Lewiston City Council
WORK SESSION AGENDA
December 2, 2024 - 3:00 PM
Lewiston Bell Building – Second Floor Conference Room – 215 D Street
Lewiston, Idaho 83501

Seating will be available on a first-come, first-served basis. All others who wish to observe this meeting may watch and listen to the livestream on their own device(s) by visiting the City of Lewiston's website at cityoflewiston.org.

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. CITIZENS COMMENTS

This is an opportunity for citizens to address the Council on agenda items or other items they wish to bring to the attention of the Council. Citizens are encouraged to discuss operational issues in advance with the Mayor. In consideration of others wishing to speak, please limit your remarks to three minutes.

IV. DISCUSSION ITEMS

Please note that identifying an item as an "Action Item" does not require the City Council to vote on that item.

A. FINAL MAIN STREET UPDATE: A final update regarding the Main Street "Reimagine Downtown Lewiston" project from Welch Comer & Associates, Inc. - Action Item (Public Works Director Johnson)

B. SHIPPING CONTAINERS: Continued discussion and possible direction regarding city code enforcement and potential amendments to Lewiston City Code related to the prohibition of shipping containers as buildings in most zoning districts - Action Item (Community Development Director Grow)

C. OPIOID SETTLEMENT FUNDING TASK FORCE: A presentation on the establishment of a Task Force and Grant Program for Opioid Settlement fund allocation - Action Item (Grant Manager Rose)

D. ENGINEERING DEVELOPMENT CODE UPDATES: An overview of proposed revisions to Lewiston City Code Sections 31-47 and 31-51 to align with the ADA Transition Plan, enhance development processes, and prioritize strategic frontage improvements - Action Item (Public Works Director Johnson)

E. ASSIGNED BUILDING FUND UPDATE: A financial review of appropriations, Council-approved projects, and updates on project costs related to the Assigned Building Fund - Action Item (Finance Director Gordon)

V. UNFINISHED AND NEW BUSINESS

A. CITY COUNCILOR COMMENTS: Comments shall not be related to an item currently before the City Council or an item that may come before the City Council in the foreseeable future, and shall be limited to comments, not discussion.

B. CITY BOARDS AND COMMISSIONS LIAISON UPDATES

C. MAYOR COMMENTS

D. AGENDA TOPICS: Action Item

VI. ADJOURNMENT - Action Item

The City of Lewiston is committed to providing access and reasonable accommodation in its services, programs, and activities and encourages qualified persons with disabilities to participate. If you anticipate needing any type of accommodation or have questions about the physical access provided at this meeting, please contact Nikki Province, ADA Coordinator, at least forty-eight (48) hours in advance of the meeting at 208-746-3671 x 6211.

CITY COUNCIL MEETING
AGENDA ITEM SUMMARY

ITEM TITLE FINAL MAIN STREET UPDATE	**AGENDA NO.** IV. A. **AGENDA DATE:** December 2, 2024

ITEM SUMMARY (Background, Discussion, Key Points, Recommendations, etc.)

The project consultant, Welch Comer & Associates, will provide a final update to City Council regarding the Main Street "Reimagine Downtown Lewiston" project.

BUDGET IMPACT (Identify any or all impacts this proposed action would have on the City budget and/or personnel resources)

N/A

ACTION PROPOSED

N/A

CITY COUNCIL MEETING
AGENDA ITEM SUMMARY

ITEM TITLE SHIPPING CONTAINERS	**AGENDA NO.** IV. B. **AGENDA DATE:** December 2, 2024

ITEM SUMMARY (Background, Discussion, Key Points, Recommendations, etc.)

City staff presented city code and related enforcement matters regarding the prohibition of the use of shipping containers as buildings in the City of Lewiston in most zoning districts on June 3, 2024, at which time staff asked the Council for direction on how to proceed. Since that time, the Council has considered these matters several more times, including the conducting of a public hearing on potential city code amendments on August 12th and its last review at work session on November 4th, and has been unable to determine the direction it would like to take.

BUDGET IMPACT (Identify any or all impacts this proposed action would have on the City budget and/or personnel resources)

There is no budget impact at this time.

ACTION PROPOSED

Review options given by staff in the attached memo. Give direction on how to proceed.

Memo

TO: **Mayor and City Council**

FROM: **Shannon Grow, Community Development Director**

CC: **Joel D. Plaskon, City Planner, AICP**

DATE: **November 21, 2024**

RE: **Shipping Containers**

City staff presented city code and related enforcement matters regarding the prohibition of the use of shipping containers as buildings in the City of Lewiston in most zoning districts on June 3, 2024, at which time staff asked the Council for direction on how to proceed. Since that time, the Council has considered these matters several more times, including the conducting of a public hearing on potential city code amendments on August 12th and its last review at work session on November 4th, and has been unable to determine the direction it would like to take.

In continuance of these considerations, staff offers the following options to City Council, listed in no order of priority:

1) Take no action. This option would leave city code, as is, continuing the prohibition of the use of shipping containers for use as buildings in most zoning districts. Currently, they are allowed only in the Industrial, Port, and Airport Zoning Districts. They are currently prohibited in all 17 other zoning districts, except for temporary use only (90 days) in the C-3, C-4, and C-6 Zoning Districts. If this option is chosen, staff will draft a strategy for enforcement and present it to Council at a future meeting.

2) Amend city code to allow the use of shipping containers in all zoning districts. This option would be fair and consistent across the board. It would satisfy the desire of those property and business owners who desire the take advantage of the related benefits, especially those that already have them but are out of compliance, but would upset those who believe that the presence of shipping containers is out of character with the community and reduces neighboring property values.

This option would also require a decision by the Council, as it had expressed interest in prior, whether or not to require associated building permits and, if so, whether such permits should require related fees and whether or not special placement standards should apply, i.e. setbacks, visibility, height, cosmetic treatment(s).

