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ITEM 1: CALL TO ORDER: Mayor Flaute called the Riverside, Ohio City Council Meeting to order at 6:06 p.m. at the Riverside Administrative Offices located at 5200 Springfield Street, Suite 100, Riverside, Ohio, 45431.

ITEM 2: ROLL CALL: Council attendance was as follows: Mr. Curp, present; Mr. Denning, present; Mr. Fullenkamp, present; Mrs. Lommatzsch, absent; Mrs. Reynolds, present; Deputy Mayor Smith, present; and Mayor Flaute, present.

Staff present was as follows: Emily Christian; Assistant City Manager; Dalma Grandjean, Law Director; Tom Garrett, Finance Department; Bob Murray, Economic Development; Brock Taylor, Planning and Project Management; Mitch Miller, Service Department; Chief Carpenter, Fire Department; and Sgt. Close, Police Department.

ITEM 3: EXCUSE ABSENT MEMBERS: A motion was made by Mrs. Reynolds to excuse absent member Mrs. Lommatzsch. Mr. Denning seconded the motion. All were in favor; none were opposed. **Motion carried.**

ITEM 4: ADDITIONS OR CORRECTIONS TO AGENDA: The agenda was revised prior to the start of the meeting adding Resolutions 16-R-2163, 16-R-2164, and 16-R-2165 to New Business which award contracts to various bidders for various pavement improvements throughout the city and Executive Session allowed by Section 103.01 (d) (3) for the purpose of Attorney-Client Privilege.

ITEM 5: APPROVAL OF AGENDA: A motion was made by Mr. Denning to approve the agenda as revised. Deputy Mayor Smith seconded the motion. Five were in favor; one was opposed – Mrs. Reynolds. **Motion carried.**

ITEM 6: WORK SESSION ITEMS:

A. Community EMS Assessment

Chief Carpenter: Tonight we have Dr. Sharon Sherlock and Jack Smith and they want to talk about Community EMS Assessment and Community Paramedicine. This came about attending a health and safety meeting. Dr. Sherlock was there and she was talking about the whole concept; it sounded very interesting. I thought it was something that we should consider doing here in Riverside, so I invited them to come in tonight and give you a brief outline and description of what would take place, so I'm just going to turn over the floor to Dr. Sherlock.

Dr. Sherlock: In academia, we always have several assignments. When you say Jack, he also works at Wright State and that is of course to educate students. I am employed by the Community Department of the Wright State School of Medicine; my background is nursing, I am going to say an old ER nurse, ICU nurse and I have since done community work with Boonshoft School of Medicine for nineteen years. So academia also has a different thing for students now.

When we get into the medical field, we have to understand not only medicine but you have to also understand communities and population health. The ACA has chosen now for people to have a better understanding of where they live and how they can improve outcomes. You might have seen a Montgomery County Assessment. These are looks at, local looks, at Montgomery County and you are going to have a hard time finding Riverside pinpointed.

So part of academia says if you are going to improve a population, you are going to have to identify that population. For my medical students and my residents in medicine, we talk a lot about how they impact a community by their knowledge of what's going on. So this is fresh off the press and it tells you about all the priorities in the community to help with not only healthcare, but education and economic improvement.

The way I got into this is the fact that I sit on these strategic sessions for the County, United Way, and the hospitals and I keep hearing about populations throughout our Montgomery County area that have limited resources and therefore are what we call

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a vulnerable population area. I take my students to those areas and try to formulate recommendations on how to improve the health outcomes and access to care. That's how we started out.

We looked at our map of Dayton and on the west side or anything west of 75 there aren't any hospitals until you go north to Good Sam. There are limited grocery stores, there are limited transportation, public transportation and the health outcomes are the poorest due to the disparities of health on that side of town. So we concentrated our efforts to create for the small population on the west side called Jefferson Township, a community health assessment for them, specific to them, and that was a student run project. It went so well that our recommendations, and I have a few that you can look at, discovered that access is a huge issue. How can we look at that closer? What's happening with that population in Jefferson Township?

If you will flip to the cover, you will see that we interviewed patients. We interviewed strategic people in the community, the trustees. We interviewed pastors, school education people. We tried to get into what we call the healthcare system integrated into a community, so healthcare is everywhere. It's in the schools. It's in the churches now. It's everywhere in your community so we tried to get a great view of what's going on with our community; so I think it is a great asset to do a healthcare assessment for a community.

Then we always make recommendations, as academia people do, and I ran across a program sitting on the research council. Community Paramedic was an up and coming type of program that helps people, of course, pre-hospital and also after the hospital, so it's kind of similar to what we do in case management for our vulnerable population that come to Reach Out of Montgomery County, which is a clinic for the medically uninsured and underserved. We follow them and of course our goal is to improve outcomes, but also to prevent them from using services improperly or inappropriately, such as returning to the hospital for things on a frequent basis when they should be seeking primary care or just going into other promotional health avenues.

We started with our assessment. We geared down toward that population. We made a health assessment for them and on the last page we made recommendations. We saw very clearly when we looked at their annual EMS data and we found there was a capital population that rose above most of the rest of the county. In other words, they were being transported too frequently to the area hospitals and we wondered, is it for emergency reasons or non-emergency reasons in which a primary care physician or other accesses to health would prevent the cost of care rising? So we dug deeper and found out that a significant number of those runs, transportation runs, maybe could have been avoided. Did they have the knowledge of where to go? Did they have access to a physician? Did they have good transportation? It started to show up to being these are social determinants of health.

No matter how you look at it, you can list all of the reasons, including affordability, that people cannot access healthcare in our county, especially in certain pockets of the county. We dug deeper with EMS runs. How frequent? What are the demographics? What are all the reasons that people call 911? What can we do to turn that around? Again that community paramedic/case management type model kept rising to the top as a solution. We partnered through the trustees, did a proposal and approved that we do a health assessment. Then we start looking at patients that leave the hospital, which is what we do in the clinic anyway. We had an agreement to talk to their patients and figure out: Why do you go? Why do you call 911? What can we do to help provide solutions for appropriate access to health?

We have been doing this for about a year and it's really a model of a case management concept, utilizing a nurse from what we call a hub, which is Reach Out of Montgomery County and a fire department, who will do follow up care if the nurse identifies what we call maybe a hot spot condition out in the community. For example, as we have patients in clinics and we notice that their zip code is also in the Jefferson Township area. We see an EMS that brought them in. We see an EPIC record in the hospitals as they are being discharged and there might be a reason that

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we send out the paramedic just to make sure things go the way they should. You probably know on a Friday afternoon or weekend discharges, people kind of don't leave with the best resources. They might not get their medications. They might not understand their directions on their discharge papers. So we started out just with that, trying to find out what is it we can do to prevent them from returning.

Mr. Denning: So this community paramedic is kind of like a victim's advocate would be for the police department, someone that kind of gets in front of it and holds their hand and keeps them moving forward in the right direction?

Dr. Sherlock: The reason that we partnered together, and Jack will go into the whole concept of community paramedic, we've been doing at Reach Out, reaching out to those vulnerable populations for many years. We've got some experience on case management, but where we fall short is if only we could send out somebody to do a pulse aux or an oxygen measurement, maybe a blood pressure. Maybe they wouldn't have to go to the hospital. Maybe it's just that they're anxious or maybe they need help getting an appointment to a physician's office, so many things that are those social deterrents of help that keep people from accessing the appropriate resources.

So I use one scenario in one of your neighborhoods that called very close to Christmas, they had used their employee insurance until she couldn't work anymore and then couldn't afford COBRA. She had multiple medicines and was on dialysis, didn't think she had transportation to dialysis and didn't think she had medicines. She had homecare from the hospital, but it was still a dropped connection thing that occurred. She went two days without medicines which are very critical. We closed that loop and got it reconnected with medications, transportation and access to the appropriate people for dialysis, which provide the transportation. It's those safety net groups. She had been in the hospital two or three times before that, within weeks of each other. We prevented that and helped her get back on insurance.

We have other situations such as elderly in the homes. They don't have a good support system that understands their issues and problems. We have one in your community that has been out of the hospital with our help for a year on Public Health Assistance. They are very unique problems per each community, so we feel like this combination of case management/community paramedic is probably going to be the future, along with engaging your population to understand where your resources are and maybe doing some promotional health. You know there are all kinds of resources with the hospitals, outreach efforts.

We are doing little communities around Dayton because it is so big to try to get some assessments done with the assistance of public health and everybody else so that you understand what is going on as far as access to healthcare in your community. You make better decisions because we give you specific data that you can work with. My part of it is to make sure that we have the students available to do this project for you, which is a health assessment for your community, and give you data to make better decisions and probably guarantee that community paramedicine is one of those items that can always help.

Mr. Fullenkamp: How do you evaluate when you know outreach is necessary; release from a hospital or a run by an ambulance squad? How do you establish when there is enough support in place versus when there's not?

Dr. Sherlock: So you do that first. It could be diagnosis related, age, maybe where they live, you know some vulnerable populations, and then that conversation occurs. There is an assessment done with their record, be it pre-hospital and post-hospital. We can't save them all, but we look at who's at risk. Actually the hospitals score them for risks for return, so we know that too.

Mr. Fullenkamp: So it's kind of an automated process to an extent?

Dr. Sherlock: To an extent. After you understand your population, you might know the non-English speaking group. Do they have resources? Do they have support

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systems at home? Are they very young? All the risk factors. Are they pregnant and don't have prenatal care? We screen for those, as the nurse does, and identify for the paramedic the ones that were a discharge on a weekend. If it looks like they are limited on their ambulation, maybe you should go check and make sure that they have the ability to get that wound taken care of next week. Do we need to make sure homecare comes in?

Mr. Fullenkamp: Do you have interaction with primary care physicians too or is it just mostly with hospitals?

Dr. Sherlock: We actually have interaction with not only their primary care, but with their insurance. We found out that some of the lessons learned that we've had in this year is that insurances have case management too. The hospital has aftercare coordinators, but there doesn't seem to be a hub to connect people together outside the hospital, we've kind of played that role. So we might say CareSource, did you know that your patient, XYZ, was discharged over the weekend? They won't get that data for 64 hours. They are trying to change that, but right now it's a gap. We find gaps all the time and try to close that gap. Sometimes it could just be a conversation.

Mr. Fullenkamp: So it sets into motion.

Dr. Sherlock: Yes, so we have access to medical records, we have to get permission from the family before that occurs, and then we develop a plan that is called continuity of care. The paramedic might go in once, might go in frequently, and then decrease. I want to hand it off to you, since you are in the middle of that part. My part is really to set up for you what I can recommend as options for improving outcomes in your population of health by giving you data to really make better decisions.

Deputy Mayor Smith: Before we move on, is this a homegrown concept or is this something that we have seen out west and kind of bring it here or how is that?

Dr. Sherlock: We started it with a doctor up in New Jersey who started doing what he called hot spotting. He found out if he did data mining, Jeffrey Brenner. If he did data mining, he found the most expensive high rise in the entire city of New Jersey, which he could reduce by sending out a team consisting of nurses and social workers. He really didn't add the community paramedic at that time, it was about 2010. We got several grants through some national programs to do that case management, but we always fell short. We don't want to get into the homecare business and we are not over homecare, so we can't ask: Why aren't you out there? A lot of our population is not insured, so if you don't know the resources that you can get on those and the connections that you can actually give those people, they would be floundering again. So for 22 years, Reach Out has worked through clinics and pharmacies with these vulnerable patients. We know the barriers and the social determinants of help; we just need an outreach program to reach out to them in a timely manner.

Deputy Mayor Smith: This program that you have in Jefferson Township, is that mostly for Jefferson Township?

Dr. Sherlock: We decided to target that population because of all of the findings that the trustees did and then we produced grants to assist with this program. We actually have an old fire station that we renovated and they are doing yoga classes in it. It is very specific to that area. They have absolutely no centralized area in which promotional health could even come in and do lectures or pull in their mammography van, so we had to find some place. Your population may be different, maybe you just need connected to all the community systems and agencies and to get people engaged. That's the hardest part is getting people engaged.

