multifamily like wait. Yeah, that's apartment. **Mr. Hand** said that's where it gets a little tricky. **Commissioner Ramirez** said I am still curious about

that one. I'm still on the fence. I don't know if I would agree with that or not, but I think I got to think more about it first.

Commissioner Ramirez said the other thing, part of it was what was the new requirement of keeping the guestbook? Then also, the responsiveness to neighbor complaints. You name out in the ordinance different ways that we could get that data from, but could there also be on the other side, like a response book that the owner, occupier, whoever owns that STR would have to maintain also on their records. **Mr. Hand** said like a log? **Commissioner Ramirez** said a log of the response calls. **Mr. Hand** said sure, we can think about that. I can add that to my list.

Commissioner Ramirez said we could get it from our KCKPD. We could get it from neighbors or in 311. But I think to be more accountable, if an STR was having a service call on their property, they should also be more accountable and responsible and be the one to document it as well. That was one thing I was going through and I thought of.

Then the last one, I know that in this ordinance it was based on the density, the new density requirement of no more than one STR on each block. I know it says in here that the current STRS will be grandfathered in. I don't know if that will change with what the Planning Commission would like. **Mr. Hand** said I think the way we wrote the ordinance was so that if you or the Planning Commission or others did not want to move forward with a density maximum, what we currently have it as is one short-term rental per block. A block is defined as either side of the street between two streets loosely. Obviously, we recognize that some streets are long and have lots of curves, and so on so forth, but we defined that, I think, appropriately. With that understanding, we wrote it so that it was just one section of the code and if you all or the Planning Commission didn't agree with that density bonus, then they could literally just strike it out with a motion, the rest of the ordinance is left there as is.

Commissioner Ramirez said I will say I like the density bonus. Especially because my district and the Northeast who has a lot, or Strawberry Hill, who has the most concentration of STRs. So, I do like it, because I know Erin Stryka with RDA, we've had conversations and I agree of having a density bonus requirement, not so many so that it doesn't take away from the character of the neighborhood. I have no problem with STRs. They help the local economy, but also just need to keep that nature and character of the neighborhood. I do like that. So, it's the grandfathering in of the other STRs. I feel like Rosedale would lose a lot of STRs if we didn't allow that grandfathered in.

Mr. Hand said there are surprisingly, not a lot of blocks in Rosedale that have more than one short-term rental, but it is getting to the point where it's almost every other block. I just think the sheer number in a large geographic area is the concern because there is typically one or two every month that's coming in. There's a regularity to it that I think is not equal to the actual number of short-term rentals. Again, I think we chose, staff chose, one per block, because quite frankly, it felt like the easiest to enforce and it was the most tenable to manage. There's a baker's dozen other ways you could limit density of these things. Those get more and more complicated.

Commissioner Ramirez said my last question doesn't pertain to the ordinance. It's still the conversation. It's in your presentation. I know, we were amazed. I know Commissioner Bynum was as well of how many STRs are actually registered with us as a SUP. What plans do we have to bring those STRs that are not into compliance into compliance with this new ordinance?

Mr. Hand said the staff believes that having an ordinance, first and foremost, I think, will bring in more applications. There are people who want to do this as a business who are actively looking for it and want to be following the rules. Right now, because it's not an ordinance people don't know that there are rules. So, we catch the good actors, and maybe not the bad actors, but everybody in between gets lost in the shuffle as well because they probably thought, well, I can just go to the platform and do it, right? As noted in the presentation, I think we did our current count about a month or two ago. It's held on average about the same number, at least in my last three years here. We have about 100 that are not permitted out there with a special use permit. We think some of those will come in, but certainly not all of those.

The rest of it becomes an enforcement action, which is a battle between manpower and the ability to do it. We've created a couple of new tools. We created a door hanger so that if we see a short-term rental or if we get reported a short-term rental and go to the platform and see it that's basically how we confirm if it's on a platform or not. We can run out there and put a door hanger on immediately. So, we try to do something with some more immediacy, but at the end of the day, it does come down to balancing out limited resources. I think what we'll try to do with, now, two zoning enforcement officers -- and you may have seen the Planning and Urban Design Department do this as past ordinances get adopted, Streets for People is a great example, right. We pass an ordinance and we immediately follow up with a bunch of engagement, outreach, and in some cases, this one included, we'll probably do some zoning blitz. Special focus on this specific issue if and

when the short-term rental ordinance passes to have that big first push of people to come in and apply essentially.

Commissioner Ramirez said okay, I appreciate that and I would like us to do that because that statistic of only 29% of our STRs are recorded with us. Only 29%. That's a very, very low number. I would like us to get as close to 100% as possible? I know there's going to be those ones that are stragglers that we can't find or they won't come in. But hopefully, again, if and when we do put the ordinance and it gives your department more teeth, more ability to enforce the rules. I do thank you for going through this. I know this is something that my district is very big on, this is a big issue for them. I thank you for listening to them, taking in their comments, and trying to work with them as best as you can. I really do appreciate that.

Commissioner Bynum said Gunnar, just a couple of very quick corrections for the documentation within the application. You've got an electronic document review user guide that has a contact list. A couple of super quick corrections would be Livable Neighborhoods is no longer Andrea Generaux, they have a new director. Then, USD 500 has a permanent superintendent and the previous interim is still listed in that. So just a couple of very simple contact updates.

Commissioner Stites said Gunnar, whenever you said you can check it out on different platforms to find out if they're on there. Are we talking like Vrbo? Those types of sites? **Mr. Hand** said correct. **Commissioner Stites** said I assume that's what you were referring to. So with each of these TGT dollars should be applied, right? Transient guest tax? **Mr. Hand** said yes. **Commissioner Stites** said so who will be monitoring to make sure that TGT dollars are being paid into and that we receive that percentage, which I think it's right now 9%? Also, a short-term rental would be defined as how long, could they do it for one night? Is a short-term rental for one night? **Mr. Hand** said short-term rentals are anything from 1 to 29 days.

Commissioner Stites said my concern with this would be that we have an apartment complex that can now rent a room for a night, right? So, then why are we not just sending them to a hotel? I mean, those options are out there right now, right?

Mr. Hand said again, we haven't seen one like that before. If that were to come forward, it would still have to go through the public process with a special use permit. We don't necessarily have to give it to them, I suppose, if you all deem not to. I think that we're starting to see other

municipalities have this go beyond just single-family homes and/or condos and we wanted to make sure that we had all of our bases covered. So, I don't think we tried to put any preference on the typology. I think what we had heard consistently is we don't want these things to dominate our neighborhood and so the right cut-off for us when we go beyond two, three, four, or five unit complexes was just to say, the easiest, most tenable and enforceable thing, manageable, I would say, thing for staff would be to just say less than half needs to be and that's the maximum that doesn't—if I'm remembering the ordinance correctly, which I think I am, there is no administrative review for that type of short-term rental, you have to get an SUP and I'll double check that statement. **Commissioner Stites** said so, regarding the TGT.

Mr. Hand said sorry. Regarding the TGT, it's Kansas State law that any platform that has a revenue over, I think it's like $100,000 bucks, so it's pretty low bar, has to take those taxes in on the platform. They go to the state and then they get sent back down to local municipalities. I don't think anybody in finance knows what piece of that is from, one versus the other. Short-term rental versus just a regular guest tax. I think we get a lump sum is how I understand it. But yes, we are collecting those. We are supposed to be collecting those Transient Guests Taxes for platforms over $100,000, which we think is all of them. I think the big thing that we really need to look out for projecting out past short-term rentals, is we're starting to see platforms where people are renting out their garage to have other people store stuff in it or renting out their pool to have a pool party for a day. There's all kinds of things out there now that the platform has introduced the idea. It's proliferating across all kinds of different ways to let people use a piece of your land, property, or otherwise. That's where I think it's getting really complicated.

Chairman Markley said alright, any other questions? Okay. This was again, for information only and we will have another visit from Mr. Hand, I'm sure, to address that particular item.

Action: For information only

Item No. 3 – 212315…GRANTS: 2023 INTER-DEPARTMENTAL WORKING GROUP PRIORITY PROJECT LIST

Synopsis: An inter-departmental working group has developed a draft list of priority projects to collectively work on future grant pursuits for the remainder of the 2023 calendar year, including

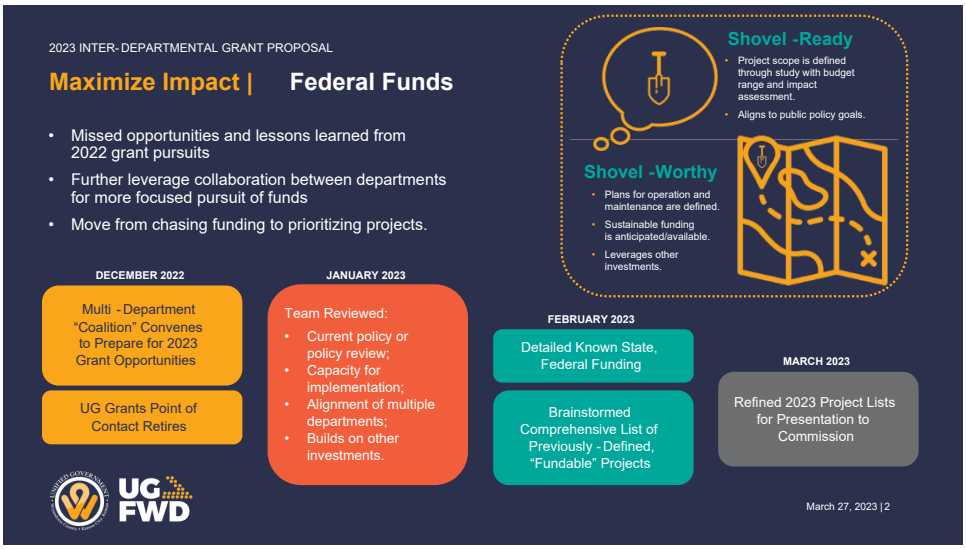
two retro-active grant submittals, submitted by Gunnar H. Hand, AICP, Director of Planning and Urban Design. It is requested that this item be fast-tracked to the March 30, 2023, Full Commission meeting.

Gunnar Hand, Director of Planning and Urban Design, said I'd look to the audience and what is left is your Inter-Departmental Working Group. While they're pulling up the presentation, it's a brief presentation, and basically you've seen it in your packet.

It won't take very long, but just as a background, I think in 2022 we had a couple of federal bills get passed, lots of new federal dollars come down the pike. It was exciting times, right? Everybody in the UG was trying to pursue grants that were coming out which felt like every other day. What happened was over the course of 2022, the departments who joined in this effort, which, I hope, I have them all Planning and Urban Design, Economic Development, Community Development, Public Works, Public Health, Fire, Finance, and BPU. All sort of started seeing one another pursuing either the same grants or talking about the same grants for different projects, or really just kind of bumping into one another in 2022, as we all chased grant dollars. We had some success. We'll get to that next agenda item. We had some success doing that, but I think we all recognize that we could do better because the name of the game should not be chasing grants, it should be finding the right grant to fit your prioritized project.

What's before you in 2023, as we all came together to put together this list, not too dissimilar from, if you recall, last spring there was a list of projects that the UG sort of pre-

approved for staff to go seek federal funding for. That's basically what this is. This does not preclude any other department or any of these departments from pursuing other grants. This is just sort of like the infrastructure heavy list that we all came up with based on—a lot of them are existing projects that we didn't win last year, as we're kind of reupping on those. All of them are in existing long range planning documents and/or have been identified by the Board of Commissioners. In the budget, in the CMIP, somewhere else, we're not pulling this stuff from thin air. This is just sort of what do we know is going to come out this year, what have long range plans prioritized, what have we been hearing from the community and let's try to get that down to a list so it's a manageable thing that we can all move forward with.



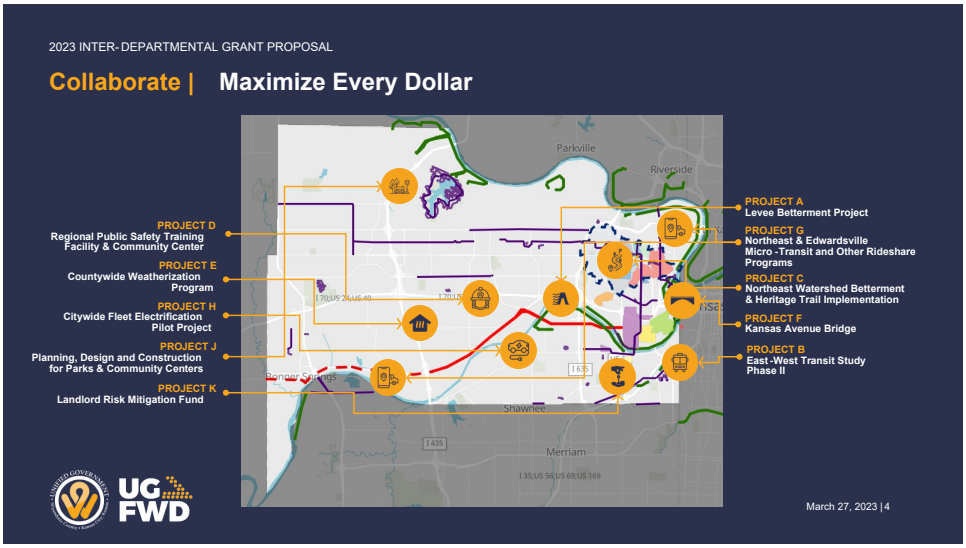
What this slide tells us is— we all kind of came together. You heard me say this during the approval process for the goDotte Countywide Mobility Strategy. The UG has nothing but shovel-worthy projects, we are trying to get to shovel-ready projects. All of these things are working towards getting shovel-ready except for one or two, specifically the mega infra-grant that you guys already heard at a previous meeting of the standing committee.

I have a list of the A through K projects that we're looking at. Again, it went through a multiple pronged effort to get down to this list from the plethora of ideas that we had in other pursuits. There are two projects on this list that are effectively asking for retroactive approval for submission of grants. One is Project A, the Levee Betterment Project. This is the base grant that we did not receive from the State Department of Commerce last year for funding gaps in the Levee Betterments, Levee Trails namely. It was resubmitted for us in the second round once the base grant program announced its second round. Those actually got submitted in January. So that one's in, we would still appreciate— we're still looking for retroactive permission to go after that grant.

The second one you just heard in your previous meeting is the East-West Transit Study. So, phase two of that, the next round of planning preliminary engineering, project development was submitted as a RAISE two. So, it's the second year of the RAISE grants this year and 2023 was submitted at the end of February. Other than that, you have a match of, again, I think most of these are projects where all the departments are collaborating. Some of them are more specific or primed for others, but we have Fires Training Center on there, we have the Northeast KCK Heritage Trail on there. We have everything from Fleet electrification and weatherization program funding to put something together in partnership with BPU, which were two of their large priorities to try to find some additional funding for a Landlord Risk Mitigation Fund, which is basically a pocket of money that encourages property managers to accept subsidized housing vouchers. It's one tool we've seen other jurisdictions use as a mechanism to get that funding. Now, during the pandemic, those were people wanting to find Section 8 vouchers because those were guaranteed dollars, when not everybody was guaranteeing dollars. It has quickly shifted back to not a lot of

folks wanting to have formerly Section 8 vouchers in their district. So that's just one tool that we saw to get towards the housing crisis.

So it varies, right? There's some infrastructure, there's some housing, there's some programmatic stuff, but it's mostly hard infrastructure, getting shovel-ready projects. We are here to discuss any of the projects in detail if you so choose. With that, I'll just stop. There's information for each one in your packet. We can flip to those if we have individual questions, otherwise, I'm not going to go through the rest of the presentation.



I'll stop at the map. How about that?

Commissioner Bynum said back one slide, Project G, which is funded, correct? **Mr. Hand** said yeah, before Mr. Hurst left and before him before Justice, Mr. Welker left— the Public Transit, and I forgot to list them on the project, so I apologize, Ms. Bush. They are also a part of the Project Inter-Departmental Project team. Their number one priority was to secure permanent funding for those two years. **Commissioner Bynum** said so they're grant funded right now. **Mr. Hand** said but only for another year or two.

Commissioner Kane said has anybody looked at Project J? Just want to make sure you looked at it, because it might bite you. So, thanks for putting that on there. **Mr. Hand** said I heard somebody wants to build a park in the fifth district. **Commissioner Kane** said Gunnar, your wife's here.

Commissioner Ramirez said for the Landlord Risk Mitigation Fund is that— because I know Community Development has come before us talking about it. I blanked on what it's called "Source of Income Discrimination Bans". Is this a way to, I guess, incentivize landlords to take them? I see the head shaking. **Mr. Hand** said I looked at Ms. Stauffer to answer the question, but the short answer is yes, that's exactly it and it's directly from Community Development.

Commissioner Ramirez said okay. I think that's good for us. I've been a big proponent of instituting Source of Income Discrimination Bans. I haven't had a conversation with Mayor Garner about it. I know I had a conversation with the previous mayor, Mayor Alvey, but I'm still in support of it and I still think we should still pass one. I like that we're looking at a different way in incentivizing our landlords to accept vouchers, because again, you could have the perfect rental history, nothing wrong with who you are, you can move in, but a landlord could just tell you no, just because you have a federal voucher. **Mr. Hand** said technically, that's illegal, but yes, that happens all the time. **Commissioner Ramirez** said is that illegal? **Mr. Hand** said yes. That's housing discrimination, it's against federal law. **Commissioner Ramirez** said but so thank you for that. Thank you for including that, that's something I have near and dear to my heart.

Mr. Hand said I would just note that in 2022, one of the things I forgot to mention is that's the same year that we hired for the first time a Grants Manager and then lost that Grants Manager. We've been working with Finance specifically. I also forgot to specifically name out our on-call Grants Consultants, IParametrics, and we have Miss Erica Carter here as well, who's been helping all of us do all of these things, as well as tracking grants and everything like that. So that's been invaluable in the absence of a Grants Coordinator. I know that our Interim CFO is looking to hire a new one as soon as possible. We will be back in 2024 and we hope to continue to come back on a regular basis and keep doing this coordination work.

Commissioner Bynum said we've had a lot of conversations about, again, public infrastructure, like our police and fire stations, and we've had a lot of conversations at the Commission level, about, for example, and I'm just using them as an example, the Fire Department, having access to grants that are available for what I would call bricks and mortar, but many other things equipment, training, personnel. Through Homeland Security, other federal departments, so is anybody on the team working on that part of it, the Public Safety? I mean, I know the Police Department just like

they were in front of us tonight, they're writing grants. They know where the grants are that they qualify for and are going to receive. They bring those to us, we say yes, but what about specifically Fire?

Mr. Hand said again, this list doesn't preclude any other efforts by departments to pursue other grants. The one collaborative project on this list with Fire is that large training facility that we pursued last year unsuccessfully with—if you remember, we brought the community college, and it was a big effort. **Commissioner Bynum** said and we're going to pursue that again? **Mr. Hand** said correct. **Commissioner Bynum** said is Fire actively pursuing grants? And if not, or are you actively participating with this group to identify and pursue grants?

Brent Smith, Assistant Chief for the Fire Department, said yeah, we are actively working with the group to pursue the grants for it and we're looking for grants. Technically, right now, there aren't any grants that we've identified that we can go after, but there's an EDA grant coming down the pipeline that we're going to be looking at going after. So, we're just kind of waiting for that to come out so we can do a little bit more research and develop our plan. **Commissioner Bynum** said and the EDA grant is the big $100 million-dollar technical training? **Chief Smith** said the Notice of Funding Opportunity hasn't come out for that yet. We anticipate it will be a big one. Does that answer your question? **Commissioner Bynum** said it does. I just wanted to make sure that you were at the table because we've had this conversation at our level so many times with the notion that maybe grant dollars for you all are being left on the table and not pursued.