3) Amend city code to allow the use of shipping containers in not in all zoning districts, but in more than what is currently allowed. This option is a tricky one, because the Council would have to decide in which zoning districts they are appropriate to be located in vs. not. The difficulty here lies in the fact that zoning districts are not "cut and dry," in terms of what land use types are allowed to exist and what land use types actually exist (vs what is allowed, i.e. "grandfathered" uses). In other words, if the Council decides it is appropriate to allow shipping containers for use as buildings in all commercial and industrial zoning districts, but not in any residential zoning districts, it must consider the fact that we have multiple "mixed use" zoning districts where both residential and commercial uses are allowed. Additionally, several zoning districts allow commercial uses by right, but also allow residential uses by conditional use permit, and vice versa.

   Additionally, this option would appear to require the addition of a definition of shipping containers to city code to be able to authoritatively differentiate them from "buildings" and then amend the various zoning districts where they will not be allowed to expressly prohibit them. That presents its own difficulty.

   If they are prohibited, for example in the Normal Hill zoning districts in order to protect the historic character of those neighborhoods but allowed in other residential zoning districts then that seems to presume that they are and will only be used for storage and that they are all more unsightly than other types of storage structures and conditions.

   For example, a property owner in Normal Hill may want to convert one or more shipping containers (attached to one another) into an accessory dwelling unit or even for use as a small, primary dwelling. In that case, the shipping container(s) would could be expected not to be "unsightly" and would have nice paint, or even siding and/or roofing added to it and have windows and doors.

   However, if we simply say that shipping containers are prohibited from being used in the Normal Hill Zoning Districts, the aforementioned example would not be allowed, unless we say in the definition (that would need to be added to city code) that one or multiple shipping containers converted to habitable space excludes them from being a shipping container and that they then qualify as a "building" so they can be used as a dwelling.

This option would also require a decision by the Council, as it had expressed interest in prior, whether or not to require associated building permits and, if so, whether such permits should require related fees and whether or not special placement standards should apply, i.e. setbacks, visibility, height, cosmetic treatment(s).

4) Amend city code to prohibit the use of shipping containers as buildings in all zoning districts. This option is technically simple but appears to be unrealistic in terms of the overall desire and the reality of what is actually happening in the community.

CITY COUNCIL MEETING
AGENDA ITEM SUMMARY

ITEM TITLE OPIOID SETTLEMENT FUNDING TASK FORCE	**AGENDA NO.** IV. C. **AGENDA DATE:** December 2, 2024

ITEM SUMMARY (Background, Discussion, Key Points, Recommendations, etc.)

City of Lewiston Opioid Settlement Funds will be allocated to projects and programs aimed at remediation, preventing, and education on substance misuse. This effort will combat the opioid epidemic by supplying essential resources for the community. These funds are generated through the Opioid Abatement Trust Fund and legal settlements with pharmaceutical companies. In conjunction with the Public Health of Idaho North Central, CHAS, Idaho Office of Corrections, St. Joeseph Medical Center, and Union Gospel Mission, the City of Lewiston has developed a basic framework for the distribution of opioid settlement funds to best serve the residents of Lewiston. This will be accomplished by launching a grant program.

BUDGET IMPACT (Identify any or all impacts this proposed action would have on the City budget and/or personnel resources)

This project is to expend the opioid settlement funding received through the State of Idaho.

ACTION PROPOSED

Review framework proposed by staff and task force.

City of Lewiston
Opioid Crisis Response
Grant Program
Notice of Funding Availability

Opens: January 1, 2025
Closes: February 28, 2025

Purpose

City of Lewiston Opioid Settlement Funds will be allocated to projects and programs aimed at remediating, preventing, and education on substance misuse. This effort will combat the opioid epidemic by supplying essential resources for the community. These funds are generated through the Opioid Abatement Trust Fund and legal settlements with pharmaceutical companies.

PROGRAM PRIORITIES

In conjunction with the Public Health of Idaho North Central, CHAS, Idaho Office of Corrections, St. Joeseph Medical Center, and Union Gospel Mission, the City of Lewiston has developed a basic framework for the distribution of opioid settlement funds to best serve the residents of Lewiston. Funding will be allocated across the following six priority areas chosen to specifically address the needs of our community. (Also see the attached Exhibit A – Approved Uses.)

PRIMARY PREVENTION

Evidence-based prevention programs can significantly reduce rates of substance misuse. Prevention programs aim to educate and support individuals, families, and communities to prevent the misuse of drugs and the development of substance use disorders.

HARM REDUCTION

Opioid Use Disorder (OUD) is a chronic condition that requires an array of services to limit the potential for future adverse events such as serious infections or fatal overdoses. This category emphasizes strategies that prioritize the safety, health, and well-being of individuals affected by opioid use through harm reduction approaches.

TREATMENT

Treatment for Substance Use Disorder (SUD) is essential for a safe pathway to long- term SUD recovery. To increase the awareness of treatment availability both the provider and patient require knowledge of treatment screening, treatment options, and treatment accessibility. Treatment priorities encompass reducing barriers to Medication-Assisted Treatment (MAT) and expansion of treatment services availability.

RECOVERY SUPPORT

Recovery from OUD is possible given the right circumstances and situation. Many factors contribute to the potential for an individual to relapse and resume opioid use and, therefore, recovery programming should be broad in the type of services provided.

EDUCATION AND TRAINING

Comprehensive educational and training programs can empower first responders, schools, community support groups, and families to make informed decisions, enhance skills, and develop effective strategies to prevent opioid misuse, expand treatment, promote recovery, and improve overall public health.