We did learn one very good lesson: Homecare people might be turned away from that door or Meals on Wheels, but they will never close that door on a paramedic. That is so evident. That door is open, that phone call that comes up fire department is a safety net for sure for those patients. So we have prevented almost 90% of our patients from returning and it is a small number because we only have a part time

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person working in Jefferson. We measure it for 30 days because that is the penalty that the hospital pays if they return within 30 days, so that is one of the benchmarks we hold.

Deputy Mayor Smith: Now the paramedic do they respond in a medic or do they do this in their car?

Dr. Sherlock: Do you want to address since we are getting into the community paramedic part?

Mr. Smith: Again it is very community specific depending on call volume of the fire department what resources are available. This will ultimately be regional, within the Miami Valley area. It's all being done under the auspices of the Greater Miami Valley EMS Council, so what that looks like in the City of Dayton may be completely different than Riverside or Jefferson or Vandalia or Centerville. Dayton, their paramedic units are so busy, that they can't make those types of calls. They are looking at either using people on light duty or bringing someone in on overtime or just designating someone off the road to be able to go do that in the suburbs that doesn't have the high call volume. They are typically putting someone in a staff car to go out and make those home visits, although I know Vandalia is considering using a medic unit that's not currently being utilized for an emergency to do those home visits, so it will be customized to whatever the community's needs and resources are.

Deputy Mayor Smith: Some people, they don't want to call the fire department because they don't want the siren, the lights and the ambulance out in front of their house. It's embarrassing for them.

Mr. Smith: Well this is completely different. They don't typically call 911 for this type of event. The patient may get entered into the system because they had a previous 911 call and that's how they came up on our radar. So now we are going to enroll them into the program, but then as we set up appointments to go out to their house and visit them we are not using red lights and sirens to do that.

Deputy Mayor Smith: Right, but it is a decommissioned medic that you're using in most cases? Mr. Smith: No, it's usually a staff car.

Mr. Smith: If you want I'll take it from the top as far as what the program looks like. While we use the term community paramedic, really the healthcare model is synonymously referred to as mobile integrated healthcare. It really is a national model. You alluded earlier to something coming out west. The concept has been around for about 10 years and it's slowly started gaining traction out west and in rural areas, primarily because access to healthcare is so poor. It may be 100 miles to the hospital for some of these patients, so they've actually been training their paramedics in expanding their scope of practice. Allowing them to do healthcare, hands on skills that aren't typically within the purview of a paramedic, so they're getting additional training to be able to go out and act almost like a home health nurse when they are 100 miles outside of town.

That's not what it's going to look like in Ohio. When they changed the legislation in October, it was not to expand the scope of practice of paramedics. It only changed the language to allow us to do the things that we are already trained to do, but in a non-emergency situation. So it is very much not duplicating effort, it's really focused on filling gaps and that's why it is very community specific. If you have people that aren't having problems getting access to healthcare or they are getting very good at home care, then perhaps this is not the program for that person. That's again based on the vulnerable populations that you have in your community. The program is going to look different for each community, it is tailor made.

We are falling more on this concept of mobile integrated healthcare for a number of reasons. One, it really is using a patient centered model that is more mobile and, as the middle name indicates, it's integrated, like Dr. Sherlock was saying, across the primary care physician, the hospital, the follow-up specialty care, home health, social services and we already see the fire department is really fighting less fires and being

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more of a social safety net in the community. People call 911 when they don't know who else to call and very often it is a social service oriented type of call. So if you think about the concept, we have been doing fire prevention for years and going out and doing inspections and making sure smoke detectors work and sprinkler systems are operational and nobody is using extension cords and things like that. This really is that concept of fire prevention applied to healthcare, we are trying to put the paramedics out there, once we identify the patients, to be able to fill those gaps and intervene in situations with that patient before they get so sick that they need to call 911.

If you think about people who are in and out of the hospital a lot, we see that especially within people over the age of 65, the national statistic is that 2/3 of the population is considered health illiterate, meaning that they don't understand their hospital discharge instructions. They are still on some kind of pain med or whatever, so the nurse comes in and vomits all this information at them and it's like pouring water on a rock, it doesn't soak in. They are completely overwhelmed, they don't understand the medications that they have been prescribed, why they take them, what the side effects are, so on and so forth. Often times folks, who are fragile medically or have a lot of chronic medical conditions going on, wind up back in the hospital for the same reason. Sometimes they get discharged on a Friday and wind up back in the hospital within a couple days because home health isn't going to be out there over the weekend and maybe until Tuesday.

For Reach Out or the hospital to be able to call that community's fire department and say, we are discharging Ms. Smith you might want to check on her in a few hours to see if she got her prescription and make sure she understands her discharge instructions, things like that. It really is a gap filler before home health can get out there. Then we can take on if she doesn't have a primary care physician, let's get you enrolled with one or let's call your doctor and make sure you have an appointment set up for Monday morning to see them, those types of things.

It really is gap filling and it sort of is a physician extender in that the primary care docs and the docs in the ER don't get eyes on to see what's going on the home. They don't understand that this diabetic patient is eating a box of donuts for breakfast every morning. This CHF patient that's calling us at 4:00 every day when they get off the bus they have to climb four flights of stairs to their apartment, that's why they are short of breath and calling us. So we work with the management company of the apartment complex and get them a first floor apartment, problem solved. You go into Ms. Smith's house and you see a lot of cat food cans sitting around in the kitchen. A little more investigation reveals that while being on a fixed income, she can't afford her medication and her groceries. She is buying canned cat food because it's cheap and that allows her to buy her prescriptions. We can act as a gateway to social services, get her signed up for Meals on Wheels, get better nutrition so she stays healthier and isn't necessarily winding up in the hospital as often.

When we talk about this healthcare delivery model, that's really why we are talking about it as a novelty. It's meant to be fully integrated. We're sharing information across all these different providers, collaborating with them and trying to coordinate for better case management. As a gap filler, we are trying to supplement those resources that are out there and fill those gaps, like Dr. Sherlock said. Healthcare really as a science strives to be outcome based, meaning that at the end of the day we want the patient to be healthier and better off. That happens by capturing data and doing the research on it. The institute for healthcare improvement has a concept they call the triple aim, which means better patient outcomes, better patient experience and more cost effective healthcare. This delivery model of mobile integrated healthcare and of community paramedicine really is consistent with that concept and those are some of the goals of this program as well.

When you think about folks who might not have a primary physician, we saw this with the Affordable Care Act, winding up increasing the enrollment of people into Medicaid. Most of them don't have a primary care physician, so what do they wind up doing? They get sicker and sicker and then they call 911 to go to the hospital, use the emergency room as their clinic or their primary care doc. That is not a cost

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effective model and they don't get good patient care because they see a different ER doctor every time they go in and if they start hopping hospitals, which some of them do, now they are in two systems and so their medical records aren't jiving. We see this with poly-pharmacy, multiple medications. They're actually taking double doses because the doctor at Miami Valley prescribed 40 mg of Lasix and the doctor at Kettering Hospital prescribed 40 mg of Lasix or some other medication. Now they are taking a double dose and they have an adverse reaction to that and now they are back in the hospital. So, case management is a big key to the success of this program.

Like Dr. Sherlock alluded to earlier, paramedics within the fire department have a higher level of trust factor. In many cases, we've already transported these folks to the hospital, so we're not the insurance company calling them. We're not the home health nurse knocking on the door, we represent a trust factor. They are more willing to let us in and work with them on an individual basis.

We talked about functioning as a gap filler, acting as a gateway to social services. Often times from a primary prevention standpoint, when you can intervene with someone with chronic healthcare issues or chronic morbidities, you can intervene early often times. It may be something as simple as a congestive heart failure patient. We can go to the house and give them a breathing treatment before they get so sick that now they have to go to the hospital, we've prevented that unnecessary transport and that unnecessary ED visit.

To give you guys a concept as we contrast people who are MIH, community paramedics or mobile integrated healthcare providers are EMS providers, but when we are functioning as EMS providers we are typically handling an emergency situation. We transport them to the hospital and we're done with them in about half an hour or 45 minutes. When we're working as an MIH provider, we might be at the house for a couple of hours doing some case management and interviewing them, doing some education, things like that. It's a little more personal, one on one, which again helps support that patient outcome and improved patient experience.

In Ohio, EMS providers and paramedics are going to operate under our normal scope of practice. Some of the things that we can do are act as navigators, get them involved in social services, help them navigate their own healthcare system with their own providers, and environmental assessments, we do that now just as a customer service kind of thing. The local fire department goes in and discusses with them handrails in the showers and the bathtubs, taping down and removing throw rugs that can cause trip hazards, those types of things. It is safety prevention types of issues that help keep them from falling. Falls are a big factor, especially with the elderly, and reducing those unnecessary hospital readmissions and transport issues.

I'll just throw a couple of statistics at you. One of the big success stories has been out in Fort Worth, TX. The first year, Fort Worth enrolled 21 patients that they referred to as EMS loyalty members or frequent flyers. These patients were actually generating 2,000 EMS calls in a 12 month period, so they were calling 911 more than 15 times in a 3 month period. They took these frequent flyers and they enrolled them in this program and did the things that I've been talking about, social services and acting as a gateway. In that first year, those 21 patients reduced their call volume by 78%. Not necessarily a big deal for your guys, but to the hospitals. If a patient gets readmitted within 30 days, they pay a huge penalty back to Medicare for that patient being readmitted. Medicare is changing the payer model and by 2020 if that patient is readmitted back to the hospital within 30 days, the hospital has to take care of them for free if it's within the same diagnosis. We are really getting out in front of this changing healthcare system in order to be more proactive. The second year they enrolled 38 patients and reduced their call volume by 84% and again in the third year they did 184 patients and reduced their call volume by 86%.

It's not that we're acting as a barrier to healthcare; we're not taking you to the hospital that is not the mentality of this. It's let's provide you better healthcare, let's intervene and do some things at home that can improve your outcome as a patient and make you healthier and it's that the patients are healthier, that we are seeing a reduction in

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the call volume. Out in Jefferson Township because of the increased enrollment in Medicaid, they were transporting at the peak 254 runs per 1000 of population. Almost 25% of their population was being transported to the hospital within a year's time, so we have already started to see a pretty significant reduction. We are following 24 patients out there right now. People who graduated from the program had an 84% reduction in ED visits for the 12 months after the program, so with a little bit of continued follow-up now that we've educated them and they're able to take some ownership of their own healthcare and some of their own behaviors and things like that, they tend to stay out of the hospital and tend to stay healthier even after they graduate from the program.

From a hospital standpoint, EMS transport calls for those patients they saved almost \$900,000 during that time and the hospital charges associated with that were \$2.8 million for that population of patients. There are models, many programs across the country now that are all seeing reduced hospital and ED visits, reduction of the less than 30 day readmission and penalties associated with that. One of the biggest cost centers for Medicare is that of all of the Medicare patients in the United States, 14% of them have a congestive heart failure diagnosis. That 14% accounts for almost half, 43%, of all of Medicare expenditures, so it's a very fragile population health wise. They require a lot of resources. That's one of the biggest issues in many cities, it is low hanging fruit. Once you focus on the CHF patients, it's an easy way to intervene and start reducing costs and call volume.

I think we've already talked about the pilot project out in Jefferson and I'm not sure what our reduction has been. We are still in the first 6 month period right now. Our objective's to reduce ambulance transports and hospital readmissions by 20 and 30%, respectively. This is this institute of health innovation, triple aim, improve patient satisfaction and health outcomes. That's it in a nutshell. What questions do you all have?

