WACONIA CITY COUNCIL MEETING AGENDA

Monday, June 3, 2024
6:00 PM

VISION STATEMENT
A thriving, connected community with deep roots: a great place to live for a lifetime.

MISSION STATEMENT
A city that leads, serves, and governs to enhance the quality of life for all community members.

MAYOR:	NICOLE WALDRON
COUNCIL MEMBER :	RANDY SORENSEN
COUNCIL MEMBER:	STEVE YETZER
COUNCIL MEMBER:	NICK GLEASON
COUNCIL MEMBER:	JEFF GRENGS

NOTE: TO ENSURE THAT YOU ARE PRESENT FOR ITEMS OF INTEREST, PLEASE BE PRESENT AT 6:00 P.M.

Those with items on the agenda should reach out to their staff contact. Others who wish to participate in the meeting, please contact the City Administrator at 952-442-3100 or sfineran@waconia.org to make certain that you are called upon during the meeting.

1. CALL MEETING TO ORDER AND ROLL CALL

2. PLEDGE OF ALLEGIANCE

3. ADOPT AGENDA

4. PUBLIC HEARING

Public Hearing - Zoning Accommodation Request - Battlefield Ministries
Motion to Open the Public Hearing
Motion to continue the Public Hearing until the June 17th, 2024 City Council meeting per the request of the applicant.

5. VISITOR'S PRESENTATIONS, PETITIONS, CORRESPONDENCE

6. ADOPT CONSENT AGENDA

The items listed on the Consent Agenda are considered routine and non-controversial by the Council and will be approved by one motion. There will be no separate discussion of these items unless a Councilmember, City Staff, or Citizen so requests; in which case, the item will be removed from the Consent Agenda and considered at the end of the Regular Agenda.

1) Approve May 6th and May 20th, 2024 City Council Minutes
   Motion to Approve the May 6th and May 20th, 2024 City Council Minutes
2) Approve June 3, 2024 Expenditures
   Motion to Approve Payment of June 3, 2024 Expenditures

3) Contractor Pay Request #1 - Waconia Downtown Reconstruction - Phase 2
Motion to approve Pay Estimate No. 1 to W.M. Mueller & Sons, Inc. for the Waconia Downtown Reconstruction - Phase 2 Project.
4) Capital Equipment Project #588 - Skidsteer Replacement
Adopt Resolution No. 2024-120 Approving quotes for Capital Equipment Project #588.
5) Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru to the National Fire Safety Council
Adopt Resolution No. 2024-121 Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru to the National Fire Safety Council
6) Accepting Cash Donation for Parks Department War Memorial Annual Maintenance Plan
Adopt Resolution No. 2024-122 Accepting Cash Donation for Parks Department War Memorial Annual Maintenance Plan.
7) Accepting Donation and Approving Pass Thru Recommendation - Waconia Fire Relief Association
Adopt Resolution No. 2024-123 Accepting Donation and Approving Pass Thru Recommendation from Waconia Fire Relief Association.
8) Performance Measures and Report for 2023
Adopt Resolution No. 2024-124 Approving Performance Measures and Report for Local Results and Innovation
9) Approve Premises Permit Application and Lease for Lawful Gambling Activity for the Waconia Lions club
Adopt Resolution No. 2024-125 Approving a Premises Permit Application for the Waconia Lions Club.

7. COUNCIL BUSINESS

61.) Cedar Point Park Pickleball Request
Discussion & Direction

8. ITEMS REMOVED FROM CONSENT AGENDA

9. STAFF REPORTS

- Fire Chief Justin Sorensen - 2023 Annual Fire Report

10. BOARD REPORTS

1) Councilmember Sorensen
2) Councilmember Yetzer
3) Councilmember Gleason
4) Councilmember Grengs
5) Mayor Waldron

11. ANNOUNCEMENTS

12. ADJOURN REGULAR MEETING .....OFFICE OF THE CITY ADMINISTRATOR

Shane Fineran

Work Session: Mixed Use Redevelopment Concept on 2nd Street

UPCOMING CALENDAR OF EVENTS/MEETINGS:

Planning Commission - June 6th at 6:30 p.m.
Summer Street Concert Series - June 13th at 6:30 p.m.
City Council Meeting - June 17th at 6:00 p.m.
Juneteenth Holiday - June 19th - Offices Closed

Park Board Meeting - June 20th at 6:30 p.m.

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024					
Item Name:	Public Hearing - Zoning Accommodation Request - Battlefield Ministries					
Originating Department:	Community Development					
Presented by:	Lane Braaten					
Previous Council Action (if any):						
Item Type (X only one):	Consent		Regular Session	X	Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Motion to Open the Public Hearing
Motion to continue the Public Hearing until the June 17th, 2024 City Council meeting per the request of the applicant.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

BACKGROUND:
Applicant: Battlefield Ministries (the "Applicant")
Owner: Gal Peremislov
Address: 415 W. 1st Street (the "Property")
PID: 750501120
Zoning: R-2
Special District: None

APPLICABLE ORDINANCE PROVISIONS AND LAW:
Waconia City Code Section 900.05
Americans with Disabilities Act - 42 USC 126
Fair Housing Act – 42 USC 45

REQUEST:
The City's zoning regulations do not allow six (6) unrelated persons to live together in a single-family house in the City's R-2 zoning district. The City has received an application for accommodation from Battlefield Ministries to allow up to six (6) unrelated persons to live together at the Property in a group sober living setting. The basis for the request is as an accommodation under the federal Americans with Disabilities Act (the "ADA") and the federal Fair Housing Act (the "FHA"). The prior occupancy of the Property was a single-family residence.

On April 14, 2024, the applicant submitted a written narrative describing its accommodation request. The City reviewed this submission and determined the application for the accommodation was incomplete whereas the City did not have enough information to evaluate the request pursuant to the requirements of the ADA and FHA. In a letter dated April 24, 2024, the City requested additional information from the applicant including:

1. Confirmation the applicant has legal authority or permission from the Property owner to request the accommodation;
2. Confirmation the applicant is requesting the accommodation on behalf of individuals with legally recognized disabilities;
3. Information about parking requirements for the proposed use and physical alterations planned for the Property; and
4. Information to support the assertions that the requested accommodation is both reasonable and necessary for the amelioration of the effects of a disability, as further described in the review criteria section below.

In response to the City's request, the applicant submitted additional information on May 10, 2024. The

submissions and the City's letters are attached to this memorandum. In summary, the Applicant submitted the following:

1. A letter from the Property owner giving permission to the Applicant to make its request for accommodation, with the limitation that no financial burden or change to the nature of the Property should result.
2. Supplemental narrative describing alcoholism and addiction as recognized disabilities; a letter from Jen Romero of Carver County's Health and Human Services Department certifying that residents of Battlefield Ministries do receive assistance from Carver County and that each resident who receives assistance has a qualifying disability under the law; and three letters of support from licensed alcohol and drug counselors, o which the letters written by John Curtiss and Timothy Groth each made assertions that alcoholism and addiction are disabilities.
3. Narrative describing the parking situation at the Property. The Property is proposed to have six residents and have six off-street parking spaces available. The Applicant does not intend to make any physical alterations to the Property.
4. Narrative from the Applicant describing how the increase in the number of residents will improve the efficacy of the treatment available; the Applicant asserted in its narrative that the home will not be financially feasible if fewer than 5 paying residents are not permitted, and that there are no other sober living facilities in the City of Waconia.
5. Three letters of support from licensed alcohol and drug counselors describing how congregate living is beneficial to the recovery process for alcoholism and addiction. Of the three letters of support, the letters from Jessica Hart and Timothy Groth only described the therapeutic benefits of participating in group therapy and congregate living. The letters and studies that accompanied them did not comment on the effect of the size of the group. The letter of John Curtiss took the position that "the therapeutic benefit of sober home living will be less than optimal at Battlefield Ministries sober home in Waconia if it is limited to three residents" (emphasis added) but did not indicate that sober home living with fewer than six residents will not ameliorate the residents' disabilities.

[Note: The applicant has only requested accommodation in the form of allowing more than the allowed number of unrelated persons at the property (i.e., six (6) instead of three (3)). This request may amount to a change in the occupancy classification under the Minnesota State Building Code, and at minimum triggers a code compliance review. If the Council grants the requested accommodation, the applicant will still be required to comply with other regulations for the property, including the State fire code, which may require automatic sprinklers and/or central fire alarm systems and the Minnesota Accessibility Code and the ADA which may require accessibility features including ramps, accessible bathrooms, and/or elevators. The City is further reviewing these matters with its building code official and hope to have additional information to share at the upcoming City Council meeting.]

ACCOMMODATION REVIEW CRITERIA:

The ADA and FHA both apply to cities and specifically to municipal zoning decisions. If Battlefield Ministries demonstrates eligibility for an accommodation under either of these federal laws, then the City's zoning ordinance will be preempted.

The FDA and ADA both recognize alcoholism and addiction as disabilities or handicaps according to their definitions. Federal courts have also interpreted the FDA and ADA to allow an individual or organization that provides housing to individuals with disabilities or handicaps, such as Battlefield Ministries, to request accommodations. Battlefield Ministries must, however, demonstrate that the accommodation is both reasonable and necessary for the amelioration of a disability.

Specifically, to be eligible for exemption from certain provisions of the City's zoning code under the FHA and ADA, Battlefield Ministries must show that their requested accommodation is 1) reasonable and 2) necessary for the amelioration of the effects of a disability. The criteria for each element of the test are set out as follows:

1) Reasonable

An accommodation is reasonable if supported by logical grounds, unless it has characteristics that make it unreasonable. An accommodation is unreasonable if it:

a. Imposes an undue financial or administrative burden on the City;
b. Requires a fundamental alteration of the nature of the zoning provision;
c. Is not required to mitigate the impacts of the disability; or

d. Is solely motivated by economic or financial considerations.

2) Necessary For the Amelioration of the effects of a Disability

An accommodation is necessary if it:

a. Is "Indispensable, essential, something that cannot be done without";
b. Is required to achieve equal housing opportunities for those with disabilities and those without; and
c. Provides a direct amelioration of the effects of a disability recognized by the ADA or FHA.

Based on the information and documentation submitted by Battlefield Ministries, the City Council must determine if Battlefield Ministries' request meets these criteria.