Commissioner Kane said that's exactly what they've done, and I'm not saying what he's talking about on this stuff here, but on equipment we could have got all brand-new equipment for Station 12. We could have had the wages paid for a certain amount of time and management staff refused to go after those grants. And in fact, remember, I was on the phone with the lady that said they were going to pay him and the former Administrator said he talked to her and she didn't know what she was talking about. No, she knew exactly. We were going to get however many persons out there with the equipment and the Fire Department refused to do it and said that it would have messed up their original request for more people power and that was a lie. I want to say it again, that was a lie.

Commissioner Bynum said I am just asking that we make sure, because we feel like we've had these missed opportunities, and with how badly we need that particular kind of infrastructure, that we make sure Fire's actively engaged. **Chief Smith** said yeah, we appreciate that. And in addition, outside this group, we're also seeking FEMA's AFG grant for both staffing and for an apparatus. We're trying to do different avenues as well.

Mr. Hand said I would just add, it seems pretty straight forward, but even just pulling the many departments together to have the focus conversation, I think has created a lot of realignment in pursuits. We're sharing more information than we were in the past. I'm certainly reading more NOFOS, Notices of Funding Opportunities, than I would like, but it does require leadership, it does require a Grants Administrator, it is none of our jobs to do this individually. We are doing this for the better of our community and then the lack thereof. In a vacuum, this is what we've created and we think we've created a best practice that can live on. Part of what we're going to be doing for the remainder of the calendar year is building our own capacity to make sure we can live on for the next Grants Administrator to have some sort of structure, so they can walk in the door running.

Chairman Markley said I'll just note, we talk about grants a lot as though there's sort of free, special money that we can just reach out and grab, but the reality is, it's really hard to get grants and you have to meet the qualifications of the grant and people only want to fund certain types of projects. So, you know, people in the community will say, well, I want new sidewalks, can't we just get a grant for that, but nobody wants to pay for that. The people that are giving grants don't want to pay for that. We have to choose projects that we think can be funded because we think there's somebody out there who wants to fund them, so that's sort of what drives the choices that this group, this committee, has been making. I appreciate their effort in looking at the grants that are available and trying to figure out what projects we have that might meet the requirements of that funder. It's a lot more difficult than finding magic money in a in a pot of gold. So, I appreciate your effort. We do need a motion for this one and it does need to be fast-tracked.

Zee Bishop, Legal Department, said Commissioner, I'm sorry, can I break in just for a moment. I just want to clarify here what exactly we are moving forward because, of course, we've got 10

different projects listed and for these 10 projects, when we are actually going to pursue the grant funding we do need to make sure that we have a resolution for each one of those and that those resolutions come back before the Standing Committee and then go to the Full Commission. I just want to make sure that we're clarifying what exactly we are voting on here today. **Chairman Markley** said I believe we're just approving this as the list of projects to pursue. Is that accurate? **Commissioner Kane** said that's what I thought. **Mr. Hand** said I was hoping these were the resolutions to get it all done, so we didn't have to come back. **Ms. Bishop** said there are no resolutions in the packet. However, with the agenda not being published until tomorrow, if we can get it, I'm informed, before nine o'clock, we might be able to get this done. But we've got 10 different grants. **Mr. Hand** said I thought we were moving forward as if we didn't have to come back if we don't—I don't think we have any deadlines ahead of us, the next deadline is at the end of May for mega-infra. If we did not fast-track it, would we have more time to write a resolution for all of these projects? **Ms. Bishop** said absolutely. If we did not… April 13? **Mr. Hand** said if it's okay with you all, and I apologize for the confusion on staff's part, but absent the resolutions, I would just ask for your approval and then we'll put together the resolutions for the Board of Commissioners next agenda in April. **Chairman Markley** said Legal, is that clear enough for you to know what we're doing here? **Mr. Hand** said I'll take the lead on working with whoever to write up some resolutions.

Commissioner Bynum said just a point of clarification for me. I saw Patrice headed for the microphone, and then another individual. I just thought—I want to make sure that we are doing what staff needs us to do and then there was another person headed for the microphone. I don't know what you need from us.

Patrice Townsend, Board of Public Utilities, said we just wanted to say we appreciated inviting us to be a part of this grant application. Of course, we don't have a grant writer. The best would be me, and that's not good. We're just glad for the opportunity to be a part of this and the Countywide Weatherization Program. So we look forward to this. We thank everybody and your staff, they do a wonderful job and we thank them for allowing us to be part of it.

Chairman Markley said anyone else appearing in public here who would like to address the item?

Erica Carter, IParametrics, said sorry, I was just going to correct Gunnar for just a second. Our next application is due at the end of April. So, April 13th will still be fine. One of the other benefits that I would like to point out for doing it this way is that we're also able to collate data from multiple sites and multiple sources, which make our grant applications that much more compelling, so I look forward to us winning more in the future as well.

Chairman Markley said anyone else in person? To make comment, please come to the podium. Alright, Clerk, did we receive any comments or do we have anybody online? **Monica Sparks, Interim Unified Government Clerk,** said no comments, no hands raised.

Action: **Commissioner Kane made a motion, seconded by Commissioner Bynum, to approve and forward to the April 13, 2023 full Commission meeting.** Roll call was taken and there were five "Ayes," Kane, Stites, Ramirez, Bynum, Markley.

Item No. 4 – 212316…FUNDING: 2023 REQUEST FOR ARPA GRANT LOCAL MATCH FOR RAISE BI-STATE AND SAFE STREETS AND ROADS FOR ALL

Synopsis: A request of local match funding from the designated ARPA set-aside for both the RAISE bi-state corridor planning grant ($350,000) and the Safe Streets for All (SS4A) Vision Zero action plan (up to $200,000), submitted by Gunnar H. Hand, AICP, Director of Planning and Urban Design. It is requested that this item be fast-tracked to the March 30, 2023, Full Commission meeting.

Gunnar Hand, Director of Planning and Urban Design, said what we have before you is a resolution, got that one covered, to seek funding out of the ARPA set-aside for local match for grants. There's two that I'm asking for specifically in this resolution. The first one is for the $350,000 local match as a part of the UG's contribution to a regional $5 million planning grant. That is the RAISE Phase One grant that was announced last year for the by-state corridor between the Legends to downtown KCK, downtown KCK to downtown KCMO, and then downtown KCMO on to downtown Independence on a route still to be determined. That RFQ from the Mid-America Regional Council looks like they're going to push that out sometime this summer to begin consultant work on that. That ask is much farther along than the second ask. So, what you have in

your packet is the signed agreement by the former CAO to venture into the regional memorandum of understanding between all the different agencies. So the Bi-State Corridor included the UG, Kansas City, Missouri, Jackson County, KCATA, the city of Independence, and the Mid-America Regional Council. That one's underway as a project. I can talk about that project if you have any questions specific to it.

The second ask is a recently announced grant. Last fall, we applied for the Safe Streets for All for a Vision Zero Action Plan. That was the number one implementation action identified in the goDotte Countywide Mobility Strategy. That was a million-dollar grant that we received, which is a $200,000 local match. This one's a little different because we're still waiting for the information from KDOT, federal DOT, Department of Transportation, and others on next steps. So, we know we've received it, but we have no agreement signed. We have not moved forward, really we're waiting for them to do webinars so that we can get this thing started as soon as possible, is basically where we're at right now. So again, it's a little newer than that.

But we are effectively in negotiations with the Kansas Department of Transportation who set aside their own ARPA dollars to provide additional local match for projects just like this one that are inter-jurisdictional, which this is, so it will be a countywide Vision Zero Action Plan, and two that are in disadvantaged communities, which we are. We think we can get up to $150,000 of that $200,000 local match from KDOT. But until we have that money in hand, we'd like to reserve up to $200,000. Then we can, hopefully, get that $150,000 from KDOT and only put in $50,000, and this fund balance could get an extra $150,000 back. But until we have that secured, we wanted to ask for up to the full amount of $200,000. Again, I can answer questions about both projects or the nitty-gritty of the specific resolution as needed.

Commissioner Bynum said do they need to be two separate motions? **Mr. Hand** said I believe Legal wrote this as a single resolution.

Action: **Commissioner Bynum made a motion to approve the ARPA set-aside to be used for local match and to fast-track it to March 30.**

Chairman Markley said everything is fast-tracked today. I need a second? Or if there are questions? **Commissioner Stites seconded the motion.**

Commissioner Markley said alright. I have a motion and a second. Do I have any comments from anyone in our remaining public?

Zee Bishop, Legal Department, said I'm not seeing a resolution in the packet, so do we have text of a resolution? **Mr. Hand** said yeah, it was sent, unfortunately, I think, by Legal. I have one. **Ms. Bishop** said okay. I don't think it made it into the packet.

Commissioner Kane said we get the packet, right. We're supposed to look at the packet. I've never had this happen in our meetings that happened in the first meeting, now it's happening in this one, where they're clarifying what's going on. I want the Legal Department to read what they're supposed to get, and they're supposed to get whatever information you need for us to make a decision, which is great. There seems to be a nitch that we're missing right now to where they're not getting the information in a timely manner where we have to be corrected when we're going through this process and I dont like it. **Mr. Hand** said yes. I don't disagree.

Chairman Markley said alright. As it looks like some paperwork is coming around. I don't think we have any hands up online, we didn't receive any comments, nobody in the public. We're going to take a moment and look at your resolution. When Monica makes it back around, if we don't have any questions, we will vote.

Ms. Bishop said our recommendation would be once the members have had a chance to look at the text of this that you approve this as to form if in fact you can, and then that would be sent to the Commission. **Mr. Hand** said staff would be willing to not fast-track this if you all need additional time as well. **Ms. Bishop** said the agenda would go back out tomorrow. So if you want more time to be able to read through this, my recommendation would be that we not fast-track it. Again, that would be April 13th. **Mr. Hand** said that makes sense. **Chairman Markley** said so motion maker, you're good? **Commissioner Bynum** said I'm good. **Chairman Markley** said motion maker and second are in agreement that we're proceeding to approve as to form. **Ms. Bishop** said and to send that to the April 13th meeting and not to fast-track it, correct?

Commissioner Bynum said very good. Thank you. **Chairman Markley** said I heard a motion and a second. Roll call, please.

Action: **Commissioner Bynum made a motion, seconded by Commissioner Kane, to approve and forward to the April 13th, 2023 Full Commission meeting.** Roll call was taken and there were five "Ayes," Kane, Stites, Ramirez, Bynum, Markley.

Item No. 5 – 212334…FUNDING REQUEST: ARTS ASSET MAPPING

Synopsis: Requesting $20,000 in funding from the Tourism Fund for the Arts KC & MU Extension Create Arts Asset Map of Wyandotte County to create and map arts and culture assets in support of the efforts of the Arts, Culture and Economic Development Committee, submitted by Commissioner Angela Markley.

Chairman Markley said item number five is actually an item I'm taking. I told ARTS KC don't suffer through this, I'll just take it. So, I am chairing the Mayoral Committee on Arts and Culture and we have a funding request. We're requesting $20,000 from the Tourism Fund, which is that specialty fund that can only be used for tourism purposes. We're asking for that money to create an Arts Asset Map. As a committee, what we found is that it's difficult to decide how to support our arts, where we should be adding arts, how to market our arts, and we don't know what arts we have in the county. Arts KC is a regional arts council that is already doing this work. They have personnel in place and they're doing it for other counties. For us to sort of piggyback on the effort that they already have going for these other counties, they're asking us to fund $20,000 worth of that person's efforts. It would map all of our artists, art venues, art education opportunities, cultural venues, education opportunities, and productions here within Wyandotte County for this arts committee's efforts. So that is the request and I am available for questions.

Action: **Commissioner Ramirez made a motion, seconded by Commissioner Stites, to approve.**

Chairman Markley said I heard a motion and a second. Great. Any additional questions, any comments from the public, or comments that we've received, clerk? **Ms. Sparks** said no comments received. **Chairman Markley** said roll call, please.

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

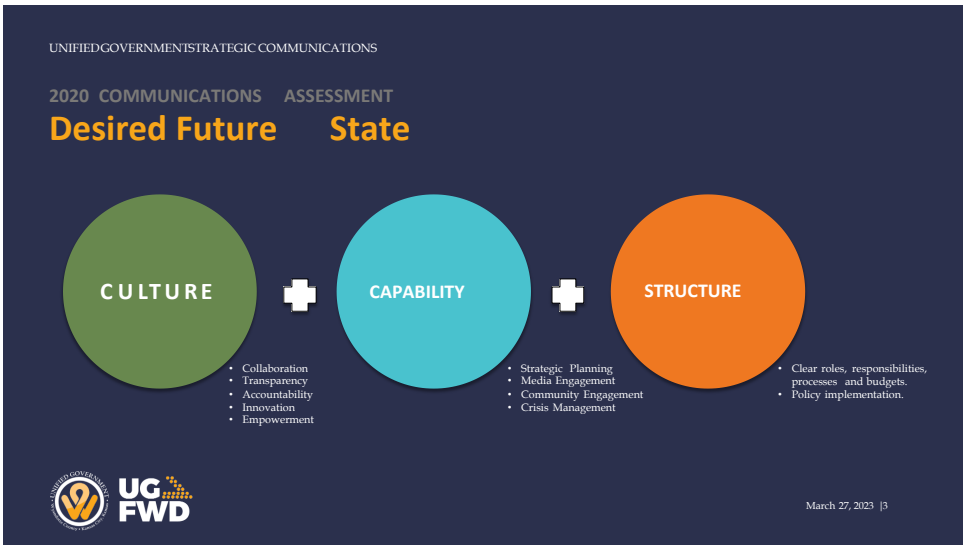
Chairman Markley said my committee will appreciate your assistance.

Item No. 6 – 212335…UPDATE: STRATEGIC COMMUNICATIONS 2023 GOALS AND PLAN

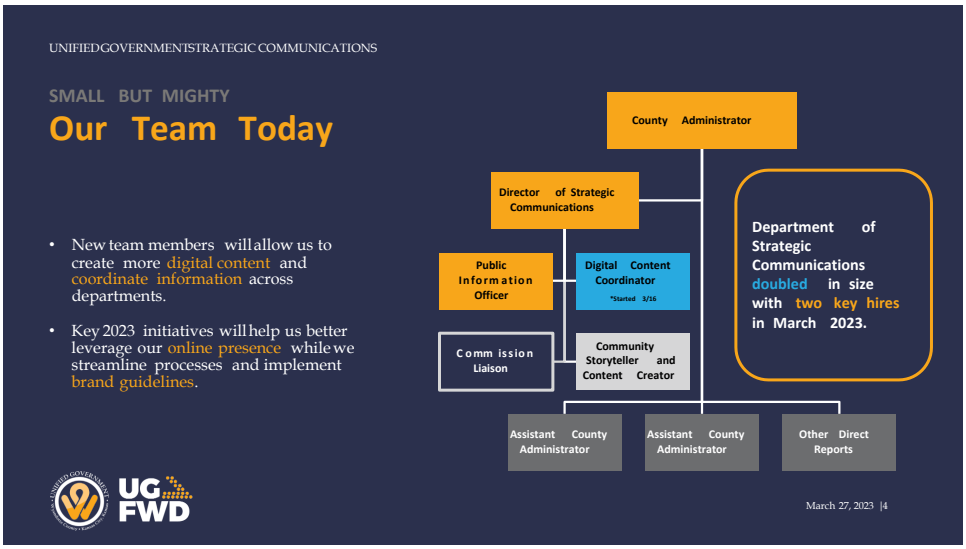
Synopsis: The Strategic Communications team will present ongoing efforts to improve internal and external communications during 2023, submitted by Ashley Hand, AIA, Director of Strategic Communications.

Ashley Hand, Director of Strategic Communications, said I'm joined online by Krystal McFeders, who's our Public Information Officer. Tonight, I'm providing you an update with a 20 by 20 format, which means I have 20 seconds and 20 slides for each of those slides to get through this update for you.

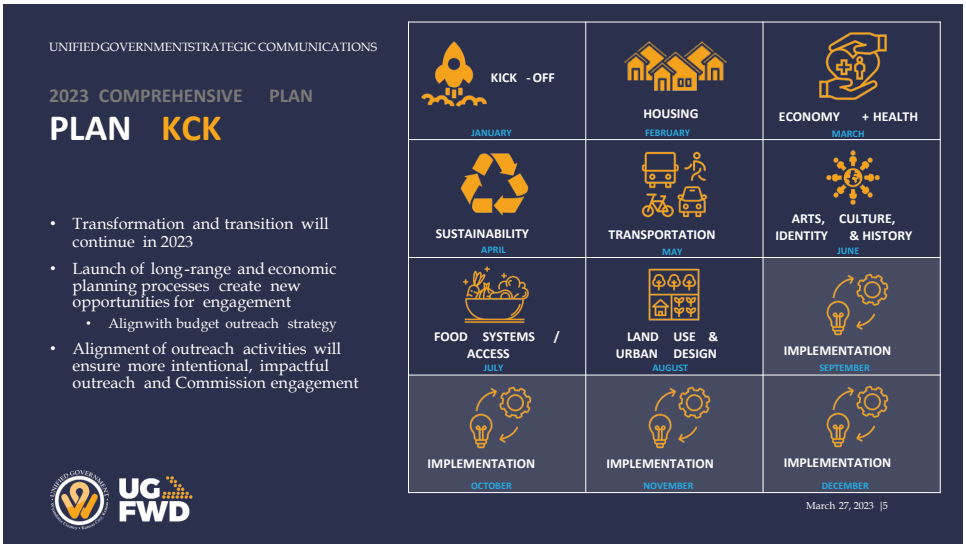
I'm very excited to bring this update because I know it's been a long night for all of us. I think it's really important to note that over the last couple years, since I joined the Unified Government, we've been doing a ton of experimentation, trying new ways of testing engagement, seeing what tools work, how can we reach out to the community, and really try to launch new ways of thinking about how we can engage.



We not only want to be an agent helping the organization itself navigate change, we want to be a catalyst for that change within the organization. We know from an assessment that was done several years ago, which created my department, that communications is critical. We hear it in the community survey, we hear it in the employee survey, we've heard it in multiple assessments of our organization, there is so much more work to be done.

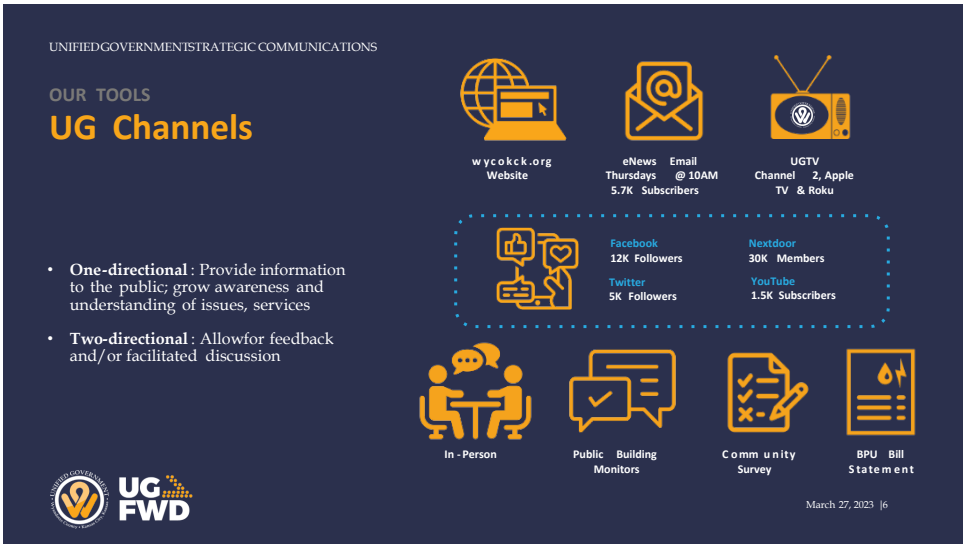


We have a lot of low-hanging fruit as an organization and we're very excited to work towards implementing a lot of these goals for you. Now, as of today, I'm very pleased to share that we have doubled in size as a team, which means that we've gone from a strapping team of two people to a team of four people to handle all communications which will allow us this year to focus more explicitly on our digital presence.

