Speaker 1 (00:04:13):

Ready.

Speaker 2 (00:04:16):

Good evening everybody. Welcome to the Tuesday, June 10th, 2025 Lawrence City Commission meeting. First thing on the agenda is for Sherry to read us the rules of the meeting.

Speaker 3 (00:04:32):

Good evening, everyone. If you would please silence your cell phones to minimize distractions during the meeting. The primary format for accessing or participating in this meeting is in person at City Hall. Virtual access to view or participate in the meeting cannot be guaranteed. The chat function will not be monitored. If you have any trouble, the meeting can be viewed on the city's YouTube channel and cable Channel 25. When the mayor calls for public comment, please approach the podium to indicate you wish to speak. Virtual participants should use the raise hand function. When prompted, select join as panelist. There will be a brief delay as your role changes. Once your name is called, please unmute and turn on your camera to provide your comments. All comments will be limited to three minutes. Please state your name and zip code before speaking. The city reserves the right to turn videos off or mute participants. Thank you, mayor.

Speaker 2 (00:05:28):

Thank you, Sherry. Okay, the first item on the agenda is to approve the agenda. The city commission reserves the right to amend, supplement, or reorder the agenda during the meeting. Is there a motion to approve the agenda as is?

Speaker 4 (00:05:40):

To approve the agenda as presented.

Speaker 2 (00:05:42):

Okay. A motion

Speaker 4 (00:05:43):

Second.

Speaker 2 (00:05:44):

A motion by S second by Larson. All in favor say aye.

Speaker 5 (00:05:47):

Aye.

Speaker 2 (00:05:48):

Aye. Motion passes. Four zero. Alright. The first next item on the agenda is a proclamation for Saturday, June 14th, 2025 as the Lawrence Juneteenth celebration. And I'm going to go ahead and offer anyone who'd like to speak to this proclamation beforehand, I'd like them to come up and talk to us. Welcome,

Speaker 6 (00:06:29):

Welcome. Oh, thank you.

(00:06:31):

And thank you for allowing us to be here. These are some of our board members and members from the Lawrence, Kansas Juneteenth organization. Wanted to share a little bit of things that are going on this week. We have the blood draw that will be at Brandon's Woods from 10 to two, and we're working with the Red Cross, so if you haven't signed up, please sign up. Okay. And then on Saturday we have the Underground Railroad, which has sold out. We work with Watkins Museum. They're celebrating their 50th anniversary, which is truly amazing, but they put on this Underground Railroad tour just for the Juneteenth organization, which is always a great attraction to this community. Then we have the parade that will be leaving from seventh and Rhode Island and going down Massachusetts Street. We have a lot of young people. We have a one K run that will be joining in the parade.

(00:07:28):

We have a lot of dance teams that will be there. We have one of the best drum lines from the state of Kansas, and then of course, we have all of you wonderful members in the community that are also joining. We have Lawrence Public, Douglas Health. We have the fire department, we have Dottie, the library, but once we get down to the park, it's a celebration festival style. All kids eat for free. Our kids' corner is from one to four. Yoga, wellness activities, everything going on over there. And then we also have the main stage that will be happening, but don't miss out. You want to come early because you get to hear our young people on the stage who took the time to write an essay and it's standing as one love over fear and they did an amazing job. Then we had those 15 acts of live music, spoken word and everything. Bring your lawn chairs, bring your family and learn all the resources that are available to you in this community. We are here to build as one. Okay? So thank you for allowing us to be here, and thank you for accepting our proclamation.

Speaker 2 (00:08:41):

Well, thank you. That sounds like a great agenda and it sounds like a great Saturday

Speaker 6 (00:08:45):

And you guys will be in the parade, those of you that signed up, so yes, yes.

Speaker 2 (00:08:51):

Thank you. Well, I'm going to go ahead and read the agenda and appreciate guys being here tonight. Whereas Juneteenth is the oldest known celebration of the ending of slavery dating back to June 19th, 1865, Dan, which Union Soldiers landed at Galveston, Texas with news that war had ended and that all slaves were now free, even though President Lincoln had signed the Emancipation Proclamation two and a half years earlier. And whereas Juneteenth has become a tradition of celebrations that began following the reading of the proclamation by General Gordon Granger in 1865 that lasted over 150 years and today is hosted in cities across America, featuring rich traditions, including celebrations in the form of festivals, parades, and oral histories, also known as Freedom Day. It has continued to be a highly revered event across the country as a time for honoring one another and the memory of all those who endured slavery and especially those who move from slavery to freedom.

(00:09:52):

And whereas Juneteenth allows people of all races, nationalities, and religions in cities across the country to join hands to acknowledge a period in our history that shaped and continues to influence our society today. And whereas Juneteenth today celebrates African-American freedom while also encouraging self-development and respect for all cultures. And whereas Lawrence and Douglas County will commemorate Juneteenth with a number of events on June 14th, 2025. Now therefore, I, Mike Dever married the city of Lawrence, Kansas, due here, bright Proclaim June 14th, 2025 as Lawrence Juneteenth celebration and call

upon all our residents, government agencies, public and private institutions, businesses and schools to commit to increasing awareness and understanding of our shared history and how it shapes our lives today.

Speaker 6 (00:10:42):

Thank you. Thank you. We will see you all there. Yes ma'am. Yes.

Speaker 2 (00:10:57):

Alright. The next item on the agenda is the consent agenda. And all items on the consent agenda are considered under one motion and approved by one motion. Members of the governing body may remove items for separate discussion if desired, members of the public may remove items identified as quasi-judicial for separate discussions if desired, members of the public will be limited to three minutes for comments. Are there any items that a member of the commission would like removed from the agenda tonight? Seeing none. I don't think there's any quasi-judicial item. So is there a motion to approve

Speaker 4 (00:11:32):

Move to approve the consent agenda as presented? Second.

Speaker 2 (00:11:36):

Alright. As a motion by sellers second by Larson. All in favor say aye.

Speaker 4 (00:11:41):

Aye.