Dr. Sherlock: I must say it's working with partnerships. That's the only way we can all reduce costs. People will still go to the hospital; there will still be accidents and trauma. What it's going to do is hopefully get the community healthier so it's not as costly on your specific community, such as us keeping that one patient out of your runs out of the hospital for a year. The institution of public health coming in to visit on a regular basis brings quality and brings comfort to the family.

Cost of care; we were actually able to get a g-tube in him and the hospital did pay for that transport to get him a new g-tube, but compare that cost, which was a few thousand dollars to an admission, which would have been \$40-50,000. These are the ways that we can all have better healthcare and have our reduction go to other things.

Now the hospitals are all going instead of volume to value and this is a transition. They will be paid better and that enhancement is going to be there and has already started when you have better outcomes. You're not going to lose money and everybody's going away from the hospital and your paramedics don't have anything to do, there's plenty to do. This population's not going away, we're not going to see that turnaround of outcomes for quite a while without a lot of interventions.

Mr. Fullenkamp: My question is how do we bring this to our community? What are the steps involved in bringing this to Riverside?

Dr. Sherlock: I think it's a request first to go through an assessment and for you then to have the data and information and all the recommendations and then select from there. I'm sure community paramedic is going to be one of them. Telemedicine is another. LED signs on major road fares are another one. So there's many ways to keep people engaged in their health, which will make the community healthier. They just keep changing every day.

Mr. Smith: I would also add too that we, Wright State, have been working in conjunction with Bowling Green, Ohio University, Akron, Ohio State, and University of Cincinnati. There's a program associated with this and so University of Cincinnati is

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going to offer a program to train and educate the fire department administrators on how to roll out and administer a program like this. Then Wright State in collaboration with UC, will provide the clinical piece to that. It is a bit of a commitment, about 250 hours of additional training, contact hours of additional training and clinical time to do visits with social workers and home health nurses and things like that to be able to go out. It's an additional skill set that a paramedic will have. There's a national certification test that they have to sit for. It's an additional credential that we hope to roll curriculum out and start the first delivery in late fall of this year.

This is all being done under the auspices of Greater Miami Valley EMS Council, so I sit on the community paramedic research committee and there are a number of fire department representatives that sit on it and anybody within the Valley is welcome to attend. I would suggest that a community that's interested start having a representative sit in the community meetings and be able to educate themselves as to what the steps are to set this up.

Mr. Fullenkamp: So we're a couple steps away from beginning to study this problem.

Dr. Sherlock: It took us over a year almost of preparation because this wasn't done anywhere, so we felt the community assessment gave the trustees knowledge on how to roll out the next steps. You'll collide with this program coming down, I predict this fall with the knowledge of what you need to do or what your offerings are.

Mr. Smith: There are no programs in the state yet. Our only pilot programs are in Cincinnati, Jefferson here in Dayton, Columbus is looking at it, so this is the very front cutting edge of this within the state.

Mr. Fullenkamp: So we can work with you to establish a path forward that will optimize our opportunity because part of this is getting grants and it seems to me part of this is probably getting funding from the hospitals we're saving all this money. Dr. Sherlock: Leverage, I call it.

Deputy Mayor Smith: This program that you have is completely funded by grants?

Dr. Sherlock: My program has been funded by grants for 22 years, so grants, contracts with the hospitals, etc. and there's Wright State, who is a big proponent of it. So it's a community outreach effort that's been going on for 22 years. Again our core services are our clinic and prescriptions, that's after the fact. We have to get in that prevention mode like public health tells us. That's my wraparound services to provide those and my students need to understand population health if they're going to be good physicians engaged in the community. I can't tell you how many don't know what's outside their door. It's no longer just put up a sign and people will come into your office. That's not what healthcare is about.

Deputy Mayor Smith: Now are these students performing these tasks overseen by a doctor or are these volunteers or are they paid?

Dr. Sherlock: They're in my courses. The students that do the assessments are medical students, maybe pre-med because I have a course over there at UD, an anthropology class. Those type of students. The paramedics, we got funding for through local foundations to do this pilot for a year and then the models, we figure will probably be hospital and county based.

Mr. Smith: The three communities down in Cincinnati: Colerain, Springfield Township, the City of Cincinnati and then Monroe, are funding their own pilot programs in-house. What the reimbursement and the pair model looks like statewide, everybody is struggling with this, the hospitals get the largest benefit from it and the savings that they see in the readmission penalties. The statewide discussion is the hospitals are willing to reimburse for that cost. Let's take Miami Valley or Premier Health or Kettering Health either one, a standalone health system doesn't want to be cutting checks to 500 different fire departments in the Miami Valley based on whichever patients go to that community, so we are looking at a hub. Is that Reach Out? Is that GDAHA that acts as a fiscal agent?

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The other issue is the federal anti-kickback laws. The hospitals can't be seen to be reimbursing the fire department to be bringing the patients to them, so either GDAHA or Reach Out, functioning as a fiscal agent to be able to do the reimbursement to the city for those community paramedic visits would address some of those issues. The other issue is that right now because Medicare as a system is a fee for service payer model, you call we haul transport them to the hospital and ALS transports are \$750.00 just about, \$800 or \$900. You start reducing your call volume because you are taking better care of your patients and now they aren't calling you as often. That's going to be a reduction in your revenue stream for the fire department, so a home visit is about \$70 reimbursed by Medicare.

We are struggling with all the hospitals in the state and the fire chiefs association on what is that payer model going to look like? We know it's best for the patients from a community service and a customer service standpoint, as well as a healthcare standpoint, but what the funding stream looks like everybody is still examining and investigating how that is going to hash out and what it's going to look like.

Dr. Sherlock: I still hear maybe a technology conversion between telemedicine and community paramedic, especially for seniors. Hauling them into the hospital creates more damage than treating them at home. Do we need that safety net until we can actually get established home care in there and a support system? We can't put them all in facilities. That's not the solution and it's too costly, so I think healthcare is in this real big flux and we're just trying to get a handle and understand our community locally because you can't take Houston and put into Riverside. It just doesn't work. We've been doing sort of quasi case management for 10 years. We understand what leverages are needed for populations to turn around their healthcare outcomes, their behavioral and/or just resources. It's not all their fault when people don't answer the phone and they can't get an appointment. It's working together for the common good.

Mrs. Reynolds: And speaking about the cost and the reimbursements. I've had some conversations about this and it seems that Medicare sees some of this as a duplication of services. We have a case manager that sends a plan home, if that plan is not followed and then we have another program in place that goes out and is going to reinforce exactly what that case manager has said to be done and I understand it being a duplication of services, so I don't know where we start. Do we start with that case management and looking at making that better and then just having to do that initial visit? You spoke that the initial visit could be up to two hours at any given time but on an ongoing basis, Chief what are you seeing that might be an appropriate time for a paramedic to spend on an ongoing well care program?

Chief Carpenter: I think there it is still a lot to be determined. The key is to do the community assessment so we know what fits for our community and then we look and see where the gaps are and see what we can do as a fire department.

Mrs. Reynolds: Do we have any numbers from Jefferson Township about the timeframes, from an initial visit we know that may take longer because you're going to go over more things you're going to go over that total case plan that they were sent home with.

Dr. Sherlock: We started with using a paramedic for home visits 20 hours a week. We felt let's do it part-time and see what's your case load. This is a case load for part-time in a population of 7,000 and 24 patients because they are the high utilizers and they are also the most at risk for return. Could we see more? Absolutely. Do we have the hours and the money for it? Not yet because you have to prove your data is working so you have to start somewhere. I don't see duplication at all there are so many gaps in our healthcare system be it communication.

Mrs. Reynolds: The gaps start somewhere and I think that's what we need to find out, where the gaps start and then prioritize those gaps. I'm looking at the training that I think would be appropriate for a paramedic. It's going to be additional because they've never worked on a case plan and to look at all of those things so that's

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something that we would have to consider. It's a great program. I've seen it work in other places and I know it's good, but I also know that it has to be done right.

Dr. Sherlock: We take the load off of our paramedics at Jefferson Township because we want them to be accessible so that nurse, that hub is great, really does all the homework and says these are the resources you need. This is where you need to get your food, this is the option, so we feed them the information that they need so that they are not spending their whole time learning social services.

Mrs. Reynolds: That's a big part of it right there. We have to be prepared. We have to know where those services can be and how to make the system work.

Mr. Smith: Part of that is the education of the paramedic and the Chief has a resource manual in his staff car. If he needs sand bags or a crane or whatever resource in the middle of the night he has a resource manual of where to get those resources and we also have a resource manual. In fact, it's online now so that it stays more updated of everything that stays under the umbrella of United Way, so it's all the social services in the county and then the paramedic can look through that and have contact information.

The other thing I would say as far as time management or project management standpoint, you don't have to hit the ground running with this. We did it in Jefferson because there was a critical need and because we wanted to capture some data pretty quickly. Some of the communities that are piloting this down in Cincinnati are much larger than Riverside and they are doing 5 patients so they are doing a much smaller amount because you get a spike and it's very time intense initially, but then you see that taper off and then you can do some of that via phone or maybe touch base with them once a week with a home visit so depending on each patient and how critical they are or how fragile they are that time to manage each patient drops off so then you can add a second, third and fourth and stagger your enrollment so that it doesn't spike and overwhelm all at the beginning.

Mrs. Reynolds: What you all mentioned the food deserts, the transportation, those are serious, serious problems and we have some of those problems and Chief, I know you know that because we see it.

Dr. Sherlock: It also elevates your information in front of the county, for resources and public health. We found all kinds of nurses in public health doing pamphlet passing, but let's get them in there doing real things that the population needs. They don't know how to engage in your populations, so we are bridge building all the way around. I think technology is going to be one of those things that adds to the value because telemedicine is paid more than a regular visit so down the pike it will work out to have some revenue produced from these visits, it's just time. We're just early, I think, on this.

Mrs. Reynolds: A good program has to stay viable and it needs money to stay viable.

Mr. Denning: How long does it take to do the assessment? That's the first step, so what's the timeline and how long does it take to get the assessment so that we have the information and know what's going on.

Dr. Sherlock: We are lucky it's summer and not winter when I had to do Jefferson Township on those back roads and that the new class of 2016 has to do research for 4 years so I have plenty of people who are ready to go. What we ask is kind of a business agreement between Reach Out and your community so that we can meet regularly with the fire department and get some of this assessment going with your population so it's a matter of an agreement. We send the students out like they do in other communities but they target just your community, just on healthcare access and evaluation of your EMS system.

Mr. Fullenkamp: That doesn't require getting a grant first? Dr. Sherlock: No. Mr. Fullenkamp: So, you are ready to go. Dr. Sherlock: The kids pay tuition, so that's paid.

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Mr. Denning: If we signed a resolution tonight and said we want you to move forward with this, you could start tomorrow and we would have the information when? Dr. Sherlock: We've already started. I'm looking by summer end you'll have this type of information. Mr. Denning: That's what I needed to know. That was my question, if we told you today to move forward how long would it take before we would get the information so that we can assess what our next step is so that we can keep moving forward because the one thing that I detest about government in general is that it takes forever. Dr. Sherlock: And we're not government. Mr. Denning: We just kick the can a little farther so what I want to know is what we need to do so that if we all agree that this is something we want done, what do we need to do so that we can get you started as quickly as possible if that's what we do. Dr. Sherlock: I'll give you the example of the business. Mr. Denning: That would be great.

Mr. Fullenkamp: Can we get some information about the assessment process and the kind of product we will get? Dr. Sherlock: I'm going to model it because there's nothing in the research except for this, which I can't afford, so you'll get this type of a format. Now it could change depending on your resources as to what we have to do, but this is kind of the outline that we will focus on for your community and we met with our trustees in Jefferson Township almost every week or every other week until it got started because they too said well nobody has every completed a project here so you know they felt like nobody would put any effort in.

Dr. Sherlock: The public health works very closely with Reach Out, we get funding from public health so the epidemiology was very quick.