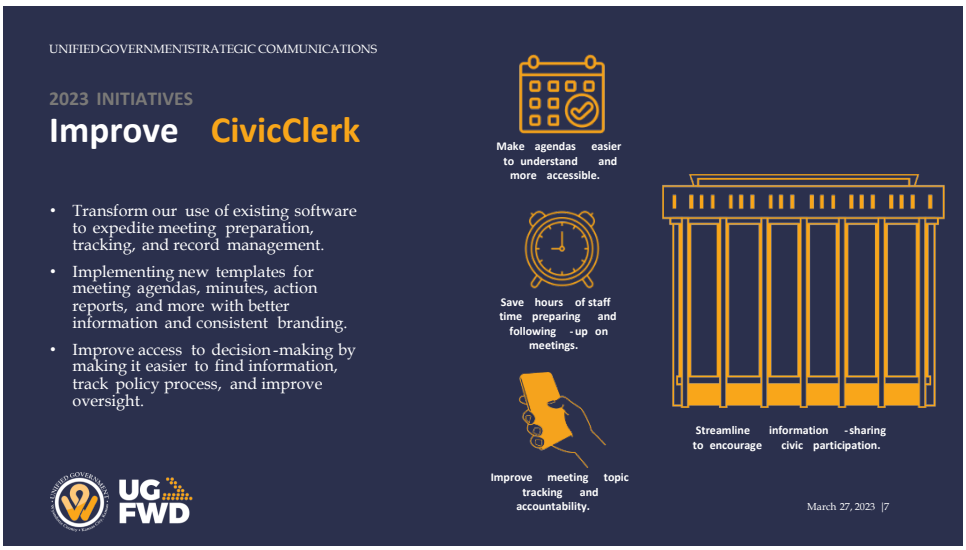


This is important as we think about how we attract new talent to the organization, how we attract new businesses to our community by having a strong digital presence. We've been aligning our work with this comprehensive plan update that has happening this year as well. This is an opportunity for us to coordinate across multiple channels to ensure that we're working with multiple departments and aligning their engagement efforts in a way that we optimize engagement

with our community. And that's important because right now, it's sometimes difficult. You provide input to the community, but we don't necessarily know what happens to that. So being able to translate that to how it impacts and shapes decision making is important.

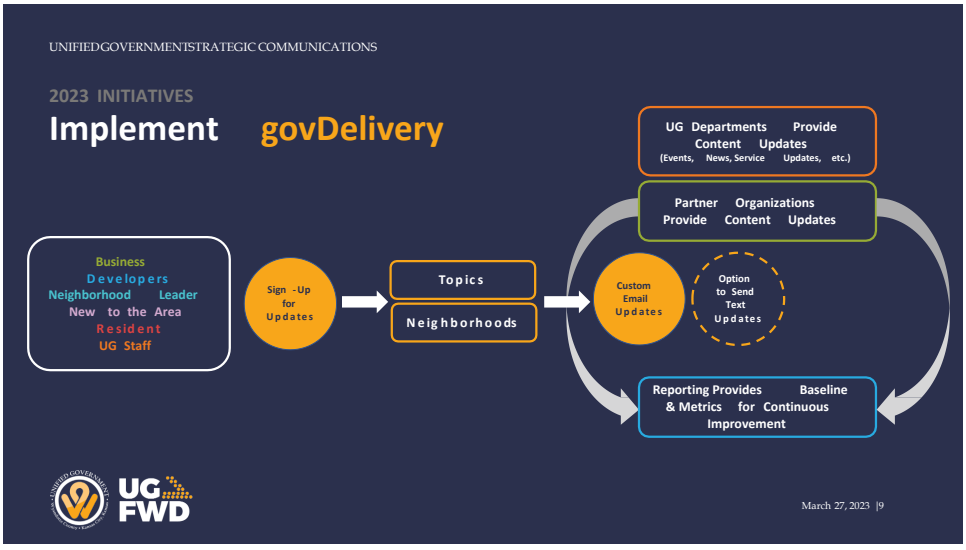


It also could tell us a lot about how we're working. So, with all of the various channels we know we have some limitations. I think the most important thing to underscore here is not a single channel that we have reaches every single person that we have across the county and that means that we have some challenges when it comes to effectively communicating with all of the folks across the community.

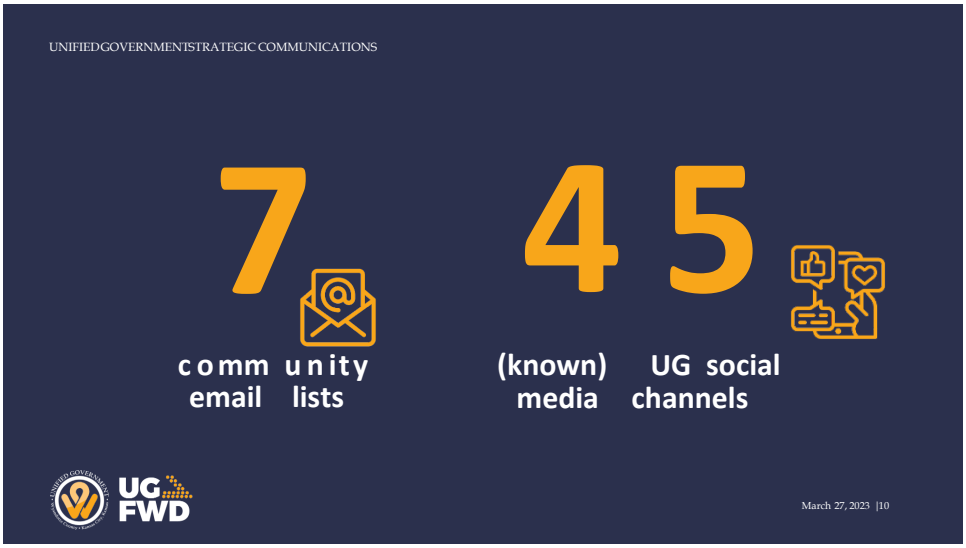


What we've been trying to do is identify ways to improve processes. Now, unfortunately, we just lost Commissioner Kane, because this is really about improving the way that we workflow information within an existing system. If we can increase access and improve the way that we leverage technology to share information, you will have more information at your fingertips in a ready way.

You'll also be able to ensure that our community has it and we eliminate a lot of the steps that our Clerk has to take. We also are looking at something called govDelivery. What this will do is consolidate all of the different contact lists that various departments maintain into a single database.



This allows us to then do something that we haven't done a lot of which is audience segmentation. So your interest as a member of our community is defined by what you tell us you want to hear and then we provide the information that you want to your inbox. This is a huge opportunity to not only engage departments in a different way, especially those without their own capacity for communications to provide us with information, provide us with updates, and then we have a platform for disseminating that through email.

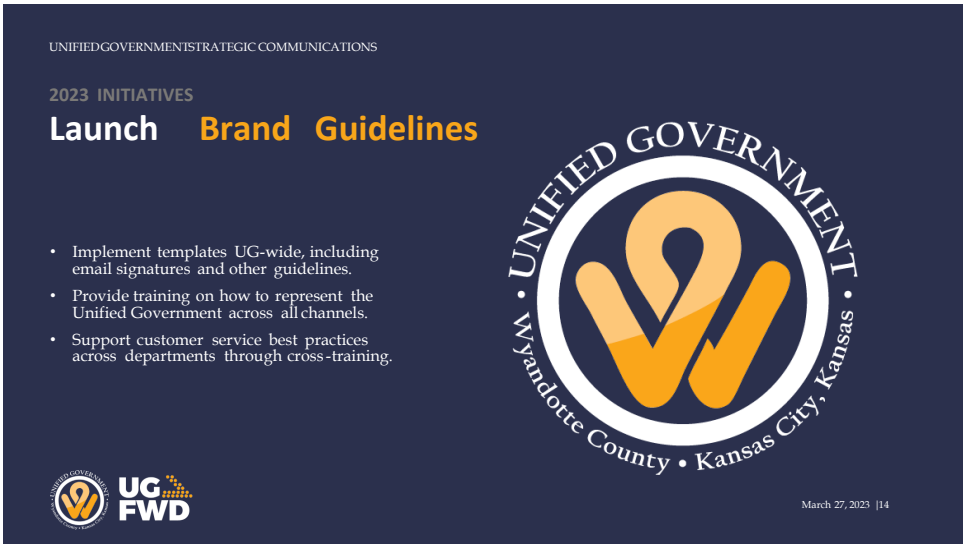


The challenge that we've had is with so many legacy systems, we have a lot of things out there that aren't managed effectively. Now, this new govDelivery will allow the cities of Bonner Springs, our neighborhood groups to post events and provide information about what's happening, so that we as an organization can become the reliable go-to resource for all things Wyandotte County.

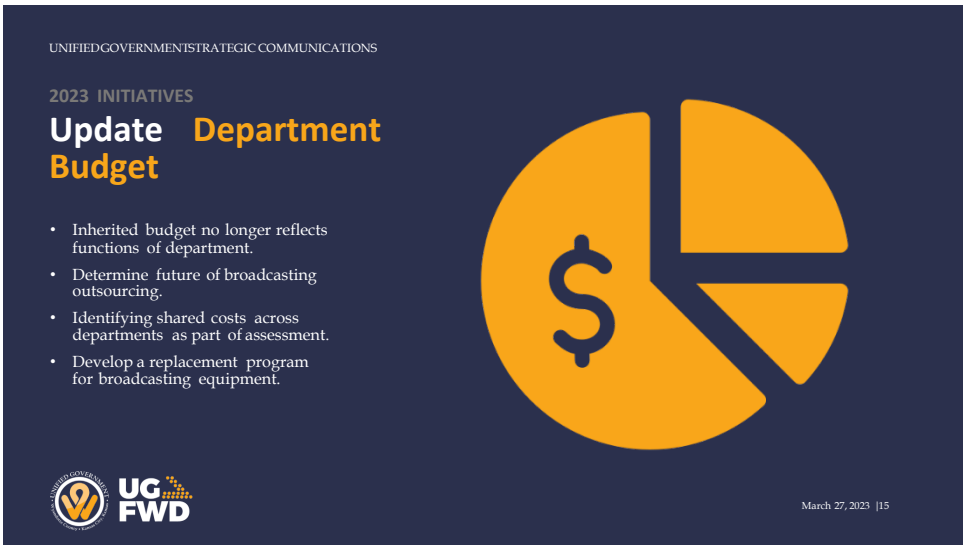
Another exciting thing through the work of Krystal has been really unpacking our capabilities with UGTV. Video is king in the era of digital content, so it's really important for us to have a solid video capability. We know that UGTV is not only available through Spectrum cable, but it's also available through Apple and Roku opening up a world of audiences that we have never touched before.

We've been working closely with various departments on things like improving our community survey. I don't know about you, I see it as a very valuable tool. It becomes very kind of potentially effective way of tracking our progress and customer satisfaction, but we need to make the questions legible and useful to us as an organization.

By bringing in training to all the different departments about how to leverage the tools that we have, how to be effective communicators, we can start to make all of our employees part of the communication solutions that we need for our organization.

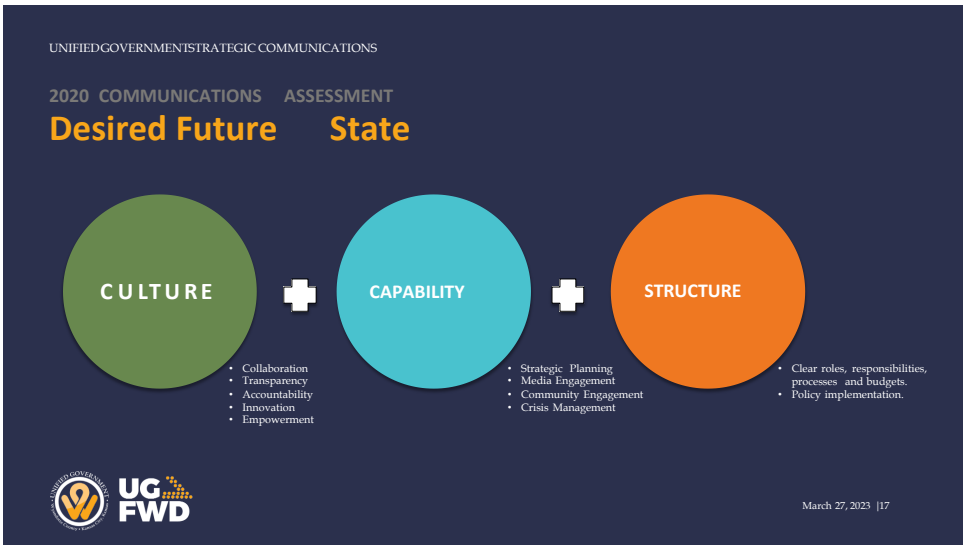


We've been rolling out these small-scale trainings, including some of the kind of standards that we're starting to implement, which will be fully implemented through the launch of brand guidelines later this year, which includes templates, training, and standard operating procedures just to simplify some of the challenges that come with communicating because not everybody considers that their job, but all of us have a responsibility to share that information and data.



Finally, as we are starting to kind of find our place within the organization, we have to kind of get rid of some of the inherited things that we have like our budget. Our budget is basically derived on a business model we no longer operate with.

Frankly, it does not meet the needs of our organization, particularly when you look at things like our physical assets and how we manage our communications technology. We currently have, this is the production booth downstairs in the Chambers, computers we can't support, a monitor that we can't actually see, and we don't even have staff to produce the meetings for us. We have some pretty structural changes that we need to continue to work through.



We're super excited to continue to progress this work along this framework of fostering culture, improving our capabilities, and ultimately enhancing our structure so that we can be more responsive and focus on continuous improvement because there is no end state. We know that we have to keep working and we will always have the challenge of needing to do more and more communications.

Of course, I need to kind of end this with a call to action to you all. I would never leave without asking for your help, your stories, your engagement with businesses and local residents makes a big difference when it comes to sharing what's happening and what's special about us as Wyandotte County. So, I encourage you to work with us to find ways to share what's happening from your perspective, and we can help you with aligning it to the right channels.

That was a 20 by 20. That was 6 minutes and 40 seconds and all you ever need to know about strategic communications, but I'm open for questions if you have them. **Chairman Markley** said no, there was no time for breathing, no time! (**Someone** was inaudible.) **Ms. Hand** said no, my last name is Hand. Used to be Zorella, which is why I move my hands. **Chairman Markley** said yes please, bring us back down to Earth.

Commissioner Ramirez said I don't think I could speak that fast, but we'll see. Thank you Ashley, for everything that you and your department do. You do an amazing job of getting information out there and knowing what needs to be done for our community. One thing I don't know really what—it kind of came to me when you're talking about the govDelivery and reaching out and helping our constituents get information and get the help that they need. I never really knew where I could bring this idea for us as a Board, as a Commission. When we have no CRM, we have no constituent software for us to track problems, we don't know when was the last time staff looked into it. It's something I've been thinking about because if we have an issue, we either get an email or phone call, and then we send another email or phone call and if there's no system for us to track any of that, and I would love to have something like that. Not going to lie, there may be some issues that come before me and then there's another issue that comes in, and then that issue gets lost in my list of things having to take care of. I would like to have a system where I can see where the issue is at, a certain timeframe, whose desk it's at, whose office it's in, so that we can provide those updates

to constituents. I would love that. Again, I don't know if your department is perfect for it, but I feel it does because it's us communicating with our constituents.

Ms. Hand said absolutely, so I would say govDelivery is the start and may not be a full-blown CRM as a customer relationship management software would be. It will give us the opportunity to start to look at some of the metrics around what type of engagement we get and what type of messages are working. We can do some A/B testing to see if this one resonated, people clicked on the image here, people really like the button there, that gives us a little bit more fine-tuning.

One of the things that the organizational assessment initially suggested was that 3-1-1 come under Strategic Communications and I have been working a little bit with them just initially on trying to kind of open up some of the lines of communications. I think there is a lot of possibility in terms of rethinking the technology that supports our 3-1-1, because a lot of that accountability and tracking are functions of a lot of other 311 systems across the country.

The ability even as a resident to go back and look up your ticket and see where it is in the queue is important. That type of open data can really transform the number of calls we get and the number of calls you get, but also the ability to say "oh yes I see your ticket here and this is where it's at". Those are really important customer service relationships that we need to be cultivating. We're currently in a position where 311 is having kind of interim management, no real supervisor role right now that's being filled. So, I think there's a lot of opportunity. We are very excited to continue working with 311 and trying to improve that with the ultimate goal of getting to a better CRM.

Commissioner Ramirez said I appreciate that because, we as commissioners, don't get staff. Other elected officials in the building get an absorbent amount of staff. Our ladies, Deanna and Lisa, do an amazing job of doing what they can, but there's two of them, there's nine of us. To have two ladies for nine commissioners and that is something I've had on my mind a lot. Us being able to handle our issues as commissioners and as constituents come to us with the issues and to be able to stay on top and stay on track, not just staff, but just me as an elected being able to see if there's something I can do.

Ms. Hand said yes, I have ideas. I do think one of the advantages of having a more rigorous kind of customer relationship management strategy as an organization is you can also do things like look at where incidents are occurring and start to understand. Is this because we have someone

who's had a bad week and had an issue and we're going to respond as a government in kind or are we going to come down hard because we know this has been someone who's a habitual violator of the rules? Those are the types of things you can start to pull out of data when you track it. Also, we can also look at things, many cities have done this, when you start to look at that data at a neighborhood or district level, you start to see "oh my goodness there's trends in certain things that are happening. We need to go in and be more specifically responsive on this issue" because we're seeing it happen and we don't have a lot of the data mining capabilities with the way that 3-1-1 is structured and then they have to push out tickets to other departments. It's a bit convoluted and there's a lot of manual labor and that introduces errors into the data which is problematic and trying to eliminate that will make a big difference.

Chairman Markley said well we do have a lot of issues.

Commissioner Bynum said it's a really good point you make, even though it's late and we're kind of giggly. To your point, gosh we wouldn't ask you to take on more, but maybe if you do have some tips because it is really, really difficult to track even just the issues that are coming into me. Like you said, find out where in the pipeline is that or is it even in a pipeline. I do appreciate it.

I wanted to say thank you to you and Krystal, most specifically, and if you've doubled in size, welcome to the two new people. That's very exciting. I don't want to say I'm most excited, but I'm very excited about the brand guidelines. So, you're going to be working across the departments and hopefully with us to make sure that we all understand the branding standards developed and those that already exist. I mean, even just looking at the UG logo on that slide that says "launch brand guideline" I see a slight adjustment and change to the logo as far as the color. This navy blue background, is that—**Ms. Hand** said we have a couple of options. We're working towards having templates for things like slide presentations as well as memos and things like that, email signatures things like that. There's a lot of ADA accessibility issues that we run into without having some of those standards in place. We're really eager to ensure that whether you have a machine that's reading it to you or have vision problems that you have no issue accessing information from us.