Speaker 2 (00:11:42):

Aye. Those opposed? Motion passes. Four zero. Alright, we're going to go on and move on to item E, which is our work session item, and that is to receive county health improvement plan presentation,

Speaker 7 (00:12:07):

Evening commission. Give me evening, everybody. I'll wait until we get our slides set up here. I think I got the note that it's going to be a quick meeting tonight. That was a really fast agenda, so I'll try not to ramble. I got some notes and I'll stick to them. One second. Okay, you're up. Okay, cool. So just, all right. All right. Good evening, mayor Commissioners, everybody in the community watching tonight. My name is Jonathan Smith. I'm the executive director of Lawrence Douglas County Public Health. I'm joined tonight by my colleague, Dr. Vicki Ley Aker who'll be doing part of the presentation. She's the director of policy and planning at Lawrence Douglas County Public Health and wanted to talk to you first and foremost about how the city of Lawrence strategic planning is related to the Douglas County Community Health Improvement Plan. So then really at its core, the community health improvement plan is a roadmap for advancing health and wellbeing in our community.

(00:12:57):

It's built around six different focus areas that you're going to hear about tonight. Those focus areas are access to care, behavioral health, anti-poverty, birth outcomes, food security and housing. These are areas that we know shape the lives of everybody living in our community. The city strategic plan shares many of the same values as the chip, so you'll hear us talk tonight about equity, strong neighborhoods, safety, innovation, and sustainability, all of which are echoed throughout both plans. And I want to emphasize that these are not parallel efforts, they're connected efforts. Something really important I really want to hammer home tonight is that improving an outcome in one of these plans very often leads to improving

the improvements in the other plan. When we reduce food insecurity, we're strengthening families, neighborhoods, and the local economy. When we make housing more stable and affordable, we're creating conditions for people to access jobs, attend school, contribute to the economy, and also stay healthy.

(00:13:54):

These outcomes don't live in silos just like these plans that we're talking about tonight and our solutions shouldn't either. That's why we're here tonight. This is an invitation to see the community health improvement plan as not as something separate, but as a tool to help achieve the outcomes. Already named in the city of Lawrence strategic plan. In a moment, I'm going to turn it over to Vicky. The lay of show tonight is she's going to go over what the community health improvement plan is, how we got here, and then I'm going to bring us home and talk about connections from the city of Lawrence strategic Plan and the Community health improvement plan. And then we'll definitely stand for questions throughout or also at the end. So at this time, I'm going to pass it on to Vicky to give us a history lesson.

Speaker 8 (00:14:35):

Thank you, Jonathan. Good evening, mayor and Commissioners. Thank you for the opportunity to talk about our community health improvement plan. The community health improvement plan occurs in the context of a broader process that we call a community health improvement process that combines a community health assessment and a community health improvement plan in a five year cycle, working to address health and wellbeing in our community. We produced a community health assessment, which is a comprehensive 145 page document that describes the health status, health behaviors, and conditions that contribute to health and wellbeing in our community. That set up the creation of our community health improvement plan, which as Jonathan noted, is really intended to be a strategic plan for health and wellbeing that benefits the whole of our community. We did this with a number of partners. We have a community health improvement process steering committee that I'll talk about as we move forward that really provided the overall support for the project. Our team at the health department provides backbone support to provide data access, evaluation activities and technical assistance to support the project. And then at the health department, we have a health equity advisory board, which consists of black, indigenous, Latino, and people of color that really guided and influenced a lot of our work throughout this process.

Speaker 5 (00:16:03):

Click it one more time.

Speaker 8 (00:16:08):

Oh, that slide looks different than anticipated. Does

Speaker 7 (00:16:12):

It take a minute to load or?

Speaker 8 (00:16:14):

All right. Well, the next series of slides, which feel like they might be a little bit of a surprise, describe the timeline for our efforts. In 2022, we were selected to pilot a new assessment process at a national level, which was a really exciting effort. We conducted those comprehensive community health assessment activities, which included the completion of a survey that more than a thousand Douglas County residents completed. That set up our next steps, which moved us from the assessment to really stepping back and making sense of all of the data that's compiled in our assessment to think through what should be the priorities for shaping health and wellbeing in our county. We undertook a highly community engaged

process of sharing the assessment results and gathering feedback about what should be our ultimate priorities. And in 2024, we selected six priorities and worked with community partners to identify potential conveners as well as groups that would work on both planning and implementation of efforts around our priorities. We launched our community health improvement plan in October of last year, and have really moved from here through 2029. That does actually say implementation and evaluation, even though it's in code, apparently

Speaker 4 (00:17:39):
We can see it on.

Speaker 8 (00:17:40):
Okay. Thank goodness.

Speaker 7 (00:17:42):
Would it be possible to use the PDF instead? I dunno if you just fixed it.

Speaker 8 (00:17:49):
Okay. Just to highlight the structure that supports our community health improvement plan or chip, we have a steering committee that consists of more than 20 community leaders and members who provide oversight to the process. Overall, our team, the team that I lead, which is community health and the other team led by Dr. D Kenard, which is informatics, provide backbone support for assessment and planning. And then we are fortunate to partner with many other groups that support the convening of work groups that created the plan and Will Shepherd implementation. And you can see here across our six school areas that they include LMH Health, our partners from Heartland Partners from Douglas County, United Way, our health department live well just Food and the Housing Authority that all work together to provide leadership for the implementation side of efforts. As I go through the plan, I want to note that we did prioritize making sure that the community health improvement plan was equity centered.

(00:18:54):
We used a model created by Dr. Vijaya Hogan and colleagues to really move us beyond saying, we addressed equity to really being specific about the mechanism through which we were addressing health equity. And you can see that we included strategies that remove, repair, remediate, restructure, and provide supports to provide greater opportunities and eliminate barriers created by systematic exclusion and disadvantage. Ultimately, our community health improvement plan has goals, objectives, and strategies that are intended to create transformational change around six topics, including access to health services, anti-poverty, behavioral health, birth outcomes, food security and housing. Each of the plans are kind of structured similarly, although they have different elements. They all have an overarching goal. They have a few all the way to, I think, eight overall objectives that will really be used to measure progress. And then they have a set of strategies that are really focused on evidence-based best practice policy system, and environmental change that will create better conditions for health and wellbeing in our county.