RESEARCH AND DATA COMMUNICATION

The collection of timely, accurate, and relevant data is integral to the success of opioid use disorder program planning, implementation, and evaluation. Quality data provides planning personnel with the information to make informed decisions regarding the efficient and equitable distribution of resources necessary to address the opioid epidemic. Furthermore, as the epidemic is a public issue that affects many individuals and communities alike, public-facing reports such as community dashboards are an effective way of keeping members of the community involved and updated on the scope of the issue.

AVAILABLE FUNDING

The City of Lewiston expects to award approximately $484,000 in the current funding cycle. While there is no set maximum award amount, multiple projects will be funded, and applicants should consider this in developing the budget included in their application.

PROJECT PERIOD

The project period will be a total of two years with approved projects requiring submission of semi-annual reporting and reimbursement requests as needed.

ELIGIBILITY REQUIREMENTS

The City of Lewiston is seeking applications from experienced organizations actively engaged in addressing the opioid epidemic in our community. Additional eligibility requirements include:

1. The organization must be located within, and serving residents of, Lewiston, Idaho.
2. The organization must have a Unique Entity ID (UEI).

ELIGIBLE ACTIVITIES AND COSTS

The following activities align with the six priority areas and are eligible for funding. Funds must be used for costs directly associated with implementing eligible activities.

PREVENTION
Develop and implement provider/family partnerships and programs that will provide child and family support for parents with OUD.
Provide enhanced support for children and family members suffering trauma because of addiction in the family including offering or connecting children who have been affected by trauma with trauma-informed behavioral health treatment.
Collaborate with school district to increase student involvement in school clubs, sports, and programs as a protective factor against opioid misuse.

HARM REDUCTION
Provide comprehensive Advanced Harm Reduction Services with wrap-around services including linkage to treatment for opiate use disorder (OUD).
Implement a mobile unit and/or street outreach-based Harm Reduction programming to increase availability of naloxone and other drugs treating overdoses.
Implement community-based, drug-checking devices.
TREATMENT
Distribute MAT to individuals who are uninsured or whose insurance does not cover the needed service.
Implement and coordinate MAT for justice-involved individuals through on-site modalities, expanding access to off-site providers to maintain continuity of care, and/or implementing bridge programs to link individuals to care upon release.
Expand availability of treatment including all forms of Medication-Assisted Treatment approved by the U.S. Food and Drug Administration.
Implement or expand availability of telehealth to increase access to treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
Implement or expand “bridge programs” in emergency departments and other hospital settings, which link individuals who have overdosed directly to community-based treatment programs. Services can include but is not limited to peer navigation, case management, initiation of MAT, and connection to social services.
Provide inpatient treatment beds for uninsured and underinsured individuals.
Expand existing services to include more outpatient treatment options for uninsured and underinsured individuals.
Implement “quick start” protocols for OUD treatment to minimize intake and referral processes needed to initiate medications for opioid use disorder, e.g., same-day starts, walk-in modalities, mobile medical and street-based modalities, etc.
Expand peer navigation programs to include naloxone distribution, linkage to care, social needs and warm hand-offs to recovery services, in addition to expanding services such as navigators and on-call teams to begin MAT in hospital emergency departments, including 24- hour availability, and expand peer navigation programs to include inpatient hospital care for individuals with SUD-related illnesses and conditions.
Provide comprehensive prevention, treatment, and recovery services and supports for uninsured pregnant women throughout pregnancy and up to 12 months postpartum.
Implement rapid re-housing in tandem with Medication-Assisted Treatment in addition to establishing low-barrier supportive housing opportunities.
Provide mobile intervention such as street medicine or mobile unit services, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches.

RECOVERY SUPPORT
Provide affordable and high-quality housing for recovery that allow or integrate MAT and/or other support services including comprehensive wrap-around services such as housing, transportation, workforce development such as job placement/training, and childcare.
Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling including recovery services such as travel for treatment appoints, payment for MAT, room rent for recovery housing, etc.
EDUCATION AND TRAINING
Provide education and training via academic detailers, or peer-to-peer education to increase awareness of MAT and prescribing practices through MAT trainings to medical providers, medical students, first responders, peer recovery coaches, and/or recovery outreach specialists.
Provide education to school-based and community-based professionals who work with youth to decrease opioid misuse among adolescents.
Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment.
Provide education and support for families affected by Neonatal Abstinence Syndrome.
Provide workforce development, education, and mental health support for addiction professionals.
Provide trauma-informed training for first responders and bedside providers.
RESEARCH AND DATA COMMUNICATION
Conduct evidence-based data collection to analyze the effectiveness of the abatement strategies.
Implement data tracking software and applications for overdoses/naloxone revivals.
Create and/or expand databases to accurately monitor OUD programming outputs across sectors.

APPLICATION PROCESS

Applications are submitted online through the Neighborly software portal utilized by the City of Lewiston for subrecipient and contract management. Applicants may access the website at https://www.cityoflewiston.org/community-development or https://portal.neighborlysoftware.com/lewistonid/Participant

Existing subrecipients may log in using their current credentials. New applicants must register for the portal. Neighborly registration information is included at the end of this notification.

REQUIRED DOCUMENTS FOR SUBMISSION

- Articles of Incorporation and By-Laws
- Current List of Board of Directors
- IRS 990 or Financial Statement
- Organizational Chart
- Proof of 501c3/Nonprofit Status
- Copy of most recent Annual Report

SUGGESTED DOCUMENTS FOR SUBMISSION

- Annual Reports
- Client Satisfaction Survey/Form
- Brochures
- Letters of Support

SELECTION PROCESS

Application Screening: City of Lewiston will screen all applications to ensure that they meet the requirements included in the funding announcement.

Application Review: The Task Force, comprised of subject matter experts, will review applications to understand the overall demand and effectiveness of the program, utilizing the scoring rubric included in this notification.