Chairman Markley said other questions for Ms. Hand? If not, this item was for information only. Thank you, Ashley, and thank you for being quick. That concludes our meeting for the evening. I will entertain a motion to adjourn.

Action: **For information only.**

Public Agenda

No items of business.

Adjourn

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

The meeting was adjourned at 8:45 p.m.

RM

Tracking ID: 21152

Report to

MEETING DATE	PRESENTER	DEPARTMENT
JUN 2 4 2024	J. Renee Ramirez, Director Shakeva Christian, Manager rramirez@wycokck.org, schristian@wycokck.org x5665, x5661	Human Resources

AGENDA ITEM #
UPDATE: OVERVIEW OF EMPLOYEE HEALTH PLAN AND ROAD TO WELLNESS CENTER
BACKGROUND
Overview of the employee health plan and Road to Wellness Employee Health Center
RECOMMENDATION
For information only Information Only.
BUDGET IMPACTS / FINANCIAL CONSIDERATIONS
N/A
IT/POLICY CONSIDERATIONS
N/A
PROCUREMENT CONSIDERATIONS
N/A
LEGAL CONSIDERATIONS
N/A
ATTACHMENTS
UG Marathon EBC meeting June 2024 (Final), UHC Unified Government ASC Meeting 2023 Utilization Review

Approved by Mayor and/or Chair and Administrator to add to agenda. 6/11/2024

Approved:

Road to Wellness Program & Utilization Update

June 4, 2024

UNIFIED GOVERNMENT
ROAD TO WELLNESS
Health Center & Pharmacy
in partnership with Marathon Health

2023 Marathon Health Year in Review

250,000

members added

from new and existing clients

89%

of clients renewed

We thank our partners for their continued trust in our partnership

55

existing clients added new services

A great signal of their trust in our partnership

18

new employers added

540

new ambassadors hired to help us deliver our mission

60

Ambassadors promoted

into new and larger roles because of their hard work

67

Network & Partnership health centers opened

Engage 2023

•222 attendees

- 72 clients
- 132 brokers & vendors
- 14 clients recognized for outstanding partnership efforts

5

New Network Locations

Richmond, Bloomington, Kalamazoo

18

Healthy Like Me Winners!

Together we're leading the way to better health thanks to our care teams, partners like you and the members who keep us all motivated.

ROAD TO WELLNESS Health Center & Pharmacy
in partnership with Marathon Health

UG Road to Wellness Executive Summary

January-December 2023 Year One Review

Member Utilization

Engaged

36%

Employee Engagement Rate

MH Benchmark: 50%

1,048

Total Members Have Used the Center(s) Since Go-Live

Health Outcomes

Outcomes in Year 1

70%

At-Risk Employees Making Progress on Biometric Risk Factors

MH Benchmark: 70%

58%

Engagement for Employees with High/Chronic Risk Factors

MH Benchmark: 51%

Member Satisfaction

NPS

82

Member NPS Score

95%

Satisfied or Very Satisfied

Savings

Reduced Claim Spend

16.5% Less

Engaged members spend 16.5% less than the non-engaged

ROAD TO WELLNESS Health Center & Pharmacy
in partnership with Marathon Health

UG Road to Wellness Overview

January-April 2024

Health Center & Pharmacy

Health Center Engagement

40%
Employee Engagement Rate

1.058
Total Members Engaged in 2024

Health Center Utilization

1,302
Total Visits

44% Acute
35% Prev.
21% Nurse/Lab

Pharmacy Utilization

5,316
Total Scripts Filled

Member Satisfaction

95.6%
Overall Satisfaction

85.71%
Net Promoter Score

Risk Identification

1,138
Employees Spouses Screened
(Full & Partial Screenings Included)

Making Progress

567
Unique patients making progress on at least one biometric risk factor

Wellness Program & Portal

Wellness Program

798
Employees Participating

403
HRAs Completed

Member Portal

742
Members Registered

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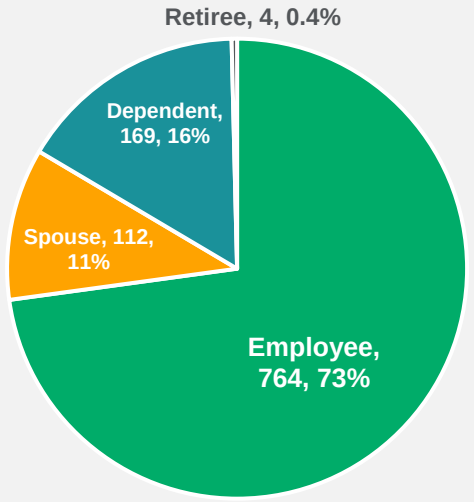
Population Overview

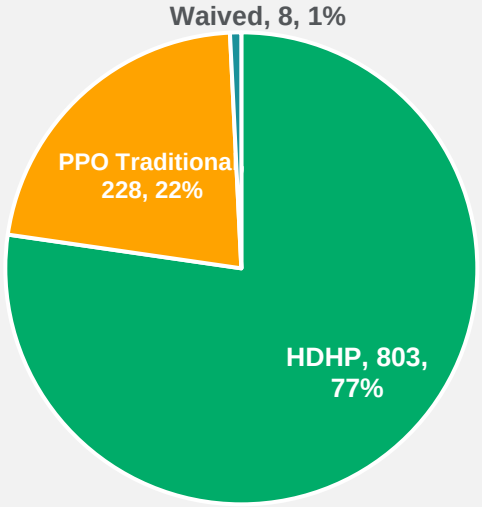
Year 1, all visit types

- ✓ 73% of members who visited the Health Center were employees
- ✓ Majority of members have the HDHP health plan (77%)
- ✓ Highest utilizing age group is the young adult (18-34 years old) but evenly spread between all pre-retirement adult age groups.

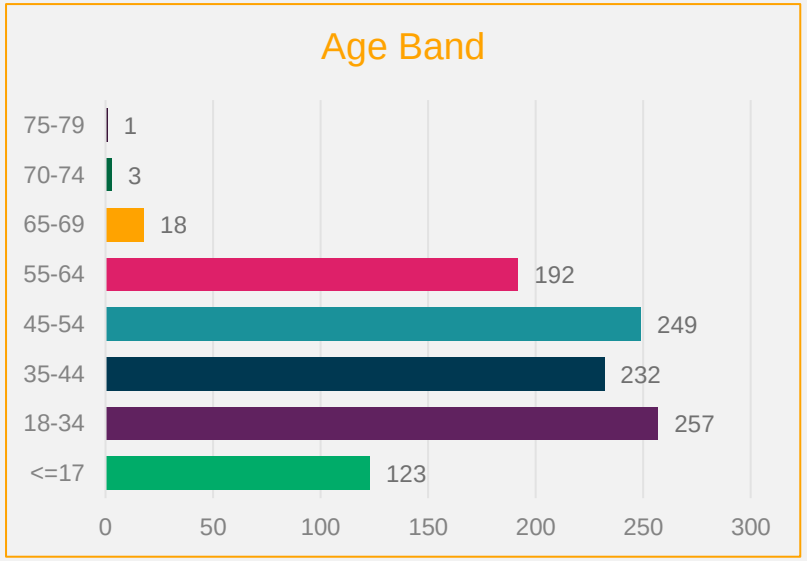
Member Relation Grouping



Health Plan



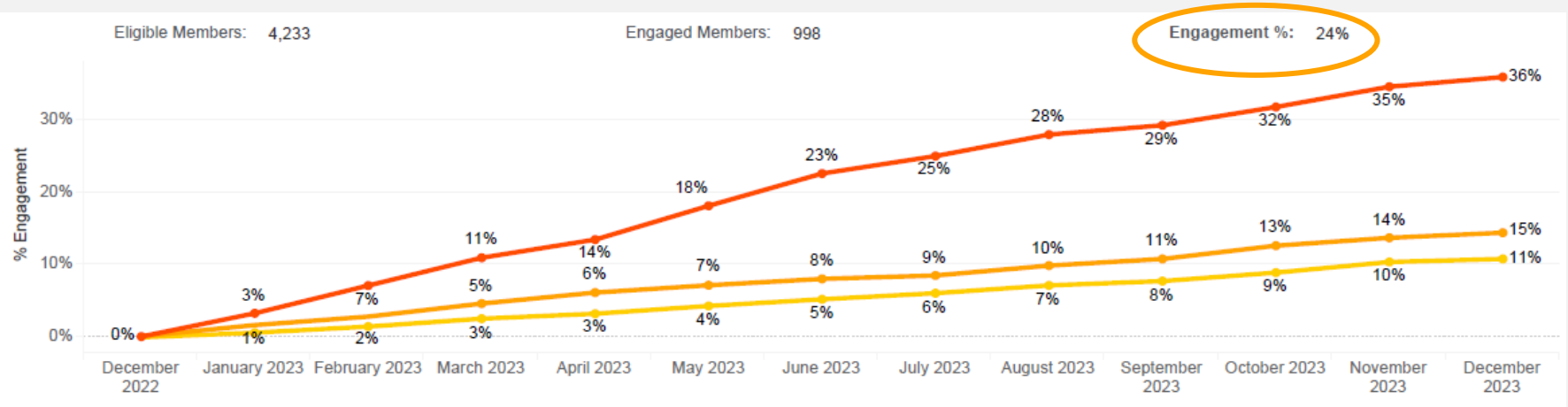
Age Band



Engagement* Overview

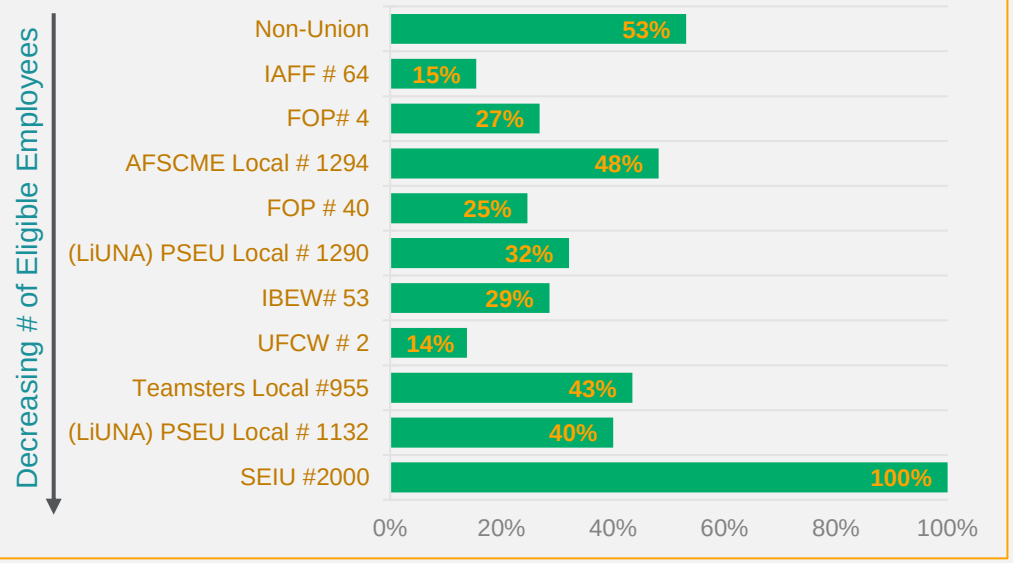
All locations

Monthly Engagement, all members – Year



Engagement is defined as the percent of members with any visit in the previous 18 months vs. all eligible members. If a member terms employment, they will be removed from the eligible population

Employee Engagement Rate by Department



Engagement by Health Plan	Eligible Members	Engaged Members	% Engagement
UHC - HDHP	3,074	773	25%
UHC - PPO Traditional	997	217	22%
Waived	161	8	5%

- ✓ Overall Engagement at 24% at the end of year 1.
- ✓ 36% Employee Engagement
- ✓ Engagement rate of PPO users is only 3% lower than HDHP users.

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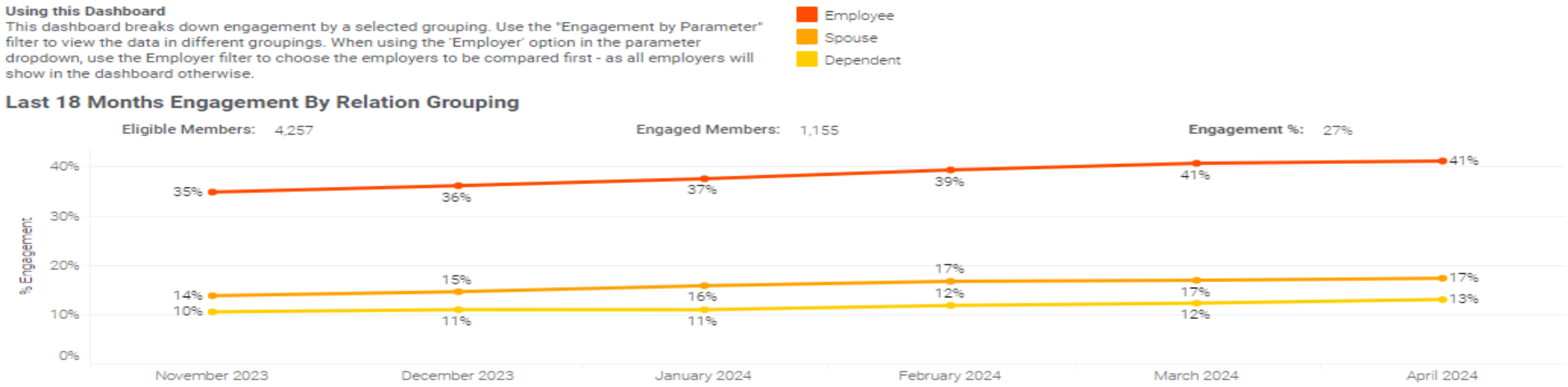
Engagement Overview

Using this Dashboard
This dashboard breaks down engagement by a selected grouping. Use the "Engagement by Parameter" filter to view the data in different groupings. When using the 'Employer' option in the parameter dropdown, use the Employer filter to choose the employers to be compared first - as all employers will show in the dashboard otherwise.



Engagement Grouping		November 2023	December 2023	January 2024	February 2024	March 2024	April 2024
Employee	Eligible Members	2,039	2,029	2,025	2,027	2,021	2,035
	Engagement	709	732	759	796	821	836
	% Engagement	35%	36%	37%	39%	41%	41%
Spouse	Eligible Members	736	729	730	727	724	724
	Engagement	101	106	115	121	122	125
	% Engagement	14%	15%	16%	17%	17%	17%
Dependent	Eligible Members	1,494	1,488	1,517	1,516	1,507	1,498
	Engagement	156	162	165	178	184	194
	% Engagement	10%	11%	11%	12%	12%	13%

Engagement measures the unique members seen by the health center at any point in the last 18 months.

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Engagement | By Selector

Unified Government of Wyandotte County and Kansa..

Employer: Unified Government ..

Engagement by Parameter: Relation Grouping

Engagement Range: Last 18 Months

Report Month: April 2024

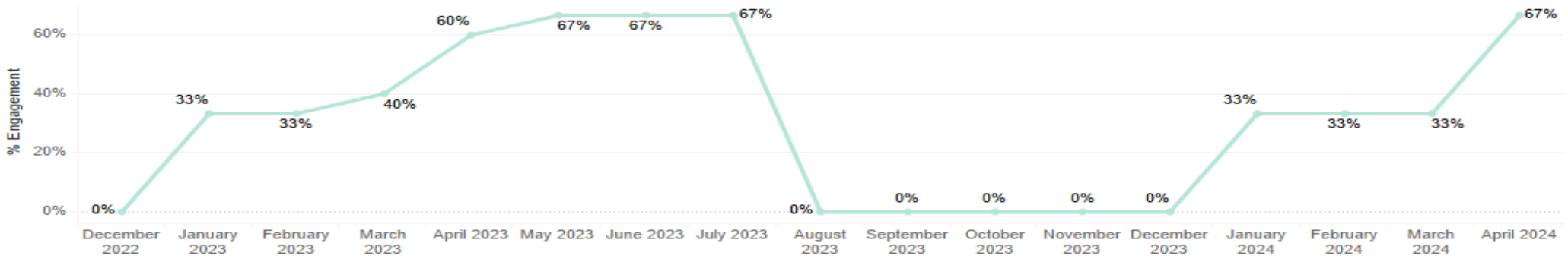
Months to Display: 17

Marathon Health

Using this Dashboard
This dashboard breaks down engagement by a selected grouping. Use the "Engagement by Parameter" filter to view the data in different groupings. When using the 'Employer' option in the parameter dropdown, use the Employer filter to choose the employers to be compared first - as all employers will show in the dashboard otherwise.

Last 18 Months Engagement By Relation Grouping

Eligible Members: 3 Engaged Members: 2 Engagement %: 67%



Engagement Grouping		December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	Jan
Retiree	Eligible Members	1	3	3	5	5	6	6	6	2	2	2	2	2	
	Engagement	0	1	1	2	3	4	4	4	0	0	0	0	0	
	% Engagement	0%	33%	33%	40%	60%	67%	67%	67%	0%	0%	0%	0%	0%	

Definitions

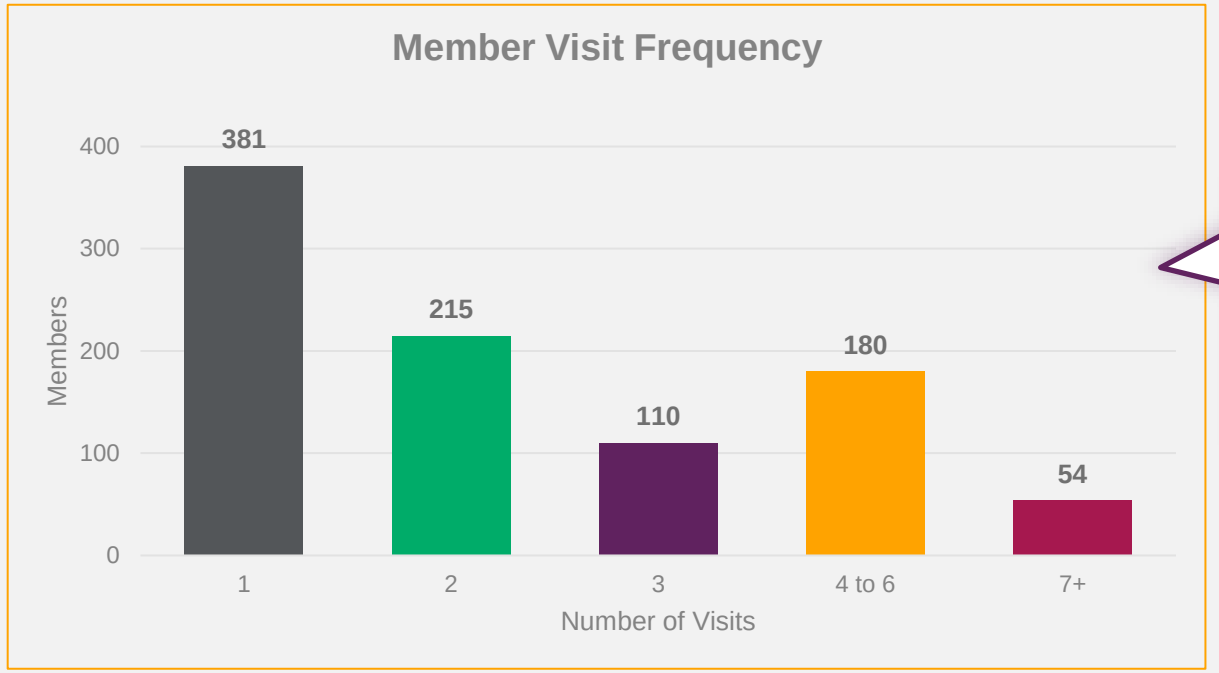
Engagement
For the purposes of the workbook, a member is engaged if they've had any type of appointment within the time period, excluding webinars and supplemental appointments.