(00:20:08):
So to begin with, starting with access to health services, the overall goal here is to create and increase access to comprehensive high quality healthcare services. And the objectives really are focused on increasing the proportion of people with a regular healthcare provider, increasing the proportion of people who receive evidence-based preventive healthcare and reducing the number of patients who utilize emergency department for routine primary care. Their work, their strategies are really going to focus on creating better community linkages to care so that it's a smoother process from identifying issue to

receiving supports for it, and as well as expanding and establishing supports to reduce barriers to accessing care. The anti-poverty group is going to work to create, to improve, excuse me, the wellbeing of Douglas County families by supporting children and adults and working to create conditions that will support them better. Their objectives include reducing the percentage of single female-headed households in Douglas County who live below the ALICE threshold.

(00:21:22):

The ALICE threshold refers to asset limited, income constrained and employed. So it's really focused on those folks who are doing the best that they can, but still cannot support their families effectively with the resources that are available to achieve that objective, they're going to work to strengthen the economic assets available in our county, improve the affordability of early childhood education opportunities, and increase available post-secondary pathways. Our third focus area is behavioral health. The goal of this work is really to create an integrated system of behavioral healthcare that serves the whole person their whole life so that they can realize their full potential. There are four objectives they will be working to, which include promoting integration of housing and behavioral health services to achieve a functional zero for chronically unhoused individuals, decreasing the age adjusted suicide mortality rate, reducing the drug overdose mortality rate, and reducing chronic absenteeism in and across Douglas County schools.

(00:22:31):

They have many different strategies if you have a chance to look in our whole document, but these are organized under prioritizing prevention, improving access to essential services, promoting integration with housing, increasing peer support, capacity building an integrated system of care, and leading system-wide culture change that reduces suicide birth outcomes is our next group. The goal of this effort will really focus on improving the health of mothers families and parents and infants by reducing racial and ethnic differences in birth outcomes. They have, I think, eight objectives that are oriented to creating change for the overall community and more specifically among black families. You can see here their objectives relate to reducing the rate of fetal death, again for the community overall, but also more specifically for black families, reducing the rate of low birth weight, increasing the proportion of mothers and pregnant people who receive early and adequate prenatal care, and then also reducing the rate of infant mortality. And lastly, reducing the five-year average of unintentional sudden unexpected death or suid. To achieve these objectives, our strategies fall into four sort of focus areas. These include increasing access to prenatal and postnatal care, increasing the adoption of approaches and policies which center cultural humility throughout the care spectrum, establishing collaborative, excuse me, multi-sector processes to bring about systems change to address birth outcomes. And lastly, preventing sleep related son and unexpected infant death in Douglas County.

(00:24:21):

Our next focus area is food security. The work of this group, which is vast and committed, will work to reduce food insecurity and hunger, and in particular, decrease the percentage of people who are food insecure from 11.5% to 10.5%. They aim to do this by strategies that fall into three focus areas, including improving awareness and reducing stigma to food assistance programs such as SNAP and wic, improving organizational and capacity and food choice of food assistance programs like pantries. And lastly, enhancing transportation supports for accessing food. And lastly, we also incorporated in totality a place for everyone housing plan, in part because our chip steering committee identified as a priority, the housing goal area at the same time that a place for everyone group was wrapping up their convening and creation of a plan. So I think you're familiar with this plan and its efforts, but it's incorporated entirely into the chip.

(00:25:28):

I'll close before handing it back to Jonathan by noting that we are deeply aware that the success of the community health improvement plan and creating transformational change in our community is connected to the adoption and maintenance of other policies at a local and state as well as federal level really. So in

our plan, we noted that there are overarching plans and policies that must be successful for our work to be successful, and that there are other plans in our community that operate or work to address common goals, including the climate and action adaptation plan, transportation 2050, and the coordinated public transit and human services transportation plan. With that, I'll hand it back to Jonathan. Thank you.

Speaker 2 (00:26:14):

Thank

Speaker 7 (00:26:14):

You. Thanks Vicky. Hopefully this thing is nicer to me than it was to you. So now we're at a pivot in the presentation. So Vicky just spent a lot of time talking about what the chip is. Now the pivot is we're going to talk about how the chip relates to the city's strategic plan. Like I mentioned earlier, I really want to hammer home that these are not two competing visions, but they're overlapping, mutually supportive of one another. Both the chip and the strategic plan focus on equity data, informed decision making, improving quality of life for all residents, as you can see by the diagrams here. And then the next few slides, I'll get really detailed into it, you'll see that there's a connection in really concrete ways like anti-poverty strategies in the chip connect with the city's inclusive economic growth goals are shared, focused on systems change and cross-sector collaboration ensures we're not duplicating efforts, but that we're reinforcing them.

(00:27:10):

And as you can see by these diagrams, when we succeed in one plan, we're going to succeed in the other one as well. So now I'm going to walk you through really specific areas about the strategic plan and the chip. We're even going to talk about the outcome areas and line up these objectives. So the whole bunch of slides that we have coming up here are all going to look like this. So on the left side you'll see that the City of Lawrence strategic plan will include the progress indicator, even the numbers. So you can go in detail and look at it, the commitment area, progress indicator in the strategy. And on the right we have the chip where we have the name of the focus area, the objectives, and the strategies that are also related. And what I really want people to understand is that if you look at the one on the right, the community health improvement plan, you'll see it as an opportunity to help increase the outcomes for the City of Lawrence Strategic plan on the left.

