

Meridian City Council Work Session

May 20, 2025.

A Meeting of the Meridian City Council was called to order at 4:34 p.m. Tuesday, May 20, 2025, by Council Vice-President Elizabeth Strader.

Members Present: Luke Cavener, Liz Strader, John Overton, Doug Taylor, Anne Little Roberts and Brian Whitlock.

Members Absent: Robert Simison.

Other Present: Chris Johnson, Bill Nary, Caleb Hood, Bill Parsons, Lacy Ooi, Christena Barney, Laurelei McVey, Brandon Frasier, Steve Taulbee and Dean Willis.

ROLL-CALL ATTENDANCE

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| <input checked="" type="checkbox"/> Liz Strader | <input checked="" type="checkbox"/> Brian Whitlock |
| <input checked="" type="checkbox"/> Anne Little Roberts | <input checked="" type="checkbox"/> John Overton |
| <input checked="" type="checkbox"/> Doug Taylor | <input checked="" type="checkbox"/> Luke Cavener |
| _____ Mayor Robert E. Simison | |

Strader: Good afternoon. Today is Tuesday, May 20th, 2025, and we are going to begin our 4:30 City Council work session. Mr. Clerk, if you could go ahead and call attendance, please.

ADOPTION OF AGENDA

Strader: Okay. Thank you. Next up we have adoption of the agenda.

Overton: Council Vice-President? Move that we --

Strader: Councilman Overton.

Overton: Move that we adopt the agenda with no changes.

Little Roberts: Second.

Strader: Okay. We have a motion and a second to adopt the agenda with no changes. Is there any discussion? All right. All those in favor signify by saying aye. Opposed nay? The ayes have it and the agenda is adopted.

MOTION CARRIED: FIVE AYES. ONE ABSENT.

CONSENT AGENDA [Action Item]

- 1. Approve Minutes of the May 6, 2025 City Council Work Session**

- 2. Approve Minutes of the May 6, 2025 City Council Regular Meeting**
- 3. Life Church Addition Water Main Easement (ESMT-2025-0050)**
- 4. Final Plat for McKay Farm Subdivision, by Todd Tucker, Boise Hunter Homes, located at 5875 S. Eagle Rd.**
- 5. Final Order for Apex Northwest No. 6, by Brighton Corporation, generally located near the northwest corner of S. Locust Grove Rd. & E. Lake Hazel Rd.**
- 6. Mutual Termination Agreement to the Agreement for Disassembly, Transport, and Ownership of Historic Double-Silo Barn Components Between City of Meridian and Endurance Holdings LLC**
- 7. Development Agreement (Farmstone Crossing Subdivision H-2023-0045) Between City of Meridian and Endurance Holdings LLC and Challenger Development for Property Located at 820 S. Black Cat Rd.**
- 8. Resolution No. 25-2518: A Resolution of the City Council of the City of Meridian Reappointing Tom LeClaire to Seat 8 and Ryan Lancaster to Seat 9 of the Meridian Transportation Commission; and Providing an Effective Date**

Strader: Next up we have approval of the Consent Agenda.

Overton: Council Vice-President.

Strader: Councilman Overton.

Overton: I move that we approve the Council agenda, for the Council Vice-President or Council President, if he shows up, to sign and the clerk to attest.

Little Roberts: Second.

Strader: Okay. We have a motion and a second. Just to clarify with the motion maker if that was a motion to approve the Consent Agenda?

Overton: That is correct. Motion to approve the Consent Agenda.

Strader: Fantastic. Okay. We have a motion and a second to approve the Consent Agenda. Is there any discussion? Okay. With that everyone go ahead and signify your approval by saying aye. Okay. Opposed? The ayes have it and the Consent Agenda is approved.

MOTION CARRIED: FIVE AYES. ONE ABSENT.

ITEMS MOVED FROM THE CONSENT AGENDA [Action Item]

DEPARTMENT / COMMISSION REPORTS [Action Item]

9. Public Works Week Proclamation

Strader: Next up we have Item 9, the Public Works Proclamation. If you will, please, join me at the podium. Okay. Thank you, everyone, for joining. I would like to go ahead and read this proclamation for Public Works Week. Whereas the City of Meridian residents have peace of mind with every faucet turned on, shower taken, toilet flushed, thanks to the professional employees of the Meridian Public Works team and whereas each often unseen essential worker, engineer, inspector, operator, technician is committed to protecting our health, safety, environment and quality of life through the 24/7 supply and distribution of clean and safe water, efficient collection and treatment of wastewater and the management of solid waste and whereas the Meridian Public Works Department educates the community about the work they do through informative and engaging public outreach and whereas People, Purpose, Presence is the theme for the 2025 National Public Works Week and it represents the often unseen, steadfast and heroic efforts put forth by the Public Works professionals. Therefore, I, Elizabeth Strader, on behalf of Robert E. Simison, proclaim the week of May 18th to May 24th, 2025, as Meridian Public Works Week in the City of Meridian and call upon all citizens and civic organizations to acquaint themselves with and to recognize the substantial contributions which Public Works employees make every day to our health, safety, comfort and quality of life. Thank you. Okay. With that I would like to turn it over to Director McVey to share any remarks that she would like to provide.

McVey: Well, thank you so much. First of all, we appreciate the Council and Mayor's support of Public Works this week and all the weeks of the year. What we do is definitely not easy or cheap and we appreciate your guys' continued support for the technical, the projects, the staff, all of the things that make it happen. Really want to just appreciate and acknowledge all of the Public Works staff that also make things happen and invite everybody to our Public Works Week Expo, which is on Thursday from 4:00 to 7:00 out front of City Hall. It is a really fun, family friendly event where you can come see all of the big Public Works equipment and informational and educational demonstrations from our staff.

Strader: Thank you so much and certainly speaking on behalf of the whole Council when I say that the Public Works infrastructure is critical infrastructure and that we very much appreciate your team and all that they do for us. If you don't mind we could take a quick picture here.

Whitlock: Madam Vice-President?

Strader: Yes.

Whitlock: May I make a comment?

Strader: Absolutely.

Whitlock: I had the opportunity last night with Laurelei and her team to do the Go With The Flow tour and it was a sell out again. It's in high demand and our residents in our community are just interested in the great work that our city employees do and it's pretty amazing. So, actually, had one of the attendees, a constituent, send me an e-mail this afternoon and just like to share what he said. He said I thought last night's event was first class, fun and informative. As mentioned I have always been impressed and happy with all aspects of our city management and departments. So, I just wanted to pass that along and say well done. It was a great tour, despite the rain, but it was a great tour and I think people left better informed about the great work that our city employees do every day on their behalf. So, I just wanted to say thanks.

Strader: Uh-huh. Councilman Whitlock, thank you so much for providing those comments. Are there any other comments from the Council? Okay.

10. Fiscal Year 2025 Budget Amendment in the amount of \$37,000 for Streetlight Maintenance and Repair

Strader: All right. Since there are no other comments, let's go ahead and move on to our fiscal year 2025 budget amendment in the amount of 370,00 dollars for streetlight maintenance and repair. I would like to recognize again Director McVey. Go ahead.

McVey: Thank you, Council. So, this evening I have a budget amendment in the amount of 37,000 for our streetlight maintenance and repair line items. So, this is not the line item that we use for special projects or LED upgrades, it's specifically for routine streetlight outages, issues, damages, those kind of things that we find throughout the year. So, we currently have about 12,000 dollars left in this line item and at our average expenditure rate we should be running out of that somewhere at the end of this month. So, we have really two options, bring forward a budget amendment so we can continue to fix and repair streetlights that go out through the remaining part of this fiscal year or we can also stop and hold those outages and wait until we get a new budget in October. We don't recommend that just because some of these it's important to address in a timely manner. So, we are coming forward to you to essentially ask for additional maintenance money to be able to finish out -- or maintenance and repair money to be able to finish out the remainder of this fiscal year.

Strader: Okay. Thank you, Laurelei. Are there any questions? Okay. I guess I just have a simple question, which is a clarification about whether this comes out of the General Fund or whether this comes out of Public Works in the Enterprise Fund or if it is a combination of both.

