Meridian City Council Work Session May 23, 2023.

A Meeting of the Meridian City Council was called to order at 4:32 p.m. Tuesday, May 23, 2023, by Mayor Robert Simison.

Members Present: Robert Simison, Joe Borton, Brad Hoaglun, Luke Cavener, Jessica Perreault, Liz Strader and John Overton.

Also present: Chris Johnson, Bill Nary, Bruce Feckleton, Mercedes Amador, Kelly Johnston, Emily Kane, Kim Warren, Scott Colaianni, Jordan Reese and Dean Willis.

ROLL-CALL ATTENDANCE

__X__ Liz Strader __X__ Joe Borton
__X__ Brad Hoaglun __X__ John Overton
__X__ Jessica Perreault __X__Luke Cavener
___X___ Mayor Robert E. Simison

Simison: Council, we will go ahead and call the meeting to order. For the record it is May 23rd, 2023, at 4:32 p.m. We will begin this afternoon's work session with roll call attendance.

ADOPTION OF AGENDA

Simison: Next item is the adoption of the agenda.

Hoaglun: Mr. Mayor?

Simison: Councilman Hoaglun.

Hoaglun: We do want to add another -- we have an Executive Session on our agenda already in place, but we also want to add Executive Session under 74-206(1)(i) from Idaho Code for Executive Session as well and that will be the first item that we will discuss during Executive Session. So, with that, Mr. Mayor, that addition, I move that we approve the agenda as amended.

Overton: Second.

Simison: Have a motion and a second to adopt the agenda as amended. Is there any discussion? If not, all in favor signify by saying aye. Opposed nay? The ayes have it and the agenda is adopted as amended.

MOTION CARRIED: ALL AYES.

CONSENT AGENDA [Action Item]

1. **Approve Minutes of the May 2, 2023 City Council Work Session**

2. **Approve Minutes of the May 9, 2023 City Council Work Session**

3. **Approve Minutes of the May 9, 2023 City Council Regular Meeting**

4. **Bridge Apartments Sanitary Sewer and Water Main Easement No. 1 ESMT-2023-0072**

5. **2701 Kum & Go Water Main Easement (ESMT-2023-0078)**

6. **Slim Chickens Water Main Easement ESMT-2023-0068**

7. **Temporary Construction Easement with ACHD for Construction of Fivemile Pathway/Ninemile Crossing Project (Segment D)**

8. **TM Center Subdivision No. 1 Cafe Zupas Water Main Easement No. 1 ESMT-2023-0076**

9. **S. Wayfinder Avenue Extension Sanitary Sewer Easement No. 1 ESMT-2023-0070**

10. **S. Wayfinder Avenue Extension Water Main Easement No. 1 ESMT-2023-0069**

11. **Findings of Fact, Conclusions of Law for King's Congregation Church (H-2023-0013) by Glancey Rockwell & Associates, located at 1150 E. Pienza St.**

12. **Findings of Fact, Conclusions of Law for Modern Craftsman Franklin (H-2022-0079) by Horrocks Engineers, Inc., located at 4540, 4490 & 4420 W. Franklin Rd., approximately 1/4 mile east of the northeast corner of W. Franklin Rd. and N. Black Cat Rd.**

13. **Approval of Task Order 1181.e to Stantec Consulting Services, Inc. for the Tertiary Filtration Upgrade – Final Design for the Not-To-Exceed amount of $2,256,927.00**

14. **Acceptance Agreement Between Capitol Contemporary Gallery and the City of Meridian for Display of Artwork in Initial Point Gallery at Meridian City Hall**

15. **Agreement between City of Meridian and The Housing Company for use ofAmerican Rescue Plan Act Funds**

16. **Approval of AIA A133 Agreement with Kreizenbeck Constructors, LLC. for CMGC Pre-Construction Services - Meridian Community Center, for the Not-To-Exceed Amount of $50,000.00.**

17. **Agreement with Western States Equipment Company to sponsor the Mini Heavy Equipment Rodeo on June 7, 2023.**

18. **Quitclaim Deed from City of Meridian to City of Meridian**

19. **Quitclaim Deed from City of Meridian to PS Mountain West, LLC, doing business as Public Storage**

20. **Quitclaim Deed from PS Mountain West, LLC, doing business as Public Storage, to City of Meridian**

21. **Access Easement Agreement conveying easement from PS Mountain West, LLC, doing business as Public Storage, to City of Meridian for Use of Access Road Following Property Boundary Adjustment**

22. **Resolution No. 23-2389: A Resolution of the Mayor and the City Council of the City of Meridian, Reappointing David Ballard to Seat 1, Walter Steed to Seat 2, and Zach Shoemaker to Seat 3 of the Meridian Transportation Commission; and Providing an Effective Date**

23. **Resolution No. 23-2390: A Resolution Accepting Student Artwork for Traffic Box Art Installation; and Providing an Effective Date**

24. **City of Meridian Financial Report - April 2023**

Simison: Next up is the Consent Agenda.

Hoaglun: Mr. Mayor?

Simison: Councilman Hoaglun.

Hoaglun: I move that we approve the Consent Agenda as published and for the Mayor to sign and Clerk to attest.

Perreault: Second.

Simison: I have a motion and a second to approve the Consent Agenda. Is there any discussion? If not, all in favor signify by saying aye. Opposed nay? The ayes have it and the Consent Agenda is agreed to.

MOTION CARRIED: ALL AYES.

Simison: And thank you, Mr. Ballard, for being here for your Consent Agenda item. We much appreciate it.

ITEMS MOVED FROM THE CONSENT AGENDA [Action Item]

Simison: There were no items moved from the Consent Agenda.

DEPARTMENT / COMMISSION REPORTS [Action Item]

25. Employee Health Benefits Trust Update

Simison: So, we will go into Department/Commission Reports. First item up is Item 25, which is the Employee Health Benefits Trust update. I will turn this over to Mr. Nary.