Mr. Fullenkamp: I just remembered my question. You mention Colerain and some other communities have internally funded their pilot program. Do we have any idea what kind of investment they make? Mr. Smith: I don't have those numbers, but I could ask them. A lot of it is they have been doing it on duty. I take that back, one of the communities actually brought people in on overtime, but most of them have been doing it by identifying one person on each shift and they will have them do that while they are on duty. Mr. Fullenkamp: Okay, because at some point grants aren't going to pay for this. The reimbursement model, like you said, is not determined, but it may be that the city needs to find some of this to get good outcomes for its residents. Dr. Sherlock: I think there's incentive in the community to fund this.

Deputy Mayor Smith: The twenty-some patients that you have they are seen in home as opposed to coming to the fire house. Mr. Smith: Correct. That's really one of the big success factors of it.

Mayor Flaute: So in order for you to get started, we need to pass a resolution to do that. Mrs. Reynolds: They gave us a copy of the agreement and I think since we have our attorney here this evening, she probably needs to look over something like that. Dr. Sherlock: That's probably the longest part. Mrs. Reynolds: There are several pieces in here. Dr. Sherlock: That part probably took us a couple of months back and forth between lawyers because I have a lawyer too, so once you get that and it's really kind of hold harmless, each one, but you do have to have your confidentiality of information protected. That's the biggest part of the agreement.

Mayor Flaute: So Ms. Grandjean, if you sign this do you still need a resolution from us? Mrs. Grandjean: I would not want to weigh in until I have time to review it Mayor Flaute: Is there interest from council to bring forth a resolution at the next meeting? Mr. Fullenkamp: Yes. Deputy Mayor Smith: I like what I hear. I just want to read the information.

Mayor Flaute: Well we will have a resolution and you can vote, yes or no. As long as you are okay to bring the resolution forward, you will have that option. Deputy Mayor Smith: I like what I've heard; I just want to research it a little more before we do.

Mayor Flaute: Anything else?

Mrs. Reynolds: Madam Attorney, looking over this agreement I would think there are some liability issues that we need to address and look at.

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Mr. Denning: We aren't asking you to give us an answer tonight, but if you could. The can wouldn't be as far down the road when we catch up to it.

Mayor Flaute: Thank you for coming and doing this and we will see where things go.

ITEM 7: RECESS: The Council took a recess at 7:10 p.m.

ITEM 8: RECONVENE: The meeting was reconvened at 7:22 p.m.

ITEM 9: PLEDGE OF ALLEGIANCE/MOMENT OF SILENCE: Remembrance of fallen Officer Larry Safreed.

Officer Decker led all those in attendance in the pledge of allegiance.

Mayor Flaute: Every year Montgomery County does a Law Enforcement Memorial Ceremony and our Riverside Officer Larry Safreed became a fallen Officer in 1984. We are going to honor him tonight and I'll turn it over to Officer Decker.

Officer Decker: I want to start off by thanking the Mayor, Council, and Citizens gathered tonight for allowing me to speak to all of you. As many of you may know, this week is National Law Enforcement Week, the week surrounding May 15th which is National Law Enforcement Memorial Day. During this week, as a nation we mourn the loss and sacrifice of Law Enforcement Officers across this great country who have given their lives to defend our way of life. We also pay respect to past and current officers for their service for our communities. Each year, names are added to the National Law Enforcement Memorial in Washington D. C. of the officers killed in the line of duty the previous year. On average we lose more than 100 Law Enforcement Officers, who pay the ultimate sacrifice to keep us safe. These Officers are killed in the line of duty in many ways; some by gunfire and some by auto accidents.

Today we have among us, the wife of one such hero that paid the ultimate sacrifice here in Riverside, Ohio. On October 2, 1984, Officer Larry Safreed had just started his shift and left the Village of Riverside Police Department. Officer Safreed had only made it several blocks away from the department when his cruiser was struck by an intoxicated driver. Officer Safreed would not survive this accident and would be added to the National Law Enforcement Memorial Wall in Washington D. C. Officer Safreed's name is etched into that wall.

I had the pleasure this year of meeting Officer Safreed's wife, Ruth Safreed, during the Montgomery County Law Enforcement Memorial ceremony held at Riverscape Metro Park. During this event, Officers from throughout Montgomery County who have been killed in the line of duty are honored. During this year's event, which was held May 6th, I had the distinct honor of paying respect to Officer Safreed by accompanying his family as they place a flower in the memorial wreath in his honor. I also had the pleasure of speaking with his family, who requested I be here tonight as the Council and the City of Riverside pay their respects to him as well. I would like to present Ruth Safreed, who is in attendance with us tonight, a few tokens of gratitude for the sacrifice of Officer Safreed in 1984. (Officer Decker presented Ruth Safreed a photo of Officer Safreed and a photo taken by the Mayor at the Memorial Service.)

Mrs. Safreed: The photo has myself and my Brother-in-law as well as your Officers.

Officer Decker: I would like to mention that during the memorial event, Chief Robinson, Sgt. Colon, and myself were all in attendance and it was an honor to be there and be with you.

Mrs. Safreed: Thank you. I really didn't expect this. This was very nice. I mostly came this evening to thank your Mayor Bill, and Officer Decker, Chief Robinson, and Sgt. Colon for coming to the very nice ceremony that Montgomery County puts on every year to memorialize the loss of Officers. No one here remembers my husband; his death was over 30 years ago and he was 42. He worked for the Village of Riverside before you became the City of Riverside. His Department only had 4 Officers; 1 for each shift and the Chief, and of course my husband worked the last

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shift. I can smile now because it was 30 years ago and you do learn to go on with your life, but I really appreciate the fact that you still remember my husband's name. When you drive down Springfield Street, the City of Riverside established a very nice memorial with my husband's name of it and a fireman's name. I believe you also lost a fireman at one time. It's a very nice memorial in a very lovely park right on Springfield Street. In fact, my husband's death was right outside this building, so his spirit might still be with us. So, I just wanted to thank your Officers and Mayor for attending. You should take care of your Officers; remind them to wear their vests, remind them to use their seat belts, remind them to be careful when they are out of the car – that's when most Officer deaths occur, and remind your citizens to watch for the Officers when they are out of the car. Thank you very much.

Mayor Flaute: Now that we know a little more about Officer Larry Safreed, let's have a moment of silence in his honor.

ITEM 10: MINUTES: Consider approval of the minutes of the May 5, 2016 regular council meeting. A motion was made by Mrs. Reynolds to approve the minutes as written. Mr. Denning seconded the motion. All were in favor; none were opposed. **Motion carried.**

ITEM 11: PRESENTATIONS: Recognition of Art Contest Winners

Mrs. Christian: We recently moved into this new building back in November and as you may have noticed, our walls are a little bare; so we sent the call for help to Mad River Local Schools and asked if they would be interested in doing an art contest for the students, so we could make our walls a little less bare and spruce them up a bit. We have a couple teachers here this evening and they were very gracious to answer that call and we had over 30 entries into the contest and we had a group: Mayor Flaute, Mrs. Lynn Domescik from the Riverside Chamber and Chad Wyen, the Superintendent of Mad River Local Schools who judged the contest and we came up with 6 winners. The Mayor is going to present certificates, as well as gift cards, to those winners and I want to thank everyone for being here. The teachers are Rebecca Wingard from Stebbins High School and Joan Miller from Mad River Middle School. We appreciate that and hopefully we can make this an annual contest.

Mayor Flaute asked Marcus Gillespie to come forward.

Mr. Gillespie: Hi, I'm Marcus and I drew the Wright Flyer.

Mayor Flaute presented a certificate and gift card to Marcus who is in the 8th grade at Mad River Middle School.

Deputy Mayor Smith: Mr. Mayor, can you read what the certificate says?

Mayor Flaute: It says: Pride, Progress, and Possibilities Art Contest Winner.

Mayor Flaute asked Cassie Wheeler to come forward.

Ms. Wheeler: I'm Cassie and my art was many different pictures about pride, progress, and possibilities and it was very colorful.

Mayor Flaute presented a certificate and gift card to Cassie who is in the 8th grade at Mad River Middle School.

Deputy Mayor Smith: Where are the gift cards from?

Mayor Flaute: We are giving the winners a \$50 gift card to Target, so their artwork is paying off.

Mayor Flaute asked Chelsey Garretson to come forward.

Ms. Garretson: I'm Chelsey and I go to Stebbins High School. I didn't really know what to draw at first then me and my mom came up with the fire engines and I was

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going to add a police car but I didn't have time. My best idea was to add 2 buildings in the background.

Ms. Christian: That one will probably be in Chief Carpenter's office.

Mayor Flaute presented a certificate and gift card to Chelsey who is in the 9th grade at Stebbins High School.

Mayor Flaute asked Michaela Spurlock to come forward.

Ms. Spurlock: Hello, my name is Michaela Spurlock. My painting is acrylic and it is of I believe the Riverside River. I go to Stebbins High School.

Mayor Flaute presented a certificate and gift card to Michaela who is a student Stebbins High School.

Mayor Flaute asked Joseph Simpkins to come forward. Mr. Simpkins who is a student at Stebbins High School was not able to attend the meeting.

Mayor Flaute asked Amanda Holloway to come forward.

Ms. Holloway: My name is Amanda Holloway and I drew 4 places in Riverside that you can go to and enjoy.

Mayor Flaute presented a certificate and gift card to Amanda who is a student Stebbins High School.

Mayor Flaute asked the teachers to say a few words.

Ms. Miller: I'm Joan Miller and I'm the 8th grade art teacher at Mad River Middle School. I've had all the Stebbins guys and gals – I miss you guys. I'm very proud of them for continuing to create such beautiful artwork and for being able to provide that foundation for them. To have Becky continue that at Stebbins is amazing. I want to thank you guys for this opportunity to reach out to the community and create some beautiful art. Thank you.

Ms. Wingard: I'm Becky Wingard from Stebbins High School. I'm one of the art teachers there. We really hope to be able to refresh some of these pictures throughout the next couple of years; continue to help Riverside and our students grow in their art. Just adorn the building with some of their works and I hope that continues in the future. Thank you very much.

Mayor Flaute: Well I see a couple mayors out there, just because you are good artists doesn't mean you can't be a mayor or council person. We hope you consider doing this in your spare time when you get a little older to help our community out. Our council members work really hard for very little pay. We are pleased you are here tonight and you are welcome to stay for the rest of the meeting if you would like. Thank you for all your hard work and for coming here this evening.

ITEM 12: ACCEPTANCE OF PRIOR MONTH'S CITY FINANCIAL REPORT: A motion was made by Mrs. Reynolds to accept the April financial report. Mr. Denning seconded the motion. All were in favor; none were opposed. **Motion carried.**

ITEM 13: ACCEPTANCE OF WRITTEN CITIZENS PETITIONS: Mayor Flaute advised citizens to fill out a form if they wished to speak about agenda or non-agenda items.

ITEM 14: CITY MANAGER'S REPORT:

(1) FYI Items

a. Council Request Sheets.

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- b. Council Agenda Calendar.
 - c. City Manager's Project and Activities Report.
 - d. Income Tax Scorecard for March 2016
 - e. Memo from Tom Garrett, Finance Director, regarding TIF payments.
- (2) Monthly Verbal Reports
- a. Police Department
 - b. Fire Department
 - c. Service Department

Ms. Christian: The written report from the Interim City Manager is in your packet; if you have any questions, I'm happy to address them.

Mr. Fullenkamp: It's not addressed in the report, but I'm curious about the progress on the planting of ground cover in the right-of-ways that was part of the Springfield Corridor Improvement Plan. Mr. Taylor: We haven't created the schedule for that. We are still working on procuring where we want to do that; where is going to be the best location. We are still thinking across the street, so we can get some tests wherever the run off is to see how it stands up. As soon as we get that, we will find a vendor. There hasn't been a schedule created yet, but as it says in the report we are trying to get that done before the opening of the new hanger. Mr. Denning: That's 2 weeks away. Mr. Taylor: Correct. Even if we plant it in early April or before that, we would still have just a plot of torn up soil that wouldn't be ready for that, so we haven't proceeded with that. Mr. Fullenkamp: I'm assuming you're planning for the fall now.