Attachments:

1. Battlefield Ministries Response Letter
2. Sober House Addendumn to request for reasonable accommodation
3. John Curtiss Expert Report Letter 05-08-24
4. Jen Romero Carver County Health and Human Services Letter 05-07-24
5. Jessica Hart NorthStar Regional Treatment Center Letter 05-09-24
6. Tim Groth Letter w Attachment 05-08-24
7. Letter from the Landlord 05-07-24

FINANCIAL IMPLICATIONS: Funding Sources & Uses:	***ADVISORY BOARD RECOMMENDATIONS:***	
Budget Information: _____ Budgeted _____ Non Budgeted _____ Amendment Required	Planning Commission	
	Parks and Recreation Board	
	Safari Island Advisory Board	
	Other	

Battlefield Ministries
Ladies First House
Mikayla Precht; Executive Director- 612-327-1585

Section 1

a.) The property owners have given Battlefield Ministries authority to request this accommodation. (see attached letter from landlord) Each client signs a lease individually with Battlefield Ministries. Battlefield Ministries assumes and maintains responsibility for each client's housing needs.

b.) All clients of Battlefield Ministries have a diagnosis of substance use disorder. This is determined by a comprehensive assessment done by a licensed professional. All clients attend intensive outpatient treatment because of their SUD. The Fair Housing Act (FHA) (42 U.S. Code § § 3601-3619 and 3631) bans discrimination based on disability, which it defines as a "physical or mental impairment which substantially limits one or more of such person's major life activities." Federal regulations clarify that protection extends to addiction to drugs and alcohol (24 CFR § 100.201(a)(2)).The Americans with Disabilities Act (ADA) ensures that people with disabilities have the same rights and opportunities as everyone else. This includes people with addiction to alcohol and people in recovery from opioids and other drugs.

Section 2

a.) Each resident (6 max) will be allowed one vehicle at the property. Most of our clients do not own a vehicle and we provide transportation needs.

b.) We currently have 2 parking spaces in the front driveway, and 4 stalls in the back garage which are all off-street parking. 6 total off-street parking spaces.

c.) No physical alterations to the property are required to support the requested use.

Section 3

a.) The Supreme Court (Edmonds v. Oxford House) has ruled that individuals in recovery from chemical dependency living in congregate facilities cannot be excluded from zoning districts under family composition rules, which limit the number of unrelated persons living together in a single-family dwelling. Additionally, an expert report has been attached to this response by John Curtiss, MA; CEO/Co-Founder of The Retreat in Wayzata, Co-Founder of MASH, Former President of the Association of Halfway House Alcoholism Programs of North America, Former Vice President of Hazelden's National Continuum, Former Executive Director of Hazelden's Outreach Services.

Curtiss states in his report why 3 people are insufficient to establish a therapeutic community. "All of our member houses (referring to MASH) are in that 6-15 residents' range with an average beds per house of 10. It seems all our members feel that this is the optimal size to create both the therapeutic milieu and business model for a fully functioning and affordable sober living environment. Studies conducted on behalf of Oxford House have shown that the optimal size house provides room for 8 to 12 residents, with most bedrooms

accommodating two individuals to help them avoid the isolation that can lead to relapse and provide accountability.

If the size of the community is too small there is not the sense of safety in numbers that a larger group can provide. A house with only four residents would be negatively affected by the struggles of any one of the other residents, whereas a larger group can remain focused on recovery while one, or even two, of their housemates may be struggling with those first few critical steps needed to recover. Addiction is a disease of isolation and a critical component of recovery is connection. And there must be enough people in the home so that regardless of any individual's schedule residents can easily find others available to connect with."

Adding 3 more residents will affirmatively enhance its residents' quality of life by ameliorating the effects of their disability. Sharing a living environment with others is of utmost importance for an individual in a sober house, as it enables residents to hold each other accountable and ward off substantial impediments to a successful recovery, namely loneliness and isolation. Additionally, success in recovery requires a certain critical mass to achieve the necessary level of familial love and therapeutic support, which Battlefield Ministries stated requires 6 residents, a range which Curtiss's report supports.

In order for the house to financially function efficiently, we would need to receive funding for at least 5 clients. The city ordinance states that only 2 unrelated persons can live in a SFH. This ordinance would force us to shut down due to the financial burden. If we are unable to allow a minimum of 5 residents to reside in the house it would impose an undue financial burden. Battlefield Ministries is a vendor of Carver County housing support. This is another reason we are requesting reasonable accommodation. If not approved this will cause closure of the women's house which would therefore have our 5 current residents be homeless on the streets of Waconia, because as mentioned above there is no other GRH recovery housing in the city of Waconia. Remaining in the city of Waconia is essential because of the limited options of transportation to their current outpatient program who we are partnered with and is currently within walking distance from the house.

b.) *The FHA uses the term "handicap" while the ADA uses the term "disability." Because we are referring to both together, we will use the term "disability" to encompass both terms*

The FHA thus requires an accommodation for persons with a disability if the accommodation is

(1) reasonable and (2) necessary (3) to afford disabled persons equal opportunity to use and enjoy housing.

1. Reasonable

A request by disabled persons to exceed the number of unrelated people permitted in order to live in a single family-zoned house of their choice is ordinary and in the run of cases, *see Brandt v. Village of Chebanse,* 82 F.3d 172, 174 (7th Cir. 1996); *Essling's*, 356 F.Supp.2d at 980, and Battlefield Ministry's requested accommodation is no different.

2. Necessary

"Necessity" under the Federal Housing Administration (FHA) is defined as something that is "indispensable, requisite, essential, needful; that cannot be done without". When evaluating an FHA reasonable-accommodation

request, necessity must be considered in light of "proposed alternatives". Merely being preferable to an alternative is not sufficient; it must be essential.

According to the letter provided by Carver County Housing Support Director there are no alternative housing options in the City of Waconia for housing for the residents of Battlefield Ministries who currently reside at 415 W. 1st St. Waconia MN. This residence is indispensable, requisite, essential, needful; that cannot be done without.

3. Afford Disabled Persons…

The FHA imposes a duty to accommodate "to afford [a disabled] person equal opportunity to use and enjoy a dwelling." § 3604(f)(3)(B). "The 'equal opportunity' . . . is the opportunity for disabled persons to live in a single-family residential neighborhood." The evidence shows that there are no other homes that can provide this opportunity, therefore this proves that this is an accommodation for the disabled.

d.) Documentation from the following qualified individuals are attached;

John Curtiss- MA; CEO/Co-Founder of The Retreat in Wayzata: April 1998- Present

Co-Founder of MASH/Board Member 2007-Present

Former President of the Association of Halfway House Alcoholism Programs of North America – 1985-89

Hazelden: February 1979 – April 1998

Vice President of Hazelden's National Continuum, Executive Director of Hazelden's Outreach Services, Executive Director of Fellowship Club, Hazelden's intermediate care facility in St. Paul, MN, Unit Supervisor of two of Hazelden's primary treatment units and as a chemical dependency counselor.

Timothy Groth- Director of Haven Chemical Health

Kimberly Johnson- LADC at Haven Chemical Health

Jennifer Romero- Carver County Housing Support Director

Jessica Hart- Program Director, LADC

Sober House Addendum to Request for Reasonable Accommodation

Battlefield Ministries- Ladies First House

415 W. 1st Street, Waconia MN 55387

Battlefield Ministries is requesting accommodations to allow 6 women to live in this 6 bedroom, three bathroom home in Waconia. Allowing more than 3 unrelated women to live in this home gives our residents the opportunity to seek support from one another and live together as a family. Our residents become a family when living together, with each resident working toward the same goal of long-term recovery while learning to implement new skills to navigate through sober life. Allowing 6 women to live in this home will give our residents equal opportunity to use and enjoy their dwelling. From experience we believe 5-6 residents is necessary to create a therapeutic environment of support for our residents. The ability of our residents being able to live in a supportive drug-free environment in a quiet residential area is critical to their recovery journey. This specific location is 1 block away from the resident's intensive outpatient treatment center, and their recovery meetings, church, doctor, and shopping are all within walking distance.

A successful sober living aftercare program requires two components: 1. a residential community and 2. a strong support group. A modification to increase the number of residents in this home is necessary to provide a strong support group in a residential environment.

Research indicates that sober houses are crucial in early recovery for a number of reasons. Sober houses provide an element of support and guidance that a resident wouldn't get in independent living. It fills the pain and isolation often felt in early recovery with a safe place, compassionate people, and a life full of purpose and fun that doesn't involve alcohol or drugs.

Our residents are referred to Battlefield Ministries from local residential inpatient treatment centers to continue their aftercare programming. Our residents are required to attend Intensive Outpatient Treatment at The Haven, 5 days a week. They are also required to take UA's weekly, maintain sobriety, attend 3 recovery support meetings, follow house rules, and do daily household chores. (attached house rules, and other policies) If our residents do not comply with our policies, they are evicted.

Typically, our residents live at Ladies First House for 1 year. During that time, we help them become connected with the recovery community and church, rekindle relationships with their families and children, work towards their individual recovery goals like renewing their driver's license, for example, gain employment, and towards graduation help them find their own residence for independent living.

Ladies First House was approved by Carver County to receive funding through Housing Support (GRH). The house received a habitability inspection before opening, and receives an additional inspection every time a new resident moves into the house. This property also has a legal rental license.

The Federal Fair Housing Amendment Act of 1988 provides fair housing protections to individuals with disabilities in virtually every housing activity or transaction. Individuals in recovery from addiction are also protected under this law. The foregoing recognizes that unrelated individuals with the same disability who reside together as a cohesive group may be the functioning equivalent of a family of related members.

(People who are recovering from addiction are protected under the Americans with Disabilities act.)

Unrelated individuals residing together in a sober home have the right to enjoy their dwelling together in a group setting without intervention. Courts have agreed that individuals who reside together in a family-like way or as a single housekeeping unit constitute a family for purposes of land and use zoning regulations.

Battlefield Ministries aids in helping people who are transitioning out of inpatient treatment and need safe, structured, and supportive housing during their after care. Our main goal is to fill the transitional housing gap in our community and ultimately to continue fighting for freedom for every addict and their families. We hope that the city of Waconia can be a part of supporting our residents in their recovery as well.