Nary: Thank, Mr. Mayor, Members of the Council. Thanks for the opportunity to present an update on our health plan trust and kind of our progress we have made over the last few years. With me today -- I'm -- I'm presenting as the trust chair, but the people who really know what we are doing are in the back as usual. We have other members who are trustees -- arrows, right, Chris? There we go. So, our -- our other trustees on our -- our group myself, Alex Freitag from Public Works, Christena Barney from HR, who, unfortunately, couldn't be here today. Eli Daniel from IT. And Justin Northway from the police. Eric Strolberg was one of our original trustees. He retired a few months ago. So, Justin's been being part of our benefits committee and coming to our express meetings for a number of years. So, it's an easy simple transition to Justin taking on Eric's position as a trustee. We also work through other partners. We have the city benefits committee that has members of HR, including Reba White, who is also in the room and probably can answer some particular specific questions you may have if you do on some of the trust workings. We have members of the Finance Department. We have, again, Alex from Public Works. We have Matt Ferronato and Justin from MPD. We have Eli from -- from IT. Renee White from Parks. Vince Koontz from the Mayor's Office and myself. We also work through partners. We have, as you see on the slide, we have -- from the Gallagher firm we have Cindy Tealey and Scott Howell and Tasha Norman and I think Cindy and Scott are here today. They have been great partners for the city. They have helped us tremendously in getting this trust off the ground and getting this approved through the Department of Insurance and maintaining the integrity of the trust, maintaining the necessity and the needs that we are trying to provide to our employees. We also work with Blue Cross of Idaho. We have personnel that we work with directly that come to both our benefits committee meetings, as well as our trust meetings monthly. Delta Dental. We have our contacts with them. And VSP. So, it is a very large group effort to maintain this trust and it has been working quite well. We are very pleased with it and I'm happy to be able to bring this to you today. So, a little bit of timeline for both -- Councilman Overton wasn't here when we started this particular side of it and also for the public's perspective. So, we launched in January of 2020 and there was a lot of work and lift beforehand and I will give the credit to both Renee or, excuse me, of Reba and Christena from HR, because the working through the Department of Insurance -- Department of Insurance doesn't have a lot of public sector trusts like this.

They deal with a lot of trusts. Most of them are not public entities. They usually are private trusts that may support a public group, but they may not necessarily be a public entity as the back, you know, of it. So, it's a little different lift for them and a little bit cautious lift for them, because there isn't a lot of them in this state and so there was a lot of work and a lot of misunderstanding and lack of clarity sometimes and Christena and Reba certainly did a lot -- and I will especially give credit to Christena and really trying to manage that to get it off the ground, to get it started, to get it funded properly, to get it approved properly, to get the comfort level with the Department of Insurance that a public entity with trustees made up of employees, with the support of the entity, the municipality, could provide this type of trust arrangement for its employees without us working through a separate company or a separate entity to manage it. So, again, we work with the Department of Insurance for the self funding. So, January of 2020 we launched for the medical and, then, in 2021 we added dental and vision. So, we used a broker and consultants. We have legal counsel. We have our broker. We have consultants. We have legal -- our legal counsel Kevin West. We have an accountant. We have an auditor. We also -- so we have to do actuarials. We have actuarials that we work with to help us make sure we set the rates properly, have the right funding sources properly, have the right reserves in place to fund this program and maintain it and maintain it and -- and for -- for the public, as well as the Council Members and Mayor -- may not recall our basis for doing this was to try to realize savings and those savings, instead of becoming profits for a third party, would be profits that could be retained by the trust and the city and those -- those retained earnings could be used towards advancing the program further, providing greater opportunities or programs for employees and so we have short-term and long-term goals, but I will say the lesson learned, do not start a trust before a worldwide pandemic. If that's an opportunity you can avoid I would suggest you avoid that. That was a huge lesson learned for everyone and to, then, begin as a partially self-funded health trust in the middle of a pandemic, when some things were free, some things we paid for, we didn't know what we were paying for, we didn't know it was free. It was a very very challenging time to begin a program like this. I -- in hindsight I wish we had started it in 2019 or 2018 and we may have weathered through, but we weathered through and we were able with the support of the City Council we were able to carry through, maintain the trust, maintain the confidence with the Department of Insurance and maintain the integrity of that. So, we are continuing -- again, we are continuing implementing, identify plan designs, help reduce claims costs, find better ways for employees to both have better health options and make better health choices. There are a lot of options out there and -- and my word to -- to everyone that I tell when they ask, like what's the better -- what's a good way to know how to save money. If you listen to a commercial and they offer you medicine and offer to help you finance it, it's super expensive. So, just be aware those kind of things are where we are trying to give better information to our -- our -- our customers, our employees to make good choices, to be able to find that. Our goal always is people get the health benefit you need. Get the healthcare you need to take care of you or your dependents. That -- that is the number one objective. We want to make sure people do not shortchange themselves for lots of reasons. One, it's -- that's not the right thing to do. Secondarily, when people do that it generally leads to the worst things and they have worse outcomes, because they delayed maintenance things, they delayed

maintenance medications for cost or convenience or something else. So, we are trying to find ways to make sure people are educated and have opportunity and convenience to access healthcare in a way that's best for them. 2020 the Department of Insurance required the trust have 1.3 million dollars in surplus fund for medical coverage. In 2021 currently the department requires the trust to have 1.8 million. So, the intention of that surplus is to make sure that if for some reason the city opted to just completely stop paying claims or stop having the trust -- I apologize. Stop having the trust and go back to a different program, like we have previously had, we have enough funding left in the trust to pay any existing claims that might exist from that point. So, think of it if you stopped at the end of 2023 and said no more trust, we are going to go back to a different format, every claim that existed has to get paid out until it's complete. So, that's part of the reason for reserves. Talk a little bit about some of the ups and downs we have had. So, we ended up 2020 year with a deficit of 90,000. Again part of it was the pandemic, part of it was there was a funding issue that we had to remain compliant and this was really excess funds that they have. So, not funds to provide -- it's -- it's a -- it's another method of cushion that the Department of Insurance wants to have. So, that was one of the funding sources we had to add back in and we came back to the Council and asked for that assistance. We also approved the addition of telehealth, which is actually a very valuable, less expensive option and more convenient option for people and so that was another thing we did to try to bring down some costs. We have a -- a -- we also added a diabetes for -- for diabetic members on the plan. There is no copay option, so that they have some savings to, again, access the healthcare before diabetes could be a serious health condition that could lead to much worse health conditions and if we can catch that early and get people to -- to be mindful of that early, it will be less costly for them later, less costly for the plan. So, 2021 year ended also with a deficit of 445. That sounds like a big number and we will talk a little bit through it. We added the self funding portion for dental and vision that year. We still had an ongoing pandemic. So, we were dealing with some of the issues that were still existing at that time with testing and the availability and the opportunities for vaccines and all of that. Again, we had some high claims here. So, certain types of conditions can be very expensive and even as the best actuarials will be able to tell you, based on the number of people and the demographics of your work group, you should experience this type of large scale claims. When they exceed that, that's where you are going to be pushing against that -- any surplus that you might have. So, that particular year we had three premature babies. NICU babies could be expensive. Those are things we have to -- we can only plan for so many, but we can't always gauge how many we are going to actually have. So, we had that. We had some high cost medications. We had a person with -- I think it was a dependent -- maybe a member that had cancer. Those are very expensive and -- and those are just part of the process of dealing with the health trust for anybody, whether it was us doing it partially or fully funded plan like a Blue Cross. There are going to be anomalies like that that you are going to have to deal with. So, the city was able to help fund the 185,000 to remain in compliance with the DOI and, then, the Board of Trustees approved addition of -- additional choice stocks and cost advisor. These are all, again, tools to help employees make good consumer choices and -- and I will give you an example of -- of what we are talking about. There are certain types of procedures or tests that you may not have a particular concern over who you see. Now,