(00:28:00):

So this first one, we're going to look at strong welcoming neighbors Progress indicator five, and we're going to relate this to a place for everyone Housing Plan, also known as Safe and Affordable housing. So this slide really shows how a place for everyone directly supports the city's commitment to strong, welcoming neighborhoods. The city strategic plan, as you can see, calls for reducing housing stress defined as household spending, more than 30% of income on housing. One of the main strategies is to expand ownership opportunities for low and moderate income renters by increasing the supply of affordable homes. And then you'll see in the chip, the chip is really focused on some of those similar objectives as well. So chip strategies like expanding the community land trusts, updating city code, enforcing anti-discrimination protections, create the conditions needed for equitable, sustainable and housing solutions. So together both of these efforts tackle both, I'll say the supply and the access issues, helping to reduce housing stress and expand opportunities across the community.

(00:28:59):

So we'll go to the next slide and it'll be similar. So we're going to look at strong welcoming neighborhood six. Again, this is also related to the place for Everyone housing plan. And if you really wanted to see more of the details in the community health improvement plan, I think you all know where to go to find the City of Lawrence strategic plan. But ours is located on, if you go to LDC health.org/chip, you'll see a lot of these things in details and you can do some more pairing together. So what you'll see in I'll say

SWN six as is listed in the plan, these slides focus on shared goal of making homelessness a rare, brief and non-recurring thing. The city's strategy is to connect people with housing through lasting solutions, and the chip supports that as well directly through a coordinated plan of outreach, shelter, and level policy.

(00:29:43):

The chip includes targets like reducing the unsheltered point in time count by 50% in 2027, and providing up to 65 low barrier shelter beds for women and families. The CHIP also calls for establishing a street outreach team, which side note, I'm very proud to say that we have a nurse practitioner who's a part of that team to help combat this issue of homelessness based in our community. So now we'll go to the next one. So next we'll call it SWN 13. This is related to food security and access to health services to focus areas of the community health improvement plan. So you'll see how this highlights improving transportation is a critical issue for both the city and the goals in the chip as well. The city's strategy to expand multimodal options like sidewalks, bike paths, and transit directly supports chip objectives to reduce food insecurity and improve access to care. Chip aims to decrease the number of households living more than one mile from a full service grocery store. And it also supports implementing pedestrian plans to get there. Another thing that it calls for is a formal referral pathways to help people access transportation for health services as well. It really, I think this slide is a great example of how a built environment decisions that you all have the ability to make can drive health outcomes and how coordinated planning really helps us do more with each investment.

(00:31:08):

Alright, so now we're going to move on to prosperity and economic security PES two. Again, we have the commitment area, progress indicator and strategy. And so for the chip, the community health improvement plan, this relates to the anti-poverty focus area of that. So this shows you about how addressing childcare is not just a social issue, but it's also an economic one. Both plans recognize that I really believe that. And the city's strategic focus on the strategy focuses on expanding childcare options to support workforce participation and job satisfaction. The chip compliments this by targeting both the supply and affordability of care, rising weight, raising wages, excuse me, and the childcare sector and increasing the number of providers that are accepting subsidies, strategies that we can think of like employer based subsidies, scholarship funds, childcare navigation as well. That's also one of the things that we're working on the community health improvement plan.

(00:32:04):

So next we'll go PS two or PS five, I'm sorry, and this is also related to the anti-poverty focus area of the community health improvement plan. So some of the things that you'll see in this is that the city's focusing on increasing economic opportunity for women and minority owned businesses by expanding resources available to them. So the chip takes a very complimentary approach, building pathways to economic mobility by investing in the workforce itself. Some of the things you'll see in here are some goals related to increasing youth and adult enrollment and career in tech apprenticeship programs. You'll also see why raising earnings for women and children in the childcare sector. Another strategy you'll see in the chip we mentioned here, the early childhood apprenticeship program and student led CTE coalitions build equity from the ground up, starting with skill development and access.

(00:32:57):

Alright, so now we're going to go on to prosperity and economic security six PES six and also again with the anti-poverty chip focus area. So some of the objectives and strategies related to the chip directly relate to this one as well. So it really highlights the shared focus on economic equity, specifically addressing disparities by income, race, and gender, which is the progress indicator PS six, variance of median income by race. The city's strategic plan aims to reduce income gaps against historically marginalized communities. And the chip targets really a key population in all of that. So that would be single female headed household living below the ash threshold. And I'm glad that Vicky said the acronym for that

because that one's a tough one. You always got to write that one down. So the CHIPS approach, as you can see, combines workforce development as well, apprenticeship like it was also mentioned in the last slide, and really think that these two efforts work hand in hand.

(00:33:50):

Again, to my earlier point about increasing efforts in one plan, I really think elevates the other one. So I definitely want to make sure that the city considers this, and I don't want you all to miss out on an opportunity to advance your strategic plan by just being in line with the plan that the rest of the community is working on as well. The community health improvement plan. Alright, so now we are on Safe and secure five. Sas five is another way to say it. This is related to the behavioral health focus area in the community health improvement plan. So the strategy on the city's strategic plan is to reduce repeat mental health crises through strong partnerships, effective processes and well-trained personnel. The chip supports this by building out an alternative crisis response system, diverting 9 1 1 calls when appropriate and reducing emergency department visits that are tied to behavioral health crises.

(00:34:41):

Another key chip strategy in this is to create a crisis system coalition and reconfigure the CIT council to improve data sharing communication and system accountability. So you think about things that are happening like my rc, where we can see people who are utilizing a lot of the emergency department 9 1 1. We have data sharing things that are working together with other agencies in the community to see some of the, I guess the frequent flyers that we're seeing who are repeat calling 9 1 1 repeat showing up in the emergency room. This is a specific objective in the behavioral health section where we're going to look at that and hope to reduce that. Alright, home stretch here, and I was a little bit extra with this one. As you can see, I put an arrow on there. I really wanted to point that out because if you read that strategy in safe and secure six out loud, personally, I don't know how you cannot think about the community health improvement plan.