Mr. Taylor: As soon as I get with a landscape vendor, we'll decide what is going to be best, especially since it's been wet. I'm not a planter by any means, so I don't know when that will be best. Mr. Denning: Other cities plant stuff along the roads. Isn't there a recommended horticultural list, so we don't have to go through this test period?

Mr. Taylor: What the original thought was, we were working with and discussing with Ohio Natural Prairies out of Cleveland and they put together several different mixes. It's just not prairie grass, you can have a mix of wildflowers or even wildflowers that perhaps might complement our city colors of blue and white and they also bloom at different time. So we haven't quite finalized those. The former City Manager and I were working on that and I was waiting to see what Mr. Percival's thoughts were before we proceeded.

Mr. Denning: On the Safe Routes to School, I see sidewalks going in at Beverly Gardens; was that phase 1 and is this the 100% reimbursable piece or the 80% reimbursable piece? Mrs. Christian: This is phase 1, but there were costs. If you recall last year we still had to pay some costs of the construction, so I wouldn't say it's 100% but it is more of the 20% towards construction, not necessarily engineering or anything like that. The phase 2 is we have to pay 20% of all of it. Mr. Denning: So we will get reimbursed more for this than we will for phase 2. Mrs. Christian: We have been reimbursed for our engineering and expenses. The contract is between ODOT and the contractor, so we won't be paying the bill. Mr. Denning: We don't have to pay that bill. Mrs. Christian: Correct.

Mayor Flaute: Anyone else? I just have one question/comment about the residential waste collection. It's reported that we are \$37,000 delinquent; that's to me a lot of money. Mrs. Lommatzsch brought up there was a bunch of boards left along the side of the road and it ended up that our service department had to pick them up. Is there a plan in place to get this \$37,000 back and is there a plan in place when there are boards lying out on the roads on our residential streets? What is the plan on getting

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them picked up? If we have to do it, I hope that we can charge or somehow get Republic to pick it up. Dayton would have just picked it up. I guess the other question is how does that work? Does the resident have to call and say that he has bulk waste and then Republic will pick it up? If he doesn't call, then it's going to lie out there and it's going to cost our service department and our city resources to pick this up. That's a lot of questions and a lot of statements and I don't know who would like to answer just a couple of those. Mrs. Christian: I'm not sure if that would be something that we can answer tonight, to be honest. Mr. Wilson and Republic Services, if we wanted to discuss this matter with him and work on better mechanisms to address these issues, I'm sure that he would be happy to do that.

Mr. Curp: I think part of the problem with that trash was from a property owner rehabbing part of the house, so you had lumber, drywall, things that Republic won't pick up because it is not part of the contract. It's up to the homeowner to get rid of it. Whether they call someone to come get it, like a private hauler or they go to Home Depot or Lowe's and rent one of those dumpster bags when they are rehabbing and put their stuff in there and as part of the purchase of that dumpster bag they will come out and pick it up and take it to the landfill.

Mayor Flaute: The problem with this one was when the code enforcement officer went out there to start the process, he noticed there were nails in those boards and it was a safety hazard. If any of the children walking down the sidewalk; it's only about a foot or so from the sidewalk, so it became a safety issue also. That's another reason why we had to pick it up and get it out of there. We need to talk to Mr. Wilson or someone needs to talk to him and report to us what you find out in the City Manager's report. Also about how we are going to get this \$37,000 back. Mr. Fullenkamp: It's not ours. Mayor Flaute: They are going to quit picking up the garbage. It's all going to be sitting there and who is going to pick it up?

Mr. Denning: Then we go through the zoning process and then if they don't pay it, it gets put against their taxes. It's part of the growing pains. We would have had this issue whether it was Dayton or Republic. This is an issue that goes back the fact that our billing is not directly on the tax duplicate. You need to check with Huber Heights and some of the other cities who have the same billing service and find out what issues they have and what their process is to do this. We don't have to reinvent the wheel. If there is a process or some ordinance that we need to put in place to make this happen, then that's what we need to do. This is the first year that we have billed people instead of putting it on the tax duplicate.

Mr. Fullenkamp: One of the problems occurring is that homeowners of rental units are not paying the bill. Then Republic goes to the renter and tries to collect the bill and in some cases these people are paying it, so I think we have a right heard on the rental property owners because they were paying it before through the assessments and now they are just not paying the bills as they come in from Republic. We have to educate those homeowners. I don't know what the percentage is; \$37,000 is a lot, but it's only about 10% maybe closer to 5%. Mayor Flaute: That's a lot of trash sitting on our streets.

Mrs. Reynolds: Do we know is Republic billing the address or the owner's address? I thought we were going to bill the owner and I understand that some of them are going to the addresses, to the tenant's address. Mrs. Christian: That's news to me, to be honest. To my knowledge, they were instructed and given the addresses of the owners. I would have to follow up with them.

Mayor Flaute: I would like to know what the process is for other cities.

Mrs. Reynolds: There are still some streets that are being left off of the route, Huberville especially. We were told at the clean up on Saturday that their street is missed about every other week, so if you could mention that to Mr. Wilson.

Mayor Flaute: Ms. Manager, we can do the monthly update.

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Mrs. Christian: Thank you, Mayor. The first report will be from the police department. Sgt. Close is here in place of Chief Robinson.

Sgt. Close: Donations for the new K9 are still coming in and I appreciate Mrs. Domescik giving us a hand with that from the Chamber; being able to solicit and get some of those donations to come in. We're still working on that, but we are about 40% to where we need to be to get the new K9 in place. Currently we are taking bids for the 3 cruisers that we purchased to get those equipped; one of those will be a K9 unit. We also began the first portion of our yearly firearms training last week. That's conducted by our instructors that we have within the police department. We are moving forward and will be utilizing our own officers to do the training, which helps us out and gives us more training time and allows more opportunities for our officers.

As far as events, the Mayor referenced Police Memorial Week. Chief, Sgt. Colon and Officer Decker were present; we try to be there every year to represent Riverside along with pretty much every other police department in the county. The first Bike Rodeo will be this Saturday; I think we will have 2 police officers there, in addition to support staff. We've seen a significant rise in turnout over the years, at least the last 10 years I have been here. St. Helen's will also be coming up in under a month now. This is a big event every year for us; it's a pretty significant draw on the police department as far as bringing in officers for overtime to cover that so we can make sure it is a safe environment for everyone. Lastly, Air Force TATTOO is not occurring this year. They are going to do a substitute event, so we have been contacted by them to assist with traffic flow with that.

We had 1,853 calls for service in April. Currently due to our staffing we are averaging four officers, per 12 hour shift right now. That's largely due to being down four officers to include Major Hughes' position; Officer Treon resigned or turned in his notice to go to Hamilton Township this week, so that's the most recent officer that has left. Currently we are working on a lateral interview process. We have conducted one and will conduct another next week, in order to get some qualified candidates. Chief Robinson will be speaking in a future meeting about a Memorandum of Understanding that was created for lateral hires in reference to entry pay. That will be brought before council for approval, so that we can bring in experienced officers that may not otherwise come here; currently with Butler Township disbanding, there are officers from that organization that are interested to come to Riverside. They would be very beneficial to the police department to get that experience to Riverside. They know the court systems; know our dispatch, so we are trying to recruit some of those officers to fill our vacancies. That's all I have.

Deputy Mayor Smith: K9 Athos, we only got four years out of him. Was it his health? What was the reason?

Sgt. Close: I believe, and I can't speak to when they got him, but he was older where K9 Fado was much younger and when he was purchased. K9 Athos, I believe was 9 years old; at 9 or 10 years it is pretty much inhumane to keep them getting in and out, so when that K9 was purchased I think that was the reason.

Mr. Fullenkamp: Does St. Helen's compensate Riverside for providing overtime? Sgt. Close: We are not currently compensated nor have we been in my 10 years with Riverside.

Mrs. Christian: Next is Chief Carpenter with the monthly update from the fire department.

Chief Carpenter: We have ordered our new air packs; the 5.5, 25 packs and all of the associated equipment. It is part of the grant that we had received in 2014 and we received the dollars in 2015, so to be compliant with the grant we have to make the purchase and have the equipment in service before September of this year. We have ordered equipment; it should arrive in 4-6 weeks. We will get everyone trained and in service probably before August.

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Staffing for the fire department continues to be a challenge, it just seems like there's not a lot of people out there especially paramedics. I can tell you in 2015 we had 9 people a day, which we consider full staffing; we had 9% of our hours that went unfilled. Currently we are running at 13% unfilled. We continue to lose people to full-time positions. One of our part-time guys who just accepted a position with Sidney Fire Department, so tomorrow is his last day. It is certainly a challenge and we keep looking, as a lot of other fire departments especially combination departments, trying to find those part-time fire fighters that make themselves available. Of the hours that have been filled we have 75% of those hours are filled by paramedics; that's comparable to last year which I think was 74%. It's good and bad; a lot of that is because we have less people working, but most of those are picked up by the full-time fire fighters which are paramedics.

As far as hydrant inspections, we are continuing to do those and should wrap them up by June 3rd. Next month we are going to be training with our water rescue equipment that we purchased. We have six kits, three on each engine and some that we previously had we put on the medic units. We will be live training next month.

This week is EMS Week and I just want to publicly state that we have some of the best EMS personnel around and it's a pleasure and an honor to work with those folks.

Mr. Denning: Why do we lose our part-timers to full-time? Do they go because they don't have benefits as a part-time employee? Chief Carpenter: That's a big part of it. They start that pension clock. The full-time positions used to be rare to get that opportunity, but it seems that we are having a lot of turnover within the region so there are vacancies. Mr. Denning: I heard Vandalia is starting to pay benefits to part-timers so they can keep their part-timers and I would be curious to see if that would be an incentive. They would have to be a minimal number of hours, but what our cost analysis would be and if that would be helpful to fill our hours. I would be interested to at least take a look at that; if that would keep our part-timers.

Chief Carpenter: The one good thing is we aren't losing our part-timers to other part-time department; so that's a good thing. They enjoy working here, but we are competing against pay and benefits as you said; even the Washington Townships and Kettering are having a hard time and they are paying those folks \$18-19 an hour.

Mr. Denning: It's just a thought. If it's something we can look at; if it makes sense, great. If it doesn't make sense, I'm ok with that too. Obviously we need to do something to compensate.

Deputy Mayor Smith: Two questions: Do the part-timers pay into PERS? Chief Carpenter: No. Deputy Mayor Smith: What do they pay into or do they? Mrs. Christian: They pay into social security.

Deputy Mayor Smith: Also, do we have a designated person for fire inspections? Chief Carpenter: No. It is assigned to a battalion chief, who assigns it to someone on his platoon. We do not have anyone designated as fire inspector; all the full-time personnel are certified State of Ohio fire inspectors.

Deputy Mayor Smith: Can they do arson investigations as well? Chief Carpenter: No, that is additional training. Deputy Mayor Smith: Do we have anybody that does that? Chief Carpenter: No, we contact and use the State Fire Marshall's office.

Mrs. Reynolds: Have you made any assessment of what you could do to keep your part-timers? Chief Carpenter: That is one of my projects for this year. Through the first quarter we had some savings in the part-time budget, so we were able to give them a little boost in pay so we are not the lowest in the region. I think we out pay; by a penny, Vandalia, a few cents by Englewood and a few more by Trotwood. Everyone else pays more than we do.

Mrs. Reynolds: You mentioned the retirement clock; tell me about that a little bit. Chief Carpenter: When you are full-time you start that pension clock, you are 25 years of service and then you can retire with full pension. Now you have to be 52

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years of age as well, in the police and fire pension system. Mrs. Reynolds: What's the pension rate now for your group? Employee cost and employer cost. Chief Carpenter: It's 24%; the employees pay 12.25%. Mr. Garrett: It's 12.25% right now; that escalated over the last three years with the pension reform. The employee pays 12.25% and the city matches it with another 24% to go into the pension fund.