many people have their own personal physician that they see for annual exams, annual checkups, every type of thing, whether it's a family physician, long-term relationship, whatever that is. We are not asking people to change that. That's not what we are talking about. Often you get referred to a person for -- whether it's therapy of some sort or it's MRI or some other test procedure. Well, you may not have any particular concern over who that is, as long as they are competent and qualified you are going to get an MRI. If you are informed that there is an opportunity if you go to an MRI at one location versus another, that you may have zero copay at this one and, you know, a 50 dollar copay at the other one, many would say I will just go over with the zero, because it's easy or it's closer to my house or it's not that important to me and that may also save the plan money, because the plan has to pay a portion of it. So, if -- if they can find a valid consumer choice that works for them that could be cost effective, that's not only cost effective for the employee, but it's cost effective for the plan. So, it's trying to provide, again, information for people to be able to make good choices about their health and health sources, but also be thoughtful of the cost and how much it impacts them and how much it comes out of their pocket. So, those are the kind of things we are trying to help people understand better. You know, we are trying to make employees understand and we try to do it from onboarding as new employees, as well as annual or reviews with -- well, when we sign up for our -- our annual check on our -- our plan for next year on our benefits, is to remind folks about all of these different choices that exist, because it's hard to remember them all. HR is great at being open and ability to have that conversation with employees throughout the year where the questions come up of -- something came up I just learned about, how do I deal with it, we can help them deal with it. So, it really is a -- a very good, you know, employee owned plan is how we try to get people to understand how to think of this. This is -- this is a benefit to you, too, because savings can go towards additional programs or lowering costs or keeping the increases down to a manageable level for everybody. So, that's the goal. You got employees managing a trust with some professional assistance to help keep both the plan in an affordable range, the -- the opportunities and programs in an affordable range and -- and -- and as a variety as much as we can, as well as looking at long term objectives. So, 2022 we ended with a surplus. So, we have a surplus at the end of '22. So, approximately, 191,000 additional costs associated with COVID. So, again, we still had COVID in 2022 to deal with. It's some run out of that. The city was able to fund of the addition needed from Department of Insurance to make sure we stayed within their boundaries and parameters. We completed an independent audit and this was really to make sure that people had been current on who was the dependent that could be on the plan. Sometimes people tend to forget of compliance and making sure we did that. So, we did that check to make sure everybody had the right people on the plan that belonged on the plan, so we weren't funding it for people that technically shouldn't have been on there and simply had gotten neglected to be removed. We removed this addition to the coupon maximizer and a mail-in order prescription copay. Again, another great opportunity for people to use a different method. Some people don't want to go to the pharmacy if they don't have to. If they can get it by mail and it's cheaper, then, it's cheaper for them, it's cheaper for the plan. So, there are other opportunities for people, especially ones that are in long-term maintenance medications, to simply get them through the mail, rather than going to the

pharmacy and there can be a significant savings to them and the plan to do that. So, 2023 year to date we have a gain some. We haven't -- don't have a final update. We are waiting for our first quarter audit. But we think we are doing well. I mean the -- the idea, again, is to realize some savings that could be, then, reused and reinvested into the plan for the benefit of both the trust and the employees. So, here is a -- a quick -- a bar chart on contributions paid versus claims paid. So, you can see basically on this chart what's been paid out in claims versus what's been paid out in -- in the premiums to get a better sense of -- so, the contributions paid are the top line there and the bottom line is the contributions claims paid. So, we always want the top line to be longer than the bottom one. So, that ideally is where the realized savings to the plan can be for future uses. So, you could see year over year how we were doing so far. So, far pretty good. So, we have had some fairly small increases in relation to other areas locally. You know, we have a 1.2 in '20, 6.5 in '21, 6.8 in '22, 7.5 in '23 and we don't quite have a -- we anticipated 2.1. It's -- I think that's a very hopeful thought. We anticipate it's going to be higher. We don't anticipate it's going to be significantly higher. I couldn't give you a number today. We are still working. May is the magic month for these numbers. That's the -- that's the time period that the actuarial and the -- and -- and people like Blue Cross can use enough data to determine projecting out a year from now how much the cost of a plan is going to be. So, again, this 2.1 was merely a way to memorialize some number that seemed realistic to start, probably not the number we are going to land on at the end. But we are still waiting for the final numbers from Blue Cross -- final certification of that and all the rest of the work that goes into finalizing that. So, we will have that, obviously, by the budget time as we are proposing that. But we -- we are very encouraged by that, because you -- you can see around the valley -- and if you want us to bring back some comparison around the valley what they are seeing, the numbers are much higher than that and a lot of it is because of the education our employees have on maintaining their health, maintaining their maintenance medications, maintaining their annual checkups, maintaining the things that make it affordable for the plan today and make it reasonable for the employees today and keeping the cost at a reasonable cost to make sure the plan is sustainable. You know, our long term -- I -- I thought about having a slide. I mean our long-term goal -- we have surveyed employees -- has been an objective of having at some point in time a post-employment health program of some sort. Some way to assist employees as they reach that retirement age, that Rule of 90 or Rule of 80 for our police officers, to have some way to have affordable healthcare, because healthcare is the one area out there that we just have seen grow significantly over the last 20 years and I don't anticipate the price is going down. I don't anticipate the cost of that diminishing. But if you can provide some way for employees to find a pathway, it gives them choices, it gives them opportunities to maybe pick another path and, then, have it affordable one and -- and my goal has always been since I've been here was to provide -- to find a way to do that so that employees can choose. I mean I -- I -- I don't want anybody to retire because they feel like they have to. I want employees to retire because they want to, because they feel like it's a good opportunity for them in their life. They are -- they are at an age that they can still enjoy it and not having to continue working, because they can't afford to do anything else and a post-employment health program has always been our number one objective to try to get to. To be honest, I don't think we are far away from

being able to bring something realistic to a conversation to say we could do this and here is what it may cost and here is how we could help fund it. So, I don't think we are far away. The short-term goals are the things that we talked about that we have done. The coupon maximizer and the cost savings and -- cost savings and all these different programs to provide employees different alternative means to get care and assistance at ways that could be more convenient to them, could be more affordable for them, could be more usable for them. So, we are going to continue to do that. We want to keep the -- we want to keep the plan as viable and usable for people. You know, as -- as all of you know in your roles, having a good healthy benefits plan is a great retention tool and it's a great attraction tool and having both of those on the table, you know, we are never going to be the greatest of whatever that is out there, but we definitely don't want to be the worst that's out there and we definitely want to be closer to the top or at least closer to the -- above the middle than towards the bottom. It will help us recruit. It will help us retain. That is a good thing overall for everybody and it's good for the employees. So, I don't have any other part of our presentation. If you have questions -- if you have some technical questions certainly the -- the smarter people are sitting in the back and they can answer that for you, but I could probably answer a few.