Final Decisions: The City of Lewiston will consider rankings along with other factors to make final funding decisions. Other factors may include cost effectiveness, overall funds availability, city government priorities and strategies, community need, geographic distribution, balance of focuses and approaches, or other relevant factors. The City of Lewiston may not fund all applications or may only award part of the amount requested within an application. If funding requests exceed available funds, City of Lewiston may ask applicants to revise projects to address a more limited focus.

REPORTING REQUIREMENTS

Those selected for funding will be required to complete quarterly reports and reimbursement requests through the online grant reporting system. Goals and performance indicators will be set for each contracted program.

CONTACT INFORMATION

Melinda Rose
Grants Manager
City of Lewiston
208-798-2582
mrose@cityoflewiston.org

ACCESSING AND REGISTERING FOR NEIGHBORLY

ACCESSING THE PORTAL

Neighborly Software is accessible via any internet connected device. The recommended browser is Google Chrome, but will work with any modern web browser (i.e. Internet Explorer v10+, FireFox, Safari).

Application Portal Link: https://portal.neighborlysoftware.com/lewistonid/Participant

REGISTERING YOUR ACCOUNT

When you access the Portal for the first time, you'll need to Register your account by clicking on the Register link. The registration process will create a username (which is your work email address) and password that will be used for future logins. The email address you choose will also be used for system emails/notifications. For security purposes, the system will validate that you own the registered email address by sending an email with a validation link.

Note: If you do not receive the system email within 2 minutes, check your spam or bulk mail folder. If the email appears in that folder, you should right click on the email to indicate "Not Junk" or "Not Spam" to ensure you receive any other system notifications.

LOGGING IN

Once your account has been registered, you may login (using the same link above) by entering the email address and password used during registration. By checking "Remember Me?", your web browser will remember your email address for future logins (depending on browser and security settings).

Opioid Abatement Funds Application Scoring Rubric

Grant Reviewer Name:

Program/Project Name and Agency:

Grant Program:

Priority Category:

Scoring Criteria	5 points Exemplary Response	4 Points Exceeds Requirements	3 Points Meets Requirements	2 Points Minimum Response	1 Point Unsatisfactory Response	0 Points No response
The proposal clearly describes a project/program designed to meet a significant need related to opioid remediation and includes all supporting materials, data, and references necessary to adequately evaluate the proposal.						
Proposal demonstrates a well-designed project/program with clear goals and outcomes that are specific, measurable, reasonable, and time limited.						
The proposal includes an evaluation plan outlining methodology for data collection, evaluation of project/program success, and measurement of client satisfaction.						
The proposal includes a detailed plan for how the project/program will advance equitable outcomes for all served.						

Scoring Criteria	5 points Exemplary Response	4 Points Exceeds Requirements	3 Points Meets Requirements	2 Points Minimum Response	1 Point Unsatisfactory Response	0 Points No response
Project/program supports the objectives of the Opioid Abatement Funds and is within the priority list of programs/projects.						
Proposal includes an innovative approach to addressing the opioid epidemic with supporting evidence provided as applicable.						
The proposal includes a budget request that is reasonable and reflects only personnel and operating costs that are directly allocable to the project/program.						
The proposal demonstrates outside support for the project/program through the inclusion of leveraged funding and/or collaboration with other organizations serving in the community.						
Proposal supports the long-term needs of the opioid epidemic through a project/program design that is scalable and has the potential to be replicated, if needed.						
The proposal includes evidence that the project/program is sustainable.						
Total Score						

City of Lewiston
Opioid Crisis Response
Grant Program

Available Funding

- To date, Lewiston has received $484,000
- $1.2M will be received over the next 18 years
- To maximize the impact of the funding and align with its intended purposes, a grant program was identified as the most effective approach.

Task Force

- A task force has been established to offer guidance, foster collaboration, and shape a strong and effective program.

- Members include:
  - CHAS Health
  - Public Health of Idaho North Central
  - Idaho Office of Corrections
  - St. Joeseph Medical Center
  - Union Gospel Mission

- The task force will participate in evaluating applications and selecting the most suitable projects.