McVey: Great question. Council Woman Strader, it comes out of the General Fund. So, this would come out of fund balance on the General Fund.

Strader: Okay. Thank you. I think this is pretty straightforward. All right.

Taylor: Madam Vice-President?

Overton: Madam Vice-President. Oh.

Strader: Councilman Taylor.

Taylor: Yeah. I would just make a note. I think as we have discussed this over the last couple of years, always try to maintain a very right on the nose budget line here with respect to not having more than is necessary. So, I -- and I -- as you recall this was a pretty robust discussion from a couple years ago. We have always viewed adequate streetlights as much a public safety component as anything. So, I think this makes some sense. I don't think we want to see a gap in sort of fixing that which is broken. This isn't for the upgrades and for the new stuff, this is to kind of fix the things that are broken. So, I think it makes some sense and when we are ready I will make a motion to approve that.

Strader: Okay. Fantastic. Councilman Overton, did you have a question or a comment?

Overton: Just a quick comment. Some of it's already been said, but repairing our streetlights I mean not only is it public safety, it's traffic safety, it's -- it's part of our entire community's well being. It's -- to me it's part of our critical infrastructure. We can't afford to fall behind on that. It's all about quality of life here and we take that very seriously and absolutely be supporting this.

Strader: Okay. Fantastic. I think at this point a motion would be in order. Councilman Taylor?

Taylor: Move that we approve a fiscal year 2025 budget amendment in the amount of 37,000 dollars for streetlight maintenance and repair.

Overton: Second.

Strader: Okay. Great. We have a motion and a second to approve the fiscal year 2025 budget amendment. Mr. Clerk, would you go ahead and call roll, please.

Roll Call: Cavener, yea; Strader, yea; Overton, yea; Little Roberts, yea; Taylor, yea; Whitlock, yea.

Strader: Okay. With that everyone is in favor and the fiscal year 2025 budget amendment in the amount of 37,000 dollars is approved.

MOTION CARRIED: ALL AYES.

Cavener: Real quick, Madam Vice-President? Really quick just want to recognize -- I walked in right before the vote. I just for the record wanted everyone to be clear, I was

listening on -- on YouTube as I was driving in. Was following the conversation. Council Member Whitlock, loved hearing the comments from your constituents about Public Works week. I share that. So, apologies for being late to our Public Works team and much appreciation to our great Council Vice-President who did a great job of picking things up on a very last minute basis. So, thank you very much.

Strader: Council President Cavener, it is excellent to have you.

11. Employee Health Benefits Plan Trust Update

Strader: And with that let's go ahead and move into Item 11, the employee health benefits plan trust update and we will recognize the city attorney Bill Nary to provide some remarks.

Nary: Thank you, Members of Council. Here to talk about the health trust. When we did our presentation last -- a few weeks ago a question was brought up about remarketing the plan or how that would be done and so I wanted to put together a presentation to kind of explain how this type of plan, because it's partially self-funded by the city and managed by a health trust, that it's different than maybe a traditional -- traditional health plan you may have seen in other circumstances or like Council Member Overton, who has been here a while with the city, we previously had a fully funded plan that is done differently -- marketed differently. So, this is different. So, I wanted to make sure you understood that and if that's the direction the Council wants us to go we certainly can. There we go. Okay. So, basically, the difference between the two, as I was saying, is we are talking about a self-funded trust, which is what we are. So, with marketing, then, we are looking at really the service side so now. We are not looking at just the basic costs of the healthcare services, but, actually, the services that are being provided by the vendors here. So, there is administrative fees and service fees. There is a stop loss. There is a premium as to how much that is, what that is and what they are going to pay for above that, as well as is a self-funded plan there is, you know, the risk and the estimates and the total claims experienced for the year is also, again, managed by the trust. So, it's slightly different than the model of a fully insured plan. Below where the insurance company evaluates the risk they determine the set premium they charge, just like your homeowners insurance, just like your own -- other -- if you have another type of insurance or something else out there in the marketplace, you have either used the exchange system that the State provides or something else to provide healthcare for a different member of your family and some other function -- some other way. There are other ways those are done, but that's what a fully insured plan does. Employers, again, don't control the amount of the premium and the premiums can vary greatly from one carrier to the next. So, that one is more than what traditional I think the average person might think of when we are remarketing, that you are going to be looking at a cost issue. When you have a fund -- self-funded plan like we have you are looking primarily more on the service side, so just a slightly different model from what you may have been used to. So, again, a market pulse check is appropriate and one of the questions I have had, both from Council Members or employees or the Mayor and, in fact, Council President Cavener I spoke about, is I think

it's important both for us as the trust, as well as you as the elected officials, to be able to show the public that we are getting the best value. You are obviously looking for the best value for the services and the costs that the taxpayers are helping pay for and we want to make sure we are getting the best value for the employees as well. So, a pulse check is a very common practice for these types of self-funded plans and if we did that we would put an RFP out and we would be looking at the market. Now, again, unlike a lot of larger states or different states where there is a number of carriers or options that exist in the market, Idaho is a little more limited. There are two predominant carriers in the market, that's Blue Cross and Regents, which is also Blue Shield, and, then, there are smaller ones PacificSource, Select Health. So, there is smaller types of vendors out there. They aren't quite as expansive or as extensive as Blue Shield and Blue Cross are in our market, but they are out there. So, we would do -- if we were going to do this we would do a pulse check with all of those vendors as to what services they could provide to the trust. Blue Cross and Regents have fairly similar networks and, again, most of you -- or most of our employees understand that a lot of healthcare these days are driven by networks. They are driven by what's within or outside of the network and that usually drives what the cost of the service that's going to be provided. Blue Cross and Regents have the largest. Again most people as you know in this area predominantly are driven to two primary vendors for medical services. That's St. Luke's and St. Al's. That's where the majority of the services are held for a majority of services in their community and throughout the state of Idaho. So, that's where most of the services are going to be and Blue Cross and Blue Shield are the ones that have a majority of those vendors. PacificSource has a full PPO network and it's slightly more expensive. It's a little bit different, again, because it's smaller or the narrower options by St. Luke's or St. Al's that are also used through Select Health, which is a St. Luke's plan. Again, it's a little bit smaller, so as you would imagine with less coverage and less -- less vendors available to them the cost is going to be slightly higher, but that's just the nature of the way the marketplace is. So, typically, again, cost savings you are looking for, you know, it's a factor, unlike with a -- maybe a typical -- like I said what a general person might think of in the public of an RFP where you would be putting out a bid for a price for a particular product, that's a factor of consideration in this type of plan, but it's not the sole driver. It's certainly a part of it, but you have to look at what the cost is, because, again, without at least, you know, some significant cost savings and five percent is really just a market driven number and, again, it's a factor, it's not the only factor, but you have to look at all the disruption or changes that can have with folks. Some people are based on the plan information that's provided, the doctors that are within network of one and maybe not the other. Most are in the same. Not all of them are in the same. What's covered and what's not covered. Again, between the two different services in Blue Shield -- or Blue Shield Regents and Blue Cross, there can be slight differences. What documentations are needed, what -- the cards the employees have. I will tell you as a member of the trust and a member of our benefits committee we have lengthy conversations on the impact of employees when the card is going to change or when the card is the one that is given by the health carrier, the one that you get annually or can get annually for your health one or the one that's for your flex spending if you choose to use the flex spending. We have a lengthy discussion, because we know it impacts folks. It's difficult for people to deal with changes, even the slightest changes