Waconia City Council

Battlefield Ministries Recovery Housing
Anthony Benedetti and Kayla Precht

EXPERT REPORT OF JOHN CURTISS

I have been asked by Battlefield Ministries Recovery Housing and Kayla Precht to conduct an independent analysis of Battlefield Ministries sober home in Waconia, Minnesota, the need for sober living in the Carver County, Minnesota area, and the therapeutic benefits of sober homes when they have the optimal number of residents between 6 and 15.

I. OPINIONS TO BE EXPRESSED AND THE BASIS AND REASONS FOR THEM

1. There is a need for sober homes in the Waconia area.

Over 2.4 million people in the United States participate in alcohol or other drug treatment programs each year (SAMHSA 2018). Outcome studies show that the longer an individual remains in a treatment or a recovery environment, the greater are his or her chances of sustaining long-term recovery. However, people in early recovery are often discharged from programs only to return to the pretreatment environment where alcohol or other drug use triggers are immediately and repeatedly experienced. For many, recovery residences or sober homes provide a vital bridge from in-patient or institutional treatment to recovery communities and independent living. In addition, recovery residences assist people in later stages of recovery by providing a safe, healthy place to live that focuses or re-focuses them on their recovery.

2019 Statistics on alcohol and drug addiction in the United States from the Substance Abuse and Mental Health Services Administration (SAMHSA).

- 21.6 million people aged 12 or older experienced a substance use disorder in 2019,
- 71.1 percent (or 14.5 million people) experienced an alcohol use disorder,
- 40.7 percent (or 8.3 million people) had a past year illicit drug use disorder, and
- 11.8 percent (or 2.4 million people) had both an alcohol use disorder and an illicit drug use disorder in the past year.
- Drug abuse and addiction cost American society more than $740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs.

- Among the 21.6 million people aged 12 or older in 2019 who needed substance use treatment in the past year, only 12.2 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year. This percentage in 2019 was similar to the percentages in 2015 to 2018.

As you can see from the above statistics, with only 12% of the people receiving treatment who need it, there is a significant unmet need. These same numbers can be extrapolated to the State and County levels as well. One can assume that approximately 8-10% of the adult population in Hennepin County will struggle with a substance use disorder. And, for those that do, only 10-12% will receive the help they need. Hennepin County, like most places in the United States, have seen a dramatic increase in Opioid overdose deaths over the past several years.

Every community needs access to the full continuum of treatment/recovery services. The continuum of care includes detox centers, primary inpatient and outpatient services, extended care and clinical halfway house programs and long-term sober living residences. Sober homes are a vital part of the treatment and recovery continuum. It is where people put into practice what they have learned in their treatment experience. To my knowledge, Battlefield Ministries Sober Home is the only independent sober living facility in the City of Waconia.

2. The nature of alcoholism and drug addiction and programs necessary to address recovery.

Alcoholism and drug dependency is a primary, progressive, chronic and fatal disease. The progressiveness of the disease can be arrested and long term recovery is possible. Treatment for addiction usually requires a comprehensive assessment, medical detox and stabilization, the implementation of a long term continuing care plan most often including total abstinence from mood altering chemicals, active involvement in a twelve step recovery program and connection to a supportive community.

A comprehensive treatment program addresses the mental, physical and spiritual aspects of the illness. This treatment protocol is understood to be a holistic and multi-disciplinary approach and is professionally referred to as the Minnesota Model of Care. The Minnesota Model of Care has long been considered the gold standard of treatment in the United States and abroad and has been widely adapted and implemented.

The Minnesota Model

(a) Integrates the profound wisdom of Alcoholics Anonymous, one of the most effective grass roots movements of the last century, with the continuous educational and technical advances of a multidisciplinary team of professionals. The link below is an article from March of 2020 about the efficacy of Alcoholics Anonymous:

https://www.usatoday.com/story/news/health/2020/03/11/alcoholics-anonymous-aa-helps-people-stay-sober-longer-study-finds/5008835002/

And, below is a video highlighting the research from Dr. John Kelly, Harvards Recovery Research Institute on the efficacy of Twelve Step recovery: https://www.recoveryanswers.org/media/does-alcoholics-anonymous-work-review-john-kelly/

(b) It transcends single dimensional care models with its focus on mind, body and spirit.

(c) One of the cornerstones of the Minnesota Model is the understanding that alcoholics and addicts can help each other. One alcoholic/addict helping another is most evident in a sober home community. As a 'family unit" each resident helps one another to practice the recovery principles in their day to day lives. This requires a critical mass or enough people to create this dynamic.

(d) 3 main points

(i) Alcoholism/Addiction exists. This condition is not merely a symptom of some other underlying disorder. It must be treated as a primary condition.

(ii) Alcoholism/Addiction is a disease. Attempts to chide, shame, or scold an alcoholic into abstinence are essentially useless. Instead, we can view alcoholism as an involuntary disability--a disease--and treat it as such.

(iii) Alcoholism/Addiction is a multiphasic multidimensional illness. This statement echoes an idea from AA - that alcoholics suffer from a disease affecting them physically, mentally and spiritually. Therefore treatment for alcoholism is most effective when it takes all three aspects into account.

One modern adaptation of the Minnesota Model of Care is the combined Sober Home/IOP Model.

The Sober Home/IOP Model

(a) Allows residents to receive "off-site" clinical services in an outpatient treatment program while living in a sober home setting.

(b) Teaches recovering individuals to be self-sufficient and to take responsibility for themselves and for each other.

(c) Expects residents to shop, cook, complete chores and do their own laundry as well as participate in "off-site" individual and group counseling and other elements of an outpatient treatment program.

Long term recovery is predicated upon adherence to the implementation of a clinically devised continuing care plans. Typical components of such a plan are:

(1) Total abstinence from all mood altering chemicals including alcohol
(2) Active participation a 12 step recovery, or other mutual help groups
(3) Residing in a Sober Home for a minimum of six months
(2) or a more clinically-oriented halfway house program
(3) Participation in an Intensive Outpatient Treatment Program (IOP)
(4) Individual/Family/Group Therapy
(5) Medication Management, and
(6) Case Management

100% of the residents of Battlefield Ministries Waconia sober home participate in an outpatient treatment program while residing in the sober residence.

Sober homes have quietly and successfully co-existed in the Twin Cities since the 1950's. To my knowledge, there is no evidence that shows that sober houses lower surrounding property values, contribute to higher crime rates or uses more community resources. The police and the fire marshals will likely tell you, these are NOT the properties we have to worry about. They are safe, sober, clean and well-mannered properties. Those of us who have dedicated our lives to the addiction recovery field can tell you that living in a sober house significantly enhances long-term recovery outcomes. People who live in sober housing are sober, working, voting, tax paying members of our society. They represent a community-based, affordable and highly effective solution to the monumental problem the City of Waconia faces with the problem of alcohol and drug dependency. Sober home operators are dedicated to ensuring, both to the residents living in their houses, and to the communities surrounding them, that the people living in these homes are sober, working and involved citizens. Sober people, like most of us, choose to live in safe residential areas, close to bus-lines, close to coffee houses, close to Twelve Step meetings and easy access to employment opportunities. Generally, many people living in sober houses don't have cars so they choose to live within safe walking distance of the vital resources they need to recover.

When newly sober individuals are faced with discrimination, based on stereotyping and a NIMBY (not in my backyard) attitude, this can have a negative impact on the residents. It makes it difficult to re-engage in society when the community around you don't want you there.

3. The therapeutic benefit of sober home living will be less than optimal at Battlefield Ministries sober home in Waconia if it is limited to three residents.

One of the essential factors in promoting recovery is the creation, a "caring community" or "therapeutic milieu". At Hazelden, with over 80 years experience in the addiction treatment field, it was believed that the ideal size of a well functioning treatment unit was 20 patients, with a combination of multiple bed rooms (approximately 2-4 patients per bedroom) and private rooms. Every treatment unit they built on their Center City campus had 20-beds.

As the founder and president of The Retreat, a non-profit addiction recovery program based in Wayzata Minnesota, we have operated sober homes on Summit Avenue, in the Crocus Hill

neighborhood of St. Paul for over 20 years without incident. We have six homes ranging in size from twelve to fifteen residents. In our experience we have found that 12-15 residents is the ideal number to promote a supportive caring community in which to recover.

As the co-founder and former board member of The Minnesota Association of Some Homes (MASH), a certifying body in the State of Minnesota, founded in 2007 representing approximately 1,756 beds in 63 facilities across the state can attest that most, if not all of our member houses are in that six to fifteen residents range with an average beds per house of 10. It seems all our members feel that this is the optimal size to create both the therapeutic milieu and business model for a fully functioning and affordable sober-living environment.

And finally, as the former President of the Association of Halfway House Alcoholism Programs of North America (AHHAP) founded in St Paul Minnesota in 1966, an advocacy organization for halfway house and recovery home operators that represented thousands of beds throughout the United States for over 40 years, also found that most of our members homes were in that six to fifteen bed range.

The efficacy of group therapy has been understood for more than 70 years, as has the understanding that such groups function best with between 7 - 15 participants**.** Dr. Irvin Yalom, widely known as the foremost authority on group therapy and the author of *The Theory and Practice of Group Psychotherapy* states the ideal size for a therapeutic group setting is 7-8 members.

Studies conducted on behalf of Oxford House have shown that the optimal size house provides room for 8 to 12 residents, with most bedrooms accommodating two individuals to help them avoid the isolation that can lead to relapse and provide accountability.

If the size of the community is too small there is not the sense of safety in numbers that a larger group can provide. A house with too few residents would be negatively affected by the struggles of any one of the other residents, whereas a larger group can remain focused on recovery while one, or even two, of their housemates may be struggling with those first few critical steps needed to recover. Addiction is a disease of isolation and a critical component of recovery is connection. And there must be enough people in the home so that regardless of any individual's schedule residents can easily find others available to connect with.

III. MY QUALIFICATIONS AND A LIST OF PUBLICATIONS AUTHORED BY ME

I am President of the Community of Recovering People board of directors and of The Retreat in Minnesota. I have been a member of the CORP board since its beginnings, and I'm one of the principle designers of The Retreat model of care. Prior to beginning my employment with CORP in April 1998, I was employed by the Hazelden Foundation for 19 years. In my years at Hazelden, I served in a variety of roles, including; Vice President of Hazelden's National Continuum, Executive Director of Hazelden's Outreach Services, Executive Director of

Fellowship Club, Hazelden's intermediate care facility in St. Paul, MN, Unit Supervisor of two of Hazelden's primary treatment units and as a chemical dependency counselor. I was also an instructor in Hazelden's professional education program, teaching group therapy, advanced counseling skills and the treatment of special populations.