Engagement Percentage
Calculated by dividing the number of engaged members by the number of total eligible members within the report month.

Provider Volume Highlights

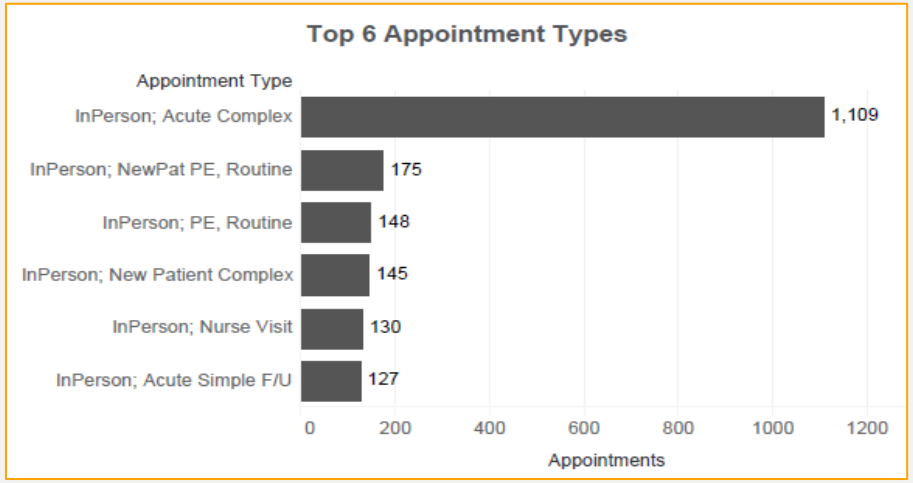
All Members, Lab Visits Excluded

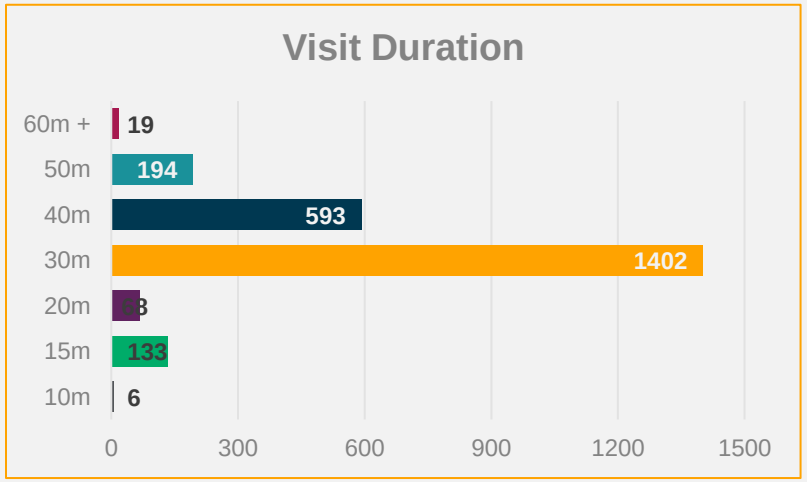
- ✓ 59% of Members had more than 1 Visit with a Provider
- ✓ Average of 2.6 Visits per Member in the Year (2.8 with labs included)
- ✓ Top Provider Appointment types were: Complex Acute Visits and Routine Physicals
- ✓ 34 minutes average provider visit vs. 27 minutes average visit with Cerner



59%
Of Members had more than only one non-lab visit in Year 1

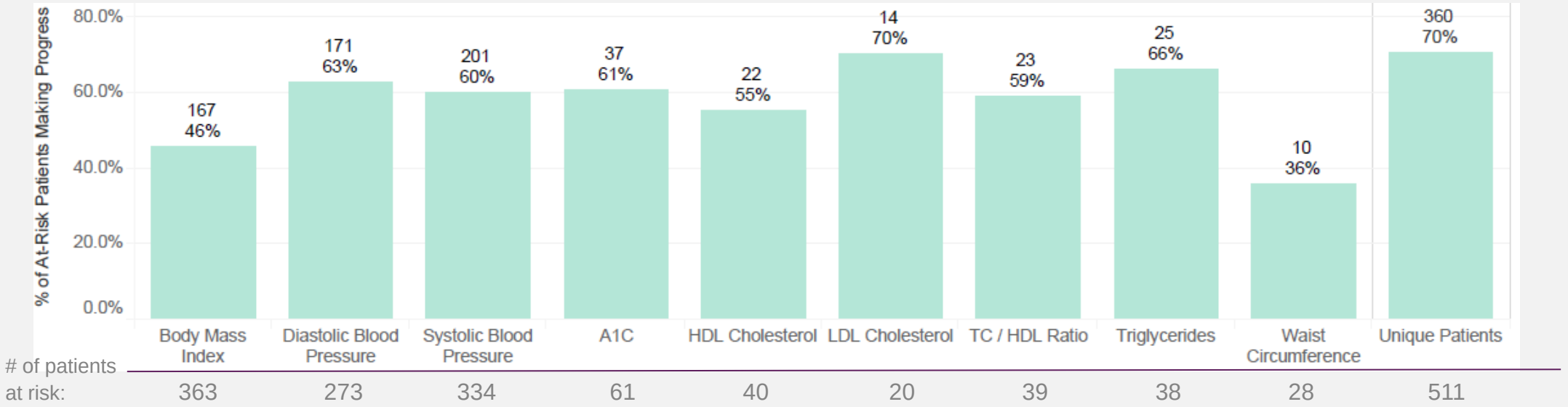
***Marathon Health Benchmark**: 60%*





Patients Making Progress On Biometric Risk

Employees only, with 2+ screenings through Dec 2023



Avg Change for those making progress:								
BMI	*Diastolic BP*	*Systolic BP*	*A1C*	*HDL Chol*	*LDL Chol*	*TC/HDL Ratio*	*Triglycerides*	*Waist Circ.*
-1.6 points	**-9 mmHg**	**-14 mmHg**	**-1.2 point**	**+7.1 mg/dL**	**-42 mg/dL**	**-1 points**	**-90 mg/dL**	**-7.3 inches**

70%
of at-risk employees made positive progress reducing their risk

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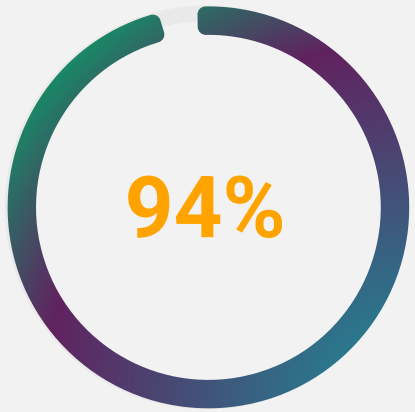
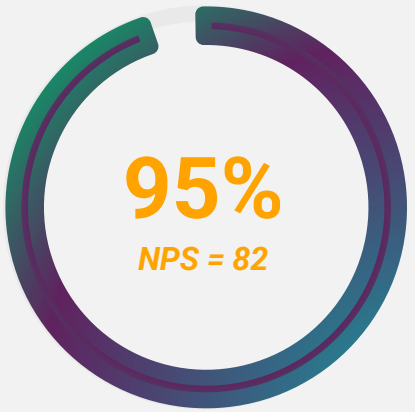
At a Glance: Member Satisfaction

306 Survey Respondents (10% survey completion rate)

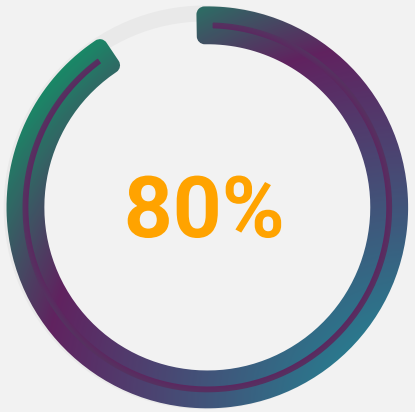
Able to Schedule at Preferred Time



Less than 10 Minutes In Waiting Room



Patient Satisfaction Rate



Better Quality Care

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Member Feedback for 2023

- “The way this change happened was horrible. You no longer provide a doctor for us to see. You had none of my medical information. No one to continue with my medical goals. I am so unhappy with the change that I will be finding another doctor and a new pharmacy. I have been utilizing the Wellness Clinic for all my medical needs for the past 5 years and you have lost me as a patient. I would rate Marathon as less than a 0 and as an employee I am extremely disappointed.”
- “Pharmacy is a little slow.”
- “The software and lack of qualified staff seems to be the biggest hurdle. We had medical staff trying to navigate the software.”
- “The referral system sucks, they never call me even after days and I usually must call them. Sometimes they even hang-up on me with I get connected with a support representative. I'm still waiting for a call, so I'll probably going to have to call them again.”
- “Getting in was great. The Doctor took over 35 minutes to see patient. I was disappointed in the visit. He seemed like he was in a hurry.”
- “I went to get a yearly physical and the person I saw told me to just come back another day because he had to sign a piece of paper for my boss. so, now I need to set up another visit. like my time is not also valuable and I don’t have anything better to do than go all the way downtown for doctors’ visits!”

- “Everyone at the clinic is super nice and helpful! It was a great experience.”
- “Everyone was very helpful and friendly. The process to make an appointment was very easy and having the pharmacy there is super convenient. “
- “Everyone is exceptionally nice. Easy to schedule and they follow up for lab results related to concerns. “
- “Very peaceful environment and the new weight and yoga room will add a needed convenience to UG employees."
- I was amazed at how fast I could get in and how responsive they were to my scheduling. I love that I could come in early and been seen and back to work with very minimal time off when previously, I would have had to take half a day off to see my doctor.

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Client Story Example

Male Patient
Kansas City, KS

- 49 years old
- High Blood Pressure
- Smoker

The patient came to the health center to establish care and for his high blood pressure. He used to be on BP medication but was not compliant and had been off it for a few years. He said that he started to feel very tired, and fatigued, and have headaches. BP on exam was **228/131**, and then repeated later at **190/120**. The patient was sent to the ER for Hypertension Urgency. I had printed the vital signs sheet and gave him my card to give to the ER to send records to me, as I would now take over management of his primary care needs.

We called him two days later to check on him and schedule his hospital follow up. He was admitted for a few days and released on Losartan 50 mg for his blood pressure.

During his next visit, we did a full physical with fasting labs & was willing to do whatever we needed to get his health back on track. We updated his Tdap and influenza vaccine, counseled on HTN and diet to help with his BP. I had him continue the Losartan 50mg and asked that he follow-up in 2 weeks for a BP check. The patient is also a smoker and we counseled him a bit on the benefits of smoking cessation. I wanted him to be successful with making life changes & would address the smoking cessation in the coming months.

The labs came back a few days later: Hgba1c showed he was a **new diagnosed diabetic with 7.8%.** Also, he had mild elevated LDL of 126 and should be close to 70 with being a diabetic. I spoke with the patient and explained we needed to start him on Atorvastatin 10mg for the cholesterol and was going to start him on Metformin ER 500mg to help with diabetes. We also discussed low cholesterol diet and Diabetic diet (limiting sugars and carbohydrates). The patient understood and wanted to proceed with this plan.

When he came back for his re-check, **BP was 166/177, and then repeat later in the visit was 150/98**. We increased his dose to Losartan HCT 100/12.5. We also spent more time to discuss the complications of diabetes, and why it is important to control this now. We also spent more time discussing diabetic diet. On this visit, I did Albumin/creatinine ratio (kidney functions for diabetics) and it was normal. I also sent him the Cologuard kit for colon cancer screening to his home. I asked him to FU in 3 weeks.

On his most recent visit, BP was **130/86.** The patient reported feeling so much better. He was noticing all headaches had resolved. He had more energy. He is also motivated to stop smoking. He wants to try this on his own. I offered tobacco cessation resources and counseling. He is going to do the Marathon workshop on it. He stated he would let me know if he needs further assistance from me.

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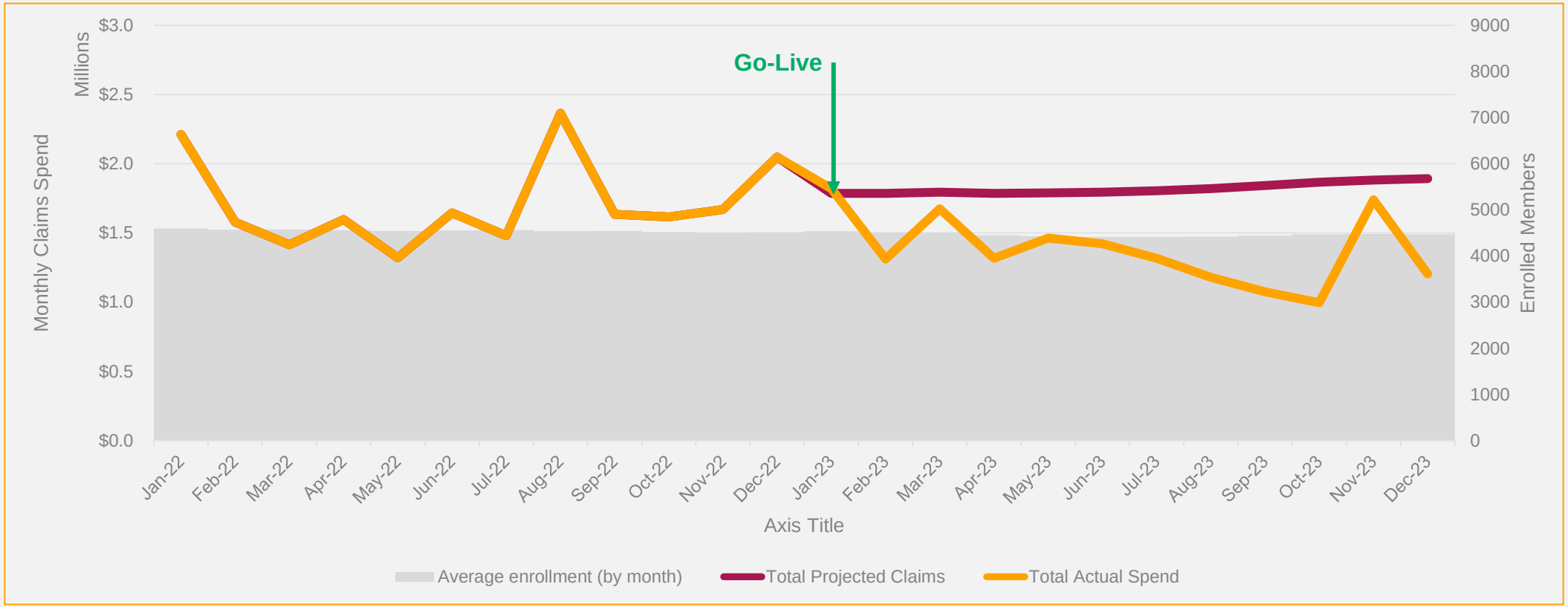
Claims Trend Analysis

Paid Claims VS Projected with 7% Annual Inflation for Medical, 11% Inflation for RX – High-Cost Claimants with annual combined med+RX spend > $200k Excluded



	MH Annual Service Fee	Savings * (Claims vs. Projection)	ROI Estimate
Year 1	$ 2,590,499	$ (5,325,351)	2.06

**Savings amounts are inflated slightly due to end of year claims runoff – ie – payments are likely still processing for Nov and Dec incurred claims.*

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Total Spend by Major Diagnostic Category

Top 14 MDCs

Major Diagnostic Category	Plan Paid	PMPY	% of Total	Unique Claimants
Diseases of the circulatory s..	$1,960,498	$838	16.0%	563
Neoplasms	$1,616,040	$690	13.2%	264
Diseases of the musculoskel..	$1,289,394	$551	10.5%	884
Diseases of the digestive sys..	$1,151,203	$492	9.4%	299
Injury, poisoning and certain ..	$901,764	$385	7.4%	357
Other; Misc. Diagnosis	$701,041	$299	5.7%	1,693
Diseases of the nervous syst..	$654,700	$280	5.3%	418
Diseases of the genitourinar..	$648,082	$277	5.3%	444
Diseases of the respiratory s..	$551,674	$236	4.5%	623
Symptoms, signs and abnor..	$516,990	$221	4.2%	907
Pregnancy, childbirth and th..	$515,634	$220	4.2%	73
Certain infectious and parasi..	$335,789	$143	2.7%	183
Neoplasms / cancer	$284,984	$122	2.3%	82
Endocrine, nutritional and m..	$255,976	$109	2.1%	678
Other	$871,362	$372	7.1%	1,273
Total	$12,255,133	$5,235	100.0%	2,346

49% of all spend in top 4 categories of Circulatory, Neoplasms (Cancer), Musculoskeletal and Digestive System

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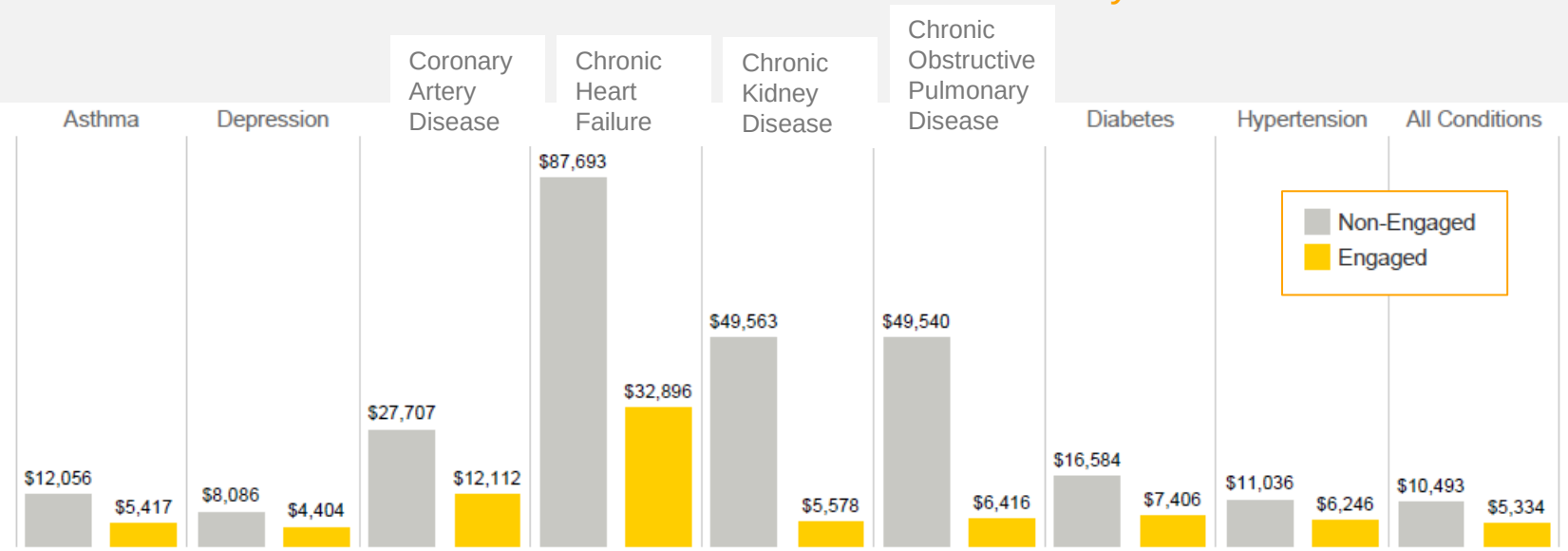
Chronic Condition Analysis