(00:35:31):

And again, this is an opportunity. The work is already done to do this strategy in this city of Lawrence strategic plan in the chip. So just for those listening, I'm going to read this strategy from the city of Lawrence strategic plan and tell me, this doesn't sound like the chip. Establish the baseline identify gaps and developing activities to improve health impacts to all marginalized identities within the community and prepare and provide community-based education and solutions based upon the gathered data. And so as you can see by the very direct arrow that I put, I didn't have a specific or progress area for or focus area to put it on. I said this is the chip. And I really do believe that because if you look at that strategy is emphasizing improving health impacts for marginalized populations, and that is at the core of what the chip is.

(00:36:20):

Vicki mentioned the health equity advisory board. We didn't come up with this plan by ourselves. It was also through a lot of community listening sessions, listening to people who had lived experience. And I'll say the chip was really built from a community health assessment like I mentioned earlier. And I think going to my earlier point about how I'm saying I don't want the city to miss out on an opportunity to advance their strategic plan by not being in line with the community health improvement plan. So I won't read all that and just take note of the arrow that I made. And I think that that that's very much related.

(00:36:54):

Vicky kind went over, oh man, it's happening to me. Vicky went over this already, but it talks about the conveners that we have, like LMH Heartland. Heartland I think is in here. Shout out to Heartland. Thank you Julie for being here. What that said at the top there, it actually said, who is responsible? How is it funded? So I wanted to talk a little bit about that, and I wanted to say that the chip doesn't assign new responsibilities. I really believe it reflects the work that organizations are already accountable for. For

example, LMH is our community hospital that we have here. It's a place where people get born. So I would like to think that LMH improving birth outcomes for LMH is not just something to do for the chip, it's a part of their job. That's what they want to do. Same is true for other partners like schools working on improving student wellbeing, housing agencies focused on stability.

(00:37:45):

These are things that people are already working on. But what the chip does is it brings all these efforts into alignment under a shared community-wide plan. So funding for this plan, it comes from a variety of different sources. Much of it's built into what these organizations are already doing. So whether that be operating budgets, grants, existing programs, other grants that they'll be getting as well. So in addition, some of these strategies have already received targeted support from local, state, federal, and other grants, especially when they see that the chip is in alignment with another community health strategy that a funder would be looking at. So I believe we're at the end. Let's see. Yep,

Speaker 2 (00:38:24):

There's one more.

Speaker 7 (00:38:25):

Oh, oh, there we go. So lastly, here are some opportunities to consider about further connecting the chip in the city of Lawrence strategic plan. We put a couple bullet points here for you all to consider. Maybe can talk a little bit more about it now. So formalizing engagement in both of the plans. I think we've laid the groundwork for that tonight. City of Lawrence commission adopting the chip considering ways for city staff to participate in chip work groups. I know Brandon's really involved in the place where everyone planned, but we definitely welcome more city involvement in it. And then advancing policies which support ship and strategic plan goals. And I don't have it on the slide here, but this was my little hint at saying policies like tobacco retail. That's one of the things that we want to talk with you all about again. So now I think that is all we got and we will hang around for questions, comments, or anything else that you all have.

Speaker 2 (00:39:14):

Great. Thank you, Jonathan. That was really packed full of information and it was really helpful to correlate the work you're doing to the efforts we as a city are trying to put into reality. So thank you very much. I'm sure some of the commissioners have questions, but I don't think I want to make sure that we give anybody a chance. Anybody else in your group a chance to speak to this? If not, then I'll let the commissioners do. So.

Speaker 7 (00:39:42):

Julie, do you want to say anything? Okay. Alright.

Speaker 2 (00:39:45):

Alright, thank you

Speaker 7 (00:39:45):

Vicky, anything else? No, that's it. Yeah.

Speaker 2 (00:39:48):

Thanks Jonathan.

Speaker 7 (00:39:49):

Yeah,

Speaker 2 (00:39:52):

Commissioners, any questions for Jonathan or staff about the summary we got today and the community health improvement plan?

Speaker 5 (00:40:03):

Yeah, I had a question. I'm trying to find it here on the behavioral health slide. The first one, the goal,

Speaker 7 (00:40:14):

Back to it. This one?

Speaker 5 (00:40:19):

Yeah, back up. Yeah, that's it right there. Number four, reduce chronic absenteeism rates in Douglas County schools. Do you have a plan outline for that or is that just right now a stated goal?

Speaker 7 (00:40:32):

So right now that's just, we worked a lot with USD 4 97, so starting out with Lawrence. So we have staff that's meeting with them to talk about truancy rates. That's one of the things that we also want to talk about. But the plan is to not only just work with chronic absenteeism in Lawrence, but also at the Baldwin public schools, city of Eudora public schools as well.

Speaker 5 (00:40:52):

Yeah, I ask that because in my work outside the commission, that's been coming up more and more lately in the past year as to some of the potential solutions for that.

Speaker 7 (00:41:01):

So that's the work where we talk about having a conveners and then we also have a steering committee. We have members from each school district on the steering committee. So as the behavioral health group works towards doing this, those are the folks that they'll be working with. I know we previously, like Dr. Lewis was on when he was here, he was on the steering committee. We got some new folks on there, obviously with the new staff that they have there. But yeah, that's why we put it in behavioral health because we believe that is a behavioral health issue.

Speaker 5 (00:41:29):

Yeah, thank you.

Speaker 7 (00:41:30):

Yeah.

Speaker 4 (00:41:35):

Jonathan, I have a couple of questions and I know during Vicky's presentation you discussed there's a different convening, the six convening groups and that there'll be opportunities for progress meetings during that five year. How often are those progress meetings?

Speaker 7 (00:41:52):

So that's a good question. So one of the things that we're really excited to do with this version of the chip is, Vicki mentioned that it is a five year strategic plan. What we don't want to do is have those five years and then say, all right, we've got to start the whole process over again. So what we're doing differently this time is at the end of each year of the chip, we're going to host a community gathering where it's an update meeting where all these objectives that we put up, we're going to say how we're doing on them. The conveners will be able to say the progress that they've been made, or even if there isn't progress being made, we want to do that for accountability and we want to do that to get the community more opportunities to get involved and say, Hey, I have an issue with us not improving this behavioral health metric, so we're just going to lay it out there every year. We'll definitely let you know when we get that scheduled for this year and the coming year. So that's our plan for tracking that.