I have a Masters Degree in Human and Health Services Administration from Saint Mary's University of Minnesota; I'm a graduate of Hazelden's Counselor Training Program, and I'm a licensed counselor in the State of Minnesota.

I have served on numerous boards, including; Community of Recovering People, Sobriety High School, I am the past President of the Association of Halfway House Alcoholism Programs of North America (AHHAP) and co-founder and former board member and chair of the Minnesota Association of Sober Homes (MASH). I have served as a guest faculty for Rutgers Summer School for Advanced Addiction Studies and is the author of "A Caring Community, The Story of The Retreat" and co-author of a Hazelden publication titled "Letting Go".

I have dedicated my life to the creation of affordable accessible recovery communities throughout the United States and many other countries. I led the efforts to set up Hazelden's treatment continuum in New York City, Chicago and their intermediate care program in West Palm Beach Florida.

The Retreat model of recovery is rapidly becoming a national standard for a non-clinical, spiritually grounded, affordable approach to helping people access recovery from alcohol and drug dependency. The Retreat has captured the hearts of recovering alcoholics and professionals throughout the country. It has gained a reputation, not only as an affordable, effective approach to helping people recover, but as a great place for alcoholics in recovery to be of service to others. I have consulted with many individuals and organizations throughout the United States and abroad interested in replicating The Retreat model of recovery. Programs modeling themselves after The Retreat model now exist in Hong Kong, New Zealand, Sioux Falls South Dakota, Vero Beach Florida, Austin, Texas, Portland, Oregon, Nashville Tennessee and Sydney Australia.

In my work with the Association of Halfway House Alcoholism Programs of North America (AHHAP) and the Minnesota Association of Sober Homes (MASH), I have worked tirelessly to promote the development of quality halfway house and sober-living environments in the Twin Cities, throughout the United States and in many other countries.

Dated: May 8, 2024

John H Curtiss

Carver County
Health and Human Services
Human Services Building
602 East Fourth Street • Chaska, MN 55318-2102
Office (952) 361-1600 • Fax (952) 361-1660 • www.co.carver.mn.us

5/7/24
To: The City of Waconia

To Whom it May Concern,

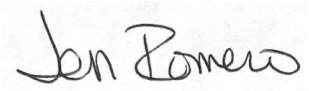
It is my understanding that Battlefield Ministries has submitted a request for a zoning accommodation to be allowed to maintain their rental property and sober housing program at 415 First Street West in Waconia. In response to their request, the city is requesting information from Battlefield, including confirmation that the residents of the property are disabled as defined by the federal Americans with Disabilities Act and/or the federal Fair Housing Act.

I oversee the Housing Support contract that helps individuals who live at this property receive a housing support program to pay part of the rent. The residents are assisted by Battlefield Ministries to apply for the benefit through an agency called Mental Health Resources, who in turn submits the final application to the county's income support department for processing. Housing Support is a benefit that can only be received by people who have a qualifying disability. Each individual must submit, as part of their application, a document called a Professional Statement of Need that must be signed by a qualified professional. Without this document, housing support cannot be approved. Therefore, Carver County has verified that each person living at 415 Fist Street West in Waconia has a disability.

Battlefield Ministries is running a unique program that is not available anywhere else in the city. The house provides its residents with walkable access to their treatment programming as well as food and basic necessities. This is a critical service for the residents as they complete their treatment programming.

It is also my understanding that there is a fear that houses like this could develop anywhere in the city and that enforcing the zoning requirements could prevent future homes from being used in a similar fashion. However, I approve each individual site that uses housing support in this way, and I would be happy to work with the city of Waconia going forward to ensure that the city approves any future projects.

Please let me know if there are any questions,
Sincerely,



Jen Romero
Housing Unit Supervisor
Carver County Health and Human Services
jromero@co.carver.mn.us
612-214-774

May 9, 2024

To the City of Waconia, City Leaders and Council Members,

I am writing on behalf of Battlefield Ministries, Kayla Precht and the women's sober home she is fighting to keep intact.

My name is Jessica Hart. I am currently the Program Director of NorthStar Regional Women's residential Treatment Facility located in the heart of downtown Chaska. I have a current license with the BBHT in Minnesota as a Licensed Alcohol and Drug Counselor and Supervisor. I have been licensed and providing services with NorthStar Regional in both the IOP, IOP with lodging and residential levels of care since 2017. Prior to this I worked as a chemical dependency technician for Pride Institute Residential Program for 3 years. I am myself a person in long term recovery for just over 12 years.

Over the last 7 years that I have worked in the field as a licensed professional through different levels of care, I have found that clients who choose to commit to longer term housing options, such as sober homes, have a significant increase in their success for long term sobriety. In fact, it is what we as professionals would like to recommended to every client who successfully completes a residential program that they take the option of lodging or sober housing but many choose not too and they end up back in treatment, incarcerated or much worse dead.

Within my organization, we have 2 locations for treatment right in the residential areas of Chaska. My facility, a residential treatment that holds 16 women is right in downtown across the street from City Square Park. We have a men's IOP/lodging program with 49 beds a few block away. Right next door to me I have a sober home that holds 9 women. We have 2 women's sober houses located in residential neighborhoods in Chaska, each holding 6 women. We have 4 men's sober homes in residential Chaska holding 6 men each. We also have a sober home in Carver and 2 in Shakopee. They live next door to families, schools, churches and retirement communities. Without these residences, we would have several men and women without the ability to access needed services such as their IOP treatment, 12 step meetings, peer recovery services or the ability to build a solid foundation in their early recovery. Many of these homes have access to local stores, churches, job opportunities, parks and entertainment. Many of the clients we serve do not have a vehicle or access to transportation. They need to be in areas where they can begin to gain independence by having access to work, stores, community services and social activities.

In the 7 years I have worked with both the men and women, I have had few complaints from neighbors or the community regarding these homes being in their neighborhoods. There are no raging parties, illicit activities or crimes that happen within our sober community. In the few instances where there may have been an issue, staff is quick to take care of the problem and unfortunately a client is asked to leave the residence. In my experience with Kayla and Battlefield, they are very involved with the clients they serve, keep a watchful eye and have had a pretty good track record running their homes.

The importance of the women in our homes is that they build a community. As we know one of the most important aspects to find successful long term recovery is that clients completely rebuild their social network and align with other recovering people within the community. Study after study, recommendation after recommendation and what we find in both the literature of treating addiction and in the literature of our 12 step fellowships is that social connection is key. Building good relationships, hanging out with sober people or those that do not use chemicals and getting involved in the community or service opportunities is what helps keep the addict or alcoholic sober long term. The women I have worked with over the last several years learn and adapt to depend on each other. I see the relationships and sense of community they build within the residential treatment and I continue to work with many of the women who transfer to our sober home next door to continue their journey stepping down to a lower level of care, living in a sober home and attending IOP treatment a few blocks away. The 9 women who live at our sober home come from varying walks of life, ages, cultures and backgrounds. Some of these women have suffered from homelessness, broken families, are on probation, have CPS cases and in some cases, have a family at home waiting for them to become stable, sober and gain new skills to be able to re-enter their homes with a renewed purpose, a better ability to handle stress while rebuilding a life that had previously been shattered as a result of addiction.

Many women I serve are working hard to be reunited with their children. Being part of a sober home community helps them to learn many valuable skills, most of which they learn from the other women they live with. These women hold each other accountable. They learn to keep a home clean, they learn to cook, abide by a schedule and help each other out when they need it. They have someone to return home to and share their day with. They have peers to attend meetings with and attend sober social activities with. They learn from each other, more often than not, their time in sober living becomes one of the most valuable experiences they have in early recovery. Without having each other, recovery is lonely and isolating. Most women that make it through their IOP and the several months they live in sober housing become very successful long term.

With this organization, the women are required to attend their IOP treatment group at The Haven, attend 12 step meetings, meet with a Certified Peer Recovery Specialist regularly, engage in spiritual services and gain employment. What Kayla and Battlefield Ministries is providing is an invaluable service to the community and to the women who so desperately what to change their life. These women CHOOSE to be in the sober home. They are driven, they are accountable and they are learning to be responsible. They are learning to rebuild their lives brick by brick. They build each other up. We cannot take that away.

As a person who went through the justice system, had CPS involvement myself, attended residential treatment (more than once) along with sober living I can tell you from personal experience I would not be where I am at today without having had a community of women to help guide me in my early recovery. I latched on to the senior peers in the house who had already been there awhile. I could see them doing the things I wanted to do but was not sure how to. They took me to meetings, provided unwavering support when I was having a rough day, we cooked meals together and we had meetings in the house all the time to learn communication and how to get along when there may be disagreements. I learned so much and I built a great foundation that would serve me in building a wonderful life for myself and for my family. I am grateful I had such amazing encouragement and support those few months.

In closing, I have sent a few peer reviewed studies that outline why sober housing is important. My hope is that you will take the time to review them. I appreciate you taking the time as well to read my experience,

knowledge and what I have leaned over the last several years working in the field of addiction and recovery. It is my opinion, we do not have nearly enough sober homes for people to transition to, especially out in this area and especially in Carver County. Our homes are always full. Kayla's homes have been a great resource for us to help place deserving women who need and desire a chance to change their life. It would be a great loss if she had to ask even just one woman to pack up and leave. It could derail all of their progress. We want to keep clients moving forward, not send them back several steps. Please do not allow this to happen to these women who have been working so hard and are doing so well. They deserve this house!

Thank you so much for time. If you would like further information, please do not hesitate to reach out.

Sincerely,

Jessica Hart, LADC-S
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ALCOHOL RESEARCH
Current Reviews

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The Emergence, Role, and Impact of Recovery Support Services

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Various community recovery support services help sustain positive behavior change for individuals with alcohol and drug use disorders. This article reviews the rationale, origins, emergence, prevalence, and empirical research on a variety of recovery support services in U.S. communities that may influence the likelihood of sustained recovery. The community recovery support services reviewed include recovery high schools, collegiate recovery programs, recovery homes, recovery coaches, and recovery community centers. Many individuals are not provided with the types of environmental supports needed to solidify and support their recovery, so there is a need for more research on who may be best suited for these services as well as when, why, and how they confer benefit.