Application

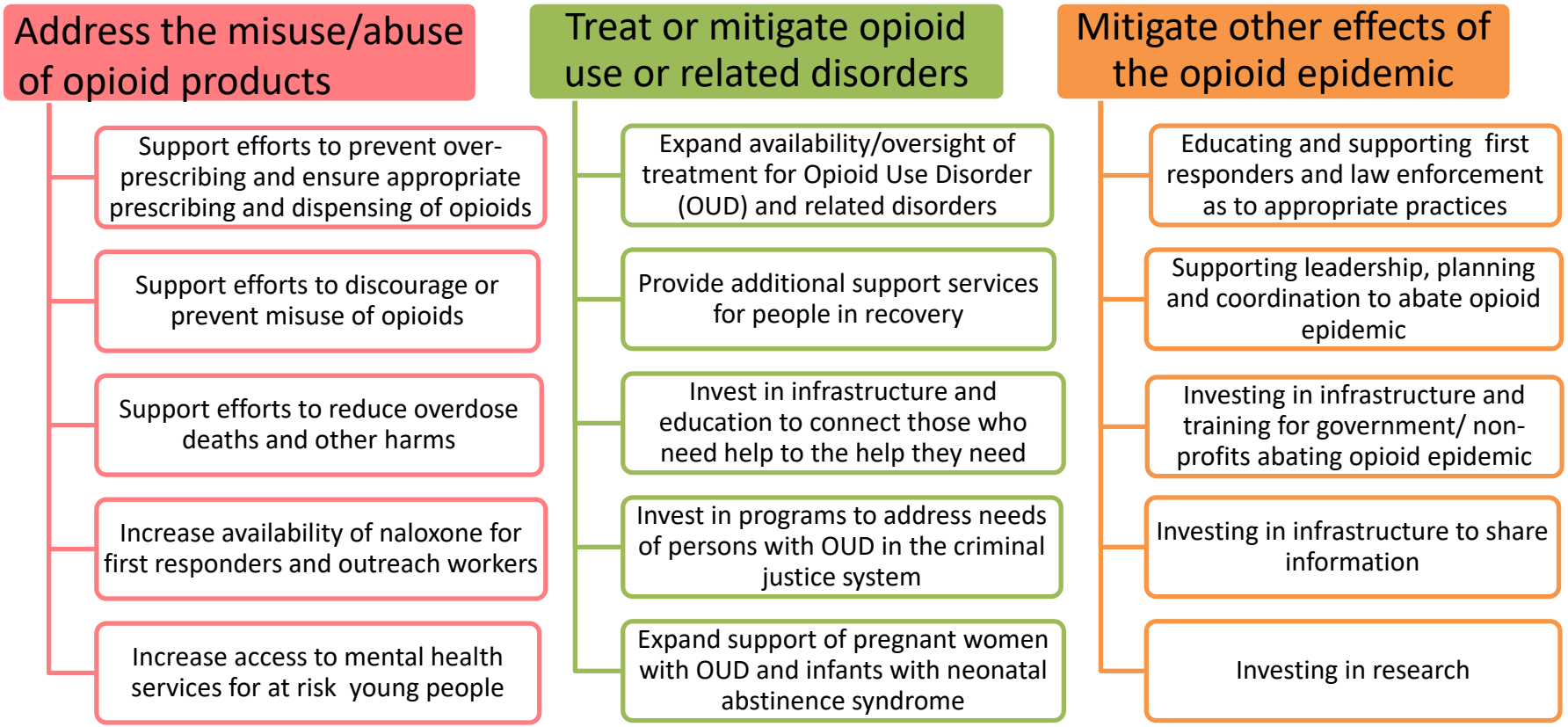
- A platform is being developed using the Neighborly Program, the same system employed for CDBG initiatives.

Eligible Entities

- Eligible entities will be those providing allowable services, as defined by the Attorney General's agreement and "Exhibit A".

Approved Opioid Remediation Strategies

- A full list is included as Exhibit A to the Idaho Allocation Agreement



Important Dates

January 1, 2025	Application Portal Opens
February 28, 2025	Application Portal Closes
March 30, 2025	Project Selections are Announced
April 1, 2025	Project Start Date

- Projects may run up to 2 years.

Outreach

- An outreach plan is currently being developed in collaboration with the Public Information Officer. This will include imaging and a website.

Please direct any questions to:

Melinda Rose
Grant Manager
City of Lewiston
208-816-2878
mrose@cityoflewiston.org

Exhibit A
Approved Opioid Abatement Strategies

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following[1]:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[1] As used in this Exhibit A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the Public Creditor Trust Distribution Procedures.

8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

14. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Exhibit A
Approved Opioid Abatement Strategies

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

    2. Active outreach strategies such as the Drug Abuse Response Team (DART) model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.

10. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

7. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school

employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid-

or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

CITY COUNCIL MEETING
AGENDA ITEM SUMMARY

ITEM TITLE ENGINEERING DEVELOPMENT CODE UPDATES	**AGENDA NO.** IV. D. **AGENDA DATE:** December 2, 2024

ITEM SUMMARY (Background, Discussion, Key Points, Recommendations, etc.)

This item is meant to provide council with an opportunity to hear from staff regarding pertinent sections of Lewiston City Code influencing development and introducing proposed updates to that code.

The "ADA Transition Plan," as adopted by Council on September 14, 2020, seeks to bring the City of Lewiston into compliance with "the ADA's requirement that all new facilities (and altered facilities to the maximum extent feasible) be designed and constructed to be accessible to and useable by people with disabilities." It encourages and mandates the construction of Curb/Gutter and sidewalk, or "frontage improvements", with development, prioritizing the corridors defined by the plan.

The proposed update to Lewiston City Code "Sec. 31-47. - Inspection of sidewalks; director may order construction, repair, or removal" revises the code to be in compliance with the "ADA Transition Plan," as adopted by Council on September 14, 2020, which states: "Modify to ½-inch vertical separation or greater. Discontinuities between ¼inch and ½-inch shall be beveled with a slope not steeper than 50 percent. (Reference: PROWAG Technical Requirements R301.5.2)" Current code specifies 3/4-inch. This edit will bring this code into compliance with current American's with Disabilities Act (ADA) rules and regulations.

The Lewiston City Code "Sec. 31-51. - Concrete sidewalks and curbs, or payment of "in lieu" fee, required in conjunction with all new construction and major remodeling; allowing "in lieu" fee to satisfy sidewalk postponement obligation" was last updated in 2009. This section of code details the requirements for installing sidewalks and curbs in conjunction with construction of development projects. The code requires the installation of these "frontage improvements" to be installed according to City Standards. It sets up a "fee in lieu of" (FILO) program and the possibility of postponements but places stringent limits on the use of them.

The current code requires frontage improvements with all new construction. In some circumstances, the frontage improvements could cost more than the improvements being done to the lot.

Staff has undertaken to rewrite Section 31.51 to allow the "fee in lieu of" (FILO) program and postponements and development agreements in a manner that strategically develops frontage

improvements in higher traffic areas within the City of Lewiston and encourages continued development and improvements within the City. The rewrite provides additional discretion to the Public Works Director to utilize the tools within the code to promote development.