Simison: Thank you, Mr. Nary. Council, any questions?

Cavener: Mr. Mayor?

Simison: Councilman Cavener.

Cavener: Thank you, Mr. Mayor. Bill, exceptional presentation. I -- I appreciate the -- the historical perspective, the employee involvement and most specifically your piece about this being a -- a recruitment tool. I think this -- our benefits -- I can speak as both a Council Member and a former employee, that the benefits are -- are a huge benefit to -- to new and existing employees. So, with that said, maybe a -- a challenge or a charge to the committee is now that we are moving out of a -- at the pandemic, I would really like to see this committee take on what post-retirement healthcare could be for our existing employees and maybe it's for employees that have been with us for a certain amount of years. Certainly this is a benefit we extend to our -- our local fire, but it's not lost on me particularly for our law enforcement officers that they have the opportunity to retire at a little bit of a younger age and, you know, certainly -- we know that all of our employees love working for the city and they enjoy the service to the community, but providing them that flexibility of knowing that their healthcare could be provided for them post-employment with the city is something I think that we need to start looking at. So, I would really encourage you and the trust committee to start exploring what those options are. Maybe not -- obvious certainly not for this year's budget, but potentially maybe for next year or -- or the subsequent year that it's an option for the Council to take on and discuss.

Nary: Well, Councilman Cavener, I appreciate those words very much. We are more than starting. This is a standing item on our trust -- or trust meeting every month. This is a standing item with Gallagher that we are working with. We actually have a

presentation coming forward -- soon? Soon. I can't remember whether it was next month or the month after. So, we -- we -- we are definitely -- it is in the forefront and I tell you and I tell everybody that brings up that question, that is my number one goal. Is I want to have that -- I -- I -- I hate to make platitudes. I -- I want that to be -- at least maybe not the last thing I do here, but one of the last things I do here. I don't want to leave here without a plan for people, because I want people to have that opportunity and that choice, because I agree with you completely.

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: Thank you. Thanks, Bill. Appreciate the presentation. I think it would be really compelling -- instead that -- we are -- obviously, we are kind of competing against ourselves; right? We are trying to get those surpluses, as opposed to deficits, but I do think it would be very compelling to try to show our rate increases versus the rest of the market in terms of comparable kind of analysis, because I think that is the benchmark of how we are doing. So, we are competing against ourselves. We are trying to do the best that we can. But I think it's also showing how -- how much are we saving compared to if we had not done this self-funded trust; right? And I think that's the argument that -- that our taxpayers would -- would want to see, too. So, I would appreciate some follow up.

Nary: I can -- can answer I guess, Council -- Council Woman Strader. I can answer part of that question.

Strader: Sure.

Nary: If the question -- if the question being asked by the public is how much have you saved versus if you have just remained in a fully funded program, well, every dollar that is saved was kept as profit by Blue Cross. So, every dollar we retain we would have had none of that. So, the -- but I can give you comparison of numbers of what our increases have been versus the valley or local markets. I think we can probably get that. But that really is the difference. The retention cost of what we have and we have on the plus side and remain on the plus side and one of the things we look at monthly is we look at usage, because that's the key; right? We fully fund a hundred percent -- if you -- if you think of it -- the easiest way for me to explain it to a member of the public is if we fully funded a hundred percent and we only use 90, we have realized ten percent of that as -- as remaining that could be used for the future. So, if the -- but if you go to 110, you've paid out ten percent more than you have collected. So, that's kind of the number you are sort of talking about is how much of that versus that; right?

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: Thank you. Yeah. Because I think we are -- what may confuse people if they were watching this presentation is they are taking a look at the surpluses versus deficits of what your regular -- regulator is requiring you to keep in reserves for unpaid claims and that's not actually the barometer of how successful the program is, because the contributions are almost have -- every year have -- in terms of what people are paying in their rates have exceeded how much we paid in claims; right? So, in -- in -- in effect, like there is a huge savings that -- that is not I think easy for people to conceptualize, even when you add in the possibility of unpaid claims I think there is probably still a huge net positive to the city. So, I guess if there is a better way to show that data, whether it's through just showing, you know, here -- here is how much we think we have saved by just self funding or if it is just saying here -- here are our rates compared to what we think would have happened, you know, if we look at another city. However you want to show it, but --

Nary: I think we can get data like that. I think that -- I think we are able to capture that. I will talk to the smarter people behind me, but I'm pretty sure we can capture that.

Strader: Yeah, I wouldn't, you know, kill anybody working late nights on it, but if it's -- if it's at our fingertips and we could show people, I think that that's very compelling information.

Nary: I think we can show something at least close to that type of -- of metrics.

Strader: Yeah. And I will second the comment also about the post-retirement. I'm interested to explore it and at least have the conversation. I need to understand that better. It's not a topic that I'm super well versed on. Thank you.

Perreault: Mr. Mayor?

Simison: Council Woman Perreault.

Perreault: Thank you. I appreciate the questions by my fellow Council Members. They were on my list, so thank you for asking those. I wanted to have a -- get a little more understanding about the -- the high cost claims and you had mentioned that this -- that this was higher than the actuaries had estimated. Five high cost claims out of as many employees as we have in this plan doesn't seem high to me. So, I'm trying -- I want to understand more about how that decision is made in terms of preparing for those possible situations and is there any other types of insurances that have been considered to help offset some of that, where those premiums might be less than actually paying out the high cost claims. So, there is insurance specifically for cancer and there is insurance specifically for -- there is -- there is prescription plans. There is -- is there anything like that that's been looked at that actually can tell us whether that cost would be less? And I realize that's a premium for every single employee. Is that less than the cost of -- of us funding these larger claims?

Nary: I will ask our -- our -- our partners with Gallagher.

Simison: Bill, can you speak into the --

Nary: Oh, I apologize. Maybe I will ask our partner with Gallagher if they could help answer that a little bit on how we got to that, because, again, the actuarial as a -- as a person that basically helps us manage those -- that claim, but -- Scott -- this is Scott Howell with Gallagher.

Howell: Hi. So, I think the -- the number of high cost claimants wasn't necessarily more than we would predict. The -- the dollar value of those high cost claims was higher than we would expect. The trust does purchase stop loss Insurance, so that the trust isn't responsible for any claim that exceeds 225,000 dollars in -- in a year and so that -- that covers regardless of what condition we are -- we are looking at. It's -- it's that dollar value that -- that there is protection, so that we are not exposed to, you know, a million dollar claim if -- if that were to happen.

Perreault: Mr. Mayor, a follow-up?

Simison: Council Woman Perreault.

Perreault: Thank you. I appreciate that. That's helpful. Do you believe that the cost of those claims in total were higher because of increases in -- in medical costs because of COVID? Is there a relationship there? Or did it have to do with the actual, you know, event that happened the -- the premature birth. Is -- is it more related to that than it is actually to the increase in -- in costs in the health industry?