KEY WORDS: recovery high schools; collegiate recovery programs; recovery homes; recovery coaches; recovery community centers; alcohol

Across the different developmental stages of the life course, alcohol and other drugs play an influential role in health, functioning, disease, disability, and premature mortality. A number of different approaches have emerged during the past 60 years to address areas impacted by alcohol and drug use, including formal professional treatment services, but also—in recognition of the need for ongoing support following acute care stabilization—a variety of recovery support services. This article reviews several recovery support services, including recovery high schools, collegiate recovery programs, recovery homes, recovery coaches, and recovery community centers. The article examines the role and implications of recovery support services across diverse subpopulations of individuals with alcohol or drug use disorders and related problems. It begins with a review of the prevalence rates and unmet needs for services across the life span for those with alcohol and drug use disorders.

According to recent national estimates, 17% of adolescents report using illicit drugs, and 5% engage in binge drinking.[1] Additionally, 24% of full-time college students ages 18 to 22 report using illicit drugs, and 16% and 11% meet the diagnostic criteria for a drug use disorder or alcohol use disorder (AUD), respectively.[2] At any given time, an estimated 4% of the college student population

is in recovery from substance use disorder (SUD), including AUD.[3] Students in recovery face many challenges when pursuing higher education, including exposure both to the high availability of alcohol or other drugs and to peers using substances on college campuses. These risk factors are further compounded by difficulties commonly experienced by students, including transitional stress and academic challenges, which can increase their susceptibility to engage in alcohol and drug use. Additionally, students who attend college full-time are more likely to consume considerable amounts of alcohol compared to their peers who are either not attending college or who are enrolled in college part-time.[4] Many youth in high school and college settings are exposed to environments that encourage drug use experimentation, and few recovery programs are available and accessible.

Although 8% to 9% of the adult U.S. population has an alcohol or drug use problem at any given time, only 2% of the population seek and receive treatment each year for these disorders (about 3.8 million individuals),[5] and even individuals who successfully complete treatment have high relapse rates. Posttreatment, individuals often live in communities that do not provide environmental recovery programs. However, there is an emerging network of recovery high schools, collegiate recovery programs, recovery housing, recovery coaches, and recovery community centers throughout the United States. This article's goal is to engage in an integrative review that summarizes past literature to provide a comprehensive understanding of the rationale, origins, emergence, prevalence, and research associated with these recovery support services. The articles mentioned below were the result of MEDLINE, Google Scholar, and PsycINFO searches that included the following terms: recovery high schools, collegiate recovery programs, recovery housing, recovery coaches, and recovery community centers.

RECOVERY HIGH SCHOOLS

Beginning in the late 1970s, recovery high schools (RHS) were established to serve youth recovering from drug use disorders.[6] Currently, there are more than 35 RHS across the United States. Most of these schools have licensed counselors and staff to provide recovery support. Students are usually required to attend outside support groups, such as 12-step programs. According to Finch and colleagues, the enrollment range in RHS is between six and 50 students, with one to five teachers.[6] Some RHS have independent physical structures and organizations, whereas others share space with public high schools. In addition, some RHS support students' transition back to traditional high schools, whereas others retain students until graduation. The lack of steady referrals to RHS can pose challenges to remaining financially viable.

Tanner-Smith and colleagues explored the characteristics of students who attend RHS.[7] In comparison to national samples, they found that students from RHS were significantly older, were more likely to be female and White, and reported higher levels of social support. In addition, RHS students were more likely to have family histories of drug use and mental health problems. Their parents also tended to have higher socioeconomic status than the general population. Compared to local non-RHS samples, students from RHS had higher rates of illicit drug use and drug use treatment episodes and fewer problems with illegal activities and arrests. In addition, students from RHS were more likely to suffer from other types of mental illness and to seek treatment alongside their drug use. Treatment centers appear to provide the majority of referrals, followed by family and self-referrals.

A few studies have evaluated the experiences and outcomes of those provided RHS. For example, Finch reported that the structure of RHS helped students maintain sobriety by separating them from traditional high school students, providing support groups comprising peers undergoing recovery, and making available staff with expertise in drug use recovery.[8] In addition, students mentioned that RHS led to increases in abstinence self-efficacy. Karakos found that RHS staff felt that students received emotional support and information on peer-to-peer recovery, and that RHS students gained new social network members who replaced those who engaged in drug use.[9] The small school sizes led to strong bonds as well as increased accountability because

relapse was harder to hide. However, RHS staff also reported that students experienced peer pressure to engage in alcohol and drug use and risky behavior during social outings. In addition, staff had to help students navigate boundaries around sharing information about their sobriety on social media.

In one of the few outcome studies, Finch et al. compared alcohol and drug use and educational outcomes between students in RHS and those attending other high schools.[7] They found that students attending RHS were more likely to be abstinent from alcohol and drugs and less likely to be absent from school than students in other high schools, but there were no significant differences in academic performance and mental health outcomes.

Oser et al. noted that youth of color often lack access to treatment prior to enrolling in RHS.[10] Glaude et al. found high rates of drug use among Hispanic youth, yet they lack access to interventions tailored for them.[11] RHS that include culturally specific elements may represent a promising setting for this population; however, additional research is warranted to determine the effectiveness of RHS among Hispanic youth.

COLLEGIATE RECOVERY PROGRAMS

In response to the challenges students in recovery face, collegiate recovery programs (CRPs) have formed on college campuses nationwide to help students manage their recovery while completing their education. CRPs provide students with a network of peers in recovery and with institutional support in the form of services and academic guidance. The first CRP was developed in 1977 at Brown University, and there are now 138 active programs throughout the United States.[12] Predominantly peer-run and informed by a 12-step abstinence framework, CRPs provide counseling services, recreational activities, life skills workshops, and both academic and financial support.[13] Some provide drug-free housing on campus and typically do not have limitations on duration of stay.

There is neither an accreditation process nor a single CRP model. However, the Association of Recovery in Higher Education and Texas Tech University's Center for Addiction and Recovery have developed guidelines for programming and implementation (https://www.depts.ttu.edu/hs/csa/replication.php). Given that these guidelines are not mandatory, CRPs differ in the way services are provided, their cost to students, and their eligibility criteria (e.g., length of abstinence, verification of abstinence). Some CRPs implement contracts that delineate behaviors to which members are expected to adhere.

Data from a national survey of 29 CRPs revealed that 57% of students are male, and 91% of students identify as White.[14] These demographic characteristics may reflect inequitable access across diverse populations to treatment and to 4-year universities. The average age of participants was 26 years, making this group older than the average college student. The majority of the students surveyed reported drug use disorder as their primary problem and AUD as their second. Additionally, 83% of students reported having received treatment for alcohol and/or drug use prior to enrolling in the program.

To date, no national studies have evaluated the effectiveness of CRPs, but smaller-scale studies and site-specific reports show promising recovery and educational outcomes. These positive outcomes include low relapse rates, grade-point averages (GPA) above the school average, high graduation rates, and perceived usefulness by members. A survey consisting of 29 CRPs reported that annual relapse rates ranged from 0% to 25%, with an average of 8%.[14] Additionally, only 5% of students reported using alcohol or drugs in the past month. These relapse rates are much lower compared to the first-year posttreatment relapse rates among youth.[13] Students who participate in CRPs have higher GPAs and higher retention and graduation rates compared to national averages for the general student population.[3]

As an example, the Texas Tech University program found a semester relapse rate of 4% to 8% among participants. In addition to lower relapse rates, CRP participants at Texas Tech had a 70% graduation rate, surpassing the graduation rate of the general student population at the university.[15]

Follow-up studies on CRP alumni have found that benefits extended beyond graduation.[16] Current findings also have implications for the recruitment of students in recovery into colleges and universities. In one study, 34% of participants surveyed expressed they would not be in college were it not for a CRP and 20% indicated that they would not have enrolled at their institution if a CRP had not been available.[17]

RECOVERY HOMES

Recovery homes (RHs) are community-style residences open to individuals maintaining a sober lifestyle. Residents of these homes are often individuals who have undergone and exited a drug rehabilitation program or incarceration and who have entered into an RH of their own volition or by court order. All residents must avoid drugs or alcohol while living in RHs. Typically, these homes are single-sex, and residents are expected to find employment and engage in external programs—such as Alcoholics Anonymous (AA), Narcotics Anonymous, or Cocaine Anonymous—that promote their commitment to sobriety. These homes afford residents with supportive social networks of individuals also living a sober lifestyle.

RHs manifest varying intensities of structure and support for their residents, and are classified into four levels of support.[18] Level I homes are self-run and do not include any external professional services. Level II homes often include a resident who is paid to oversee and maintain the home and to coordinate peer groups and services for residents. Level III homes often have staff present in the home who might provide clinical services and administrators who coordinate other services. Level IV homes are usually state-licensed and, as such, have licensed clinical services, are connected to state-funded services, and may be housed within a larger state-level institution.

The Washington Temperance Society started the earliest known RH in the United States in 1841.[19] In the middle half of the 20th century, RHs expanded across the country—fostered by religious groups, state governments, and private institutions—often branching into distinct systems. For example, more than 500 houses in the Sober Living Network in Southern California are closely associated with AA. It is unclear how many RHs exist, but recent estimates suggest there may be more than 17,500 such houses in the United States.[20]

The most well-known organizations that oversee RHs are the National Alliance for Recovery Residences and the Oxford House network; of these, the latter has been more well studied. Oxford Houses are self-governed homes within the Level I designation. Responsibilities of maintaining the home, establishing and enforcing house rules, and paying rent are distributed among residents. Research on Oxford Houses suggests that residents who remain in the houses for a minimum of 6 months are significantly less likely to relapse than are those who are not provided this housing or who stay for less than 6 months.[21] The collective and individual responsibility necessary to live at an Oxford House may motivate individuals to stay sober and provides each resident with motivated housemates who support sobriety.