and they get confused that the numbers are different and things change slightly and we want to make sure there is a seamless transition for both if that happens. So, the card's changing, the number is changing, the billing -- the billing services can sometimes be different between different carriers or different users and different service providers. So, sometimes you will have to re-enter all your information. Now, sometimes you may only have to do it once. So, it may not be that inconvenient, but it is something, again, to have to inform employees and also trying not to overwhelm our resources staff on the same side, because people now get confused and they have to call and say I don't understand. I went to my doctor, they wouldn't take my card. Oh, I need to change it. I didn't know that. I got a different card. Oh, I didn't see it. You know, again, lots of -- lots of issues. Just, again, we want our -- our primary goal always with the trust and with the HR help is to keep employees informed. That's really the goal. Make sure they are informed, that they know what they need to do, what they can do and hopefully take care of a lot of those types of issues before they get there. Nothing worse than going to the doctor and you are not well or you are having to deal with a health condition of some sort and you got to bring the right card on the right day and make sure you have all the paperwork that you need, you want to hopefully get all that done ahead of time. So, again, lots of -- you know, a bunch of things that we also will factor in if -- if we do this and look -- evaluate between service providers what impacts that could be, how -- and, then, what would be the impact of staff to make some changes if that's the decision that we decide to go with. Again, our organizations often can remain for many years with one carrier for a lot of reasons and, again, we have benefited a lot from our relationship with Blue Cross. I can't emphasize enough and I think I mentioned it a number of times in our last presentation, we have developed a good relationship with Blue Cross, because of our continued ongoing partnership with them and we have had situations -- and these are just some bullets that we have identified from the trust side of how it has worked in the past. Again, not a reason that we can evaluate what's in the marketplace, it's just factors that we have to look at. We have had expedited implementation of some changes -- biosimilars I mentioned the last time, originally when Blue Cross brought this opportunity for some changes to our plan that would help potentially lower some costs for some pharmaceuticals, based on the way their program worked our best rollout opportunity was October 1. At our last trust meeting last month we agreed and authorized that to go forward, so we could at least get it in the pipeline so we could make an October 1 change. As our -- as our representative that we worked with at Blue Cross went back and talked further with their -- their staff and their higher ups, they open to July 1. So, again, that was very helpful. I think that, again, was part of our partnership. Dispute issues have been handled pretty rapidly, again, because we have worked closely with them with our departments, like Human Resources and Blue Cross, they expedite our work, you know, again, we are dealing with the same people, the same personnel, they are dealing with the same staff here. That's very helpful. HR has direct access to their dedicated service team. Again, that's really helpful from a customer standpoint and it also helps resolve a lot of employee issues. You know, oftentimes employees get stuck in this, for lack of a better word, trying situation with any type of insurance or any type of vendor, whether it's with a medical provider, hospital, doctor office, something else, pharmaceutical, pharmacy and sometimes you have to work through like Blue Cross as the provider. Again, the longer term commitment we

have had with them and the working relationship we have had has been very positive and that's been helpful to assist employees through some of these situations that we have had. We get rate renewals as early as we can. We try to get them in May. We have our trust meeting -- it is actually tomorrow. We are hoping to get some feedback as soon as possible. Obviously, if we want to have something by the budget time if possible whenever we can, so that we can bring that forward and make sure we are -- stay in line with the city's budgeting system. They do recognize that. It has taken a while to get there. I mean it's certainly been an ongoing process and a lot of that is both the way the carriers operate in the state, as well as how the state operates in a way budgeting works. So, it is -- it is an ongoing thing. Diabetes -- diabetes no co-pay program, that was a really good example where, again, our working relationship with Blue Cross really helped. We had some changes in the Blue Cross program a couple of years ago and we had some employees that were impacted by this diabetes program with insulin pumps. The general program for Blue Cross did not cover that when we -- they made some changes and we had made some changes and we were unaware from the trust side how widely that would impact and -- and I think this also speaks probably more -- probably more relevant to the trust value for employees than just Blue Cross's value for the employees. If you are dealing with a fully funded trust where you are not dealing with staff personnel that can address these concerns and actually can advocate for an issue or concern that you might have as an employee, this particular one -- and I will not get the exact numbers right, but it affected less than ten employees and in a large program where we have 600 employees with multiple dependents -- so, you have a plan that has a couple thousand people or more in it, many plans are not going to be that concerned and not from a callous standpoint or an uncaring standpoint, but it's hard to sometimes get down to an impact on five to seven, eight people out of a couple thousand and oftentimes in a larger program, without the connection that employees and the trust can have for the employees, those -- sometimes those issues get lost and to be fair this particular one came to the trust board, they asked about this concern, it was impactful to them, there was some additional costs that were significant diabetes costs and one of the things that are really important and we have always emphasized with the trust is preventative care for certain types of conditions and illnesses is significantly more important than people realize and diabetes is one of them. It can lead to serious health conditions, much more expensive health conditions untreated or allowed, because what happens with many people, unfortunately, costs will drive some of those issues and people will seek less treatment or less care because of cost and that's unfortunate and we, as a trust, have always pivoted the other way. We want to provide the best that we can for employees, but also to stay in front of these serious health issues. You know, high blood pressure is another one. It's a very easy type of medical condition to control early if you pay attention to it, take care of it and address it. It is very expensive to wait until it gets out of control. Diabetes is the same. So, the trust board felt it was important we advocated to add this program back into our plan with Blue Cross. We worked with them and they agreed and we added this back in and covered those few employees. Again, I think that's probably as much from the trust perspective, but also with Blue Cross. So, those are the things we would be looking at. Again, if that's the Council's desire we can certainly put that out and see what the market would show and if there are some savings or benefits that could be of value to

the city from both a cost and service standpoint, we certainly can evaluate that and take a look at that if that's what your desire is.

Strader: Okay. Thank you, Mr. Nary. And with that any questions?

Little Roberts: Madam Vice-President, Mr. President -- not quite sure, honestly, who -- Madam Vice-President.

Strader: Council Woman Little Roberts, go ahead.

Little Roberts: Madam Vice-President. Bill, you and I had a chat about the last presentation --

Nary: Uh-huh.

Little Roberts: -- and so a couple of questions that kind of came out of that so that the rest of the Council is aware, because I think one of the things that got all of our attention was -- was it last year that the potential -- the increase was very very low or nonexistent --

Nary: Correct.

Little Roberts: -- and, then, this year we are looking at a big jump and when you and I discussed it I think it came across a little bit different than the presentation we had had or the discussion we had had when you were in front of all the Council. So, I didn't know if you wanted to kind of clarify that a bit would be helpful.

Nary: Well, again, part of it is, again, we have been trying to right size it. I think Council Member Taylor mentioned that on the other one, that we have been trying to right size a lot of our budgeting. So, I think what -- if I remember correctly, we had a big surplus a couple of years ago. So, we had a fairly big remainder, which we could, then, afford to absorb some costs and impacts last year. So, last year we had a zero percent increase. This year the proposed is about 17 percent. In talking with Finance they anticipate normally about an eight percent annual increase on the average anyway, so to them it was not that impactful, they had kind of planned and forecasted that there would be some cost and participated with a zero in one year that we would likely have more. The concern ends up coming partly because we -- we took that surplus and used that to pay down or -- and absorb some of those costs, because we are trying to stay within a fairly tight budget amount for this trust and so the other side of that means that potentially if we miss that target, which I think I mentioned last time we did and we are going to be coming back and bringing forward a budget amendment for some adjustments to our reserve to stay within that tight window, it gives us a little less cushion, but we were trying not to build a -- you know, our direction for the trust was not to build a larger reserve, but to try to keep the trust pretty narrow and so, therefore, that's where we had, you know, a good year, sort of rode that through another year and now we are kind of back to where we are and we should be kind of riding the ship and kind of keeping at a

fairly steady pace going forward we hope, so -- did that answer your question? I'm sorry if I missed that.

Little Roberts: Madam Vice-President. Bill, yes, that part it did, but we can finish the discussion on this and I have a different question.

Nary: Okay.

Cavener: Council Vice-President Strader.

Strader: Council President Cavener, go ahead.

Cavener: Thank you. Bill, now I'm -- I'm confused and so I guess I'm going to try and follow this from a step one to step two. My first question is last year was there a proposed increase in our health insurance? Yes or no?

Nary: No.

Cavener: No. So, Madam Vice-President, a couple follow-ups if I may.

Strader: Go ahead.

Cavener: The trust didn't use reserve dollars to pay down anything, because there was no proposed increase.