Howell: Yeah. We had -- we had some overall cost increases, not on those five in particular that -- that Bill brought up that were COVID related and just kind of related to overall increases in healthcare costs. Those five were pretty specific to -- to the event. So, you know, a really sick premature baby that -- that, you know, nobody saw coming, for example.

Nary: And I would add -- I mean I think we are seeing a -- a significant increase in the cost of pharmaceuticals over the last five years and I think everybody here can understand that and, like I said, I have never seen -- and maybe it's just the TV shows I watch -- that I have never seen quite so many pharmaceutical commercials as I have in the last five years and every one of those ones, when we see them on our list, we know those are -- they are just expensive and -- and I -- again, I -- as the chair of the trust I don't want any employee to make a choice based on just money. They need to get the right healthcare, but that particular pharmaceutical may not be the only one that can provide that same care. They just don't know it. They just know what they saw on TV or read it in an ad or what a doctor just told them, but, you know, if we can give them the tools and the information to ask the right questions to consider alternatives, that's kind of our objective is to just give people information and opportunity and the -- and the knowledge of what to know to ask and not just assume that commercial must be right, because those people look healthy, so I should take that. That's not a good way to make a choice. Thank you, Scott.

Howell: You bet.

Overton: Mr. Mayor?

Simison: Councilman Overton.

Overton: Mr. Nary, thank you for your presentation. I echo a lot of what Councilman Cavener said. As a former city employee all I remember was the benefits committee at that time and we had that up and running and the tremendous work that that committee did before this project came forward and now you have this trustee committee. I know losing people like Eric Strolberg to retirement is hard when you have probably had somebody in that position for a long time. Getting someone like Justin Northway to take his place, you have got a very solid person to fit right in and run and I hope there is succession plans with all of the positions in case of retirements or something else that happens. Probably my favorite thing about what you are doing now and what you are looking at in the future is -- we are not just trying to save the city money --

Nary: Yeah.

Overton: -- we are doing that, but we are also looking out for what's best for our employees, which is a win-win every way you look at it and I have -- I have always been hopeful of a future post-retirement insurance program and I look forward to seeing that in the future come forward and how that looks and where we can go.

Nary: Thank you, Councilman Overton. I would echo that, too. I mean, again, our objective is not -- certainly if we could save the plan money that's a plus to everyone, but I also want to save the employee money, because that saves them out of pocket, their cost to their deductibles, their cost to their bottom line and so that's our objective. It's not just to save the -- the plan, but to save the employee as well. So, I appreciate your words and I appreciate the -- the thoughts behind it, because I know you understand exactly what we are trying to do, you know, and we will hopefully get there sooner than later. All right. Thank you, Council.

26. Community Development: Proposed Amendment to Meridian City Code Sections 8-2-3, 8-2-7(E), 8-2-8, and 8-2-11(A)(2) Regarding Addressing and Variance Findings

Simison: Thank you. Next item up is 26, which is a Community Development Proposed Amendments to Meridian City Code Sections 8-2-3, 8-2-7(E), 8-2-8 and 8-2-11(A)(2) regarding address and variance findings Mr. Freckleton? Oh. Hello.

Amador: Good evening, Mr. Mayor, Members of the Council. My name is Mercedes Amador. I am the former address technician and this is Kelly Johnston, the current address technician for the city. First I would kind of like to give you guys a brief overview of what an address technician does for the city. We address -- or we provide addresses to all developments within the city, ensuring that emergency services can

efficiently locate the location of the emergency at hand. We ensure that buildings are addressed off the primary access road and that suites are laid out in a way that they are easily located. We also ensure that signage on multi-family buildings and commercial multi-tenant buildings are consistent throughout the city for emergency service personnel. At this time I would like to present our proposed ordinance changes -- or amendment I should say. Let's see. I believe you have a copy of the proposed amendments before you in your agenda. The affected sections of code are as follows: Section 8-2-3 is to add the definition of the term suite. The reason for this is in order to provide consistency in the addressing of suite numbers for multi-tenant buildings. The term -- the term suite needs to be clearly defined in our ordinance. Do you have any questions on that specific section? Okay. The next section is 8-2-7(E) in regards to street numbers and their addressing. In this section we changed the verbiage in order to keep consistency throughout the rest of the chapter. Any questions on this section? Okay. Thank you. On Section 8-2-8 regarding street name signs and posting of the address numbers, the main change here was for alley loaded houses, so that emergency personnel can locate the house from the alley and from the front of the house, just so that they can find it a lot quicker. Any questions on that one? Okay. Section 8-2-11(A)(2) in regards to the variance findings and replacing conflicting ordinances and providing an effective date, this was changed to keep consistency between all variances in our code sections. I'm happy to answer any questions that you may have, but that is --

Simison: Thank you. Council, any questions?

Perreault: Mr. Mayor?

Simison: Council Woman Perreault.

Perreault: In regard to the variances on -- so, the numbers that you are -- you are giving the code sections. I'm -- but on the document that was provided to us on the agenda it's under Section 4-2(A), a few times we have heard a request for a variance that was based on the results of actions taken by a previous owner, not the current owner. So, do you feel there is a need to clarify that?

Amador: Yeah. I'm going to have to defer this one to Kurt or Emily, if they are online, from our legal team. Sorry. In person.

Kane: Hi, Mr. Mayor, Council Woman. I -- so, the question is whether the city -- whether the ordinance should accommodate a prior owner's actions -- or maybe I don't understand the question.

Perreault. Mr. Mayor?

Simison: Council Woman Perreault.

Perreault: So -- so, there is -- some -- some changes to the -- the list of requirements for a variance to be considered and B is struck out. I'm specifically referencing A under 2(A) where it says the need for the requested variance is not the result of actions of the property owner or person, firm or corporation representing the property owner, where you stuck out self created. Okay. Would it not be advisable to add previous property owner in addition to current property owner? So -- so, if we have someone that comes and says please grant me a variance because of something that was done by a prior property owner and I had no control over it and so, therefore, I should -- you know, I should have the opportunity to -- to apply for one.

Kane: Mr. Mayor, Council Woman Perreault, that does make sense and we can absolutely do that.

Borton: Mr. Mayor?

Simison: Councilman Borton.

Borton: The variances I just -- I love this topic. We -- it's the same issue every time that we struggle with and it's -- and Jessica hit on the topic that comes up. I'm not sure how to address it with additional language, but nine times out of ten the request that we deal with for a variance is based on the design of the developer and their application and because they have elected to create a design in a certain way that it necessitates a variance for that particular design to go forward and, then, say you have sort of created it; right? Whether it's a setback issue or -- or whatnot, that -- that there really isn't a need for a variance, other than to accommodate what you have created. So, are we looking -- and -- and maybe Emily or planning have comment on that. In that scenario where the request for a variance is -- is solely based upon the design of the application should that be summarily denied by us and is our staff telling them if you design it such a way that a variance is required you can't clear that hurdle. I'm just curious their reaction to that.