Longitudinal findings from Level II homes have found that engagement in 12-step groups is the single best predictor of positive long-term outcomes for residents.[22] When paid staff or counselors are present in the RH, as in Level III homes, residents can access psychiatric treatment and receive a structured and formalized recovery plan. Residents in these RHs, compared to individuals who enter exclusively clinical programs, have longer durations of stay and better sobriety and criminology outcomes, all at a significantly lower cost.[23]

Level IV RHs frequently house individuals who have been court-mandated to enter into a recovery program. These systems usually exist within larger institutions, are run by staff, and are known as residential therapeutic communities. Martin et al. found that, 5 years after exiting a Level IV therapeutic community, individuals who had resided in community-based therapeutic communities had lower rates of drug use and re-arrest than did those who had been in prison-based therapeutic communities, and both samples had

better outcomes than individuals in the study who received no treatment.[24]

RECOVERY COACHES

A multitude of community-based self-help groups use a mentorship-style model for recovery (e.g., sponsorship in AA). These services are provided free of cost and are typically peer-driven. The more experienced members tend to "sponsor" the newcomers,[25] sharing their lived experiences with recovery and providing social support and access to recovery resources. Similar peer-driven recovery models are beginning to utilize recovery coaches (RCs). The first articles on RCs appeared between 1994 and 1998, coinciding with the beginning of the Recovery Community Services Program, which was instrumental in recognizing the role of peer-to-peer support services as a means of delivering treatment for drug use disorders.[26] The reference term "recovery coach" has been evolving, from "patient navigator" to "peer recovery specialist." Typically, RCs are peers who share their experiences of drug use and recovery with newer members and provide resources designed to build their mentees' problem-solving abilities.[27,28]

RCs, who are typically in recovery themselves, are trained to provide supportive services (i.e., psychological, social, emotional, spiritual, employment, financial) to those who struggle with a substance use disorder. Employed through a variety of community groups (e.g., community centers, religious organizations), RCs generally work full- or part-time hours and are typically required to have completed high school and have earned a formal training certificate.[27] Sharing past lived experiences with SUD and recovery cultivates trust from newcomers (who may be apprehensive about asking for help), which has been shown to increase motivation toward changing problematic behavioral patterns.[28] Overall, RCs model recovery values of honesty and open-mindedness, a capacity for introspection, problem-solving abilities, the construction of a recovery-based identity, as well as a recovery-supportive social network.[29]

A number of factors can distinguish an AA sponsor from an RC; for example, sponsors typically work within the framework of their respective 12-step fellowship, whereas RCs offer a larger range of services and resources that fall outside of the expertise of an AA sponsor.[30] In contrast to RCs, "recovery allies" provide the same services—that is, supporting behavior change, relationship building, harm reduction, and systems navigation[28]—but lack the "lived experience" component of an RC.[27]

Several studies have found supplemental advantages of utilizing an RC to provide recovery-specific social support. Ryan et al. found that, compared to receiving services as usual, the addition of an appointed RC significantly increased the likelihood for achieving a stable reunification for families.[31] VanDeMark et al. found that 54% of participants endorsed RCs as helpful in creating feelings of being part of a community.[32] Reif et al. found that RCs are effective across four domains: (1) improved relationships with providers and social supports, (2) increased treatment retention, (3) increased satisfaction with the overall treatment experience, and (4) reduced rates of relapse.[33]

RECOVERY COMMUNITY CENTERS

Recovery community centers (RCCs) provide a variety of services such as recovery coaching, space for 12-step meetings, employment opportunities, and educational linkages. They are often located in central areas within cities and towns, with services being provided by peer volunteers and recovery professionals.[34] RCCs do not subscribe or endorse just one ideology or pathway to recovery, but rather embrace all recovery approaches.[35] Alcohol and drug use are reduced by providing personal, social, and environmental resources and by being flexible to multiple recovery strategies.[36]

Unfortunately, there have been few investigations of RCCs.[37,38] In one of the few comprehensive investigations, Kelly et al. studied 32 RCCs across the northeastern United States.[39] Services included social/recreational activities, mutual help, recovery

coaching, employment help, education assistance, overdose reversal training, and medication-assisted treatment support. The RCCs studied were in operation for an average of 8.5 years, with considerable variability in how many clients were served each month, ranging from a dozen to more than 2,000. Most were state-funded with yearly budgets ranging from $17,000 to $760,000. Locations were primarily in urban or suburban areas with easy accessibility. The neighborhoods and buildings were rated as moderate to good in attractiveness and quality. Most but not all directors and staff were in recovery themselves.

Kelly et al. also interviewed more than 300 clients attending these RCCs.[40] With an average age of 41, about 50% of participants were female, 79% were White, 49% had a high school or lower education, and 45% had a household income of less than $10,000 over the past year. Their primary substance of use was opioids or alcohol, and 49% reported a lifetime psychiatric diagnosis. The investigators found that the RCCs were associated with increased recovery capital (the sum of personal and social resources that facilitate the process of recovery), and that recovery capital and social support were related to improvements in psychological distress, self-esteem, and quality of life.

DISCUSSION

This article reviews various recovery support services available in the United States throughout the life span—from adolescence through adulthood. The support services reviewed include recovery high schools, collegiate recovery programs, recovery housing, recovery coaches, and recovery community centers. These types of programs are of particular importance given that alcohol and drug use disorders are chronic conditions marked by cycles of recovery, relapse, and repeated treatment.[41] Too often, these conditions have been treated without any attention to community factors that can contribute to abstinence or relapse. These disorders should be treated like any other chronic condition, with long-term care and treatment. Effectively treating alcohol and drug use disorders requires a paradigm shift away from pathological models of recovery and toward a multidimensional recovery health framework that encompasses the environmental context.

As noted in this article, attention is increasingly focused on supportive recovery networks, along with housing and job opportunities for social reintegration. These environmental factors highlight the importance of recovery capital.[42] The personal component of recovery capital includes endowments such as self-efficacy, knowledge, personal health, education, hope, employment, financial assets, and transport. The social/environmental component can be further subdivided into a social branch (supportive, pro-recovery relationships with family and significant others, peer mentors, and recovery and support groups), and a community branch (treatment resources and support services, social acceptance and lack of stigma, continuum of care resources, and non-SUD support services for mental and physical health).

RHS have the potential to provide a protective environment to promote and maintain recovery for adolescent youth. Students of diverse backgrounds may benefit from access to these schools. Unfortunately, the scarcity of outcome studies makes it difficult to understand the outcomes for youth attending these settings. In addition, it is still unclear if proximity to drug-using students increases the risk of relapse. Future research should examine students' social networks to assess both positive and negative effects of attending these alternative schools. There is also a need to better understand how to increase program sustainability of these schools.

CRPs seem to help students successfully manage their recovery while they complete their education in college and university settings, environments that are often not conducive for recovery. The lack of uniformity across CRPs limits understanding of the available findings. Further research is needed to evaluate the effectiveness of CRPs in determining which services generate the best outcomes and which pre-program enrollment characteristics (e.g., length

of sobriety) can optimize student outcomes. There is also a need to investigate barriers to program implementation and to understand how to improve access and delivery of CRP resources to students. More research on post-program outcomes is needed to determine the long-term effects of participation in CRPs. Furthermore, whether CRPs can be as successful for individuals from diverse racial, ethnic, gender, and socioeconomic backgrounds needs to be examined.

In regard to recovery homes, individuals who stay in an RH for at least 6 months appear to have better long-term outcomes than those who do not stay as long. However, self-selection is at work here as a potential bias, given that the outcome might be different if people were randomly assigned to receive differing lengths of stay. There is a need to identify the location and availability of recovery houses across different regions of the United States. In addition, information about whether these homes have openings for prospective residents should be made available to the public. There is also a need to better understand the underlying processes that might account for a successful or unsuccessful stay in recovery housing; this would help determine which aspects of these homes and living communities are related to long-term sobriety. Finally, oversight of RHs by organizations such as Oxford House or by state regulatory agencies could curb the potential exploitation of residents in poorly managed houses.

RCs appear to be a helpful part of the recovery support environment, but there is a need to determine their unique contributions to outcomes. Regarding RCs and other types of recovery support services, developing a commonly agreed upon set of outcome measures in studies could advance the research in this area.[43] This could occur with oversight committees to encourage agreements from critical stakeholder groups (e.g., outreach workers, hospitals, outpatient clinics, inpatient treatment centers, RHs).

Findings from RCCs suggest that they may facilitate the acquisition of recovery capital and enhance functioning and quality of life. It appears that individuals with few resources make use of these accessible RCCs, which may increase social support, employment, housing, and other recovery capital. Given the spread of these RCCs over the past few years, more information is needed about the costs and benefits of these innovative settings, which may play an important factor in reducing relapse.

There are a number of limitations of the studies reviewed in this article. For example, there is an overemphasis on "smaller-scale" studies and "site-specific reports," which can be biased in favor of the particular modality and/or site being evaluated. For example, among residents of RHs, engagement in 12-step groups was the single best predictor of positive outcomes, but these types of outcomes could be biased by the self-selection of individual clients into 12-step engagement and may not indicate any additional benefit of the housing. Thus, it is important to sort out the effects of the particular intervention under review from the effects of ancillary services received in the setting. In addition, there are very few longitudinal studies evaluating recovery support services. Additional studies are needed to assess whether short-term sobriety gains and other observed outcomes are maintained over time. It is still unclear what mechanisms are involved in how recovery support services may help reduce relapse risk and foster stabilization and recovery; it is likely that this occurs by increasing recovery capital, but this is an area where more research is needed. Lastly, most of the studies reviewed had a predominantly White sample, thus warranting an examination of whether these recovery support services can help diverse racial or ethnic populations initiate and maintain long-term recovery.

Alcohol and drug use treatment programs have begun providing briefer formal programs followed by "aftercare," which is sometimes a referral to AA or Narcotics Anonymous and an expectation to refrain from alcohol and drug use. Following release from a few weeks of acute treatment, follow-up stays in supportive, cohesive posttreatment settings encourage personal transformation and have been shown to reduce relapse rates.[44] Environmental factors

may be key contributors to long-term abstinence. Unfortunately, many youth and adults are not provided the types of environmental supports needed to solidify and support their recovery. There is a need to better understand possible improvements in long-term recovery outcomes for those provided these types of supports, as well as to gain information regarding their accessibility, availability, and affordability.[45] There is also a need for more research in general across the spectrum of these services as well as additional research on the types of individuals for whom particular recovery support services may be most helpful, the most effective timing for introducing these services during the recovery change process, and how these services confer benefits.