Speaker 4 (00:42:40):

And then on some of these, specifically looking at behavioral health, I think you can look at behavioral health, birth outcomes, housing and a lot of these, but just the different outcomes and then how we get there piece. So I know when we were during the steering committee, we talked about things that are within our control here, and then there are things that are outside of our control, whether it be state or federal. How do the groups, where does that information go as far as with the convening group and the steering committee, and now that we have the different work groups, if there are things that are going to impact our ability to be successful in these locally, how does that information pathway go? What are the mechanisms there to either lobby, engage what forth, so on and so forth?

Speaker 7 (00:43:38):

So Vicki just gave me a look and I think she really wants to answer this, so I'm going to let her answer this.

Speaker 8 (00:43:43):

I'd like the record to show there was no look. I think that's a really important question, particularly we're on a moment where everything feels like quicksand. So the work groups were really intentional about keeping the strategies in the chip as things that could be influenced at the local level. But our steering committee has adopted a few different practices that I think will help us with the other elements that you surfaced. So we are adding a subcommittee that's called Health in All Policies that's really intended to support our overall chip with policy, see policy briefs, policy impact statements. We're also going to establish a chip action network of the many groups that are part of the chip. I think on that last slide, which was really busy, and at the end of our chip document, you can see the many, I think almost 200 people that were involved in shaping the community health improvement plan.

(00:44:42):

We're going to use that action network to get information into folks' hands so that they can make use of it as they see fit. A lot of our organizations are constrained by the kinds of activities that they can engage in, but we are encouraging them to do the work to educate and encourage and make clear the relevance of federal policy, state policy as it relates down to the local level. But we're hopeful that those tools that we can put forward will be helpful in creating a better policy infrastructure that supports the chip and community goals overall.

Speaker 4 (00:45:16):

Okay, thank you. I'm going to keep you up here because I probably have another question unless Jonathan wants to answer it. I know you talked about utilizing the ALICE threshold and some of your goals. Can

you explain kind of the difference what ALICE is and how that intersects or the difference between that and the hood, federal poverty guidelines and whatnot?

Speaker 8 (00:45:38):

So the federal lines are really take into account household size and income as two inputs, and they create thresholds that don't tell much of the story. The ALICE data to create a more is intended better, understand the more complex picture that surrounds poverty by taking into account household size as well as income, but also the number of adults in the household that can provide income and the costs that households experience. So housing costs, childcare costs, and food costs are all part of that Alice threshold, so that you are giving a more nuanced perspective about poverty than just a simple calculation. And we feel like it better reflects the more complete picture of people who experience economic instability in our community and will more effectively enable us to advance equity in our community.

Speaker 7 (00:46:59):

The other thing I failed to mention, when Commissioner Sellers, you asked about how often are we going to do updates on this? One of the other things that we're doing with this version of the chip is really trying to show all the conveners and everybody involved. We're not just this entity that's saying, Hey, go do this, go do this. We're also trying to lead by example and show that, hey, we have a lot of skin in this as well. We as in Lawrence Douglas County Public Health. So you think of behavioral health, we're listed as a convener in that we are now the leading zero suicide agency in the county. You think about a place for everyone, the stuff that we've implemented over these last few years about with Wellness Wednesday, having a street outreach program, meeting people where they are and things like that. So that was another approach that I wanted to really highlight and give our team a shout out of doing a good job of leading by example with a lot of this stuff as well.

Speaker 9 (00:47:48):

Appreciate that. I had a quick question. All of this is excellent, by the way. I know I was looking through the economic prosperity and economic security sections, and I did see shout out for peasley, but I was wondering if there would be any other efforts to reach out to any other economic development centers like either the Chamber or Core or just anything like that, just where people usually drip to go ahead and start their own business or help and help running their own business. That's

Speaker 7 (00:48:23):

Good. Yeah, definitely. I think we're members of the chamber, so when I say everybody's, this is everybody's plan. That is also the Chamber of Commerce's plan as well. But yeah, that's a good point to highlight that it's not just the Peasley tech and things like that. Any other questions, comments, anything?

Speaker 2 (00:48:40):

I don't have any right now, but I'm going to open up the public comment in just a minute just to make sure nobody else wanted to ask a question of you before we do so. Okay. Well, I'm going to go ahead and indicate that members of the public will be limited to three minutes for comments on this open public comment and this item, this work session item. Okay, nobody, Sherry, is anybody online who wants to speak to the community health improvement plan presentation?

Speaker 3 (00:49:20):

No. Mayor.

Speaker 2 (00:49:22):

Alright, very good. Alright, commissioners, any other questions for Jonathan and crew?

Speaker 4 (00:49:32):

Jonathan, I have a couple. Just again, thank you and Vicky, I can't pat myself on the back for and I won't do that. But thank you all for attending and presenting on this. I think one, as you all continue to roll this out is with all strategic plans, it's nothing. It's the work that we do. It's not the flashy stuff that everybody wants to see. I'm pretty sure if we probably attached this to a budget conversation, we would have a lot more people here more to come. But as I processed through this, again looking at it as a finished product, one of the things that I see in this is that to your point that how do we adopt this? And I think that's a bigger conversation for this governing body to have and to understand that and to ask the questions of what does adopting it look?

(00:50:29):

And so hopefully you'll get those questions for those who want to ask 'em. If not, then there may not be an issue with us adopting this. But in looking at one of the slides I kind of lasered in on was the overarching plans and policies simply to the point that I made about how do we dry those conversations? Because when I see this, what I see is, yes, there are things that we can accomplish on the local level, but it's going to make it super hard for us to do it if we don't have support from the state and federal government. I'm preaching to the choir on this, but I think it goes without saying that it's still, everyone needs a reminder.