As part of the update, it was required to add and modify a few definitions. The definitions included in the "Definitions for Section 31.51 Rewrite" are critical for the function and intent of the rewrite to be accomplished - most notable is the new definition for "Major Remodel" in Chapter 31. The new definition takes staff out of the business of determining which components of a project are part of a remodel and bases it solely upon the International Existing Building Code (IEBC).

Staff will bring a presentation of examples to Council and lay the following questions before Council to seek their direction and input:

1. Does Council support the idea of staff being able to utilize FILO and postponement and development agreements to encourage development while balancing the need for frontage improvements?
2. What do you see as an appropriate balance between being pro-development and accomplishing frontage improvements?

BUDGET IMPACT (Identify any or all impacts this proposed action would have on the City budget and/or personnel resources)

No budgetary impact.

ACTION PROPOSED

No action is required at this time.

Sec. 31-47. - Inspection of sidewalks; director may order construction, repair, or removal.

(a)
The department may inspect sidewalks. Where any sidewalk is dangerous and unsafe, the director shall have the authority to order the owners or agents in charge of the property abutting or adjacent to the sidewalk to repair or remove such sidewalk. Where no sidewalk exists, the director shall have the authority to order the owners or agents in charge of the abutting or adjacent property to construct a sidewalk. Service of such an order shall be accomplished in accordance with section 31-10 of this Code.
(b)
A dangerous and unsafe sidewalk is a sidewalk that is:
(1)
Separated or vertically misaligned by one-half (½) inch or greater;
(2)
Spalled or has an irregular surface of one-half (½) inch or greater; or
(3)
Missing sections or broken into pieces of less than eighteen (18) inches in any measurement.
(c)
Discontinuities between ¼inch and ½-inch shall be beveled with a slope not steeper than 50 percent.
(d)
Notice and appeal of the director's order shall be as provided in section 31-10 of this Code.
(Ord. No. 3726, § 2, 10-22-84; Ord. No. 4761, § 6, 9-23-19)

Sec. 31-51. - Satisfaction of Frontage Improvements required.

(a) Frontage improvements shall be required in conjunction with all new residential and commercial construction and major remodeling of commercial properties, except as provided in planned unit developments and subsection 31-51(c) of this Code. No permits for new construction, major remodeling of an existing structure, or the installation of manufactured homes or prefabricated structures shall be issued by the building official until adequate provisions are made for necessary frontage improvements required by this Code in conformity with city standards.

(b) The requirement for frontage improvements may be satisfied by:

- Installation of the required frontage improvements; or
- Payment of a fee “in-lieu-of” frontage improvement installation; or
- Execution of a frontage improvement postponement agreement; or
- Negotiation and execution of a development agreement.

(1) Installation of Required Frontage Improvements.
When constructed, frontage improvements shall meet city standards and be installed under the supervision and control of the department and shall be installed at the expense of the owner of the property abutting the improvements. Improvements shall extend the full length of the parcel which fronts on any public street. Where no grade or line for frontage improvements has been established for such street, frontage improvements shall be constructed at a grade and line approved by the director or his designee.

(2) Payment of a Fee “in-lieu-of” Frontage Improvement Installation.

Residential in-lieu-of fees shall be assessed per lineal foot of street frontage. The cost per unit shall be determined by February 1 each year for all fees paid for the next twelve (12) months based on the current labor and material costs for frontage improvement construction.

Commercial in-lieu-of fees shall be assessed based on an Engineer’s estimate for the construction and design costs of all frontage improvements in compliance with the City of Lewiston’s standards and plans.

Fee-in-lieu of may not be allowed when the side of the street on which the development is occurring has been identified in the City’s master plan(s) as a priority or when frontage improvements exist within 400 linear feet on the same side of the street of the parcel on which development is occurring.

At the request of the property owner, payment of a fee in-lieu-of frontage improvement construction may be allowed at the discretion of the City Engineer, in one or more of the following circumstances:

a. The right-of-way is insufficient, cannot be dedicated, and the city is unable, or does not desire, to purchase adequate right-of-way; or
b. Where the director of public works determines a hazard may be created by such installation; or

c. The street in question is a local residential road; or
d. A stormwater drainage problem would be created; or
e. Frontage improvement installation is not desirable due to topography, connectivity, or known impending projects.

FILO may be allowed for sidewalk even if curb is installed or required to be installed.

Money collected through the "in-lieu-of" program shall be used by the city to construct frontage improvements in accordance with the City's master plan(s).

(3) Execution of a Frontage Improvement Postponement Agreement.

After notification by the public works department, property owners who have executed a frontage improvement postponement application and have been granted said postponement or owners of real property on which a frontage improvement postponement has been recorded in the office of the Nez Perce County recorder, where cause for said postponement is no longer valid and cause would not be valid under existing standards, the postponement shall be called and property owners shall construct the frontage improvements. If frontage improvements are not constructed as provided herein the city may perform the necessary work and have the costs of construction assessed against the real property pursuant to Idaho Code §§ 50-316 and 50-1008.

Frontage Improvements may be postponed by the director if:

a. A storm drainage problem would be created; or
b. A hazard to the public may be created; or
c. If topographic, geographic, environmental, ROW, or similar constraints would otherwise make the installation of frontage improvements impracticable; or
d. Improvements to the abutting road have been adopted as part of the CIP and it is in the City's interest to postpone frontage improvements until such time as the road improvements have commenced; or
e. The existing adjacent right of way is undeveloped and a proposed alignment for the development of the ROW has not been established in support of the adjacent parcels.

A postponement agreement is required to be signed by the owner, or a legal representative, and the director and filed with the Nez Perce County recorder's office and shall remain as an encumbrance on the property when transferred to a new owner.

Postponement in no way relieves the abutting property owner from the responsibility to construct frontage improvements to city standards at such time as it becomes necessary, as determined by the director.

(4) Negotiation and Execution of a Development Agreement.