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May 8, 2024

City of Waconia
201 South Vine Street
Waconia, MN 55387

Re: Battlefield Ministries

To Whom it may concern,

I have been asked by Battlefield Ministries to write this letter on their behalf. Per your letter dated April 25,2024 I will be responding specifically to item number three in that letter.

The City of Waconia has asked Battlefield Ministries to respond to the necessity of accommodation. The City has asked to see proof that the accommodation of allowing up to 6 individuals to live at the property (415 First Street West) ameliorates the effects of the applicable disability.

Sober or recovery housing generally refers to alcohol and drug free living environments that provide peer support for those wanting to initiate and sustain recovery from alcohol and other drug disorders. Currently there is growing evidence-based research looking into the efficacy of sober or recovery housing.

Does a recovery house make something bad or unsatisfactory into something that is better? The term bad is something that has plagued the recovery community for decades. Addiction to alcohol or other drugs is considered a disability whether the use of alcohol or drugs is in the present or in the past. For people with an addiction, Americans with Disabilities Act (ADA) protects these persons in recovery. This is an interesting distinction from other chronic diseases such as Alzheimer's Disease or ALS (Lou Gehrig's Disease). In these cases, special housing accommodations do much to ameliorate living standards, much like recovery homes do by adding and optimizing treatment effectiveness. Would the City of Waconia have the same prejudice with these populations? Why isn't addiction looked at in the same manner as other chronic diseases?

Research from a myriad of studies indicates that safe and stable housing is integral to the addiction recovery process. Recovery housing has been found to be associated with improvements in a variety of domains.

I have included information below for you to review. These studies indicate results that have significant improvement on a wide variety of variables which include alcohol and drug use, 6-month abstinence rates, alcohol and drug related problems, psychiatric symptoms, employment, and arrests (Polcin, Korcha, Bond, & Galloway, 2010a; Polcin, Korcha, Bond, & Galloway, 2010b).Feb 22, 2023

If you would like additional information, please don't hesitate to call.

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Sober living house characteristics: A multilevel analyses of factors associated with improved outcomes

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Abstract

Safe and stable housing is integral to addiction recovery. Across numerous studies, recovery housing has been found to be associated with improvements in a variety of domains. Although procedures for operating some types of recovery housing have been manualized and national standards established, there are few empirical findings identifying which recovery residence characteristics may lead to improved outcomes. Using data from 330 newly admitted residents recruited from 49 sober living houses in California and re-contacted for 6- and 12-month follow-up interviews, this study examines the effects of organizational, operational, and programming characteristics on substance use, criminal justice, and employment outcomes. Results from multilevel analyses adjusting for resident demographics and length of stay indicate that organizational characteristics were associated with outcomes. Residents recruited from houses that were part of a larger organization or group of houses had increased odds of total abstinence (aOR=3.98, p<0.001) and drug abstinence (aOR=3.19, p<0.001). Residents recruited from houses that were affiliated with a treatment program had increased odds of employment (aOR=2.92, p=0.003). Operational characteristics such as where the house was located and whether the house required incoming residents to be sober for at least 30 days prior to entry were also related to improved outcomes, but additional work is needed to develop tools to assess and measure recovery housing characteristics and to better understand how these factors contribute to improved outcomes.

Keywords

Sober living; sober living houses; recovery housing; recovery residences; recovery outcomes

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1. Introduction

Although addiction is recognized as a chronic condition necessitating lifestyle change and ongoing care (American Society of Addiction Medicine, 2018; Dennis & Scott, 2007; McLellan, Lewis, O'Brien, & Kleber, 2000), most addiction treatment is time-limited and may not include the type of services clients prioritize as being most critical to their recovery from addiction (Duffy & Baldwin, 2013; Laudet, Stanick, & Sands, 2009; Laudet & White, 2010). Safe and stable housing is integral to recovery (Substance Abuse and Mental Health Services Administration, 2012), but nearly a third (32%) of individuals entering substance abuse treatment report being marginally housed in the 30 days prior to treatment entry (Eyrich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008). Recovery housing generally refers to supportive living environments (e.g., Oxford Houses™, sober living, sober homes, recovery homes, halfway houses) that promote recovery from alcohol, drug use, and associated problems (Jason, Mericle, Polcin, & White, 2013). Reviews of the evidence base for recovery housing suggest that it can indeed have positive effects on many aspects of recovery, particularly with respect to substance use, employment, and criminal justice outcomes (Reif et al., 2014).

One of the more well-researched models of recovery housing is that of sober living houses (SLHs) in California. SLHs do not provide group counseling, case management, treatment planning, or a structure of daily activities. However, a study tracking 300 residents living in SLHs over an 18-month period, found that residents showed significant improvement on a wide variety of outcomes including alcohol and drug use, 6-month abstinence rates, alcohol and drug related problems, psychiatric symptoms, employment, and arrests (Polcin, Korcha, Bond, & Galloway, 2010a). All of the improvements between baseline and 6-month follow-up were maintained at 12- and 18-month follow up. Importantly, improvements were maintained even though the vast majority of residents left the SLHs by 18 months (Polcin, Korcha, Bond, & Galloway, 2010). Another study of 330 residents on probation or parole entering SLHs found similar improvements on substance abuse, criminal justice, HIV risk, and employment outcomes, but also found enhanced criminal justice outcomes among those randomized to Motivational Interviewing Case Management intervention who received at least one session (Polcin, Korcha, Witbrodt, Mericle, & Mahoney, in press).

1.1 Recovery residences as service delivery entities

Explaining how recovery housing improves outcomes can be challenging because recovery residences are often described in terms of what they do not do, rather than by what they do. Recovery from addiction is increasingly recognized as a process that results in, and is supported by, the accumulation of financial, social, human, and cultural resources, collectively termed, "recovery capital" (Cloud & Granfield, 2008; Granfield & Cloud, 1999). While some types of recovery residences may provide group or individual substance use treatment and/or recovery support services (Mericle, Miles, & Cacciola, 2015; Mericle, Polcin, Hemberg, & Miles, 2017), recovery residences can help residents build recovery capital across these domains in other ways through conscience decisions about where and how they operate and who they serve. For example, by providing residents with affordable

housing, it can help residents accrue financial capital. Choice of location may be directly related to fees charged and other aspects of cost of living; it may also affect other forms of recovery capital as neighborhood context (e.g., neighborhood disadvantage, drug availability, community resources, and travel burden) has been postulated to be a critical component of retention in substance use treatment (Jacobson, 2004). Living amongst other peers in recovery has been shown to build social support and instill a sense of community (Ferrari, Jason, Olson, Davis, & Alvarez, 2002; Jason, Light, Stevens, & Beers, 2014; Jason, Stevens, & Light, 2016; Stevens, Guerrero, Green, & Jason, 2018; Stevens, Jason, Ram, & Light, 2015), and this may be enhanced in residences focusing on a specific segment of persons in recovery (Jason, Luna, Alvarez, & Stevens, 2016; Mericle, Carrico, Hemberg, de Guzman, 2017). Delineating and enforcing house rules, promoting accountability to members of the household, encouraging involvement in mutual aid groups, and fostering communal learning drawing from “collective experiential knowledge” (Borkman, 1999; Heslin et al., 2013; Jason, Davis, Ferrari, & Anderson, 2007) may enhance a variety of different aspects of human capital as well.

As mentioned above, SLHs do not provide treatment services, but residents are either encouraged or required to attend 12-step meetings, and they can stay as long as they wish, provided they abide by house rules (such as maintaining abstinence from alcohol and drugs) and pay fees for rent, utilities, etc. (Polcin & Henderson, 2008). Further, in SLHs like in other types of recovery housing, a social model philosophy of recovery (Kaskutas, Greenfield, Borkman, & Room, 1998) is promoted. Evolving from the traditions of AA, social model programs emphasize resident input into house operations and management, experiential knowledge and peer support for recovery, and resident responsibility for maintaining the home (Borkman, Kaskutas, Room, Bryan, & Barrows, 1998; Room, Kaskutas, & Piroth, 1998), all facets that contribute to the inherent therapeutic nature of the setting, which has shown to produce abstinence outcomes independent of residents’ 12-step involvement (Majer, Jason, Aase, Droege, & Ferrari, 2013). Thus, operational characteristics reflecting where housing is located, fees charged and amenities provided, who is served, and house rules as well as the overall program orientation or philosophy are critical components to the service delivered in recovery housing more generally but SLHs in particular.

1.2 Recovery residences as human service organizations

By providing a service in an organized and systematic manner to maintain or promote the overall quality of life of a population, recovery residences, like substance use treatment programs more generally, can be conceptualized as providing human services (Hasenfeld, 2010; Zins, 2001). Theories applied to understanding organizations, including human service organizations, are often categorized into rational, natural, and open-systems perspectives (Scott & Davis, 2007). Open-systems theories view organizations as engaging in a series of exchanges with various stakeholders to obtain resources (funding, residents, staff, licensing/accreditation). These theories as well as management and treatment technology factors (e.g., staffing and expertise) may be particularly useful to understanding substance use treatment programs (D’Aunno, 2006; Ghose, 2008). One particularly influential open-systems theory, resource dependency theory (Pfeffer & Salancik, 1978), speaks to how organizations act to reduce environmental uncertainty and interact with other

organizations to reduce scarcity, such as with mergers and vertical integration, joint ventures, and other inter-organizational relationships (Hillman, Withers, & Collins, 2009).

Resource dependence theory is relevant to understanding recovery housing, especially among types like SLHs that do not provide treatment, because recovery residences are often providing a service to those who may have recently completed treatment but may have ongoing needs for services that are not provided by the operator. In the literature, there are examples of treatment providers operating their own recovery residences (Polcin, 2009), recovery residence operators opening their own treatment programs (Mericle et al., 2017), and, as they are often a critical component of a recovery-oriented system of care (White, 2008), recovery residences having linkages with a variety of different types of service providers in diverse service delivery sectors (Mericle et al., 2015). Further, whether it be to expand the reach of their service geographically or to a broader population of residents or even to create different levels of care, it is also common for recovery residence operators to operate more than one recovery residence (Miles, Reif, & Mericle, 2017; Polcin, Korcha, Bond, & Galloway, 2010b).