Kane: Mr. Mayor, Councilman Borton, so this -- I'm struggling to imagine a scenario where that would come up, in part because this is -- of course, just for addressing -- I -- I see your point. So, certainly, we could incorporate that.

Borton: And my -- I apologize, Mayor. I'm -- I'm bringing up a variance topic that isn't part of this particular code, because I just wanted to test and make sure that Emily was -- was going to catch my comments

Simison: Mr. Nary.

Nary: Yeah. Mr. Mayor, Members of the Council, Councilman Borton, I -- I think my experience has been that all of these requests are usually some after the fact change. So, not an initial development of a subdivision, because that design issue would probably have come up during the development process; right? The addressing folks are participants in that and they will probably raise that issue up front of where that may

be problematic and we can address that through the development process. This is really a situation where somebody is reorienting the house or reorienting the garage and that's usually been the experience or the circumstance where the street -- we had this happen in Bear Creek a number of years ago where they, then, built an adjacent subdivision with a connecting street and they wanted to give -- instead of it being Grizzly Way or whatever, they wanted it to be some Italian bear name, so they wanted to change it, so they wanted to change the whole street. So, it's usually an after the fact, so it doesn't come up in the -- in the context you are talking about. I -- I haven't seen that.

Borton: I'm on the wrong variance. I heard the word and -- and I got all fired up, so noted. I apologize.

Perreault: Mr. Mayor?

Simison: Council Woman Perreault.

Perreault: No, that's my fault, Councilman Borton, because I was not of the understanding that this was in a much more narrow context, because we just received the -- we basically received the document with the strikeouts and there really wasn't a whole lot of other context added into the agenda. So, that's -- that's my fault. I didn't mean to lead everybody astray.

Hoaglun: Mr. Mayor, just to close the loop on -- on --

Simison: Councilman Hoaglun.

Perreault: Was that Colaianni Way that they wanted to name it? Okay.

Colaianni: One could hope.

Simison: Council, any other questions or direction? Councilman Overton.

Overton: Not a concern, but a thank you for the change to 8-2-8 when it concerns alley loaded. That will be a blessing for our first responders, so I appreciate that.

Simison: Next steps?

Amador: I believe our next steps would be to schedule this to be approved.

Simison: Okay. So, we have the minor modification, bring this back at the next opportunity? Okay. All right. Thank you very much. Appreciate it.

27. Parks and Recreation Department: Pathways Map Update

Simison: Next item on the list is Item 27, with the Parks and Recreation Department Pathways map update. Welcome back, Kim.

Warren: Thank you, Mayor Simison, Members of the Council. I appreciate being here tonight to present an update to our pathways map. It's going to -- we have the presentation -- thanks, Chris. So, this -- this is something we do periodically, these map updates. For a little bit of context I will just update you on our methodology, kind of how we do this. I know some of you are new and -- and, then, I will present some information to you that you can take with you, think about for a while and, then, we will come back and ask for a resolution. I also have a preview of a project that I'm really excited about. So, this isn't a full pathways project update, we are sticking to the map today, but just wanted to let you know about one in particular.

Johnson: Kim, try page down.

Warren: Okay. So, in terms of planning for pathways here at the city, we do have a master plan that was done some time ago and, obviously, the city has grown a lot since then. So, the GIS map layer functions as our current planning tool. We keep track of updates to that plan on an up going -- on an ongoing basis. Typically we update -- or adopt these new changes every 18 to 24 months. We are a bit overdue. I'm going to blame some of that on me having left the city and returned. So, as we plan -- and this is an excerpt of our GIS internal map. We use that as a tool kind of as we review plans to see which pathways are required. We have a working layer and we have the adopted layer. The working layer is -- it's more current in that we can respond to needs as they emerge in high growth areas. It allows us to draw new pathway connections on the map to kind of keep pace with annexation and development and we also track changes for future adoption, as we are talking about tonight. The adopted layer, which was last updated in 2020 I believe in an online meeting, is -- we are just looking to make that current and to incorporate that into our development code, so that it's -- you know, it's more enforceable, if needed. So, in addition to this overdue -- or this overview I have given you a pathways map, a hard copy, which isn't usually my practice, but I think in this case because it's keyed out to the city, it maybe feels more convenient. If you don't want that hard copy we are happy to -- staff will use it or recycle. So, what we propose is allowing a two week period for review of that map book and contact me with any comments or questions or get those to me somehow and, then, we will return in June. We are thinking a two week window, if that sounds reasonable. I believe that is actually the next meeting, so -- and at that point we would present a formal resolution for adoption. So, in the map book we have included highlighted changes since the last update. Those are in the purplish blue color. Those indicate new routes that we have added. I know the previous master plan had a lot of -- a lot of connections along canals, which tended to run from the southeast to the northwest and so we have needed to create some connection between those. We put connections in at the mid mile. There is just a lot of high growth areas within our city of area of impact that weren't really included in our former master plan. So, new routes, any significant changes to an existing route. If the route was on the west side of the street or a waterway and it makes more sense -- maybe development comes in first and it can happen on the east

side, we will make those changes without any formal kind of change or approval. We tend not to track the minor changes, as I just said. But if there are any significant -- you know, if it's a new route or a significant change to the existing. That being said, there may be some minor changes, some of the -- the map of changes that are showing up might be cases where we had kind of a desire line making good connection between two destinations and when development came in we could see where actually that pathway happened, so -- and, then, within the map book also there are annotations that show projects that are sort of within the active range for the city. So, recently completed or under construction now or pending as you look through the map just for your information and as a kind of an update. Here is a representation of the highlighted changes in the north half of the city, just so you can get a -- a bigger picture view of where a lot of those are happening and the south part of the city as well and when we do come back we will attach a map to the resolution. It will probably be in a format like this. So, a preview of a project that we just had a preconstruction meeting on today, we are still finalizing the contract, but this is -- it's got some interesting things going on. So, we were out there looking at it with the contractor, who was the low bidder. I'm calling this our Golden Spike Pathway, because it's where two big sections are going to meet. It's been a vacant -- in this area shown in the circle it's been a missing gap for a really long time and there are a couple of miles to the northwest and about five miles to the southeast that will be connected by this run of pathway. I think it's about 2,300 feet long and a lot of the projects we do are sidewalk widenings. They are important connections. This is a real pathway along the waterways. So, I think it's going to feel significant and we are looking at construction this season. Part of that is also ACHD has a property for their maintenance facility and the pathway will go across a part of that. We will construct that as part of this project and ACHD will reimburse that via agreement. So, with the projects that are noted in the book and the one I just mentioned, we have added about two miles of city -- city constructed pathway -- capital improvement dollars and, obviously, as you will hear next week in the state of the city, a lot more pathways and -- in partnership with the development community. But these are specific city pathways. So, I would ask that you review the map books and if it's -- and make changes, no changes, however works best for you. There is an electronic document, so if you want to do it that way and just send me a screenshot that's fine. It would be perfectly useful to just note any comments or changes in your map books. You could send me an e-mail, just a -- a phone photograph. So, however it works best. Or just drop off your version at parks. Does two weeks feel like about enough time to do that? I know there's a holiday in there. It seems like -- perhaps. Okay. We -- we will target that date. Do you have any other questions on this update, I would happily stand for them.