User vs non-user PMPY by Chronic Conditions



	Non-Engaged PMPY	Engaged PMPY	Difference	% Difference	Non-Engaged Patients	Engaged Patients	Engagement Rate	Overall Prevalence
Asthma	$12,056	$5,417	($6,639)	-55.1%	135	47	25.8%	7.6%
Depression	$8,086	$4,404	($3,682)	-45.5%	272	75	21.6%	14.5%
CAD	$27,707	$12,112	($15,594)	-56.3%	98	22	18.3%	5.0%
CHF	$87,693	$32,896	($54,797)	-62.5%	33	6	15.4%	1.6%
CKD	$49,563	$5,578	($43,986)	-88.7%	57	8	12.3%	2.7%
COPD	$49,540	$6,416	($43,124)	-87.0%	42	8	16.0%	2.1%
Diabetes	$16,584	$7,406	($9,178)	-55.3%	283	84	22.9%	15.3%
Hypertension	$11,036	$6,246	($4,790)	-43.4%	644	159	19.8%	33.6%
All Conditions*	$10,493	$5,334	($5,159)	-49.2%	976	258	20.9%	51.6%

- ✓ Savings across all tracked chronic conditions
- ✓ Members may have more than one CC, spend is related to that specific diagnosis
- ✓ High-cost claimants in the engaged population responsible for the biggest differences

49% Less Spend

For engaged (2+ provider visits) employees and spouses with a Chronic Condition

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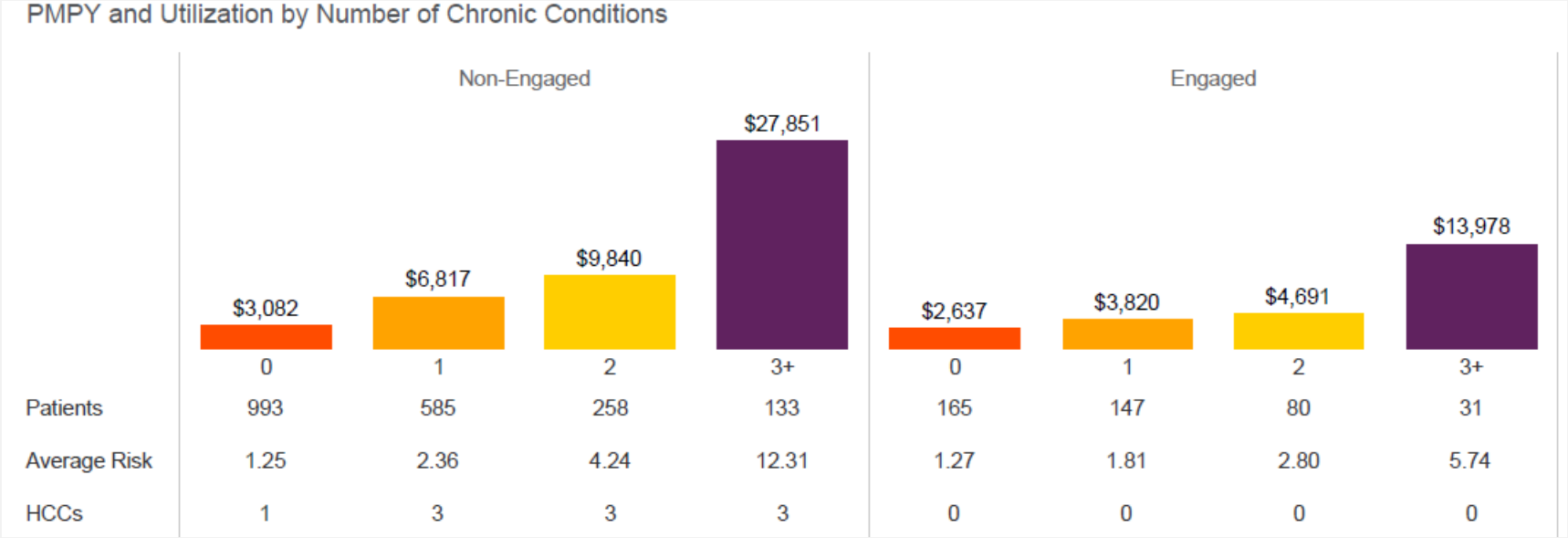
Co-Morbidity Analysis

User vs non-user by number of Chronic Conditions



- ✓ Engaged Members with more than 1 chronic condition have less spend PMPY spend than unengaged members
- ✓ 50%+ less spend for those with 2 and 3+ chronic conditions
- ✓ 258 total members with claims and 1+ chronic conditions and **0** high cost claimants

Spend Difference Between Non-Engaged and Engaged Claimants by Number of Chronic Conditions:

	0	1	2	3
Non-Engaged	$3,082	$6,817	$9,840	$27,851
Engaged	$2,637	$3,820	$4,691	$13,978
$ Difference	-$445	-$2,997	-$5,149	-$13,873
% Difference	-14%	-44%	-52%	-50%

50%+ Less Spend

For engaged (2+ provider visits) employees and spouses with more than 1 Chronic Condition

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Wellness Programming 2023

RN Health Coach January-June 2023			
Location	**Biometrics**	**Coaching**	**Total**
Annex	3	2	**5**
City Hall	10	12	**22**
Fire Station 6	11	1	**12**
Fleet Center	16	7	**23**
Kaw Point	9	0	**9**
Police HQ	21	1	**22**
Public Health Department	6	1	**7**
UG Road to Wellness	48	63	**111**
TOTAL	**124**	**87**	**211**

Cerner Data (includes all providers)

Health Coaching Engagement for Q3 2022

- 225 onsite wellness screenings

- 312 coaching visits

- 217 phone calls/portal messages/email encounters

2021 EOY

- **PHA:** 479
- **Screening:** 443
- **PCP:** 408
- **Health Coaching:** 463
- **Core Requirements Complete:** 351

Wellness Programming

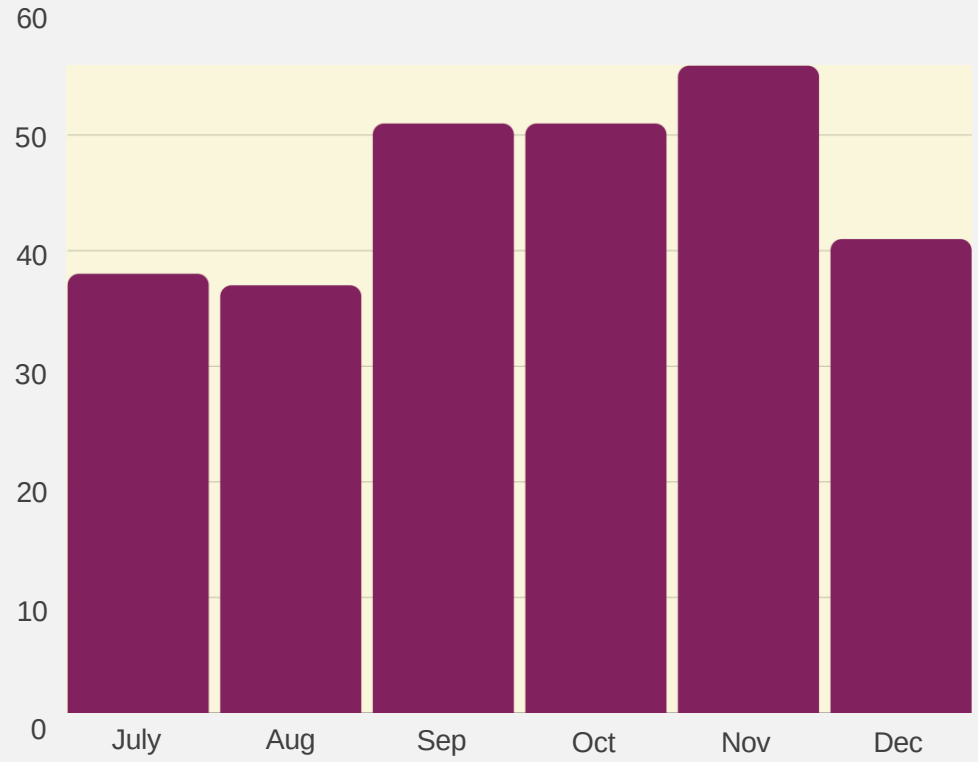
RN Health Coach Appointments January-April 2024			
Location	**Biometrics**	**Coaching**	**Total**
Annex	12	3	**15**
City Hall	51	6	**57**
Courthouse	6	1	**8**
Fire Station 6/HQ	0	9	**9**
Fleet Center	18	2	**20**
Kaw Point	11	0	**11**
Police HQ	15	0	**15**
NRC	8	1	**9**
Public Health Dept	0	1	**1**
UG Road to Wellness (all)	271	127	398
Total	392	150	693

Pharmacy Growth 2023

All Dispenses per Month (by RX)

Jul	38
Aug	37
Sep	51
Oct	51
Nov	56
Dec	41
Total	274

New Members in Last 6 Months



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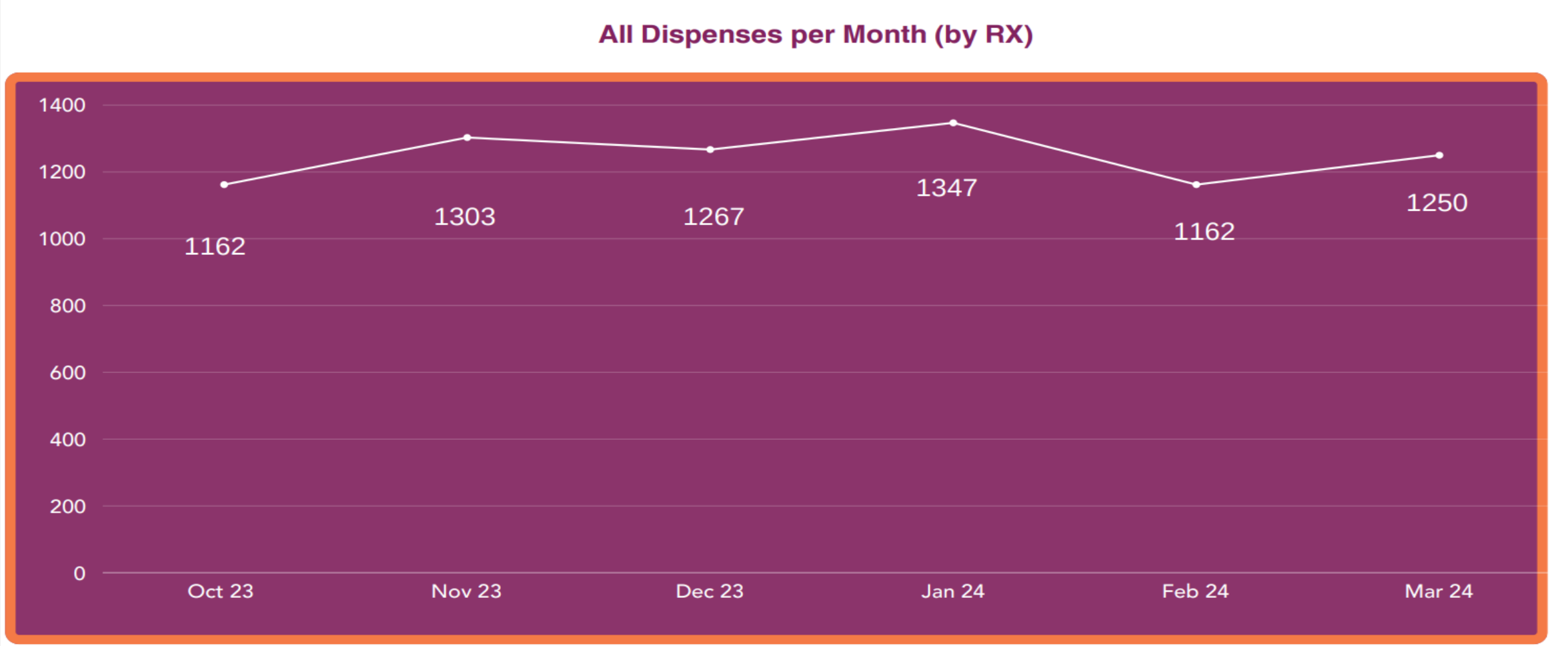
Pharmacy Growth (last 6 months)



Utilization Breakout

Top 20 by Total Dispensed RXs

	Drug	Total Fills	New Fills	Refills
1	Fluticasone Prop 50 Mcg Spray	273	230	43
2	Atorvastatin 20 Mg Tablet	238	152	86
3	Albuterol Hfa 90 Mcg Inhaler	209	190	30
4	Omeprazole Dr 40 Mg Capsule	166	105	61
5	Losartan Potassium 100 Mg Tab	165	116	49
6	Metformin Hcl Er 500 Mg Tablet	156	110	46
7	Atorvastatin 10 Mg Tablet	153	90	63
8	Methylprednisolone 4 Mg Dosepk	152	151	1
9	Bupropion Hcl Xl 150 Mg Tablet	147	87	60
10	Cetirizine Hcl 10 Mg Tablet	143	122	21
11	Metformin Hcl 500 Mg Tablet	137	84	53
12	Bupropion Hcl Xl 300 Mg Tablet	136	92	44
13	Pantoprazole Sod Dr 40 Mg Tab	126	77	49
14	Escitalopram 10 Mg Tablet	124	85	39
15	Trazodone 50 Mg Tablet	123	73	50
16	Metformin Hcl 1,000 Mg Tablet	122	76	46
17	Omeprazole Dr 20 Mg Capsule	111	61	50
18	Losartan Potassium 50 Mg Tab	109	78	31
19	Amlodipine Besylate 10 Mg Tab	107	75	32
20	Amlodipine Besylate 5 Mg Tab	103	69	34

Top 20 RXs by Total Cost

	Drug	Total Fills	New Fills	Refills
1	Ozempic 2 Mg/dose (8 Mg/3 Ml)	35	24	11
2	Ozempic 1 Mg/dose (4 Mg/3 Ml)	42	22	20
3	Mounjaro 7.5 Mg/0.5 Ml Pen	43	30	13
4	Jardiance 10 Mg Tablet	34	23	11
5	Mounjaro 5 Mg/0.5 Ml Pen	35	26	9
6	Mounjaro 15 Mg/0.5 Ml Pen	37	23	14
7	Ozempic 0.25-0.5 Mg/dose Pen	33	27	6
8	Eliquis 5 Mg Tablet	25	16	9
9	Jardiance 25 Mg Tablet	21	14	7
10	Trulicity 3 Mg/0.5 Ml Pen	18	9	9
11	Mounjaro 2.5 Mg/0.5 Ml Pen	23	22	1
12	Dexcom G6 Sensor	19	8	11
13	Mounjaro 10 Mg/0.5 Ml Pen	20	18	2
14	Lantus Solostar 100 Unit/ml	29	22	7
15	Mounjaro 12.5 Mg/0.5 Ml Pen	11	11	0
16	Linzess 145 Mcg Capsule	7	6	1
17	Emgality 120 Mg/ml Pen	14	5	9
18	Advair 250-50 Diskus	17	12	5
19	Humalog 100 Unit/ml Kwikpen	15	10	5
20	Spiriva Respimat 1.25 Mcg Inh	4	1	3

Top OTCs Dispensed as RX

	Drug	Total Fills
1	Allergy Rlf (cetrzn) 10 Mg	129
2	Mucinex D Er 1,200-120	46
3	Vitamin D3 125 Mcg	39
4	Aspirin Ec 81 Mg Tablet	29
5	Vitamin D3 2,000 Unit	29
6	Mucus Relief Er 600 Mg	27
7	Prodigy Valuepack Mtr Ts	20
8	Ferosul 325 Mg Tablet	20
9	Prodigy No Coding Test	19
10	Fexofenadine Hcl 180 Mg	18
11	Polyethylene Glycol 3350	15
12	Ft Ad Allergy (cetrzn)	15
13	Onetouch Ultra Test Strip	15
14	Vitamin D3 1,250 Mcg	13
15	Bd Uf Nano Pen Needle	12
16	Guaifenesin Er 600 Mg	12
17	Vitamin D3 25 Mcg Tablet	12
18	Prodigy Twist Top 28g	11
19	Nasal Spray 0.05%	10
20	Easy Touch Luer Lock 1	10

2023 RX Total Breakout

Drug Type	RX #	%
Generic	12327	91%
Brand	1219	9%

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Client Advocate Priorities

2023-2024

Observations	Actions	Desired Outcomes
Health center teams have been through a lot of change	Provide leadership, operational consistency/oversight, and camaraderie; leverage local leadership. New manager in place-Christine Paige.	Satisfied ambassadors (increased ePS from 2023); high patient satisfaction (over 85 NPS & 95% satisfaction rate).
Engagement is lower than UG expectations	Create & execute 2024 Engagement & Marketing Client plans. Complete regular check-ins to monitor program effectiveness.	Achieve employee engagement targets of 50% by end of 2024 and 80% high/chronic engagement.
UG needs consistency and transparency in reporting	Provide regular reporting, benchmarks & suggestions to help close gaps.	Data transparency, accuracy, and reporting efficiency.
Incentive program utilization at 10% participation	Educate team on incentive program attributes, utilize engagement plan & health center visits to educate members.	Increase incentive program utilization to 25% & member portal engagement to 40% by the end of 2024.
Engaged members benefit from improved health-continued opportunities exist to grow member access points	Discuss pathways to expand access to medical and additional health services to all UG members.	Greater portion of UG members are engaged in primary and preventive care and mental health

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THANK YOU.

We've enjoyed working with you this year and look forward to collaborating to solve challenges and find opportunities in the year ahead.