Mrs. Reynolds: Mrs. Manager would you get us some examples of part-time and the cost for retirement? I don't know what the part-time rate is for an employee and how many hours they work. Chief Carpenter: We keep their average below 30 hours a week. The most common schedule they work every sixth day with a 24 hours shift and that works out to be about 1,500 hours per year. They'll work a sixth day here and a sixth day at another department, so they are working every third day somewhere.

Mrs. Christian: Mitch Miller with the Public Service department update.

Mr. Miller: With Mother Nature being what she is, we've been very actively mowing and also chemical treating trying to get the rest under control. That's been a challenge because all of the rain we've had. We have a few areas that are like swamps that we can't even really mow safely. We've also been doing some extensive training on our new equipment; the blacktop box and also the cut quick, very impressive pieces of equipment. I encourage any of you to come back and take a look. I think you will be impressed; they are very good machines and they seem to be helping out quite a bit with us maintaining the roads in a safe manner.

Also, they have been pothole patching whenever it hasn't been raining. We split the crew up; half of them are mowing and half are pothole patching. We also have a lot of trash pick-up in the parks, a couple times per week; a lot of sign maintenance. We have also been training on standard operating procedures for all of the different policies and procedures for each piece of equipment that workers are involved with; know all of the safety measures, operating conditions, and know when to call someone, so that they don't do something that causes injury to them.

We have been getting quite a bit of street sweeping in; our street sweeper has been fairly well operational. We are getting some pretty hefty disposal fees with the street sweeping. It's kind of a separate category because of some of the metals and other materials in it. We have also been dura-patching principally in the areas where we will be doing the sealing. They've been very active in doing that. They have been tree trimming for line of sight issues and doing graffiti removal from several of the parks. We had a flag installation; it was brought to our attention by one of our employees that some of our flags were non-conforming, so we have them all now conforming to what the standards are. Playground inspections are done when they are out there mowing; we have them do that a couple times a week because of the issues.

We did three bid openings on the 17th; mill and fill, seal coat and a paint striping opening. We were about \$100,000 below what our engineer, so we will have extra money to do some extra things for improvements in the road quality. We also have an issue with 1791 Harshman; the last two days working on the plumbing in the police department and I want to apologize for the conditions there because it hasn't been very pleasant for them. They were down there until at least past 5:30 and then I came down here, so I am unsure whether they got the problem resolved or not. It seems to be a reoccurring problem. About three years ago we had to dig out the floor and replace an elbow because of a constant sewer smell in the building; now it's just backed up, so it's an issue. I'm hoping I will get an answer from the contractor we hired that everything is free flowing, that's my hope. About every two or three years we end up spending about \$5,000 on their sewer, so that's an unplanned expense. I'll be meeting today and I think Brock will be there with my crew. We are going to be sitting down to figure out where we need to rob Peter to pay Paul to make sure that we are online with the budget, which may require us to do some re-appropriations. We've had some expensive park things at the Eintracht we're going to be cutting down what we think might be an Indian mound; there's trees on it that aren't safe right now. We've got estimates for that, as soon as they get done with the meeting on

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Friday we will be getting purchase orders set up and making sure that happens so that the park is safe. Are there any questions?

Mr. Denning: The new equipment, I noticed that it's setting in the salt bin. Was the salt bin sprayed down and cleaned up so that we are not destroying our brand new equipment? Mr. Miller: Yes, plus we have a cleaner that actually is supposed to remove salt from any equipment; usually the trucks, when we use them we try to get them sprayed down as well as all of the other equipment that may be involved in the salt removal. It's supposed to be a salt neutralizer. Mr. Denning: Okay. I just wanted to make sure that we weren't salting our equipment.

Deputy Mayor Smith: I'm going to direct this to Assistant City Manager, Mrs. Christian, can we go through the Valley Street plat and see if we have an adequate number of speed limit signs and maybe put up some children at play signs over there? Mrs. Christian: We can take a look at that. Could you let us know the particular locations where you are looking for the children at play? Deputy Mayor Smith: Probably somewhere around the park, maybe around the churches that are over there. It seems like that's where they congregate. Mrs. Christian: Sure.

Mayor Flaute: There must be guidelines for that; you can't just throw up signs saying children at play. Maybe at a park. Mr. Miller: Usually around a residential area it's usually 25 mph; where you are having inter-connect and major arteries it's more than that, but as a general rule in a subdivision it will be 25 mph. Deputy Mayor Smith: Let's just make sure we have enough speed limit signs over there. It seems like speeding is problem there.

Mrs. Reynolds: Mr. Miller, we have before us tonight three resolutions for the bid opening piece; you know I like to have all of the back-up to what we are approving before, but I'm going to ask a question on the mill and fill repair. There seems to be quite a range from \$444,000 down to \$59,992, could you please explain this? Mr. Miller: That's a very good question and a very good thought. I talked to the contractors; Barrett really didn't want the business because they are so busy that they can't schedule it until the end of the year or maybe not at all. They thought if they're going to pay us the freight, we'll put a bid in. Booher is the one that I recommend be awarded, they have done work for us previously and they are pretty much in line with what their previous bids have been in the past years. They do good, quality work and we've been satisfied with the job they have done. Since our estimates were \$100,000 less than what the bids actually came in, we will be able to do additional work that will help make improvements in the roadways. There is quite a disparity when you have one bidder that is almost five times higher than the low bidder. Mrs. Reynolds: What concerns me about Barrett if I'm hearing what you're saying is that they didn't want the business, but they wanted to place a bid. I don't quite understand that, but that's something I can talk to Barrett about. I don't believe that's the way you do business with a municipality. I don't like that. Brown Construction, did we use them at one time before or are they a new group? Mr. Miller: It's a new one to my recollection. It's the first time that they have bid. They were surprised at the Barrett bid, to be honest with you.

Mr. Fullenkamp: We had a discussion a while back about the Trotwood Cooperative Program. Have we decided not to do that? Mr. Miller: Did we get you all of the information that you asked for as far as cost/benefit analysis to your satisfaction? Mr. Fullenkamp: Yes and it seemed that it didn't add up to me and there's a lot of uncertainty in what's the payback. Mr. Miller: A lot of the problem is the scheduling on that; coordination and that. Mr. Fullenkamp: Scheduling and quality; there seems to be a question about the quality you get out of a cooperative program like that versus using a professional paver. Mr. Miller: The cost is half, but like you said the quality is not quite there. Mr. Fullenkamp: But you are not adding the labor in when you say the cost is half. Mr. Miller: That's correct. The labor and overhead is not part of the equation; just looking at the pure material, so that's a fair statement. Mr. Fullenkamp: What has the service department decided? Mr. Miller: We are going to still look at that and coordinate with them. We may or may not this year, based on weather and other considerations. Scheduling with them was a bit of a challenge because of their commitments.

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Mr. Fullenkamp: I never got what needs to be considered, but I never got an analysis from the service department. Is this a positive or is it a wash? Mr. Miller: It is because we help them on a few projects where they would have had to rent and do different things than what they did. It was a positive trade off from the standpoint that we had material cost, no labor cost except when we trade labor, provided we provided some hauling materials for them. Their paver will pave to the level where; unless they rent trucks, they can't keep up with it. That's what the trade-off was; we hauled for them so that they could keep their road paver moving quickly.

Mr. Fullenkamp: I don't know how you evaluate the quality issue; the smoothness of the ride, the quality and longevity of the surface that you put down. Mr. Miller: Part of the problem with the area that we get into is that it needs a full depth repair in many places. Mr. Fullenkamp: I'm just speaking in general. The consensus between you and one of your employees is that there is a deficit in quality. Do you agree with that? Mr. Miller: Yes, there is. They don't do paving full-time, that's not their livelihood and where they make their bread and butter. Yes there is a quality issue, but at the same time if you look at it from the point that on a temporary band-aid basis you are getting a lot of work done with just the material cost even though you are trading off labor. Mr. Fullenkamp: You are trading off labor and you are not getting some other things done. Mr. Miller: We do one thing, if something else has to be left to the side. You are absolutely correct. Mr. Fullenkamp: We had gone back and forth a little bit and I wanted to clarify and close the loop a little. Thanks.

Mayor Flaute: That was a good discussion to have because it was going to be one of my questions.

Deputy Mayor Smith: In reference to the paving and putting out the request for bids, can we start doing that in December or early January so that we can get these contractors before they get booked up? Mr. Miller: We can. I had some software issues with the conversion packet. I had a PDF that converted to a Word document and I just about had to retype all the bid documents, but we can start doing it much earlier. My intent was to get it out at the latest in March, but I didn't.

Mr. Denning: I would say, as one of the folks that travel up and down Springfield Street, I am very grateful that we did the trade because otherwise that probably would not have been done. I actually work on base, so I have folks asking me when we are going to finish it. I told them it probably won't happen until 2021 or something like that, but I am grateful that at least one lane on Springfield Street is not as bumpy as a railroad track.

Mayor Flaute: Any other questions or comments? Next we will move on to Resolutions.

ITEM 15: PUBLIC COMMENT ON AGENDA ITEMS: There were no public comments on agenda items.

ITEM 16: NEW BUSINESS

A. RESOLUTIONS

I) Resolution No. 16-R-2161 appointing Brenna Arnold Clerk of Council.

Ms. Christian introduced Resolution No. 16-R-2161 appointing Brenna Arnold to the Clerk of Council position.

A motion was made by Mr. Denning to approve Resolution No. 16-R-2161. Deputy Mayor Smith seconded the motion. All were in favor; none were opposed. **Motion carried.**

II) Resolution No. 16-R-2162 authorizing the City Manager to reject all bids submitted for the City of

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Riverside Safety Services Facility Renovation Project.

Ms. Christian introduced Resolution No. 16-R-2157 rejecting the bid to renovate the safety building located at 1791 Harshman Road.

A motion was made by Mrs. Reynolds to approve Resolution No. 16-R-2162. Deputy Mayor Smith seconded the motion.

Mr. Curp: I wasn't here at the last meeting, but I was here at the previous meeting when the police chief made his comments about the layout of the building and the potential impact on accreditation issues; there were discussions at the last meeting. If these bids are going to be rejected, this might be an opportunity to go back and look at the plans for that building to see if there is something we need to do to alter those plans to make it more in line with what will be functional for the police department's needs.

Mr. Fullenkamp: What was the primary reason for the overruns? Did we have add-ons that caused some of this? I remember a discussion about the fire garage doors and lowering. Why are we \$100,000 low on our estimate?

Mr. Taylor: That's a really good question and I don't have a definitive answer. It was surprising at least. When we looked at the bids, we only had one bid which creates issues as you know. I also think that when we got it out it was pretty early in the year, so we were expecting a good turnout and that didn't happen so maybe there's lots of things that could go into this. One of the things is the contractors aren't as hungry as they used to be, so the work isn't as appealing. I know that Brumbaugh, who was there, spent a lot of time in both buildings. I think there was concern about what they would get into once they started getting into the building and so I think they were pre-bidding and protecting themselves from perhaps large change orders or getting into something like a hornet's nest. The other thing was that was surprising was the finishes were extremely high, which I was amazed by. Paint, carpet, ceiling was more expensive than it ought to have been. The changes that we had estimated for, the bays, etc. was right in where we thought it would be, but it was basically finishes that were really expensive. That's why we took so long because we had a lot of negotiation; talking about what were their numbers, where is this at, why was this high? There wasn't a good explanation, so we didn't want to take that bid.