Simison: Council, any questions?

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: A couple quick ones. Are we working on an app or something for people to get around and utilize this network of pathways better?

Warren: Mayor Simison, Council Woman Strader, we did meet with IT, some of the park staff, to discuss that when I was still here last year and before I left. I haven't picked it up since I came. We are working on a map update for the website. What's on there currently is accurate, but it's not as useful as it could be. So, a much friendlier format. And, then, I think we were going to incorporate pathways with some kind of a citywide app. So, I will definitely look into that and report back. I haven't had any recent --

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: I think that might be a good discussion. Maybe we could have it at budget time. But it feels like we are investing as a city and we are -- we are asking others, especially in our community as they develop, to invest a lot into this pathways network. I want to make sure that people really understand how valuable it is, how they can use it to get around. I mean the fact that people can get now soon to a lot of places avoiding traffic almost entirely is a pretty big deal. So, I just -- I feel like we are not highlighting enough and we are not -- I just want it to be utilized much more than it is. So, that -- that's my suggestion is working on an app and, then, I -- I had another question which is about the philosophy. So, I understand the genesis of this is our canal network. It's kind of what started it. I recall there was a concept of a -- kind of a ring around the outside, like a -- like a loop. Is there any other kind of philosophical change that's behind the changes in the pathway maps? Was there an idea like we want to be able to connect all the different corners of Meridian to downtown? What was driving the changes?

Warren: Mayor Simison, Council Woman Strader, I -- we did have a diagram like that. I often put it in my presentations and did not include it tonight, but we have our Meridian loop pathway that is a clear route around the city, with the idea of connecting all parts of it. The Five Mile Pathway is a major spine that's actually almost developed through that and, then, we have the Ten Mile Pathway and the future rail with trail. Those were kind of the major ones. And, then, a lot of these changes are to -- you know, a lot of those pathways trended in one direction and we were looking to make connections between and where we can't make a connection along a waterway do it at the mid mile collector where it's a little friendlier to be, you know, if you are adjacent to traffic. So, I think we -- we do use that overall system of organization with the loop and the main pathways running through it. Otherwise, we are looking to make connections where needed. We do have also a -- you know, our master plan that was originally done for pathways, you know, it did identify a lot of these routes, but, again, primarily along waterways. So, we are trying to connect between.

Strader: Mr. Mayor --

Simison: And I think just -- if I could add on to that. I think also in this case -- for example, I'm just looking at the Map 18 where you are adding the multi-use pathway on both sides of Eagle Road. So, part of this is just a factual update of where pathways have already been built or we would expect them to be built and not -- you know, I'm not aware of any philosophical changes to any of our pathway -- I have not had any conversations about changing of our longstanding philosophical plans for pathways in -- and it's not -- so, this update is not about that.

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: Yeah. I think one thing to think about -- and it will help us I think if our new standard we have communicated to ACHD is having a ten foot detached, you know, multi-use type of pathway sidewalk, et cetera, that will help us a lot going forward. This to me is very useful recreationally. I think where it would be really powerful is if it was more useful as an alternative mode of transportation and so if all of -- if there was a goal to have the pathways connect more centrally into the middle of Meridian I think that -- to your point, instead of that kind of one direction they are going, if the goal -- if we had a goal and it was to make it so that most places in Meridian you could get to downtown, for example, or something like that, I think that would make a lot of sense.

Simison: I think that's -- that has been part of their philosophy is trying to connect in through downtown, but primarily through certain spines at this point in time, because of natural development patterns and other things.

Warren: Mayor Simison, Council Woman Strader, the rail with trail pathway that's proposed, that's more of a regional idea, we are building segments locally. So, the building across from City Hall that's halted at the moment, we conditioned ten foot pathway, you know, parallel to the tracks as part of that project and we are working on a city project. I think that will help -- that will be another avenue into downtown as we -- you know, some of those are kind of pending either with development or the city project that we are working to move forward.

Strader: Mr. Mayor?

Simison: Council Woman Strader.

Strader: That's perfect. That's a good explanation, because to me like that could be the -- the spine that would make sense as the primary place that everything would eventually connect to. So, thank you very much. I appreciate it.

Cavener: Mr. Mayor?

Simison: Councilman Cavener.

Cavener: First, Kim, great to see you. Appreciate your presentation tonight. It's like deja vu all over again. A question for you. When I review this lots of proposed pathways, which is important. We have to have vision cast about where we are going. The piece that I struggle with -- and particularly I second -- I feel like we have been talking about an app for our pathways for ten years. So, I'm very supportive of that. But if I'm a citizen and I have an app or I have a map where I look at this and I see proposed pathways, I don't have any sense if that is proposed in the next five years, ten years, 20 years, 50 years and naturally I'm sure all of us when we got this map, I -- I channeled my 7th grade excursions in map class and built a little grid in my -- in my office. But I looked at where I lived and there is lots of proposed pathways and there is some that will be development led and there is some that may be city initiated, but as it -- putting on my citizen hat, I didn't have any sense as to when or how or why and I think that can create confusion and so one of the things that I think is really important for this is we need to do a better job of communicating to our public about what is planned, but unfunded, what is development driven, what could be city initiated and when, because like there is a segment of -- of sidewalk between my neighborhood and another neighborhood that I know won't ever happen until the farmer decides to sell his -- and we don't know when that's going to be. But if I don't -- if I'm a citizen and I don't know that and I see, hey, there is a proposed pathway there, I get really excited and if a year goes by, two years, five years go by I start to get really jaded and frustrated with government that there is this proposed pathway and nothing moving forward. So, that's my ask is -- I think what you have got here is really great, but we just need to do a better job of communicating to the public about what really is a proposed pathway and when it could actually become realized.

Simison: If you don't mind if I could ask a follow-up question to that to Council. Would that be only forecast what's being proposed in the next five years by development and the city for reasonable expectations?

Cavener: Mr. Mayor?

Simison: Councilman Cavener.

Cavener: So, glad you asked. My perspective would be is that we follow this very similar to the highway district. So, we build a five year plan for our pathways that are going to be city initiated, budget dependent, but I don't think there is anything wrong with Kim in the Parks Department saying this is our plan for pathways over the next five years and we update that every year and, then, as each council comes through they can fund that, recognizing there is going to be other projects that will be development driven. But I also think that we have a good sense as to what will be development driven and what are going to be city initiated projects and so I think calling that out here on this legend gives the public a better understanding about what they as a taxpayer have some direct influence over and what they don't.