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Email :

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MARATHON-HEALTH.COM

Health Plan Performance Review

Unified Government of Wyandotte County/Kansas City, KS
Administrative Standing Committee

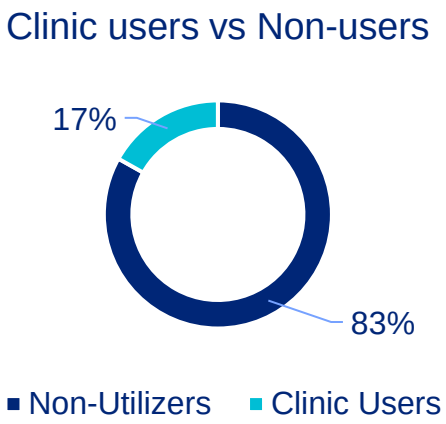
June 24, 2024

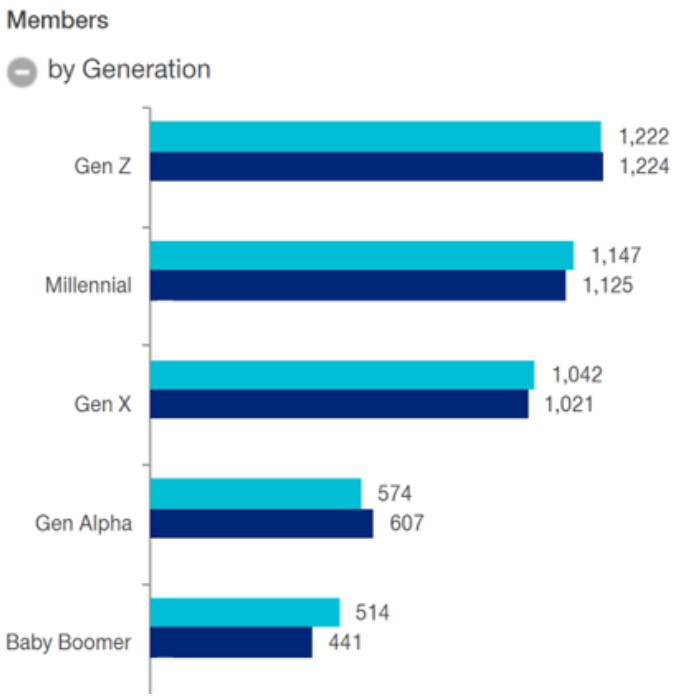
January 1, 2023 - December 31, 2023, paid through February 29, 2024

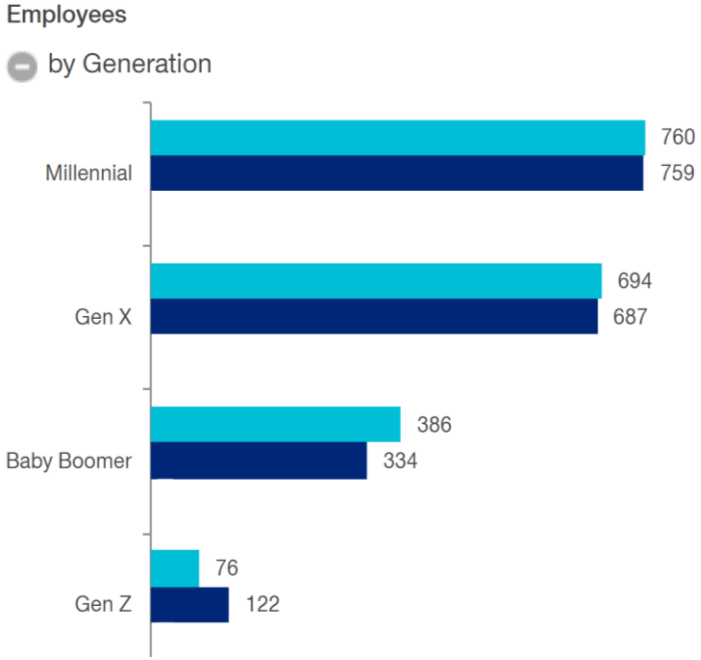
UNIFIED GOVERNMENT • Wyandotte County • Kansas City, Kansas •

United Healthcare

Demographic Summary







Employee Health Plan Data

- **2023 data featured**
  - (data since 2002 on full employee population)
- **4,452 lives: employees + families**
- **Condition Prevalence:**
  - 3% smoke; 20% quit smoking (based on health survey completions)
  - 11.6% diabetic
  - 10.6% hypertensive
- **Compliance for Targeted Members:**
  - 36% (1604) annual well visit
  - 43.6% mammography
  - 19.5% cervical cancer screening
  - 34.1 % cholesterol screening
- **2023 Chronic Condition Analysis**
  - Hypertension 33.6%
  - Diabetes 15.3%
  - Depression 14.5%

County Health Rankings Data

- **In 2023, Wyandotte County ranked 103rd in health outcomes and 104th in health factors**
- **Risk Factors:**
  - 23% smoke
  - 46% obese
  - 32% inactive
  - 38% mammography

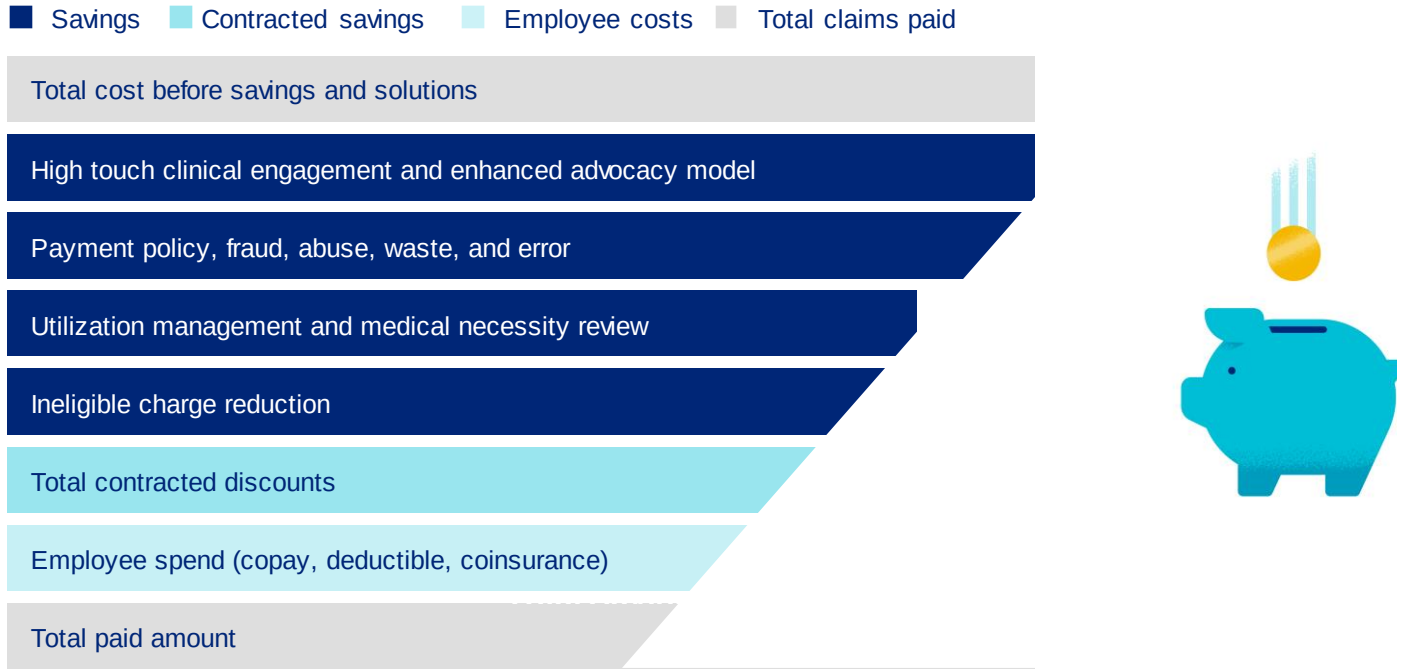
America's Health Rankings Report for Kansas

- **In 2023, Kansas ranked 29th**
  - Up two spots from 31st in 2022
- **Risk Factors:**
  - 14% smoke
  - 38% obese
  - 23% inactive
  - 35% Insufficient Sleep
- **Challenges:**
  - High prevalence of obesity & inactivity
  - High occupational fatality rate
  - None of four climate policies in place

Key savings drivers

Through our strategic partnership, we have achieved $12.6M in savings beyond contracted discounts

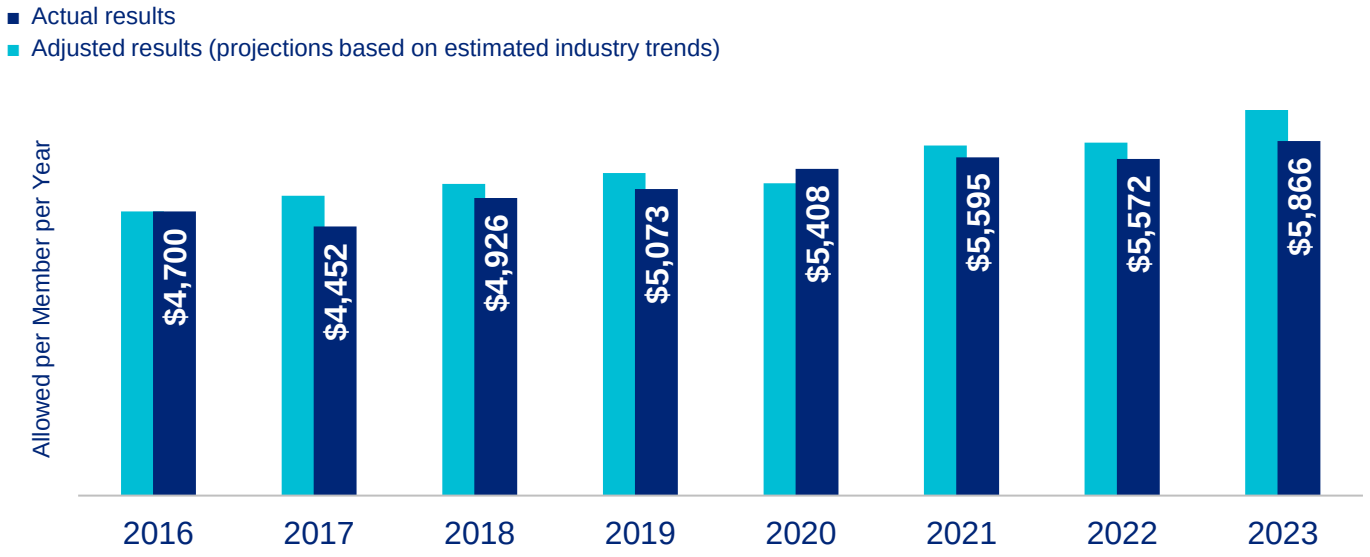
	Paid	PMPM
Submitted Charges	$88.3M	$1,652
Gap Closures	$279.2K	$5
Payment Integrity	$2.0M	$38
Medical Necessity	$597.6K	$11
Cost Management	$9.7M	$181
Contracted Discounts	$51.5M	$965
Cost Share Reductions	$3.0M	$57
Total Current Paid Claims	$21.1M	$395



Total Achieved Savings **$64,147,000** **or** **$1,201 PMPM**

Historical plan performance

The journey of health ownership



Medicare Primary Members are excluded from this data

Estimated value*

$8.3M

7-year average trend **3.2%**

Estimated industry trend **3.7%**

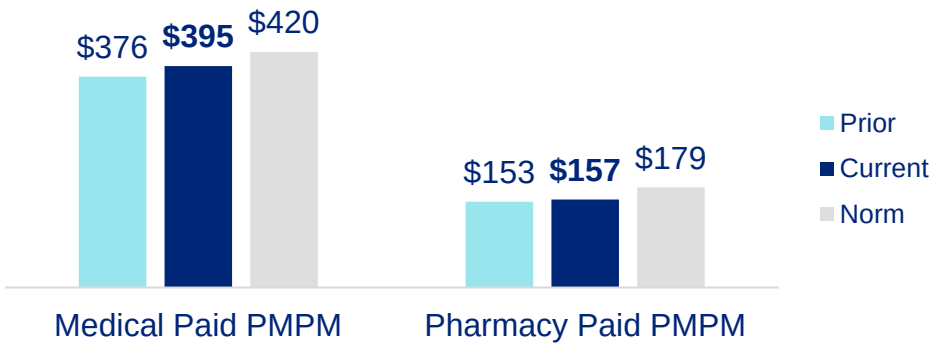
Estimated value is based on the lower costs associated with actual trends versus estimated industry trends from 2016 - 2023

** Estimated industry trends (used to calculate adjusted results and estimated value) are based on data from multiple health insurance carriers included in Segal, Wells Fargo (through 2018) and AON (through 2018) trend surveys. Estimated industry trends are adjusted by UHC's actual-to-projected trend difference and are normalized for client specific age/sex distribution. Segal's trends are adjusted to a Passive trend using the UHC NA book of business leveraging factor. The 2020 and 2021 trends have been adjusted to reflect the estimated impact of COVID-19.*

Plan performance summary

$552 Total Paid PMPM increased 4.4% from the prior period

4,453
Members on the Plan



3.8%
Prior 3.3%
Behavioral Health
Percent of Total Paid PMPM

7%
Prior 7%
Medical Specialty Drugs
Percent of Medical Paid PMPM

43%
Prior 51%
Pharmacy Specialty Drugs
Percent of Pharmacy Paid PMPM

The top conditions accounted for 35% of total paid

Medical
Circulatory System
Musculoskeletal
Neoplasms

Pharmacy
Diabetes
Inflammatory Conditions
Oncology

64.6%
Health Activation (optimal healthcare decision making)
Prior 64.6%

76%
of Households had Interactions
Prior 77%

79%
Targeted Dollars Impacted by Engagement
Prior 78%

Medical spend

	Medical Paid PMPM	% of Medical
Total Medical	**$394.94** Prior $375.80 ▲5.1% Norm $419.95 ▼-6.0%	100%
Inpatient	**$140.26** Prior $130.44 ▲7.5% Norm $115.92 ▲21.0%	36% ▲1pts
Outpatient	**$254.68** Prior $245.36 ▲3.8% Norm $304.03 ▼-16.2%	64% ▼-1pts
Behavioral Health* *overlaps with categories above	**$12.66** Prior $9.95 ▲27.2% Norm $16.70 ▼-24.2%	3% ▼0pts

■ Non-Catastrophic
■ Catastrophic

53% of Medical Paid PMPM was for the top 5 diagnosis chapters

4.4% Higher Total Paid PMPM

Changes in population health, healthcare costs and utilization, and plan design can all affect trend. The charts show the conditions that most impacted trend and their contribution to changes in medical and pharmacy PMPMs.

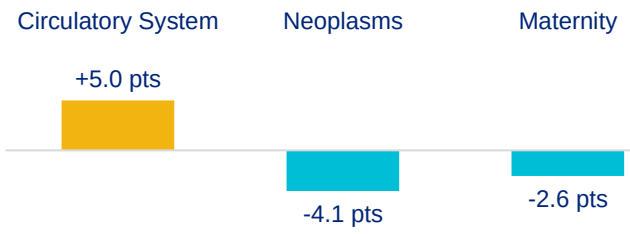
Medical trend contributed
+3.7 pts

Pharmacy trend contributed
+0.7 pts

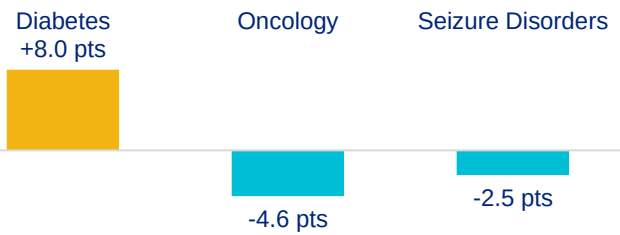
How each benefit category contributed to total trend

+3.4 pts	+0.3 pts	+0.6 pts	+2.7 pts	-2.0 pts
Medical (Excluding Specialty Drugs)	Medical Specialty Drugs	Behavioral Health (included in Medical and Rx)	Pharmacy (Excluding Specialty Drugs)	Pharmacy Specialty Drugs
+$17.79	+$1.35	+$3.25	+$14.43	-$10.56

How medical conditions impacted medical trend



How pharmacy conditions impacted pharmacy trend



Diabetes

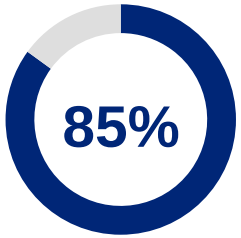
11.3% of adult members have diabetes and accounted for 26.5% of total plan spend

369
Adult Members With Diabetes
Prior 366 ▲0.8%

82.9
Claimants per 1,000
Prior 80.5 ▲3.0%
Norm 95.2 ▼-12.9%

$21,208
Total Paid per Claimant
$12,120 Medical | $9,088 Pharmacy
Prior $18,208 ▲16.5%
Norm $15,955 ▲32.9%

Risk Progression



of members with diabetes improved or maintained their health risk

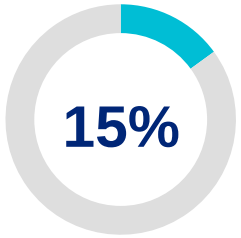
Norm 81% ▲4pts

Comorbidities

of members with diabetes had other metabolic conditions
(hypertension, hyperlipidemia, obesity/overweight, coronary artery disease, congestive heart failure)

Prior 96% ▼-1pts
Norm 94% ▲1pts

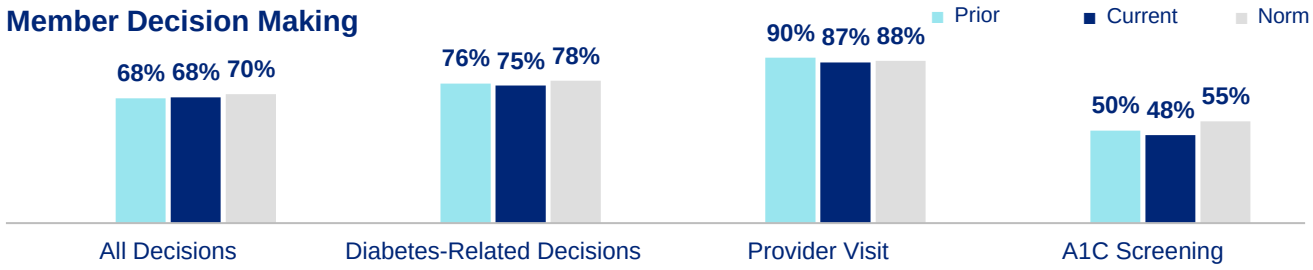
Behavioral Health



of members with diabetes also had a behavioral health claim

Prior 12% ▲3pts
Norm 12% ▲3pts

Member Decision Making



93%
Members with Interactions
Prior 96% ▼-3pts
Norm 94% ▼-1pts

85%
Targeted for Clinical Programs
Prior 91% ▼-6pts
Norm 82% ▲3pts

24%
Targeted Members Engaged
Prior 21% ▲3pts
Norm 26% ▼-2pts

$107k
Estimated value from closing 73 Clinical Gaps

Behavioral health solutions

17% of members had a behavioral health claim, and behavioral health accounted for 3.8% of total plan spend

744
Members had a Behavioral Health Claim
504 Accessed Specialty Care

167.1
Claimants per 1,000
Prior 141.2 ▲18.3%
Norm 155.6 ▲7.4%

$20.95
Behavioral Health Total Paid PMPM
Prior $17.69 ▲18.4%
Norm $23.34 ▼-10.2%
$10.98 Specialty | $1.68 Non-Specialty
$8.29 Pharmacy

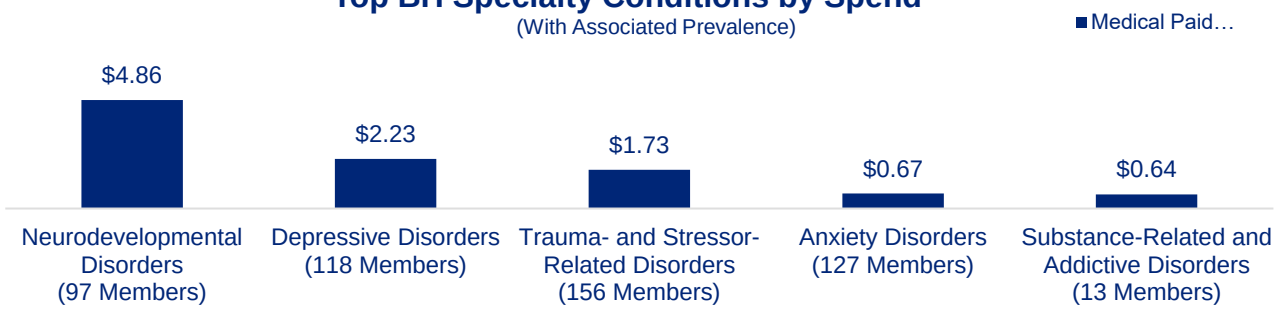
98%
Network Utilization for Behavioral Health Specialty Care
Prior 95% ▲3pts
Norm 91% ▲7pts

90%
of members with a BH Specialty claim accessed a low intensity level of care (outpatient and medication services)
Prior 94% ▼-4pts
Norm 93% ▼-3pts

20%
of members with common medical conditions also had at least one BH Specialty claim
Norm 21% ▼-1pts

20% of medical costs were attributed to these members with comorbidities
Norm 20% ▼0pts

Top BH Specialty Conditions by Spend
(With Associated Prevalence)