The director may utilize a development agreement in instances where topographic, geographic, environmental, ROW, or other such constraints would otherwise make the development impracticable. A development agreement

may be negotiated between the Owner/Developer and the City in instances where existing processes do not fulfill the interests of the Owner/Developer and the City and the public interest. The development agreement shall be signed by the Owner/Developer and then approved by City Council and signed by the Mayor, prior to being effective.

(c) Frontage Improvements may not be required for the construction of a replacement like-and-kind structure resulting from a loss caused by fire or other such disaster.

(Ord. No. 3726, § 2, 10-22-84; Ord. No. 3992, § 14, 1-28-91; Ord. No. 4132, § 2, 6-26-95; Ord. No. 4270, § 4, 10-30-00; Ord. No. 4394, § 2, 4-11-05; Ord. No. 4539, § 1, 12-28-09) (Ord. No. 3726, § 2, 10-22-84; Ord. No. 3992, § 15, 1-28-91; Ord. No. 4025, § 4, 12-30-91; Ord. No. 4132, § 3, 6-26-95; Ord. No. 4394, § 3, 4-11-05)

Sec. 31-52. - Liability of owner.

(a) The owners of the property in front of or for the use of which any structures referred to in the preceding section are constructed, kept or maintained shall be liable to the city for the condition thereof and shall construct, keep and maintain the same upon the express condition that the owner of such property will save and keep the city harmless from any and all damages, losses, claims and demands occurring on account of or by reason of the existence of such structures.

(b) Such covenant shall be deemed a covenant running with the land and the construction of such structures or the keeping or maintaining of those in existence shall be deemed an acceptance of all the terms and conditions of this section.

(Ord. No. 3726, § 2, 10-22-84)

Secs. 31-53—31-65. - Reserved.

Definitions for Section 31.51 Rewrite

New Definitions

Frontage Improvements means all elements of the City's standard street section, including ADA accommodations, which do not currently exist or do not satisfy current City code, master plans, or standards, from the centerline of the street to the right-of-way boundary. Improvements must result in a minimum of 20 feet of travelway so improvements may extend past the centerline, if needed.

New construction (residential) means the construction or placement of any residence(s) containing two dwelling units or less on one lot.

New construction (commercial) means the construction or placement of any building, structure, display lots, parking lots, storage lots or facilities, or other improvements on property intended or used for commercial purpose(s). Additions, alterations, or repairs are excluded from this definition. Three or more dwelling units on a single lot categorizes the lot under this definition. Home occupations are excluded from this definition.

Commercial, for the purposes of this chapter, shall include all use of property conducted for gain, not for profit organization(s), utility districts, school districts, government entities, or other non-residential uses.

ADA means the Americans with Disabilities Act and clarifying rules and regulations.

Definitions from Chapter 31

Major remodeling occurs at a Level 3 alteration and/or a change of occupancy as defined by the International Existing Building Code most recently adopted for use by the City Council. This shall include any and all renovations done to a structure within a 12 month period.

Manufactured home means a manufactured home as defined by chapter 23 of this Code.

CITY COUNCIL MEETING
AGENDA ITEM SUMMARY

ITEM TITLE ASSIGNED BUILDING FUND UPDATE	**AGENDA NO.** IV. E. **AGENDA DATE:** December 2, 2024

ITEM SUMMARY (Background, Discussion, Key Points, Recommendations, etc.)

On October 14, 2024, Councilor Spicklemire made a request of staff to provide an update of the Assigned building fund for the fiscal years 2024 and 2025. The presentation will review the amounts appropriated for each year, projects that the Council has approved during those years and an update on those projects, including the actual costs.

BUDGET IMPACT (Identify any or all impacts this proposed action would have on the City budget and/or personnel resources)

The budget for both fiscal year 2024 and fiscal year 2025 fully appropriated the estimated funds available in this account to provide the Council with the ability to approve projects as they become identified. The budget for these years did not define specific projects, but instead included the language from the City code, which provides the Council the ability to identify and approve projects throughout the year.

ACTION PROPOSED

There is no action for the Council to take.

BUILDING RESERVE

Also known as the Assigned Building Fund is established by City Code: Chapter 2, Article VI, Section 2-61