Warren: Mayor Simison and Councilman Cavener, I appreciate those comments. I know that the map that we are working on that we will launch to the website after this

update will be -- the existing pathways will be bolder. They will stand out as like here is what's really here and what I hear you saying is maybe we could have a couple of designations for proposed pathways, maybe a short term and a long term. One thing I would offer for consideration is that -- and I believe on a past occasion Council Woman Perreault and I talked about the idea of some sort of projection for pathways and the one difficulty we have with that is -- to some extent we can plan for them. ACHD can budget for a project. They will do design one year, right of way the next and construction the next. Permission to build the pathway right of way easements that we get from property owners can -- it can just be really difficult to anticipate how long that's going to take and in part because we don't have -- ACHD can negotiate those and use eminent domain if necessary. We don't have that tool. So, there are some projects where we end up just having to wait until ownership changes or, you know, until that can happen. So, it's just -- to some extent we can predict and to some extent it's much harder, because there are some variables that we don't have much control over.

Cavener: Mr. Mayor, maybe a response?

Simison: Councilman Cavener.

Cavener: Agreed. And recognize that this is -- this is a challenging task, because in one sense we want to communicate we have a plan to the public, but in another sense -- if this pathway is unlikely in the next five years or ten years, I think that the vast majority of our public wouldn't necessarily view that as -- as a true proposal because it's more just ambition, you know, aspirational and I think that particularly for what we communicate to the public it needs to be more realized and that this is something that you can expect that is going to be around your neighborhood or, hey, I'm buying a house in -- in South Meridian and I want to work in downtown, hey, there is a couple of pieces that are proposed that will get me there when? I think really being able to -- to better forecast when -- when we can and I think if it's calling out this is, you know, long term plans, 20 plus years, unless development occurs, I think that's fine. I think that you just have to do a better job of -- I mean I don't know how many miles of proposed pathways on this map, but it's -- when I look at the map that's what I see the most of is proposed. So, I know we are not going to accomplish that in any of our tenure likely. So, let's -- let's put a -- a lamp on that and -- and communicate to the public that this is a long, long, long term plan.

Simison: What we could do is we could get through the development process and through when you actually get easement. Yeah, we can probably project out two years by what's been approved, what is pulling permits, what easements have been negotiated. I think anything beyond two years is aspirational in any pathway consideration. You know, I can name four off the top of my head where we thought we were going to do something in the last three years and they are not on this map anymore, because we were told, no, we will not get approval through that property, so --

Warren: Mayor Simison and Councilman Cavener, I do agree with that. We do have a long range pathway symbol in our legends and maybe we use that a little bit more

liberally. To date I have been using that for situations where we would really like a pathway, but the property line runs down the center of the canal and we would have to get, you know, 15 easements in a row in order to have that pathway. Pretty unlikely. That's a long term symbol. Maybe we just -- maybe long term is anything that appears like it would be over five years.

Simison: Yeah.

Warren: And I think in the new growth areas also just in part if we have something on the map that shows a basic destination, then, if that development comes in we have a way of saying we need to get from here to here. So, yeah, I appreciate those comments, though, and I -- I agree and we will -- we will look into how to symbolize the map, so that maybe it's a little bit -- yeah, it's more specific, even though we can't be extremely specific.

Perreault: Mr. Mayor?

Simison: Council Woman Perreault.

Perreault: What I hear in this conversation is maybe something as simple as the words we are using. So, when I hear the word proposed, I think there has been a plan made and there is an expectation that it's going to come about and that's not necessarily true of every one of these that are marked. So, maybe just changing it to future, like you said, long term will take out the -- the -- the expectation that it's literally been anticipated and perhaps in the first stages of happening. To me that's what proposed means. So, maybe just something as simple as that and not calling it proposed pathways. I know that seems really simplistic, but I agree that the perception could be that that's in the works. It's going to happen at some point. Money is going to happen at some point. And we just don't know that about all these; right? But I -- I do agree with Councilman Cavener about identifying which pathway -- pathways would come through public participation with development and which pathways could potentially come through from the city. I know those aren't exact either, but we do know for sure ones -- areas where the city will not be putting pathways and I think delineating that will help as well. So, I think any -- you know, as soon as the public realizes, oh, this is dependent on another group, there will be a greater understanding, so --

Warren: Mayor Simison --

Perreault: -- thank you for that.

Warren: -- Council Woman Perreault. I agree with that. I think we could also maybe -- maybe we add some simple definitions to the legend, even that says what a proposed pathway is. We could -- we could probably use that. That's a great suggestion. And I think we could also, in terms of city funded versus potentially happening through the private sector, I think we could highlight, you know, either one of those. Maybe on the map -- or maybe that's some -- a layer that will have some ability for whoever visits the

city website to turn layers off and on and that would be something that could highlight where we -- you know, which we think will be likely city projects near term. So, I think there are a lot of ways to do that and we will look at that with that map -- the web map update. Thank you.

Simison: Council, any additional questions at this time? Okay. Well, we will see you back here in two weeks.

Warren: All right. Thank you very much.

Simison: Thanks, Kim.

EXECUTIVE SESSION

28. Per Idaho Code 74-206 (1)(j) To consider labor contract matters authorized under Section 74-206A (1)(a) and (b), Idaho Code

Hoaglun: Mr. Mayor?

Simison: Councilman Hoaglun.

Hoaglun: I move that we go into Executive Session per Idaho Code 74-206(1)(i), 74-206(1)(j) and 74-206-(a)(1)(a) and (b).

Borton: Second.

Simison: Have a motion and a second to go into Executive Session. Do I have discussion? If not, Clerk will call the roll.

Roll Call: Hoaglun, yea; Borton, yea; Cavener, yea; Perreault, yea; Strader, yea; Overton, yea.

Simison: All ayes. Motion carries and we will go into Executive Session.

MOTION CARRIED: ALL AYES.

EXECUTIVE SESSION: (5:41 p.m. to 6:08 p.m.)

Simison: Council, do I have a motion?

Hoaglun: Mr. Mayor, I move that we come out of Executive Session.

Perreault: Second.

Simison: Have a motion to come out of Executive Session. All in favor signify by saying aye. Those opposed nay? The ayes have it and we are out of Executive Session.

MOTION CARRIED: ALL AYES.

Hoaglun: Mr. Mayor?

Simison: Councilman Hoaglun.

Hoaglun: Move we adjourn the work session.

Simison: Have a motion to adjourn the work session. All those in favor signify by saying aye. Opposed nay? The ayes have it and we are adjourned.

MOTION CARRIED: ALL AYES.

MEETING ADJOURNED AT 6:08 P.M.

(AUDIO RECORDING ON FILE OF THESE PROCEEDINGS)

_____ _____/_____/_____
MAYOR ROBERT SIMISON DATE APPROVED

ATTEST:

_____
CHRIS JOHNSON - CITY CLERK