Mr. Fullenkamp: Is there any merit to thinking about subbing out individual aspects of construction? If you're concerned about the cost of finishes, maybe bidding out separately. Mr. Taylor: We had talked about that. That was something even before we moved in here that had been discussed; those projects and bidding them out. The only problem with that is who is going to manage and the time it takes on that. I think rebidding is a good way to see where we are at. If we can get more bids and if they come down, then we know we had a high bidder. If three or four bids come in and they are high, I think we should re-evaluate how we go about that. Do we want to proceed by doing it sole source, like baby projects, in fixing the building? Do we want to look at some of the NFPA15 or CALEA standards and see what is it going to take to get that building to that?

Mr. Fullenkamp: That was going to be my next question. Do the chiefs have in mind what their real needs are, as Mr. Curp mentioned? Mr. Taylor: Mr. Carpenter can weigh in, but we have been talking about this quite a bit. If we put in x amount of dollars into this building, as you heard Mr. Miller talk about some of the plumbing deficiencies, this project isn't addressing any of those. I think rebidding to see if we can bring it down to where it needs to be. If not, seriously having a discussion about the facility, system needs, and the fire needs, service; they definitely need to work back there the conditions are substandard and almost dangerous. Also, what do the police need to bring themselves up to that CALEA standard?

Mrs. Reynolds: If we are having a problem with the plumbing as Mr. Miller said, I asked at the last meeting and as Councilman Curp has alluded to this evening; we've heard that there are greater needs that you all may have. I'd like to know what those

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needs are before we rebid anything. I think we are at a point where we need to say, this is what we need to do, this is what we can do and then start from that point. Rebidding right now, I just don't know what would be the point in that. If it's not what we need and clearly in the information we received in this packet, I believe it says that after speaking to Chief Carpenter and Chief Robinson this redefined scope does not address enough of the issues, so why are we going further with anything? Mr. Taylor: The reason that we talked about rebidding was just to do our due diligence and make sure that we didn't have an erroneous bid, but if it is council's desire to reject these bids and not rebid I don't think that's a bad decision. I think scheduling a work session with the chiefs and myself.

Mrs. Reynolds: I think our due diligence is from the start. I understand what you are saying, Mr. Taylor, but due diligence starts on day one. We need to know where we need to be, why we need to be there and what we have to do to get there.

Mayor Flaute: I would like to see a work session item put on the agenda for doing that because we need to have that discussion.

Deputy Mayor Smith: About not rebidding this issue, we are not saying we don't want to do the work. We want to bring it up to standards where it needs to be in today's times. Mr. Taylor: Absolutely, I think that goes with what Mrs. Reynolds was saying. The Chiefs and I have spoken and will prepare for that. I think we should definitely work on a work session and have some good information, so that you can make a really good decision on what the next step is.

Mr. Denning: I think the real question is what is the long term for the city? We are looking at over \$250,000 if we approve the original bid; for \$500,000 what could we get in the city anywhere? Yes we need a fire department on the north side, but it doesn't necessarily have to be in that building. Yes we need a police department building, but it doesn't necessarily have to be in that location. Yes we need a service department place, but it doesn't necessarily have to be in that location. We know that within the next 15 years or so, the State of Ohio is going to come through and say, we found the money and by the way we want to tear that whole thing down. It's our decision, but I think we need to look at what we really need as a city and what's going to be the most pay off. It may cost us a little more now, but in the long run we are going to have...Just like this facility that we are better off in now; it puts a better face on the city. I don't know if the ODOT facility is possibly available. I know it's slightly outside the edge of Riverside, but it was part of Mad River Township at one time. If we can work out a deal with them to put service up there, then that's one less thing that we have to worry about in the location where we are at. Maybe that all becomes fire department and we put the police department in this field over here across the street since it doesn't seem to have anything in it or something like that. It may cost us over 30 years a million instead of \$250,000 now, but a million over 30 years is a lot less than \$250,000 per year.

Mayor Flaute: If we are thinking about that route, we are going to have to put the property up for sale. With it being right off the highway and we've lost a few restaurants down the road.

Mr. Denning: I'm not saying that. I'm saying that we need to look at the bigger picture and not just say we are going to stay in this building forever. I'm saying we need to look at the bigger picture. What's the real answer? The real answer may be we can't afford any of this, we are going to stay in this building and this is what we have to do. I don't know, but I think we need to look at the bigger picture than just this building. That building was built in 1940 or something like that and we just evolved into it. It was modified after the city took over in the 70's we took that center section out. Mayor Flaute: It was done again in 1997 or 98. Mr. Denning: What do we want to be when we grow up? Maybe we need a bigger house. Deputy Mayor Smith: We are trying to run three businesses out of one spot and we have outgrown the area.

With no further discussion, all were in favor; none were opposed. **Motion carried.**

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A motion was made by Mr. Denning to not rebid the project until council and staff discussed the renovations at a work session. Mrs. Reynolds seconded the motion. All were in favor; none were opposed. **Motion carried.**

III) Resolution No. 16-R-2163 authorizing the City Manager to enter into a contract with American Pavements, the lowest responsive best bidder for the 2016 Cape Scrub Seal Project.

Ms. Christian introduced Resolution No. 16-R-2163 authorizing a contract award for the cape scrub seal project.

A motion was made by Mr. Denning to approve Resolution No. 16-R-2163. Mrs. Reynolds seconded the motion. All were in favor; none were opposed. **Motion carried.**

IV) Resolution No. 16-R-2164 authorizing the City Manager to enter into a contract with Aero Mark as the lowest and best bidder for the 2016 Pavement Striping Project.

Ms. Christian introduced Resolution No. 16-R-2164 authorizing a contract award for the pavement striping project.

A motion was made by Mrs. Reynolds to approve Resolution No. 16-R-2164. Mr. Denning seconded the motion.

Mr. Denning: Are we looking at possible bike lane striping where possible also? Mr. Miller: Yes.

Deputy Mayor Smith: What roads are we doing? It just says striping. Mr. Miller: I can email you a list of the different areas where it is most needed.

All were in favor; none were opposed. **Motion carried.**

V) Resolution No. 16-R-2165 authorizing the City Manager to enter into a contract with Booher Blacktop, the lowest responsive best bidder for the 2016 Mill & Fill Repairs Project.

Ms. Christian introduced Resolution No. 16-R-2165 authorizing a contract award for the mill & fill repairs project.

A motion was made by Mrs. Reynolds to approve Resolution No. 16-R-2165. Mr. Denning seconded the motion.

All were in favor; none were opposed. **Motion carried.**

ITEM 17: PUBLIC COMMENT ON NON-AGENDA ITEMS: Ms. Alice Waddell: I live on Rondowa and I am here asking about the chickens again. I'm looking at how other cities are going about getting their residents to be able to have their chickens and I don't know if anyone has given it any thought. I understand it is 1.5 acres to have the chickens. I don't have that, but I'm wondering how you could get a permit or if zoning could come out and look at the property. How we could go about if it is a good property to have the chickens?

Mayor Flaute: Thank you, Ms. Waddell. There has been some discussion from some of the members of council. I don't know how much support there is, but I know there is a little bit of support from some councilmembers. I am going to an Ohio Mayor's Association meeting in two or three weeks and one of the sessions is going to be on chickens. I am going to learn everything I can about chickens before I bring it to the council because I feel it is something that is important for our residents. If you bear with us just a little bit longer; I haven't forgotten about you and I don't think council

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has either. There are cities all over the state of Ohio doing it and when I come back from that conference I'll have some answers and maybe I will change my mind. I don't know. I just want to do all of my homework first. Is there any other discussion from members of council?

Mrs. Reynolds: I have been talking with Ms. Waddell and she knows I'm doing as much research as I possibly can on it. That's one thing that I've told her; I don't know the support that there is on council at this time, but I think we will all have the facts and it is a decision that will be made.

Ms. Waddell: Thank you.

Mayor Flaute: I will bring back everything I can from the Mayor's Association meeting, so everyone will have all that information.

ITEM 18: COUNCILMEMBER COMMENTS:

Mayor Flaute: Before we go to councilmember comments, the Manager has asked us to give him some information on the City Manager candidates and how we want to do this. I know we had talked about Skype, but actually the first three candidates that got the most votes are local. Do we want to just bring them in to talk to us in person?

Mr. Fullenkamp: There's a difference in format. I would prefer that we keep it the same. I think that's the fairest way to do it.

Mayor Flaute: That's a valid point. Do you agree with that? Deputy Mayor Smith: I don't think we are going to miss out on anything by interviewing this person in person versus Skype. Their answers are going to be their answers no matter how we ask them. Mayor Flaute: I don't know about that. Mr. Curp?

Mr. Curp: I just think we should bring the local people in and do in person. I think it's up to us to overcome any issues that we might have. I understand the comments, but I think it's up to us. Just like when you are interviewing people when you are dealing with the halo effect because you've seen the resume or pictures of the person and those kinds of things. It's up to the interviewer to overcome those types of things and make it a level playing field. I just don't see an issue with bringing local people in locally.

Mayor Flaute: Is it a level playing field? Deputy Mayor Smith: I believe it is. Mr. Fullenkamp: I don't think it's a level playing field for the candidates.

Mayor Flaute: Mr. Denning, what are your thoughts? Mr. Denning: I think it's a waste to use the Skype if you don't need to. I think if they are local and they can come in we should do it. I agree with Mr. Curp; we should be able to filter or give the people on Skype a little extra leeway on some questions, we can do that. Especially for this first initial interview, I think it's pretty straight forward.

Mrs. Reynolds: How many are we going to interview? Mayor Flaute: That's going to be the next question. This is my first question. Mrs. Reynolds: Well that might determine if we bring them all in personally. Mayor Flaute: We had agreed that we are going to Skype. Deputy Mayor Smith: Well if you only have one vote. Mr. Fullenkamp: We had agreed that we were going to Skype them all too.

Mayor Flaute: Yeah, but we didn't know how many local candidates there would be. Ms. Grandjean, do you see any problem with using Skype for some and personally doing others? Ms. Grandjean: I don't see any legal problem. I think it's a process or policy issue for you to decide.

Mayor Flaute: We can have a motion on this, but I'm seeing a majority of council says it is okay for the first interview. Mr. Fullenkamp: I didn't see that. Mayor Flaute: Do you want a motion? Mr. Fullenkamp: I saw you saying no and I saw you saying no. Mayor Flaute: I know. I flip flopped about two or three times right there. I'm back on that I think we should bring the local ones in and talk to them. I'm sorry. That's my prerogative, sir.

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Mr. Denning: I guess what I see here is that anybody that got less than three recommendations; I don't know that there is a reason. If we go through this group that gives us nine; we said we were talking about the possibility of ten, so that gives us nine for the initial interview and we can still go on if needed. Mayor Flaute: I think nine is a pretty good number and those were the highest votes. Deputy Mayor Smith: A couple of people had five votes. Mayor Flaute: No one had five. Deputy Mayor Smith: Yes, we have two of them that did and the third one had four. I think you need to start with those first three. Mayor Flaute: That's what we planned on doing, but Mr. Denning is saying to start with the first nine. Deputy Mayor Smith: No. Mayor Flaute: I think we should. I don't think we should do more than nine the way the numbers came up.

Mr. Denning: All I said was I wouldn't do any more than that. At the same time, if you do any one that got three positives then you should really do all of the ones that got three positives. Whether it's Skype or whether it's local, we are going to do three interviews or we are going to do nine interviews. Mayor Flaute: I personally don't think three is enough. Deputy Mayor Smith: I was thinking per night, I'm sorry. Yes, the first three the first night and you could have two more nights with three apiece. Mr. Denning: I don't think it matters what night we are doing what. I think the answer is if we are going to do three a night, we are going to do three a night, and whoever is available on the first night, the second night and the third night.

Mayor Flaute: Is that acceptable to folks to do the first nine?

So right now, we have asked to have this meeting for interviewing City Managers on the 24th and 25th. I don't think we set a third one. Does council feel comfortable doing it just those two nights?