66%
Members with Interactions
Prior 64% ▲2pts
Norm 70% ▼-4pts

42%
Targeted for Clinical Programs
Prior 38% ▲4pts
Norm 42% ▼0pts

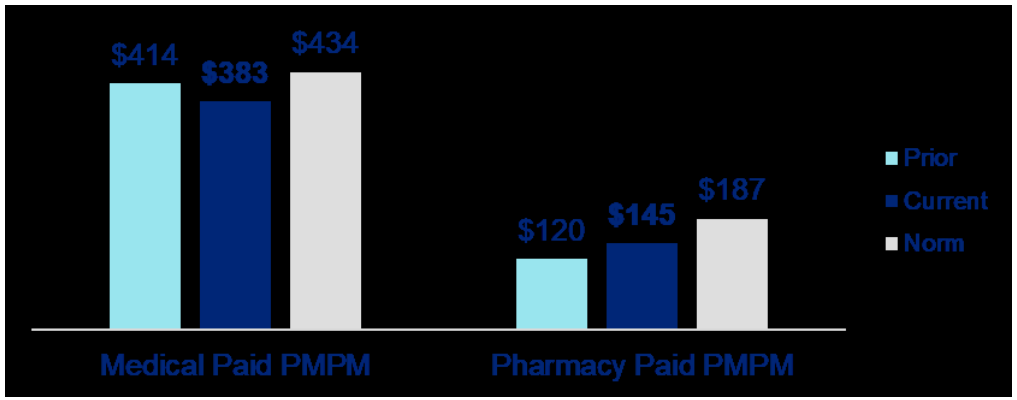
24%
Targeted Members Engaged
Prior 24% ▼0pts
Norm 30% ▼-6pts

$43k
Estimated value from closing 31 Clinical Gaps

Medical spend – By Plan

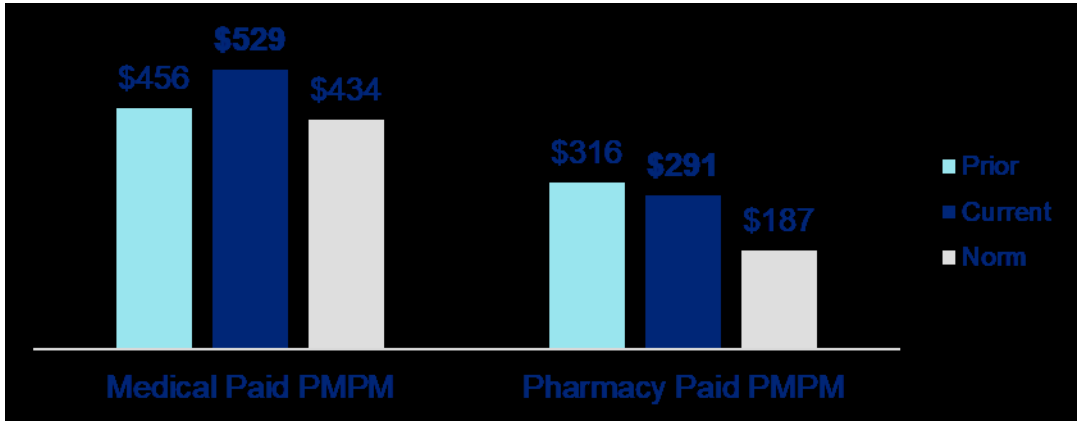
HSA Plan

	Medical Paid PMPM	% of Medical
Total Medical	$383.17 Prior $413.94 ▼-7.4% Norm $433.51 ▼-11.6%	100%
Inpatient	$100.69 Prior $144.32 ▼-30.2% Norm $120.96 ▼-16.8%	26% ▼-9pts
Outpatient	$285.40 Prior $269.63 ▲5.8% Norm $312.55 ▼-8.7%	74% ▲9pts



Traditional Plan

	Medical Paid PMPM	% of Medical
Total Medical	$529.20 Prior $455.92 ▲16.1% Norm $433.51 ▲22.1%	100%
Inpatient	$263.73 Prior $156.83 ▲68.2% Norm $120.96 ▲118.0%	50% ▲16pts
Outpatient	$274.35 Prior $299.08 ▼-8.3% Norm $312.55 ▼-12.2%	52% ▼-14pts



Total drug spend is 33% of overall paid

$184.40
Total Drug Paid PMPM

Pharmacy Non-Specialty: general medications

-5.1%
Paid PMPM Variance from Norm
Pharmacy Non-Specialty Drugs

	Paid PMPM	Variance from Norm
Diabetes	$46.03	▲18.7%
Blood Clot Prevention / Stroke Prevention	$4.35	▲2.4%
Migraine / pain Relief	$3.94	▲32.7%
Total for Pharmacy Non-Specialty Drugs	**$89.65**	**▼-5.1%**

Pharmacy Specialty: self-administered medications for complex conditions

-20.5%
Paid PMPM Variance from Norm
Pharmacy Specialty Drugs

Oncology	$26.80	▲112.0%
Inflammatory Conditions	$26.36	▼-47.6%
Multiple Sclerosis	$4.24	▲41.3%
Total for Pharmacy Specialty Drugs	**$67.02**	**▼-20.5%**

Medical Specialty: provider administered medications for complex conditions

-25.0%
Paid PMPM Variance from Norm
Medical Specialty Drugs

Oncology - Injectable*	$16.67	
Inflammatory Conditions*	$2.59	
Multiple Sclerosis*	$2.02	
Total for Medical Specialty Drugs	**$27.74**	**▼-25.0%**

** normative information is not available for medical specialty at the condition level*

Pharmacy Clinical Program Outcomes

Implemented Solutions

$2,279,667

Estimated Annual Plan Paid Savings

Savings				
Management Program	**Number of Savings Events**	**Estimated Annual Plan Paid Savings**	**% of Estimated Annual Plan Paid PMPM**	**Estimated Annual Plan Paid PMPM Savings**
Prior Authorization	414	$1,660,367	19.8%	$31.03
Quantity Limit	191	$29,259	0.3%	$0.55
Step Therapy	38	$240,475	2.9%	$4.49
Exclude at Launch	92	$36,962	0.4%	$0.69
Legend with OTC Equivalent	259	$27,372	0.3%	$0.51
Strategic Exclusions	471	$285,231	3.4%	$5.33
Total	**1,465**	**$2,279,667**	**27.2%**	**$42.61**

Pharmacy Value of Rebates

Pharmacy Paid PMPM Pre-Rebate $156.50

2.2%

Rebate PMPM $57.99

Total Rebate Estimate of $3,102,548 in Current Period is an INCREASE of $568,729

Pharmacy Paid PMPM Net-Rebate $98.51

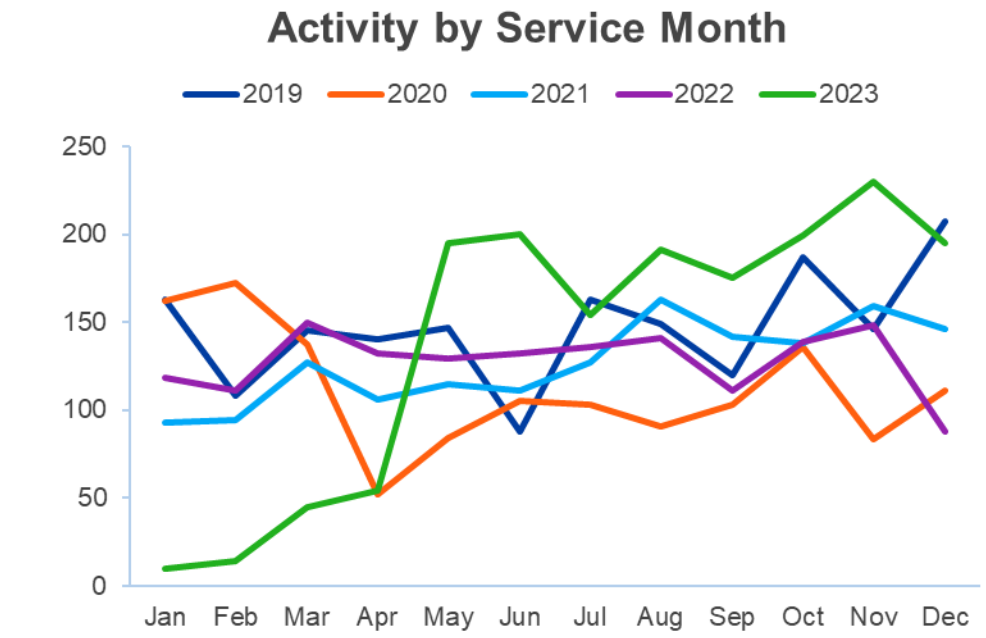
-7.6%

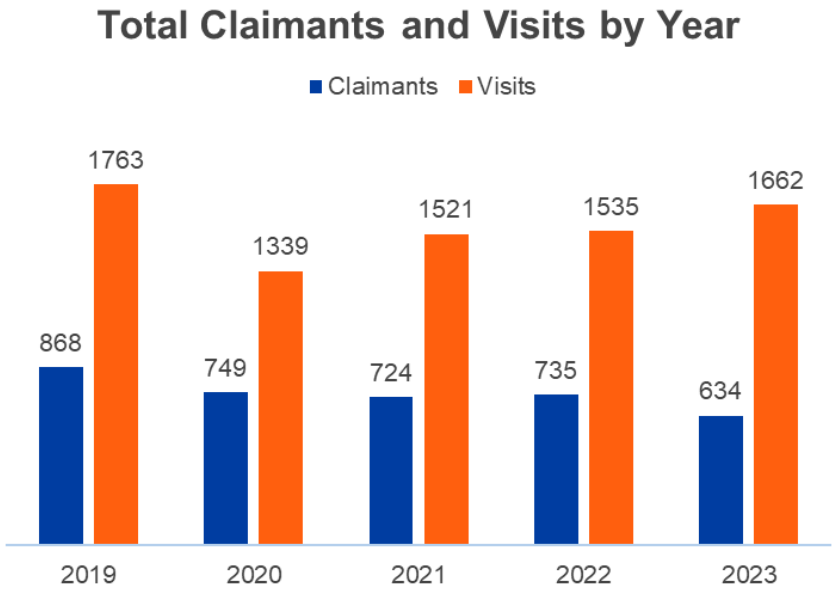
Top Disease States by Rebate Value	Paid PMPM (Pre-Rebate)	Paid PMPM (Net-Rebate)	PMPM Rebate Value	% Value
DIABETES	$45.98	$28.75	$17.23	37.5%
INFLAMMATORY CONDITIONS	$26.88	$13.93	$12.95	48.2%
ONCOLOGY	$26.83	$22.73	$4.10	15.3%
ADHD & NARCOLEPSY	$3.90	$0.11	$3.78	97.1%
ASTHMA / COPD	$5.12	$1.43	$3.69	72.1%
BLOOD CLOT PREVENTION/STROKE PREVENTION	$4.35	$2.24	$2.11	48.5%
GROWTH HORMONE DEFICIENCY	$4.04	$2.58	$1.46	36.1%
MIGRAINE/PAIN RELIEF	$3.94	$2.64	$1.30	33.0%
SEIZURE DISORDERS	$3.42	$2.49	$0.93	27.2%
ALL OTHER	$32.05	$21.61	$10.44	32.6%
TOTAL	**$156.50**	**$98.51**	**$57.99**	**37.1%**

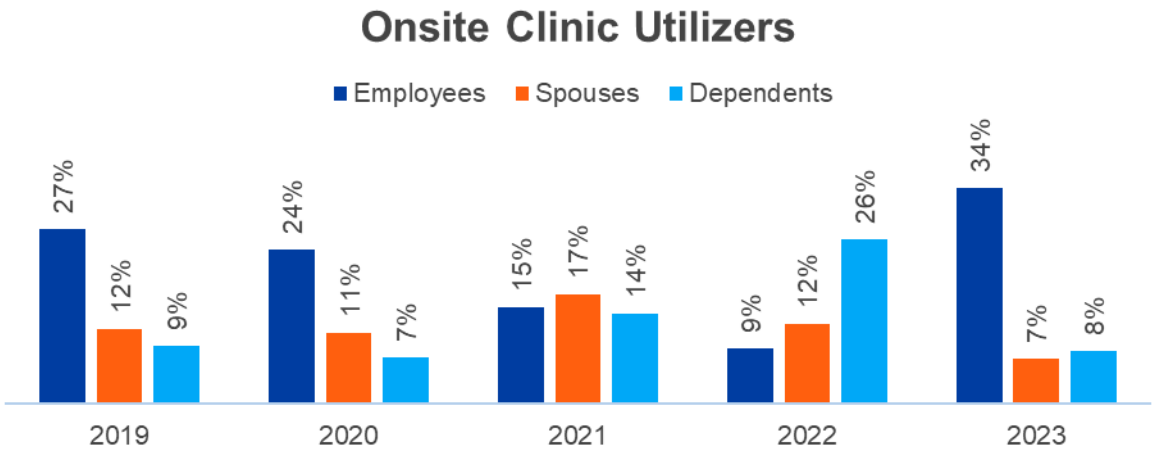
Dollars shown are PMPM

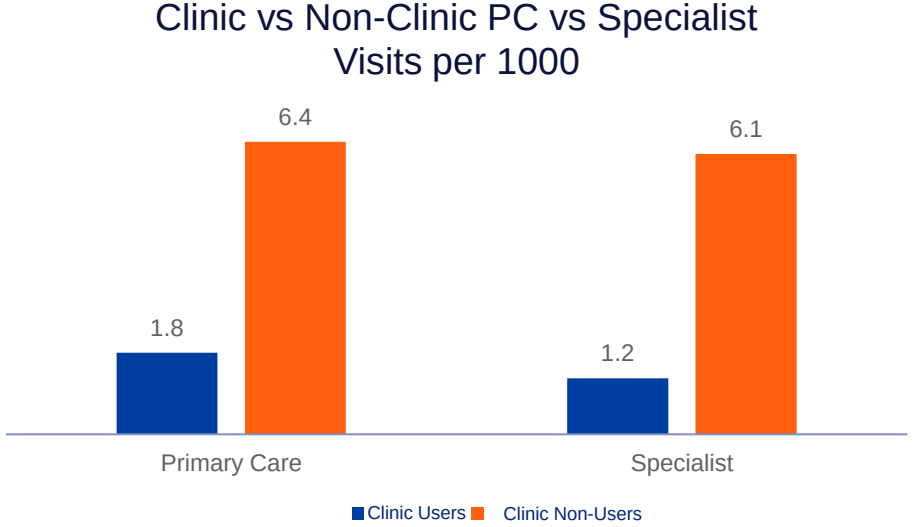
Road To Wellness (RTW)

Road to Wellness (RTW) Utilization









Clinic Utilizers vs Non-Clinic

	Non-Utilizers	Clinic Users
% of Members	69%	14%
% of Paid	75%	14%
Members	3,052	634
Employees	1,150	418
Average Age (Member)	32.0	39.3
% of Female Employees	27.4%	49.2%
Paid PMPM	$432.85	$382.88
Paid PMPM (Non-CC)	$276.89	$305.28
Paid PMPM (CC)	$155.97	$77.60
ER Visits per 1000	277.2	233.4
ER Paid PMPM	$38.19	$42.21
Urgent Care Visits per 1000	129.4	124.6
Urgent Care Paid PMPM	$0.92	$0.83
Pharmacy Paid PMPM	$194.31	$121.82
Benefits Utilization	95.0%	98.6%

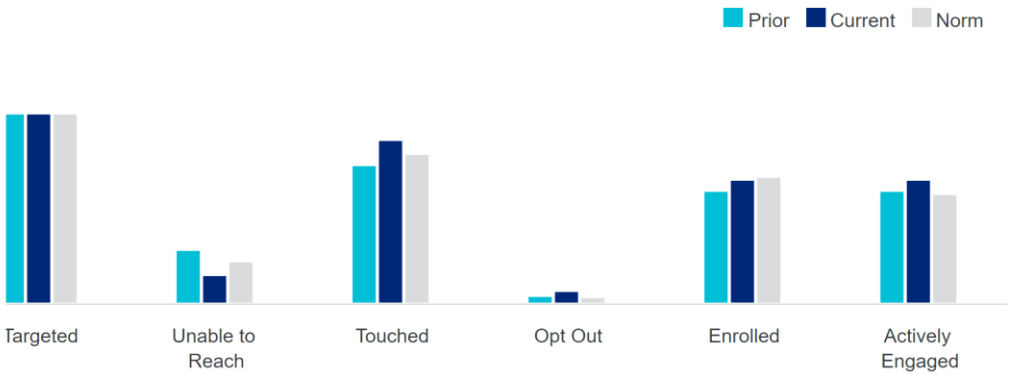
Road to Wellness Users vs. Non-Clinic Users By Engagement

RTW Users

Program Group: All
Program: All

% of Members by Engagement Funnel

% of Targeted and Exclude Mailings



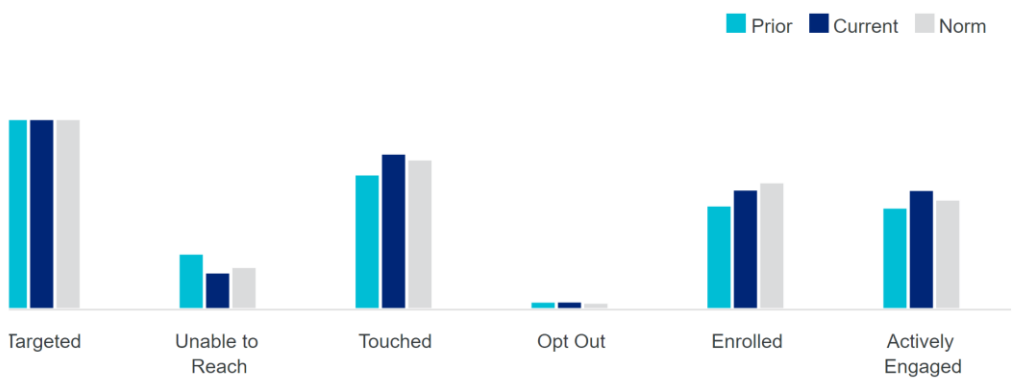
Status	% of Members				
	Prior	**Current**	Change	Norm	Variance
Targeted	100.0%	**100.0%**	0.0pts	100.0%	0.0pts
Unable to Reach	27.5%	**14.1%**	-13.4pts	21.2%	-7.1pts
Touched	72.5%	**85.9%**	13.4pts	78.5%	7.4pts
Opt Out	2.9%	**5.6%**	2.7pts	2.3%	3.3pts
Enrolled	58.8%	**64.8%**	6.0pts	66.3%	-1.5pts
Actively Engaged	58.8%	**64.8%**	6.0pts	57.2%	7.6pts

Non-Users

Program Group: All
Program: All

% of Members by Engagement Funnel

% of Targeted and Exclude Mailings



Status	% of Members				
	Prior	**Current**	Change	Norm	Variance
Targeted	100.0%	**100.0%**	0.0pts	100.0%	0.0pts
Unable to Reach	28.4%	**18.4%**	-10.0pts	21.2%	-2.8pts
Touched	70.5%	**81.6%**	11.1pts	78.5%	3.1pts
Opt Out	2.8%	**2.9%**	0.1pts	2.3%	0.6pts
Enrolled	54.0%	**62.5%**	8.5pts	66.3%	-3.8pts
Actively Engaged	52.9%	**62.2%**	9.3pts	57.2%	5.0pts

Recommendations

Recommendations

Promote

- Promote existing programs and engagement with our help:
  - Virtual Visits
  - Preventive screenings
  - Mental health resources
  - Musculoskeletal Programs
  - “Why is UHC Calling”
  - Maven Maternity (effective 7/1/24)
  - Road to Wellness (RTW) Clinic Support

Consider

- Pharmacy
  - Step Therapy
  - Quantity Duration
  - Outstanding Strategic Exclusions