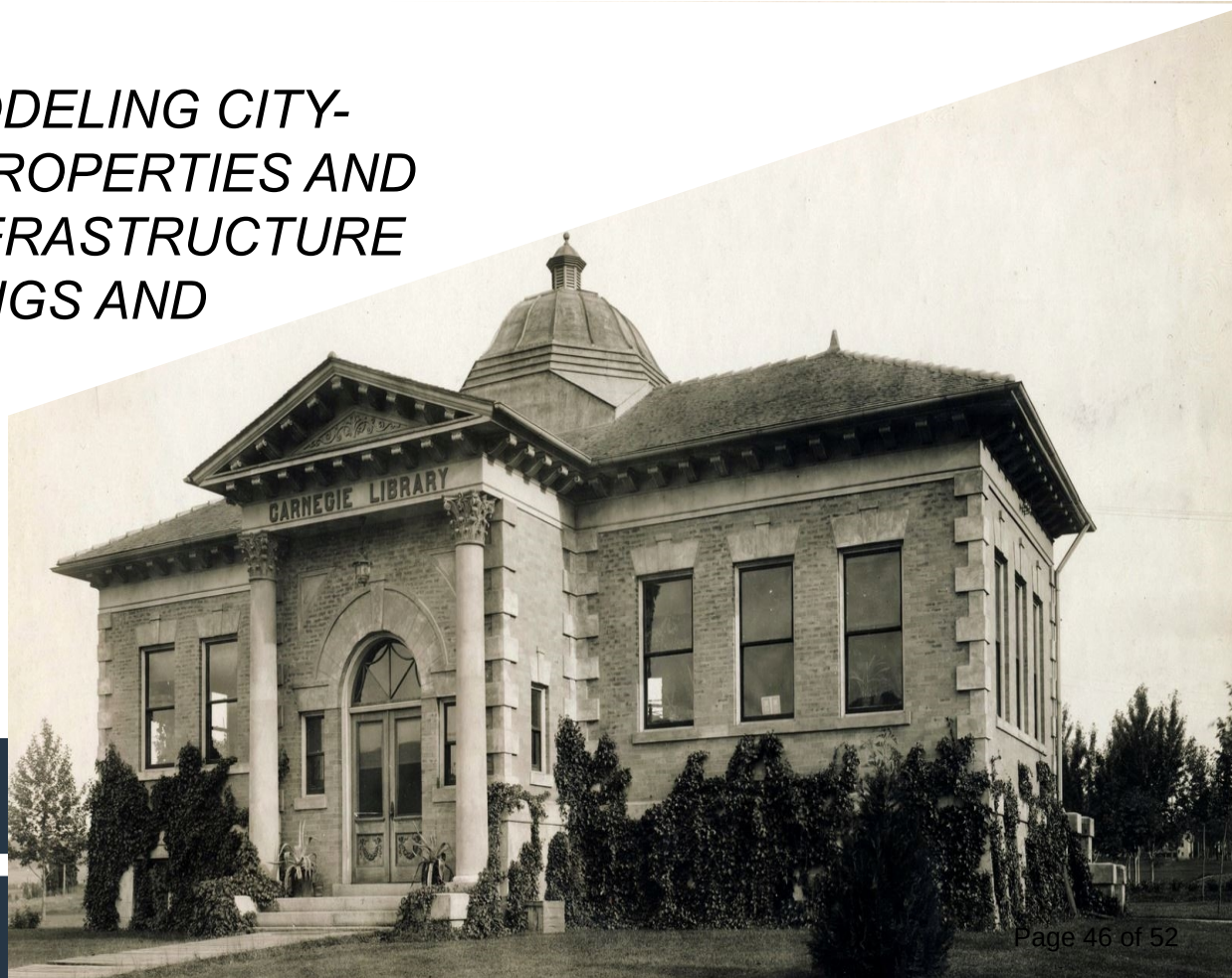
Building infrastructure reserve account. There is hereby created within the general fund of the city a special account to be designated the building infrastructure reserve account from which the city council may make expenditures for *constructing or remodeling city-owned buildings and properties and on-site and off-site infrastructure needs for such buildings and properties*.

CITY OF LEWISTON
EXPLORE
IDAHO'S FIRST CAPITAL
1861

FISCAL YEAR 2024 BUDGET

- FUNDING WAS ELIMINATED
- $6.4 MILLION APPROPRIATED

CONSTRUCTING OR REMODELING CITY-OWNED BUILDINGS AND PROPERTIES AND ON-SITE AND OFF-SITE INFRASTRUCTURE NEEDS FOR SUCH BUILDINGS AND PROPERTIES



August 7, 2023

FIRE STATION 4 PROJECTS APPROVED BY COUNCIL

PF022

- ROOF $86,000
- ELECTRICAL CODE UPGRADE $13,000
- TRUCK BAY ABATEMENT $12,290*
- TRUCK BAY HEAT SHIELDS $3,000
- EGRESS WINDOWS $30,000
- TOTAL APPROVED $144,290

DESCRIPTION	AMOUNT	STATUS
FIRE STATION 4 ROOF	53,799	COMPLETED
FIRE STATION 4 ELECTRICAL	17,129	COMPLETED
FIRE STATION 4 EGRESS	19,484	COMPLETED
FIRE STATION 4 HEAT SHIELDS	3,739	COMPLETED
PUBLIC SAFETY TOWER	7,500	COMPLETED
	$ 101,651	

December 11, 2023

DEFERRED MAINTENANCE APPROVED BY COUNCIL

NOT TO EXCEED $775,000

- LIBRARY LIGHTING $290,000
- CITY HALL WINDOWS $100,000
- CARNEGIE EXTERIOR $100,000
- POLICE TRAINING ROOF $50,000
- TRAFFIC CONTROL ROOF $55,000
- DIESEL PARTICULATE MITIGATION $176,000

DESCRIPTION	AMOUNT	STATUS
LIBRARY LIGHTING	10,500	IN PROGRESS
CITY HALL WINDOWS	-	NOT STARTED
CARNEGIE EXTERIOR	106,058	COMPLETED
POLICE TRAINING ROOF	43,789	COMPLETED
TRAFFIC CONTROL ROOF	49,874	COMPLETED
DIESEL PARTICULATE MITIGATION	225,915	COMPLETED
	$ 436,136	

March 11, 2024

FEASIBILITY STUDY

$55,000

ACTUAL SPENT:
$54,825

TOTAL APPROVED IN FY24:

$974,290

TOTAL SPENT IN FY24:

$592,612

PROJECTS REMAINING

$380,000

OCTOBER 1, 2023 BALANCE	FY2024 SPENDING	OCTOBER 1, 2024 BALANCE
$6,451,393	$592,612	$5,858,782

APPROVED PROJECTS REMAINING: $380,000

FISCAL YEAR 2025 BUDGET

- FUNDING WAS ELIMINATED
- $5.3 MILLION APPROPRIATED

CONSTRUCTING OR REMODELING CITY-OWNED BUILDINGS AND PROPERTIES AND ON-SITE AND OFF-SITE INFRASTRUCTURE NEEDS FOR SUCH BUILDINGS AND PROPERTIES

NO REQUESTS YET MADE

QUESTIONS?

CITY OF LEWISTON
EXPLORE
IDAHO'S FIRST CAPITAL
1861