Nary: Council President Cavener, there was no proposed increases and I am not going to pretend to be the expert on that. There was no proposed increase. We did have enough funds to cover all the costs that we had and that's all we had, but we don't have a surplus beyond what I reported to you the last time. So, I don't know that -- I don't know if that answers your question, but we didn't have an increase and all of that comes out of just what the cost of the program is. How much do we have to fund any cost of the program.

Cavener: Okay. So, the funds the city provided in the budget covered the cost of operating the program and you didn't request any additional funds, because the funds that you had available met the request of the vendor.

Nary: Yes.

Cavener: Okay. So, no proposed increase. So -- okay. And, Council, maybe that's where I was confused. It made it sound in your explanation that the trust chose to pay down some of that increase to keep something more constrained, but that's not what you are trying to convey to us.

Nary: No. And I'm sorry I made it seem that way. What it is is because we didn't have -- because we had the additional funding we didn't need additional funding last year,

because there was no proposed increase. We could absorb the total cost of the program. But, again, with the changes in the healthcare and the cost of rising healthcare we can't maintain that without some assessment and we didn't come for an adjustment last year. We did the year before.

Cavener: Which is why you are coming, then, before us for a budget amendment.

Nary: Right.

Cavener: Thank you. That helps provide me some clarification.

Strader: Council Woman Little Roberts, did you have additional questions?

Little Roberts: Yes. Thank you. Bill, we also talked about an employee that had a battery -- needed a battery replacement and it took weeks. So, I was pleasantly surprised to see that it's generally a much shorter time, but did you get any additional information about why that was denied, why it took so long -- the whole process, because it was weeks.

Nary: So -- no, I didn't, because the employee has to bring that and I can't reach out to the employee. So, if you want to share with the employee to bring that forward, I can't. Now, I'm not saying he hasn't run that and the person hasn't done it. He didn't come to the board. I don't know that he didn't go to HR. But I also don't feel comfortable to go to an employee and say Council Member Little Roberts talked to me about this. So, I really need them to do that.

Little Roberts: Thank you. I think we have had a little bit of miscommunication there, because I did share our conversation with him and so I think he thought someone was going to reach out to him, but I will tell him that he needs to initiate the conversation.

Nary: My misunderstanding, too, so I apologize.

Little Roberts: Thank you.

Taylor: Council Vice-President?

Strader: Yep. Councilman Taylor.

Taylor: Bill, thank you. I'm not sure if you can answer this question or if you have access to this information. I'm wondering, though, with insurance higher utilization, you know, it's hard to predict that sometimes, kind of curious if you know if -- sort of explosion of the use of GLP drugs has, over the last year to two years or whatever that time frame is, has that been part of what we have seen in this big jump over this last year with the proposed rates that we are looking at? I know just in looking at some other things that much higher use and, you know, that kind of trickles down into added

expenses, but I'm just curious if there is any correlation between the higher usage demand there in terms of what it means for our rates.

Nary: You know, Members of Council, Council Member, that's a great question and certainly there is a greater use of that particular type of drugs now than there used to be. I have not seen it on our list of higher costs that related to the program, so I don't know that. But certainly can bring that to our board meeting tomorrow and at least get some answers for that, because I don't know.

Taylor: And quick follow up if I may.

Strader: Yes.

Taylor: I think that would be interesting to know if you have the aggregate data of how much we spent this last year on that versus previous and the number -- how much has been used, because I'm only guessing, but it would seem that there is probably something there that might lead to some of the higher costs. But I would be interested to know if you have the answers to that.

Nary: Yeah. We could certainly find out a little more. I mean my -- my little bit of knowledge is -- I mean, again, the people that are being prescribed that type of medication that are related to a health condition I'm sure has grown up. I know many that use that type of -- of treatment and that are not necessarily health condition related, but maybe -- may not have the same coverage for that drug particularly, so I don't know what they are paying for it, but I don't have enough information to tell you beyond that.

Strader: Actually, along those lines, maybe just one thing. I have been curious about whether we wanted to look at like a pilot program around a compounded version of that medication for certain employees. It's just an idea, but it seems like along the lines of what you are discussing where, you know, sometimes prevention can really yield benefits. The sticker shock on those medications is really astounding. So, I -- you know, I don't think paying full boat outside of a regular medical condition would work, but just thinking creatively along those lines and, then, I had another question and, then, I will go to everybody else to see what -- what they have. When is the last time we put this out to bid and what is the cadence of reviewing providers that you would recommend?

Nary: I don't know. I saw Christena back there. I don't know if Christena knows when is the last time we actually put out this -- you are talking about since we -- since we adopted the self-funded program? So, that's if we did that. So, that's been five years, you know. I don't know if we have any -- I don't recall before that.

Strader: Ms. Barney, go ahead.

Barney: Yeah. I believe the last time we went out to bid for a medical provider would have been when we went self-funded. But I will have to double check when that was. And what was your other question?

Strader: Yeah. Just like from a human resources standpoint for a self-funded plan, like what is the cadence of RFP'ing that service or how often would you typically expect that we would go and actually have a competitive bidding process on that service?

Barney: Yeah. So, as Bill stated earlier in the presentation, we typically don't do RFPs for a self-funded plan. It's market pulse checks and you would usually do those every three to five years.

Strader: Okay. Thank you. Okay.

Cavener: Council Vice-President?

Strader: Council President Cavener.

Cavener: Mr. Nary, when you were kind of going over there were only two vendors that -- kind of in the marketplace that would likely meet our needs and would respond, can you help me understand why don't other national health carriers that I see kind of advertise on the news, your Humanas, your HCIs, like why -- why are they not eligible to participate in --

Barney: It's not that they are not eligible necessarily, it's that they are not responding to our requests for a market. Like Bill had said earlier, we are looking at network and specifically for self-funded we are looking at service more than anything else. Are they able to service in our network in our area and, then, are they able to provide the service that we -- that we need. And so with a self-funded plan you are looking for a niche provider.

Cavener: Understood. Okay.

Barney: And so when you are getting broad networks like that they are not able to fill that niche.

Cavener: Understood. Thank you.

Nary: If I could probably maybe add on to that. I think, at least from my experience, that as much as we think we are such a large growing market, we are fairly small population wise in reality and I think with Idaho when you have such a diversity of land and population that's so spread out between north Idaho and eastern Idaho and -- and the Treasury Valley, it's very difficult for a vendor to be part of this market. I mean because of just the vastness of the state. Again, you have big states like California, but you have a lot of pockets of a lot of population along a fairly, you know, consistent corridor. We don't have that. But that's my only other thought of that.

Whitlock: Madam Vice-President?

Strader: Councilman Whitlock, go ahead.

Whitlock: Mr. Nary, just a -- kind of a follow on to Councilman Taylor's question about what's driving the cost. If I recall from your last presentation, again, you said it tonight as well, the -- Finance anticipates about an eight percent increase every year. Last year we had zero. This year we are projecting 17. So, it kind of averages out over the two year period. But it would be interesting to know why we go from zero to 17 and is it the GLPs? Is it age banding? It would be nice to have an understanding of what the factors are. I mean is our employee base -- are we getting older and costing more? If so we have got to come to a recognition of that, that those costs will go up. Is it the use of these specialized drugs or other things? So, it would be helpful to know what some of the drivers are.

Nary: Absolutely.

Barney: I can -- I don't know if this one is on. I can talk a little bit to that. We do review our large claims every month and I will look at the GLPs. I'm not seeing those hit the -- at least the top of the list. What is hitting the top of the list is like Humira, that is a huge one, and that's one of the ones that we are moving to the biosimilars. But our cancers, our heart attacks, our preemie babies -- and those are just, unfortunately, things that we can't predict. But like with the heart attacks -- even some of those cancers, some of that preventative care and what we really are trying to promote is, you know, primary care providers, going in and getting your wellness checks, getting yourself, you know, that preventative care, so that you can find those things early, so that you don't have those higher claim costs. That's really where we see cost savings on our plan and that's really what we want to try to get to and promote, because that ultimately over time is going to save the plan the most amount of money and, really, be the best -- most beneficial for our employee health overall.