(00:51:07):

When I'm looking at, when we're talking about prosperity and economic security as it relates to single moms, when we're talking about childcare, childcare is a great example that we want to increase. We have on one side you have everyone talking about the cost of childcare, but not realizing that those who actually work in the childcare field are grossly underpaid and most of them are black and brown women. And so how do we identify that? What are the mechanisms there? So I don't know, I don't think it's the role of the chip to tell people how, to your point, how to spend money. It's saying that these are things that you should already be doing because these are things that speaks to the health and social drivers. The social drivers are the things that impact us and in the work that we do day to day, but also that the city does and that our strategic plan speaks to.

(00:52:09):

I'm happy to hear that there's going to be at least more efforts to speak to the health policy of pieces because especially with behavioral health, we're trying to play 40 years catch up and everyone is at capacity as it relates to workforce, as it relates to funding. And how do we ensure individuals get the care that they need now that we're starting to de-stigmatize mental health and access. And so there was a great presentation I went to this past week where there's some work in Ohio that's being done to implement a certified mental health assistant that they're using the PA assistant kind of curriculum and track to add to the, let's see words tonight, healthcare public health to add to the expanded workforce. And I dunno, I'm losing my words, but you know what I mean. So another added workforce and field of study that can help provide more access to care for individuals who are seeking behavioral health needs. So definitely love that. And continuing to push that. There's parts of our legislative agenda that's in this chip, and that's something that I look to because I do believe that there is a true intersectionality between the work of the city and public health.

(00:53:35):

They've just been disconnected for so long and there's a lot we can go into a TED talk about why that exists, but we're not going to do that tonight. But we do need to make sure that we bring those two together and that it's not a sense of if you want me to do this, pay me or find the money to do it. It's a matter of these are things that should be operationalized, they should be in the practice and not that

disconnected. Similar to dental health and physical health for so long, we treated the mouth different from the body not realizing that things that impact the mouth impact the body. So things that are social drivers impact our day-to-day lives. So get into that. Part B, we missed an opportunity. I know on this is more in the county's piece where there was a speak about guaranteed income, and that kind of speaks to some of the things that we were hoping to address that called out in the chip that unfortunately our legislature preempted us on that. But again, just to continue to call out what this looks like, especially around childcare, we're pushing about childcare increasing capacity. We're talking about increasing income, but also in the piece about choice and childcare. There's also the policy piece that it relates to paid family leave and so how that can impact folks as well and how employers don't do that. But we know we're preempted by that.

(00:55:03):

Your piece about, I know it was brought up about peasley and the work that's done there with the apprenticeship program. That is something that the state has invested in and I know that we are invested in that locally, that as well, and that connection to the school district. So I love that that was brought up as well because that speaks to our partners that we work with. And then, yeah, all the other pieces, I did appreciate the side by side comparison. It allows us as commissioners again, to see how we can see our city's strategic plan, how it overlays with others. We know whether it's with the county, whether it's with the health department, whether it's with Haskell or even with the university. These are things that overlap. And at some point there are opportunities for strategies and for us to do this work collaboratively.

(00:55:56):

And so again, we're not going to solve it overnight, but I think what the presentation you showed us today is that these are strategies that we can do here locally. We just need to talk about 'em, things that need that are above us, that requires us to advocate this process, brought a coalition together, and we need to maximize the use of that coalition to actually push and ask for the things and demand the things that we need to have. I wouldn't say a gripe. My only piece that I would like to hear is when we talk about how do we get there, is I want to know what are the barriers keeping us from there. Housing piece, we know what those are and maybe it is good for calling it out community education, but how do we help individuals call out the barriers? Because there are barriers to these even locally.

(00:56:48):

So how do we speak to those so that as we speak to 'em and we hear them and we understand what goal we're trying to get to, we can start that processing and solutioning. So don't know if that'll come up in those annual progress meetings or as the work groups meet, but we need to start thinking about what are the barriers for each one. Because again, as we continue to lobby, as we're lobbied, as state legislators are lobbied, as our federal delegation is lobbied, we have to continue to have that consistent conversation. If we're speaking the same language, we're doing that. And on the piece, don't get me started on Alice. I feel like that's what all entities should be using across the board is the true, accurate snapshot of how people live. And that should be the standard of what all entities are using. So you heard it here. It's on the record. I said it. I love hud. HUD is great, but we still struggle with HUD definitions of low income. I mean people that make less than $75,000 a year are considered moderately income or low income by hud. So we have a lot to learn. But thank you for this presentation. Again, it's a lot of food for thought for us as commissioners to have this, and I do appreciate the side-by-side comparison.

Speaker 2 (00:57:59):
Thanks, commissioner Sellers

Speaker 4 (00:58:00):
Coming from a fellow public health person.

Speaker 9 (00:58:03):

Yeah, I really enjoyed the presentation. Thank you for bringing this to us. I had the opportunity to be a part of CHIP and the steering committee when I was in my pinkney days in the neighborhood. I see Dustin there, he remembers that. But yeah, some key components of this are really, really kind of stuck with me bringing it back each year. I really appreciate that, to keep it in the forefront and also to assess what went well to commissioner seller's point and what didn't go well and where we can improve. So I think that's really helpful. The childcare piece that I saw within there, and it kind of dovetails what I was talking about earlier with other economic sectors that you might want to reach out to, because one particular aspect of it were employers that were creating their own childcare plans. And I know that a lot of our manufacturing sector in the eastern part of Lawrence really struggles with third shift and trying to find childcare for those folks that are working late or working really early.

(00:59:07):

So I think they're still trying to generate plans on how to accommodate their employees and make their work life balance a little bit better. So maybe reaching out to them and talking to them about how far they've come along or putting them in touch with resources so they can gravitate toward a plan is great. And then the last part of it, the overarching, the elephant in the room with federal and state funding is like, how are we going to keep this resilient and flexible? Because we're going to need to do that considering how volatile things can be and will be probably here for the short term. So I really appreciate you speaking to that and kind of being real with it. So hopefully it won't be as much, but nobody can know. So thank you very much for bringing this to us. So I really appreciate it.