Deputy Mayor Smith: The next week because that Thursday of that week we have the Volunteer's Dinner. Mayor Flaute: That's what I said; Tuesday or Wednesday, the 24th and 25th. We would do four one night and five the next night. Mr. Fullenkamp: Five in one night? Deputy Mayor Smith: That's too many. You are going to get them confused. Mayor Flaute: Three, three and three? The next three would be into the next week because the Volunteer Dinner is on Thursday.

Mr. Fullenkamp: Should we push them all into the next week so that we have them three nights in a row versus having a big break in between?? Mr. Denning: You have Memorial Day on the 30th, so you couldn't even get it anywhere close and then we have our council meeting on Thursday. Deputy Mayor Smith: I don't think it's going to matter if you do six interviews next week and the next three the following week. We are going to take notes on each one of them. Mr. Denning: I would suggest if we are using Skype for six and locally interviewing three, maybe get the Skype ones all out of the way the first two nights and then do the local one. I definitely don't want to do a live one and then two Skypes.

Mayor Flaute: What about May 31st? Would that be our third night? The 24th and 25th, then the 26th is Volunteer Recognition. We could do it on Tuesday the 31st or Wednesday the 1st.

Mr. Denning: The 24th at 6:00, the 25th at 6:00 and the 31st at 6:00. Starting at 6:00 and hopefully being done by 9:00.

Ms. Brane: You are going to start your meeting at 5:45, so you can get the first person and start interviewing at 6:00. Mr. Denning: Correct. 5:45 each of those nights.

Deputy Mayor Smith: Would it be inappropriate to take a picture of these candidates? Name. Picture. We are going to be interviewing nine people and we could get them confused. Mayor Flaute: I looked at a lot of these folks on their websites and I got a picture of them there, maybe you can make a copy of that. Taking a picture off of Skype or when they are interviewing sounds odd to me. They are all over the internet; their pictures are all there. Any other questions or comments about that? I hope that as many of you can make it; I would try to work with that third one

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especially. We are moving to councilmember comments. Are there any councilmember comments?

Mr. Denning: There was a community clean-up day and we had a good time. I met lots of folks and cleaned up a lot of trash. Mayor Flaute: We filled up a bunch of dumpsters.

Mr. Denning: We got a lot of tires. Deputy Mayor Smith: Speaking of tires, is the county going to do a tire buy back any time soon? Mr. Miller: On their website, they have instructions on wastes and what procedure to follow. Mayor Flaute: They are not doing a bring them in day? Mr. Miller: On the website they do give you instructions based on what you have, electronics, they break it down on where to take it. Mr. Denning: They usually do that every year. A buy back at \$2 a piece, but you can only take ten. It's a specific day.

Mrs. Reynolds: I just wanted to thank all of the staff that participated in the clean-up day. It was great; the neighbors and the community were so appreciative. Please pass that along to Chris and Jeremy. Jeremy worked so hard. He was out there and you know he sees this is the start of something big. Mayor Flaute: He was proud of his efforts.

Mr. Denning: I would also like to suggest that we do this again in the fall. I would like to see us do this twice a year and again sometime in the fall because I think folks will be doing their final yard clean-up. If we do it in October, it would probably be a lot warmer than it was in May.

Mrs. Reynolds: We had so many community members that came out too. Ms. McCarthy, thank you very much. She was there and worked so hard all day long. Elayna and Ms. Wood were there and Elayna's step-father. It was just a good day and everyone should have been able to see what went on that day. Mayor Flaute: Anne worked hard.

Mr. Denning: I think we set it up that it is going to be the third weekend in May every year and the third weekend in whatever month you decide. In the long term, people will know that and they will be ready for it, then we can get the information out early enough. I think we had a really good turnout, but I think we would have had more folks participating if we would have had the information out sooner. I think it was a great idea and I really do appreciate the staff's participation.

Deputy Mayor Smith: I attended a neighborhood watch last night over at the old City Hall. There's obviously a problem in that neighborhood over there, the Valley Street plat. I think it was put together on short notice and kind of poorly attended, but that neighborhood needs some help and our attention whether that be out police force or zoning force over in that area to try and get some control over there. The issues that were brought up: drug trafficking, which is sporadic everywhere, vandalism, speeding cars, kids running the streets at night. It does sound like issues that can be corrected, but it's going to take some man power and some real strong effort to try and get it back on track over there. It's not going to be easy, it's not going to be a fast turnaround, is going to be a long term process. I do think we need to direct some attention to that and work with them. Hopefully they will try to keep this going and get more people involved over there to come forward. They brought up a good point, when people go to bed at night they turn their porch lights off. Maybe we can put something in our newsletter about leaving your porch lights on; thieves don't like lights. Something along those lines and something to try to help that plat out over there.

Mayor Flaute: Thank you, Mr. Smith. Any other discussion? Okay, I just have a few things. About every twenty months or so, we have to host a First Suburbs meeting and this month is our turn. It is on Wednesday, May 25th. I thought how can we make this work. What we are going to do is order Joe's Pizza and put tables here in our council chambers. So we are going to have Joe's Pizza for the First Suburbs representatives. There's normally about 25-30 people. Council, please come a little early and enjoy some of Joe's Pizza.

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Deputy Mayor Smith: Mr. Mayor, that's when we are interviewing candidates.

Mayor Flaute: I know. We can't stay for the meeting, Mike. I'm sorry. It was our turn so I thought that would be a good opportunity for everyone to see our new facility, so I'm hoping someone from staff can stay and give a tour if people want that after the meeting. The meeting is normally over about 8:00, so if someone could be here to just give them a tour. They also need someone to work the televisions because they have a presentation from Victoria and Schuster Center.

Mr. Fullenkamp: Wouldn't that be a little disruptive in here? Mayor Flaute: It was our turn and I knew I could make it work, so this is what we decided to do. Mr. Fullenkamp: We know how soundproof we are. Mayor Flaute: I think it will work.

Mr. Denning: Here's my suggestion, I have no issue with having the First Suburbs here. My suggestion is that we move the first set of interviews to the 24th, the second set of interviews on the 31st and the third set of interviews on the 1st of June. We do it that way because I honestly believe that having that our here and us in there is like gas and fire. I just don't think it is going to work. We are either going to be distracted or they are going to be distracted and I don't want either. The positive to this, Mr. Mayor, is then we all can participate in the First Suburbs meeting and make it a very positive thing for First Suburbs that we are all participating. That's my suggestion and I don't know what the rest of council thinks.

Deputy Mayor Smith: Could we do it the first week of June? Mayor Flaute: We can interview the first week of June. I can't change First Suburbs, it's already set and all the emails are out.

Mr. Denning: We want to do the interviews right and we want to give every one of these candidates the best we can and if we have something else going on in this building in our facility. I think we are all going to be distracted by that and I don't think it's fair to our guests that will be here, to the candidates or ourselves to do it that way. Mayor Flaute: I don't know we have a pretty good office. Deputy Mayor Smith: Then nobody from council will be at the meeting. Mayor Flaute: We will be there when they first come. Mr. Fullenkamp, do you have an opinion on this? Mr. Fullenkamp: I think it's a bad idea to have them both going on at the same time. Mayor Flaute: Mrs. Reynolds, do you have an opinion on this? Mrs. Reynolds: I think it's probably a bad idea. Mayor Flaute: Mr. Curp? Mr. Curp: We have some much vacant space in these two buildings that the First Suburbs could meet in that vacant space or we can meet in that vacant space, but I don't think having noise out here and us trying to impress people in there with walls that are not soundproof is good.

Mayor Flaute: Alright, the suggestion was made to cancel the meeting for interviewing City Managers on the 25th. Mr. Curp: Unless you use alternate vacant space. Mayor Flaute: That was one suggestion. There was another suggestion to cancel because we will be hosting a party, but we won't be there. Deputy Mayor Smith: We could have staff fill in our absence after the first half hour or we could meet in another vacant spot. Mrs. Christian: We really don't have staff available that evening, so that's another consideration. Deputy Mayor Smith: Why are you bringing this up now? Mrs. Reynolds: Just move the interview date and take this date off. Mayor Flaute: Is that alright? Is it okay to move it, is that were we are? We are cancelling the 25th and we are moving it to the 1st at 5:45. Mr. Denning: The 24th, 31st and the 1st.

Mayor Flaute: So you are all welcome to please come to the meeting and meet all of our Suburbites. It's always a good meeting, please come. Deputy Mayor Smith: That starts at 5:15.

Mayor Flaute: It's been really busy. I attended the Dayton-Montgomery County Metro Government meeting on Edwin C. Moses over in west Dayton. It was pretty brutal for some of the people who were trying to make this merger happen and since then it has been cancelled. At this point, there is not any further talk on the merger. If you want the stuff that I have on it, you are welcome to it. I judged seventh grade portfolios for Dayton STEM School; that was something. I attended the Water

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Festival and this year we got a different plaque than we normally get because we have about twenty of these. Now they are just starting to put dates on here, so we won't have as many plaques. We were awarded the Ground Water Foundation, hereby designates the City of Riverside as a ground water guardian community. They are changing that around a little bit. I went to Riverside Chamber's baseball game. It was a wet one, but it was fun. Also, there will be a chamber dinner at Cedarland on Wednesday the 25th if anyone wants to attend that. I went to two change of commands out at the Air Force Base and I have those folks here if anyone is interested in seeing who they are. There are a lot of changes going on at Wright-Patt and I try to keep you abreast of the change of commands. I had a Great Debate meeting. One of the things they suggest you do is to have a watch at your high school. I know Dayton is doing them at their community centers. It is September 26th.

Mr. Denning: What day of the week is that? Mayor Flaute: It is a Monday.

Mr. Denning: You do realize that the new scoreboard that they are having has video capability and so having it in the stadium would be awesome. Just something to talk about.

Mayor Flaute: I need to get over to the school board to talk with them about what we can do about that. All the restaurants need to have watch parties, if they can just stay open a little longer until it is over. This is a big deal for our community. As most of you know Wright State University is having its first presidential debate and they even made reference to it. The world is going to be watching Wright State University, Fairborn, Riverside and Dayton, Ohio. We talked about the Volunteer trash day. We talked about the Bike Rodeo this coming Saturday. It is a good opportunity to volunteer and meet a whole bunch of residents. It is just so much fun and that is at Rohrer Park from 11-1. I had five weddings the last two weeks and that's all I have.

Mr. Denning: The Volunteer's Dinner is next Thursday and I apologize ahead of time, but I will not be able to make it. The high school graduation is the same night and I think that the youth of this community are our future and need supported as well.

Mayor Flaute: I was told that was still not on their calendar if you go to their website. If it is then you need to tell those folks over at the school board. They need to put it on their calendar. Mr. Denning: For the last five to seven years, it has been the last week of May.

Deputy Mayor Smith: Mr. Mayor, I too won't be at the Volunteer Dinner. I have a family event that I have to attend. Mayor Flaute: Hopefully everyone else can make it. It is just a nice time to recognize everyone who does so much in our community and I know that Mrs. Lommatzsch and Mary Ann have worked hard to make this a successful event. If you can attend, please do so.

ITEM 19: EXECUTIVE SESSION: A motion was made by Mrs. Reynolds to enter into executive session for the purpose of an Attorney-Client Privilege discussion which is allowed by law per Section 103.01 (d) (3) of the City of Riverside Codified Ordinances. Mr. Denning seconded the motion. A roll call vote was as follows: Mrs. Reynolds, yes; Mr. Denning, yes; Mr. Curp, yes; Mr. Fullenkamp, yes; Deputy Mayor Smith, yes; and Mayor Flaute, yes. The council entered into executive session at 9:08 p.m.

ITEM 20: ADJOURNMENT: Council came out of executive session at 9:40 p.m. and a motion was made by Mr. Curp to adjourn. Mr. Denning seconded the motion. All were in favor; none were opposed. The meeting was adjourned at 9:40 p.m.

William R. Flaute, Mayor

Clerk of Council