Nary: Yeah. A few -- a few years ago when we looked at those higher cost drugs, Stelara was number one every month. It was incredibly expensive. But through some of the cost savings and some of the changes in the plan, construction and design, that cost of that particular drug has gone down. So, it doesn't hit the top of our list, whereas Humira does, and we did ask that question at our trust meeting last month is, okay, if we add this one to this biosimilar, what else is there? What else can we get there? Well, at the moment that is the only one, but Blue Cross is evaluating additional ones that we may be able to add in 2026 that might be able to add it onto that program. That's why we started to look at it now while we can and at least add in the one that is expensive and is on our list, but whatever else we can add to that as it grows. That's kind of where we just -- we are at at the moment.

Strader: Okay. I have one further question. Could you maybe explain -- I noticed you are using the terminology of taking a pulse check, as opposed to an RFP. Did you want to talk about -- or is there a distinction there between kind of like what you view as a

pulse check versus an RFP that would go through our procurement division, typically with like large property, planned equipment or contracts. If you could just speak to that. What would you envision if the City Council was to pursue some sort of market competition for this particular service?

Nary: You were involved with the other one --

Barney: Yes. So, as Bill stated earlier, the -- the trust is actually what's -- the entity that is contracting with a medical provider and so we don't do an RFP that goes through the purchasing and all of that. We do a market pulse check. We check and see what the medical carriers are offering as far as those service fees and things like that, make a decision on the carrier that we want to go to that's going to provide the service and the fees that we -- the trust feels comfortable contracting with and, then, we provide those contracts. We would likely bring that forward to make sure that the Council is comfortable with that, as you are a large funding body and, then, we would move forward with that. But because we don't have to go through the city's purchasing, it's not a formal RFP.

Strader: Maybe a follow up. You don't have to go through it, but could you -- I guess a question I would have or are there resources that you might consider leveraging by using the procurements approach to -- I mean because this is what they do all day; right? Is competitive processes, so --

Nary: Well -- and I think -- I mean -- I think the -- whether we call it a pulse check or RFQ, I guess it's more of a request for qualifications; right? Because you are looking for service providers and the services they can provide you and what you need. I don't think it's prohibited. I mean, again, to be fair to the trust and to make sure we keep separate as much as you can, we would always probably have to reach out to the legal counsel for the trust to see if there is any issues from Department of Insurance side or concerns they would have if we use the city's process and, then, we didn't do it separately, because D of I is always looking for that somewhat separation that the trust has some level of independence, even though the city is, obviously, the primary funder of the program. So, that would probably be one factor we would at least have to consider. Otherwise, no, I don't think there is a problem, because, otherwise, we would simply do -- like we have done for other vendors where we have used purchasing for service vendors, when we used it for, for example, engineering firms where we are looking for the services they can provide. It's not necessarily just a price. So, generally the similar idea.

Strader: Thank you. That's helpful. You know, so I think we have -- we have heard a presentation and clearly there are some switching costs and other concerns, but I think we have -- we have laid out different directions we could go. What is the feeling from Council at this point? Are we ready to make a determination about what we want to do here with a potential guidance on getting a pulse check kind of from market providers here for our health trust or do we want to gather more information for a couple of weeks and have Mr. Nary come back?

Cavener: Council Vice-President Strader?

Strader: Uh-huh.

Cavener: I guess I have maybe one more question that will help me form that.

Strader: Absolutely.

Cavener: So, Bill, in your presentation you talked about kind of the ongoing relationship that we have with our current provider and some of the benefits that we have received. As you go out for a pulse check are you able to reinforce that those things are going to remain important regardless of who our vendor is? I just -- I want to -- I think those things are really important and those can be captured in an RFP or an RFQ. I guess I'm not familiar with -- with the pulse check process and so that's probably where some of my hesitation is coming from on that, because I have not been a part of that. I think maintaining some of these things that are really important to our employees we would want to make sure that we are leading with some of that when we are asking for vendors in the marketplace to be able to meet our needs.

Nary: Council Member Cavener, I don't see that as any problem really and that was being identified, because what we are going to identify is what matters to us, the city, the trust, in providing a service to our employees and, you know, we -- we have had -- we have experience with one vendor and what they do, but they still need to articulate that. I mean no different than a secondary vendor that is interested in this program and wanting to provide that service to the city, they just need to articulate what does that look like. We have to be able to -- to identify that clearly in an RFP or a pulse check, so that they can -- so they can answer to it and, then, we have to have a fair evaluation system to evaluate it. I don't see that as an impediment.

Cavener: Council Vice-President Strader.

Strader: Uh-huh.

Cavener: I will just share kind of my thoughts is we rely on our staff to help us guide with things that we are not subject matter experts on and Keith Watts is a subject matter expert subject matter expert. So, I guess my request might be is to ask Mr. Watts to watch today's presentation and bring a recommendation back to us about the -- what the best course forward is, whether that is a informal pulse check, if it is an RFP or an RFQ process, taking lines -- yeah, this is one of the largest competitive expenses outside of a capital purchase the city will make, I want to make sure that we are being respectful to the anonymity of the trust, while also making sure that we are doing at least what I think are probably the -- the two biggest priorities. One is making sure that we are providing a -- a service that meets the needs of our employees. That's number one with a bullet. And, then, number two is that we are continuing to be good fiscal stewards of the taxpayers' dollars and I think Mr. Watts can help us guide what the best course of action is for this. So, that would be my recommendation.

Strader: Okay. Is there any discussion or feedback?

Little Roberts: Madam Vice-President?

Strader: Absolutely, Council Woman Little Roberts. Go ahead.

Little Roberts: My comment would be that we need to check legally to make sure that that doesn't mesh the city and the trust too much before we have Mr. Watts go to any work.

Nary: Well, if Council is okay with it, Council Member Cavener, is we have our trust meeting tomorrow. We can certainly bring that to the trust tomorrow, so that we can reach out to our counsel and at least get some indication from -- from Mr. West if any concerns he has from the legal side and, then, simultaneously we can, then, reach out to Mr. Watts and, then, hopefully maybe in our next -- we are not meeting next week, but two weeks from now we can have an answer for you.

Strader: Okay. Thank you very much. I think that -- that feels like -- I'm seeing a lot of head nods. That feels like good direction that we should go in and I think hopefully that provides you some good direction. So, I have the action items listed as following up with legal concerns, following up with procurement and, then, coming back in two weeks with an update on kind of your recommendation from the health trust more specifically on whether a pulse check or other approach is recommended.

Nary: Absolutely.

12. Discussion of Proposed Unified Development Code (UDC) Amendments

Strader: Excellent. Thank you so much. Okay. With that we will move on to Item No. 12, the discussion of the proposed UDC amendments and we will recognize Mr. Hood and Mr. Parsons. Go ahead.

Hood: Thank you, Vice-President Strader, Members of Council. First I want to call to your attention the memo that is in today's packet. There is a lot of information and a limited amount of time, so go ahead and pull the hook when -- when the time is appropriate. I -- we will use as much as you are willing to give us here this afternoon, but we aren't going to be able to get through everything and we don't even have everything in this memo, but we did highlight those things we have been working on since the last time we were before you to talk about these topics in general, which was September. So, some of what we are going to do today -- and maybe I will just pause there real quick. I do believe Emily Kane is online. She's been part of the team, so any questions that maybe are for legal Emily's been right there. Bill Parsons is actually the lead on this one. I drew the short straw, I'm going to kind of facilitate the discussion. MC. And, then, we have Lacy from code enforcement as well, who has been very critical in bringing that side -- that component of a lot of the change you will hear about.