Speaker 2 (00:59:59):

Thank you.

Speaker 5 (01:00:00):

Yeah, just thanks for doing this. Appreciate the work and keep it up. Thank you.

Speaker 2 (01:00:05):

Yeah, great job, Jonathan. I really appreciate the teamwork that I really feel from this report using the resources we have the most efficiently and trying to get as good as we can at getting more of them from the federal and state government. But I sense the teamwork and I appreciate the effort, and I think we're moving the right direction and showing the community that we're serious with bonding our health commitments to our overall goals as a community. So I thank you very much for that. So okay, we'll go ahead and move on to the commission items. I guess in this case, which, are there any items that the commission might have to discuss?

Speaker 4 (01:00:50):

I just have one real quick. This past week I had the opportunity to be a part of the Lawrence KU delegation that went to the International Town Gown Association conference in Ohio, which was super impactful. Kent is just a lovely quaint town, had a great opportunity tour, different shops in their downtown and kind of understand how their revitalization came to be and its relationship to the school. And so that was great. So there were a couple of sessions that I went to that centered around as the one I spoke to about mental health services and communities, had the opportunity to sit on one that was in regards to economic development and utilizing partners or triangulation of partners to do local. So it was the town gown and then also utilizing an international component. So there was a professor from Dublin who spoke to that, that had the opportunity to connect with him.

(01:01:57):

And then one of my other sessions I went to that I truly enjoyed was one that talked about how to, what does it take to build out a town gown relationship? Because oftentimes when people hear the word town gown, they don't know what that means. Not realizing that it's the relationship that a city has or the city has with the university. And I think a lot of this year it was a, you're not alone kind of mentality or mindset. It was everyone was all in the same bucket. We're all dealing with the same issues and have the same concerns and also have the same hopes for what we're wanting to see. And so the one session that I went to as it related to building that relationship talked about creating a third party kind of almost like a third party entity to work together and to help drive that work.

(01:02:51):

And so oftentimes universities and cities cannot, they can't do the work or not, they can't do the work. They have difficulty finding the capacity for the work to get done. This allows you to implement a third party group that's not just those who are working for the city and work for the university, but also includes members of the community and your community partners to say, Hey, you are the ones that are now in charge of doing activities or building out engagement opportunities around what town gown is. And so I think that would, having something like that would be helpful. It's had positive impacts in communities as they relate to different projects that happen with the universities. So things that we're dealing with currently on the objective, other cities have done it, other universities have had these growing pains. And so what the session showed is that there is a track, there's a track record of when you do this with intentionality, positive things do come and so great session.

(01:03:54):

It was a great way to close out the conference and look forward next year. It's in College Station. College Station around graduation weekend. But again, this is probably one of the better conferences that I had the opportunity to attend and represent the city on and got a lot of great information. Hopefully some of these strategies we'll be able to implement. I know the one about the town gown group was well received by kus representation. So I think there's an opportunity to continue to push that and make that come true fruition. So excited about the opportunity and I thank the city and community for allowing me the opportunity to do that, so thank

Speaker 2 (01:04:35):

You. I appreciate that. It's good to hear that some people from KU are in the same room as you. So we're all here the same thing as they said.

Speaker 4 (01:04:42):

I can have a lot of from your, because

Speaker 2 (01:04:45):

We're going to need

Speaker 4 (01:04:46):

To their

Speaker 2 (01:04:46):

Ears. It's a good time. We're going to be working together, hopefully a lot in the future and it's important to kind of create a really solid base. So I appreciate the insight and

Speaker 4 (01:04:55):

I would say if we utilize this and our town gown relationship, we talked about how while we have the flame, but the flame actually symbolizes the phoenix and then of course you have the Jayhawk. So the idea is that these are two mythical birds, but the idea of birds of a feather flocked together. So yeah, it's corny, but work with the people, work with it. So I'm excited. So yeah, hopefully we can get this done. But yeah, it was a great conference.

Speaker 2 (01:05:21):
Appreciate that. Any other commission items? Alright, how about the future add agenda items? Anything that comes up we need to talk about tonight? I, okay. None for me.

Speaker 9 (01:05:43):
Don't believe

Speaker 2 (01:05:43):
So. Okay. Would we like to hear from the city manager on his report?

Speaker 10 (01:05:52):
Thanks, mayor. The only item on my report is the annual Consumer Confidence report. It's about our water quality. It's a required annual report and we're delivering that. Happy to answer any questions.

Speaker 2 (01:06:04):
Well, thank you Commissioners. Do you have any question on our community Customer confidence report? Keep that let out of the water. How about a public comment on the city manager's report? Sherry, anybody online? Okay. And then we'll move to item H, which is the commission calendar. It looks like we have another meeting next week and a couple of ribbon cuttings and the Juneteenth parade at 11:00 AM on the 14th. So I'm going to do my best to be there. So I didn't commit, but now I know I'll be in town. I hope to be there. And then it looks like we've got city offices that are closed on the 19th in the observation of Juneteenth. Anything else,

Speaker 4 (01:06:58):
Sherry? I'll confirm. I need to remind myself of my travel on the 15th, but I'll confirm I should be able to attend remotely for that. But I'll confirm that with you.

Speaker 3 (01:07:11):
Which one?

Speaker 4 (01:07:12):
July 15th.

Speaker 3 (01:07:13):
July 15th. Remote Possibly.

Speaker 4 (01:07:15):
Okay. Yeah.

Speaker 2 (01:07:22):

Okay. Anything else? Alright, so we'll go ahead and end the live broadcast of the meeting at this point in time. And the remaining items are not broadcast on the city's YouTube channel or the cable Channel 25. Anybody who wants to leave the room at this point in time can do so. Otherwise, we'll give it a minute to start our general public comments.

Speaker 1 (01:07:54):
All right.