Not all of them, but a lot of them do have that code enforcement perspective that's very important here. So, just quickly the background process just mentioned -- the bare bones of our staff team, but we have, you know, members from fire -- fire marshal has been -- been part of these discussions, too, as well as other city staff. The UDC focus group is still in conversations about this. But some of the feedback we got last time we talked to Council was you wanted to get more of a heads up and understand kind of the scope of some of the changes before the public hearing. So, that's why we are here is to give you that heads up that there are some potential changes. We also -- there are a couple of these, though, that we do need some feedback and direction on as well. So, trying to get through those at least today, those ones where to us it's still a question mark. So, again, I kind of mentioned it in my first opening remarks, but we are going to highlight some of those things. We aren't going to go through the changes line by line. What I will say is if we get a general green light from you today we are -- again, we are meeting with UDC focus group on Thursday again and we are going to take some of the feedback we get today, tweak as necessary, but we are looking to submit an application to go through the public hearing process here within the next couple of weeks with a hearing likely end of next month is what we are targeting right now on our calendar at P&Z, so that puts it on your docket probably in August -- sometime early August, something like that, so -- but, again, we are here to -- yeah. Go ahead.

Strader: Yeah. Just for a second. So, just in terms of process I think in this evening, just kind of looking around the room, I feel like tonight, just based on the agenda, we could go close to 6:00 o'clock on this item if people are comfortable, unless there is a constraint -- or an issue that anyone has, in which case let me know, please. But feel -- feels like that's what we could do. So, I would say, Caleb, we will plan to go until 5:55 and, then, that would give people time for a bio break or a phone call. All right. Please proceed.

Hood: Thank you. So, again, a little bit of --

Little Roberts: Sorry. Real quick. Is there any chance -- I can't get to my e-mail for some reason -- if we could get the memo you sent us up, so that we can see it as well.

Hood: I will ask Bill or Chris, please, to go ahead and pull --

Little Roberts: Thank you.

Hood: -- pull that up if we can. I'm going to go ahead and start and, then, hopefully, they can catch up with that. It looks like Mr. Parsons is on it. So, again, just maybe a little bit of process background. We work with that UDC focus group -- and I will just say I think those meetings have been very well attended. Our attendance has fluctuated kind of historically the last several meetings and for this round we have had, again, probably historic highs as far as participation from a wide, you know, range of cast of characters from professionals to lay persons to -- Mr. Overton actually -- Councilman Overton serves and has been at most of those meetings as well. So, it's been great to have those conversations with -- again, a lot of stakeholders in our community that bring

different perspectives. We don't always agree on everything, but we try to get to a consensus and, you know, staff's guiding principle is what we believe are -- is in the best interest of the community overall and that's generally what we are going to propose to you today with some of those questions; right? We need your help in defining what that means a little bit today. So, I think I'm going to jump into the first topic that's on the agenda and this is secondary -- right now they are called secondary dwelling units. More -- part of the proposal is to change the terminology to accessory dwelling units or ADUs. That's more common terminology that most people understand. This won't solve our housing attainability issue, but it is a tool that isn't used maybe as frequently as it could be in our community. So, that's sort of the -- the idea with this is what -- what are we with our standards in city code going to be in the way of allowing more of these? And, again, I have got some of this feedback before, some of you, Council, are newer and have not been part of those past conversation and direction given to staff. So, this may be one that you hear in another 18 months or two years and we -- you know, hey, our society is shifting. Are we still wanting to go this way? But we have some draft changes to that -- to our ADUs and some of them, quite frankly, the standards are misused and misunderstood and that's what we are trying to do is basically have our -- all of the various codes -- so, International Residential Code, UDC, addressing, all come together so it's clear what an ADU is, how you get one, what comes along with that? You get an address. You get services. You get a driveway. You get -- you know, and what is an -- just an addition to an existing home and you can't just throw a house number on that and say, well, this is my ADU. No, it comes with some certain conditions to qualify you, then, as an ADU. You can do both, but to qualify as an ADU you have to meet these criteria and if you are going to be an addition that's a separate thing. So, again, trying to marry those codes together the best we can and clarify the processes and, again, situations that need to be present to qualify as an accessory dwelling unit. There are a couple of things I want to call to your attention. So, again, not going to read to you the changes, but there are a couple of things even within the memo that I want to clarify. Excuse me. We are going to require them to hook up to sewer, water electricity and have garbage service. Kind of some of the mixed signals we have got. And, again, this is that threshold to qualify. It is a lower bar to allow the accessory dwelling unit to just use the primary dwelling unit's services. So, basically, have a Y off of those services to also serve that. Some communities do require a separate meter, separate hookups, but that makes your costs go up and the feasibility of getting these more, so I think in a perfect world, putting my Public Works hat on and MUBS even, you do have those separate connections for each one, independent connections. We are not proposing that. We don't think that that adds a lot of value to that process and, again, lowers the bar. We are not lowering the bar on -- you know, no one can really see that, but to share a -- you know, a sewer hookup where the city isn't being shortchanged either, they are still paying for the usage of the water that you use there and whatnot. But that is a -- something that I will pause and if -- if there is other thoughts on that we could potentially require the separate, stand-alone services. You have to have the service if it needs to be independent or not I guess is my first pause.

Strader: Okay. I think it's a good time for us to take a beat and get some feedback and questions. Councilman Taylor.

Taylor: Yeah. Caleb, thank you. I think just a general sentiment from my perspective. I think ADUs are obviously growing in interest and demand. I think as part of our solving a little bit of the housing challenges that we have. My inclination would be that we make it easier, not more cumbersome, less red tape in the way of getting there. I mean whatever we can do to streamline, simplify, make it more -- make it quicker for us to get to bringing these types of housing units online I think is better, but striking the right balance of, you know, preserving the integrity of our -- of our water system, things like that, but I think being overly cumbersome or having overly -- too many requirements is something I would like to see us kind of shy away from, but I understand there is a balance. So, I think that's kind of my sentiment is I would like to see us move towards making this as simple and easy as possible, while maintaining the appropriate balance of integrity there.

Cavener: Madam Vice-President?

Strader: Council President Cavener.

Cavener: Caleb, I tend to agree with -- with Council Member Taylor and maybe this is good follow up for us at a later point in time, which is difference between an addition versus an ADU. My perspective is is that most people that would be coming in for an ADU, right, that's on something that's already been constructed, so, it's -- it's a -- it's a homeowner, you know, that's going through this process, as opposed to somebody who is very sophisticated in the development community. So, I do think a very neighborly approach that makes this easier, not more challenging. Also balancing the public safety need is kind of the direction that I would want to go. I would want to understand why we would need them to have their own trash hook up and those things. Like what are the -- what are the gains from -- from requiring that. I think that this needs to be a low barrier entry for our residents to be able to take advantage.

Strader: Okay. Maybe just some feedback from me as well, unless there are other questions really quick. Yeah, I read the memo and I thought you are on the right track. I guess the only thing I wanted to make sure was that if we are not requiring separate utilities that we are somewhere -- and it doesn't have to be here, but that we somewhere are at least making sure there is a minimum standard being met in terms of just public health and safety with -- I have a just general view that all individuals with, you know, this type of housing should at a minimum have like electricity and water and -- and, you know, wastewater services. So, whether they are relying on, you know, piggybacking off of somebody else's hookup I think is -- I'm very flexible on that, but I just want to make sure that we are kind of keeping standards where they should be.

Hood: That's a good comment and we will -- we will definitely verify that, that there is capacity in that service and that it's up to standard.

Strader: Right.

Hood: I want to -- as we transition to the second part of this and, then, on to the next topic, Councilman Cavener mentioned home ownership. That is one of the current standards we are proposing to maintain is that the property owner actually has to live in one of the -- one or the other of the dwelling units on site. So, this cannot be a solely rental -- that is one of the levers we have that -- barrier to entry. So, some of the comments -- in other communities they do not require that, but we didn't feel that's appropriate at the staff level or the UDC focus group, although there was some variation in that. Hey, if you really want more of these don't require someone -- don't require the property owner to live on site. You will likely get more, because I can double my income essentially -- maybe not double, but I can add more income to my rental property if I can have a second rental on it. Right now we say the property owner has to live in one or the other of the dwelling units. So, just a point of -- again, something -- if we really wanted to see more we could say they can both be rentals, but that's not where we are at today. And, again, I don't want to spend too much time on this, but we are -- neighborhood integrity is something that we are trying to protect here. That's some of the past direction we have gotten from Council, so we still are requiring parking for that unit, so -- again you could say, well, park on street. That's not where we are at. We are going to still have a parking requirement for the ADU. You could vary in setbacks and location. So, in past discussions some of Council has said, hey, you know, if you got something from your adjacent property owner and they approve a -- you know, encroachment into your rear side or setback, maybe that's something we can consider that isn't a standard setback. We aren't going there. And, then, you could -- right now we have maximum size of 900 square feet and a minimum size in the building code -- if I didn't write that down. It's at least a few hundred feet. Council Woman Strader, I know you -- Vice-President Strader, excuse me, you have mentioned that before, you know, some concern about these ultra-small micro units. There is a minimum to qualify, but the maximum is 900 square feet. Again, we could play with that. If you really wanted to see more we could just say as long as you have sleeping, eating and living quarters. But we do have those standards. So, that's why it's couched in the memo -- thank you for pulling that up, Bill -- is other things we could -- we could play with, but we are not currently proposing that, so just wanted to call those to your attention.

Strader: Okay.

Hood: And, then, this is a little bit of a tag team event, if there is anything else on that.

Strader: Excuse me, Caleb.

Overton: Council Vice-President?

Strader: Uh-huh.

Overton: Just a last comment on ADUs before we move on. My hat's off to staff sitting through all these meetings and the focus group bringing all those people to the table over the conversation, because this is a very -- can be a very contentious issue. We want to try to allow that more affordable housing in those places where it's applicable.

But at the same time we need to find that balance in the community and really need to make sure that what we are doing and the intent of what we are doing makes the city better. We don't want to be doing something that starts to tear apart some of our neighborhoods in the city to make this happen and that was the balance that was trying to be struck as we were going through this and I thought they did a very good job as they laid this out on trying to find that balance, keeping some of those regulations. There are cities that don't have all those regulations and I appreciate the fact that we are keeping those the way they are right now as we move forward.

Strader: Okay. Thank you. All right. Please proceed.

Parsons: Thank you, Madam Vice-President, Members of the Council. Happy to be here and thank you, Council -- Councilman Cavener, for at least suggesting that last year, come back, bring these in front of you so you guys can understand what we are trying to do this upcoming year here. So, private streets is one that came on our radar pretty quickly. UDC focus group, what we are seeing -- I think Council is probably seeing this more and more -- is, as you know, we continue to grow and land is becoming more and more scarce, so we -- we will tend to see more and more in-fill going forward and we had some developers come forward and say, hey, your private -- we have always had private streets in our -- in our UDC. We have those currently. But they are used in a limited fashion and that's for a reason. We don't -- you know, we have ACHD. Most of the times the concerns that we hear about private streets is maintenance or access for other -- for pedestrians and for bicyclists and we do address that in the UDC. But this next round of code changes we are trying to broaden the scope of when a private street may be appropriate. I can also share with you that I have been in many meetings the last couple of years where ACHD has also encouraged developers to go the private street route, because they could not see a public benefit because of the scope of their project and how small it was and you -- you have heard some of the challenges we have been having with addressing recently and so we are trying to bridge all of those topics together and make it universal and unified in one document in the UDC. I know Brian McClure in long range is also going to be coming forward and talking to you about some changes to Title 8, which coincide with some of the private street changes that we are trying to -- to marry up -- or talk today. I don't -- I don't have all of the requirements memorized, but we are trying to make it clear that in a residential setting you do X, Y and Z, meaning maybe sidewalks on both sides of the street, maybe a wider street, maybe have designated parking where you don't have a wider street, because we know people that live on private streets have events, have family events, have get togethers. We want to make sure fire department has adequate access to get into those types of facilities. But people can also park and be safe and enjoy their community. The other piece of it is addressing where someone may go into a commercial development and want to do a residential project. I think there was one, if you guys recall, south Meridian off of Lake Hazel where they had some residential units right up to a commercial in a mixed use designation and we were talking with you about addressing those units, because they did not front -- some of them did not front on a public street. So, what is the appropriate mechanism? We -- we shared with you that the fire code addresses that, but we also want to make sure that whatever we do

marries up with other code sections that we -- we enforce on a daily basis and, then, the third part of it is Ada county on occasion has required commercial developers to name their commercial drive aisles through their -- their parking lots and we have gotten notification, we are like, wait, what happened, why do you have a named street on -- through your parking lot? And we realized the county has required that and so that's the other piece of it. So, it's really a three pronged approach. It's -- when is it appropriate for residential? How do we address it when we have multi -- large multi-family projects that don't need public street frontage, in-fill, and, then, also addressing as an ongoing process. But I think all in all we made some good progress. I'm not going to sit up here today and say that it's fully baked. We are -- Caleb has quite a few comments. I know long range team has quite a few comments and so does the UDC focus group. So, I'm still trying to wrap my head around that and get some of those nuances worked out. But there are quite a few --

Strader: Maybe I could interject. I guess what I'm hearing is this is -- and I think reading the memo this is kind of a pulse check, if you will, on where you all are at with your process and we don't really have a final form yet of recommendations. This is kind of a status report is what I'm seeing nods. So, that's what -- I think what we are hearing and, you know, I think on any of these items I think maybe just a take away also for the Council would be just if you disagree with the direction that any of these items seem to be going is we can also provide follow up directly to Bill. You know, I think -- like just as an example, I just philosophically -- I would like to see a minimization of the amount of private streets in the city, because I am not convinced that the entities that are building the private streets will be able to pay to maintain them in the future. So, that I have a little bit more of a just philosophical issue on that. I'm not saying it's never appropriate, but I think there needs to be a lot of thought around doing that on a widespread basis. That is the only item I was deeply kind of -- had a deep feeling about, but just looking around private streets I think there may be others that have similar thoughts, so I guess I would encourage everybody to reach out to Bill on that -- on that one specifically.

Hood: Madam Vice-President?

Strader: Uh-huh. Yes.

Hood: If I can just another just -- as we went into this as staff and, then, through the focus group, too, I think one of the key philosophical things with private streets is we are opening the door a little bit wider to them, but we are not -- you know, we are not slamming it wide open, so that everything and everywhere can be a private street. But it was pretty narrowly focused, so we are looking at maybe broadening that a little bit more. I will say one of the key takeaways -- we are playing with that language still -- for in-fill -- I want to highlight that, because I will use a specific example that has been problematic to us at Eagle and Ustick where private streets were the first streets to go in and, then, you get people that are trying to connect through private streets. So, we really are trying to limit them in those settings to where, okay, the rest of the network is generally figured out and you are a piece here that doesn't negatively affect connectivity of the greater good. So, that's where, again, we want to be clear that if you are

greenfield development and the first to go into a section and it's not figured out, we are going to have a higher bar to clear to prove to us that private streets are appropriate.

Strader: That's funny, because that exact example was the reason I would not like any private streets in the city, so that's funny you mentioned it. Maybe we -- I think maybe what we are going to do is we have about seven minutes before we are going to break. Let's go ahead and try to touch on the drive-throughs if that's okay, because I feel like that is a bigger kind of newer item.

Parsons: Yes. I appreciate that, Vice-President Strader.

Strader: Yeah.

Parsons: Because that is one that I feel pretty confident on where we are headed. Definitely I -- I appreciate the pause on it from last year and said, staff, go look at this and come back with something better. So, I think Caleb laid it well -- laid it out well in the memo. We are taking a tiered approach and looking at these from a different impact on the community going back to that word, because that's what it really is and as we all know not all drive-throughs function equally, but they are defined equally in our code and so, again, got a lot of feedback on this. We did look at nationwide standards. We looked at local standards. And I think what I have drawn up here is probably something I haven't seen. It's that tiered approach. And I did work with one of the industry experts that does this throughout the nation and he really liked the suggestions and where we were headed with it as well. So, again, the goal was to limit the public hearing process. So, I guess my request from Council -- or some feedback from you tonight is do you like the approach with limiting -- again, the way the ordinance is written currently if it's not within 300 feet of a residential use -- a residence or a district, it's going to be staff level regardless of the tier and I know sometimes the Council -- you were here, you have heard Raising Cane's, you have heard other, you have an application before you this evening to talk about drive-throughs and these are those high -- those tier three drive-throughs is how I have couched them in the code. But they do have the most impact. But, again, if they meet the standards I think what we have drawn up here will -- won't solve all the issues, but at least it broadens it a little bit more, so we can take a look at that and make sure that we have appropriate standards.

Strader: Okay. Maybe we take a pause there. Tier one. Tier two. Tier three. Councilman Taylor.

Taylor: Bill, you have done a lot of work on this. I really appreciate it. I had no idea I would be dealing with so much with drive-throughs when I was thinking I would be on City Council, nor did I appreciate the amount of impact it has on -- on it. I really like this approach. I like the thinking of how can we keep it in your hands as much as where it makes some sense, but one thing I have also learned is not all -- drive-throughs are not all the same. They are very different depending on where they are located and -- and just sort of the structure around it. So, when I was reading this I'm like, oh, that -- I really think that's creative. I like where you are going with that. So, I look forward to

kind of seeing how you kind of -- kind of slot all that in there. But I really like the direction on this.

Cavener: Council Vice-President Strader?

Strader: Yep. Council President Cavener.

Cavener: Yeah. Bill, kudos. This is I think really great work. Of all the stuff there is some pieces that are interesting, but I'm really excited for us to kind of weigh in on this. A couple just quick questions. Recognize we will have a larger conversation later. I'm thinking of we had a bank -- so, if let's say that bank was built today would be a tier one. That, then, converted into being a restaurant, which, then, I would think be a tier two. Does that mean, then, that when a -- a property owner or a business owner would come in and, essentially, apply for a tier two use and -- will the standards be as such that they -- the way the building is built they wouldn't be able to achieve that second level tier? I guess have you -- and I don't need an answer on that necessarily right now, just the first thing that kind of popped up into my mind and, then, to your question -- I will just kind of share I think where I'm coming from. I think a tier one for staff makes sense. I think I could probably get there on a tier two, recognizing that if somebody disagrees with staff's decision they can appeal it. It's the tier three, because I look at that as a much higher intense use. I almost think that that one should probably come before us. But I'm not necessarily opposed to them all being with staff. I just where I think of small use, bigger use, huge use, those are the ones that really are going to have the largest impact on our citizens and I would imagine when you are getting to something like that that is a tier two use, regardless of the decision that staff is going to make, someone's likely going to ask -- ask us to review that as well and so rather than complicate the process it may be in everybody's best interest just to have those go before us. So, just my -- my two cents.

Strader: Okay. All right. It sounds like you have got some good feedback that people love the tiered approach, but maybe -- maybe following up on -- on some details about how we go from one tier to another seems important and also the approvals. I think we want to think that through. Okay.

Parsons: Got you. And that is addressed in -- in the current changes, too. The tiered one to a tier two, so --

Strader: Okay.

Parsons: More to come. Thank you for the feedback.

Strader: Okay. A couple minutes here.

Parsons: Yeah. I won't spend a lot of time on flex space --

Strader: Okay.

Parsons: -- but, again, it's just basically another tiered approach based on zoning. So, unless -- so, again, if you are in a lesser commercial zone, you provide more office and less warehouse and as you transition to a higher commercial zone or an industrial zone, you can lessen the amount of office and add more warehousing or industrial space storage.

Hood: If I can just put a finer point on that real quick. Flex space is a use. You also have industrial uses, light industrial uses, warehousing as principally permitted that don't require any office or commercial uses. So, in your industrial zones you can be a hundred percent warehouse or a hundred percent of these industries -- we are really talking about if you want to be a flex building in a commercial zone you need to have some commercial aspect to that. So, that's really the intent here is -- again, we are not saying all industrial buildings need to have a retail component or a showroom or office space even, it's when you want to classify yourself as flex and based on zoning this is -- those are the proportionate shares. So, I just want to -- that to be clear. This is one where we aren't at consensus with the UDC focus group, so I will just call that out. I have gotten some comments from some of our larger -- the largest industrial developer that we have in the community and they want more and I see their point on a lot of this, but that's -- that's kind of the counterbalance to that is, okay, well you are in a commercial zone and we aren't necessarily looking for large warehousing. This is small scale. It's in the definition. Warehousing with ancillary, you know, nonindustrial type of user. So, again, putting that in the context of what's on the ground and the location you are at, but I think this is a -- and I will just -- someone's comments. We are on the right direction is some of the feedback, but it's still too strict to use some of their words -- some of the feedback we have received as staff, so --

Strader: Okay.

Parsons: I think the other important component is we are -- because of Caleb mentioning that the commercial component of this use that we are applying the commercial parking standards to it, because in an industrial zone you have to -- you only -- it's -- what is it, 75 percent less parking --

Hood: Yeah.

Parsons: -- industrial district than a commercial district, so --

Strader: Uh-huh.

Parsons: -- and we know -- we have seen an uptick in commercial where we have commercial users going in industrial space through that conditional use process. So, we want to be mindful that we are not giving up so much industrial to other commercial users. So, staff really feels like that is one of the most important components as well is making sure we get the right parking balance for these types of businesses and uses.

Strader: Okay.

Parsons: And, then, any feedback on that before we quickly get to fencing?

Strader: Let's check -- let's just check in if anyone -- does anyone have any feedback or just a strong reaction one way or another to that one? I think this is one of those -- you are just going to keep churning through it and I think especially talking with your industry experts at the same time to get their feedback to try to meet the right compromise that's still workable; right? We don't want to be too prescriptive and -- but at the same time I get exactly what you are saying about parking and some of these other aspects, so -- okay. And we have a couple of -- it looked like clean-up items, things we have talked about before. Fencing. Shall we touch on fencing?

Parsons: One thing about fencing, it will be a repeal and replace.

Strader: Okay.

Parsons: So, you probably have never seen that, but there is so many changes to it that it's just easier to repeal the old and come in with a brand new one. A lot of it reuses the existing code, but just clarifies when you have a grade change, when you have decorative trellises in your -- in your backyard, it allows -- I think it's going to allow the community a little flexibility to do more in their backyard and add some of those decorative elements, but at the same time hopefully help code enforcement enforce the code a little bit easier, rather -- and at least make it more enforceable for them and so I am really happy that we are working with legal and code on this, because they are the ones that are out there trying to find a definition of a fence and a tarp -- a blue tarp on a 20 foot pole is not a fence. But they have seen those things. So, we were, again, back in front of you in September. We shared with you -- shared with you some of those photos and some of the interpretations they have to make in the field and I believe this is one of those ways where we can enhance that, modernize the code and, hopefully, get somewhere where everyone is happy with it.

Strader: Okay. Great. Well, I think with that, you know, we will -- you are planning to come back to us in August. When would you like to hear from the Council Members? If people have feedback I would recommend giving people a minimum of two weeks. But when would you like to hear from Council Members if they have additional comments or concerns?

Hood: Vice-President Strader, good question. And just to clarify. So, in August we plan on that being the public hearing. So, it will be vetted through the Planning and Zoning Commission. So, we have -- I would like to meet with our UDC focus group on Thursday. Bill's -- give him a couple of days to make those tweaks and we can get something back out first part of -- Monday's a holiday. First to middle part of next week and, then, within the two weeks, then, please, provide us any -- any feedback comments. But you ultimately have -- this is more for you to start thinking about and chewing on, even if we propose something that's not ideal, but earlier the better, but you will have another -- another bite certainly later. So, middle of next month.

Strader: Fantastic. I think we have a solid plan and with that we are at the end of our meeting.

Cavener: Madam Vice-President, move we adjourn the work session.

Strader: Okay. Do I have a second?

Little Roberts: Second.

Strader: All right. Fantastic. All in favor say aye. And we are adjourned.

MOTION CARRIED: ALL AYES.

MEETING ADJOURNED AT 5:53 P.M.

(AUDIO RECORDING ON FILE OF THESE PROCEEDINGS)

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| _____ MAYOR ROBERT SIMISON | _____ / / DATE APPROVED |
|-------------------------------|-------------------------------|

ATTEST:

CHRIS JOHNSON - CITY CLERK