Staffing and management practices are also important factors in understanding recovery housing because some types of recovery housing have no paid staff in the house, and models that have house managers (like SLHs) generally prioritize experiential knowledge over counseling or other allied professional degrees. Further, because most recovery housing models operate by residents paying out-of-pocket for expenses associated with operating the residence (as in the SLH model), there is often a direct relationship between the number of residents in the house and fees charged per resident. Lack of staff education and training as well as high client-to-staff ratios have been found to be associated with worse outcomes among those in residential substance use treatment settings (Grella & Stein, 2006; Hser, Joshi, Maglione, Chou, & Anglin, 2001), but it is unclear whether the potential benefits of experiential knowledge and affordability may result in different effects in recovery housing settings.

1.3 Need to establish best practices

Despite growing recognition of its importance to a robust recovery-oriented system of care, increasing evidence of its effectiveness, and renewed efforts to establish best practices, recovery housing is still all too often viewed with skepticism by the lay media, addiction professionals, and substance use treatment researchers (Polcin, Mericle, Callahan, Harvey, & Jason, 2016). To facilitate replication of the Oxford House concept, the Oxford House model has been manualized (Oxford House Inc., 2015), and recovery residences calling themselves Oxford Houses must obtain a charter from and be in good standing with Oxford House, Inc. Further, the National Alliance for Recovery Residences (NARR) has developed standards and ethical guidelines for recovery housing (National Alliance for Recovery Residences, 2017a, 2017b) and has affiliates in 26 states across the US that inspect and certify that member recovery residences are operating to these standards. Yet, significant gaps in the literature remain due to insufficient empirical evidence on how various operational, programming, and organizational aspects of recovery housing affect resident outcomes; filling in these gaps could help establish best practices for operating recovery housing.

1.4 Aims and hypotheses

To begin to address these gaps in the literature, the aim of this study was to identify factors across organizational, operational, and program orientation domains associated with improved outcomes (e.g., abstinence, arrest, and employment) using multilevel modeling among residents recruited from 49 SLHs in Southern California and followed for a year post entry. While largely exploratory in nature, we had general expectations regarding how factors in these domains may be related to resident outcomes.

1.4.1 Organizational hypotheses.—Based on relevant organizational theory, we hypothesized that residents in houses that were part of a larger organization of group of houses, were affiliated with a treatment program, and had referral arrangements with probation/parole would have better outcomes, as these factors would reduce resource scarcity. Drawing from empirical findings regarding staffing and management practices, we hypothesized that residents who lived in houses where the manager lived onsite would have better outcomes. Although there is some evidence to suggest that having 8 or more residents in a house is beneficial to residents (Jason et al., 2008) as it likely increases social interactions among them, based on finding from the treatment literature, we hypothesized that residents living in houses with large numbers of residents would have worse outcomes.

1.4.2 Residence and operational hypotheses.—With respect to residence and operational characteristics, we anticipated that there may be differences by geographic location based on prior work finding significant clustering of SLHs and variation in density by neighborhood characteristics (Mericle, Karriker-Jaffe, Gupta, Sheridan, & Polcin, 2016). However, our measure of location (Sober Living Network Chapter) could reflect multiple neighborhoods, so we refrained from putting forth *a priori* hypotheses with respect to location. We hypothesized that residents living in houses with lower fees and that provided meals would have better outcomes as this would allow residents to accrue financial capital; sharing meals together might also contribute to creating a home-like atmosphere and facilitate social interactions and sense of community (De Leon, 2000; Ferrari, Jason, Sasser, Davis, & Olson, 2006). We hypothesized that greater resident homogeneity (i.e., more “peerness”) would be associated with improved outcomes, such that residents living in single-gender houses (men’s or women’s houses) would have better outcomes than those in co-ed houses. Further, because we were recruiting a criminal justice population, we hypothesized that residents in houses with a larger proportion of criminal justice involved residents would have better outcomes. Finally, we hypothesized that house rules pertaining to substance use and mutual aid involvement would also be associated with improved outcomes such that residents living in houses that required residents to have been sober 30 days prior to entry, that implemented drug tests at intake, and mandated that residents attend AA and/or NA would have better outcomes.

1.4.3 Program orientation hypotheses.—SLHs do not provide treatment services, so we were limited in what we could examine regarding programming. However, SLHs are social model programs which themselves are rooted in the of 12-step principles. We hypothesized that residents who lived in houses that scored higher on levels of adherence to

the social model philosophy and that were more 12-step oriented would have better outcomes.

2. Methods

Data for this study were collected as part of a larger study testing the effectiveness of a brief motivational interviewing and case management intervention designed to help incoming SLH residents involved in the criminal justice system and at particularly high risk for HIV/AIDS resolve potential ambivalence about their recovery and engage in other community-based services (see Polcin et al., in press for a description of the intervention). All procedures involving human subjects were approved of and monitored by the Institutional Review Board of the Public Health Institute.

2.1 Sites and participants

This study was conducted in Los Angeles (LA) County between 2013 and 2017. LA County is an ideal location to study SLHs due to its large and diverse geographic and population characteristics as well as the large number of SLHs located in LA (Mericle et al., 2016). SLHs for this study were selected from those who were members of the Sober Living Network. The Sober Living Network is a nonprofit organization comprised of six county-level coalitions, and it oversees each coalition's application, quality control, inspection, and membership certification procedures. Since the LA County Coalition grew to be so large, the members formed five chapters based upon geographic location of each SLH. The Sober Living Network is an affiliate of the NARR and implements housing standards used in recovery residences across the United States.

In addition to recruiting from only those SLHs that were members of the Sober Living Network, we also focused on those located in the Central, Western, and Harbor regions of LA County. We specifically targeted SLHs that reported large number of residents involved in the criminal justice system and those that charged less than $1500/month. Resident inclusion criteria comprised of current criminal justice involvement (i.e., probation, parole, drug court, etc.) and being HIV positive or having a lifetime history of at least one HIV risk behavior, broadly defined as men who had sex with men, commercial sex work, or injection drug use. Unprotected sex with two or more partners during the past six months qualified as an HIV risk as well. Residents who could not provide informed consent were excluded.

2.2 Recruitment and data collection procedures

Data for the present study come from a variety of sources: administrative data provided by the Sober Living Network on member houses, interviews with house managers/owners about their houses, and interviews with residents. SLHs meeting the above criteria based on information provided by the Sober Living Network were approached about serving as a potential recruitment site for the study. Project staff met with a representative of the house (either the house manager or the owner) to describe the nature of the study and to gather additional information about the characteristics and operations of the house. Houses taking part in the study were asked to sign a Letter of Agreement outlining their role as a recruitment site. To reduce contamination across conditions, randomization to the brief

motivational interviewing and case management intervention condition was done at the house level. Participating houses received an annual stipend based on the number of residents recruited to participate in the study in that year.

Of the 396 houses that were members of the Sober Living Network during the study period, 59 were randomized and participants were recruited from 49 of these houses (28 houses assigned to the control condition and 21 houses assigned to the intervention condition). A total of 271 houses were determined to be ineligible, the most common reasons being that they dropped out of the Sober Living Network prior to potential participation (n=176) or charged monthly fees greater than $1500 (n=93). Forty-seven houses were approached but declined to participate or never returned calls about potential participation, leaving 19 left unapproached at the end of the recruitment phase. Houses that declined participation (actively or passively) were more likely to be single-gender houses (men's or women's houses as opposed to co-ed) and smaller than other eligible houses.

When a new resident entered one of the participating houses, they were provided a flyer about the study which included basic information about the study and ways to reach research interviewers. Research interviewers also maintained regular contact with house managers and were informed when new residents entered. Residents meeting eligibility criteria provided written informed consent, supplied detailed locating information to facilitate contact for follow-up interviews, and completed their baseline interview within one month after entering the house. Interviews were completed at the participant's sober living home, the study office, or at mutually agreed upon public location where the interview could be conducted with privacy. Follow-up interviews were conducted 6 and 12 months post completion of the baseline interview, regardless of whether the resident was still at the house. A total of 56 interviews were completed in the LA County jail and 63 were completed over the phone because the participant moved out of the area. Interviews typically lasted 1–2 hours. Residents were given $30 for their time completing the baseline interview, $50 for completing the 6-month interview, and $50 for completing the 12-month follow-up interview. Residents who confirmed locating information were provided with an additional $5 at a 3-month check-in and $10 at a 9-month check-in.

During the study period, 916 residents were screened for potential participation and 379 met our inclusion/exclusion criteria. The primary reasons persons were screened out were lack of a criminal justice status (i.e. not on probation or parole; n=335), lack of lifetime HIV risk (n=133), or having been in the house longer than one month (n=69). Of the 379 who met the screening criteria, 330 were enrolled—6 of the eligible participants refused participation, 8 were unable to provide consent, and 35 consented but were no shows for their baseline interview. Of those who completed baseline interviews, 88% completed at least one-follow-up interview; 77% completed a 6-month follow-up interview and 81% completed their 12-month follow-up interview. There were no significant differences observed at baseline between the 40 participants who did not complete a follow-up and those who did complete follow-up interviews in terms of treatment condition, demographics, drug/alcohol use, arrests, employment, and house characteristics. The number of residents recruited within each house ranged from 1–24, with 20 of the 49 participating houses contributing 3 or fewer participants and 11 houses contributing the majority (52%) of the participants into the study.

2.3 Instruments and measures

2.3.1 House organizational, operational, and program orientation characteristics.—

Data routinely tracked by the Sober Living Network and provided to the study included the gender of residents served by the house (men, women, co-ed), number of beds in the house (categorized into 0–10, 11–20, 21 or more), monthly fees charged, and chapter to which the house belonged (LA Metro, San Fernando Valley/San Gabriel Valley, South Bay Long Beach, West LA). To these data, we added whether a house was affiliated with a treatment program (as a step-down from a residential treatment program or otherwise affiliated with an outpatient treatment program) and whether the house was one of a group of houses run by a larger operator/organization.

Semi-structured interviews with house operators about serving as a recruitment site were audio-recorded, and we extracted from these interviews information on whether a house manger lived onsite at the house, whether the house had any sort of referral arrangements with parole/probation, the estimated percent of clients in the house that were on probation/parole at any given time (dichotomized at the median, indicating 15% or greater), and whether the house had rules requiring that residents attend AA/NA meetings. When additional houses were recruited from an organization with multiple houses and the operator indicated that sibling houses were similar to houses already participating in the study, we did not always conduct additional recruitment interviews to collect data on the sibling houses. Of the 49 houses participating in the study, recruitment interviews were only conducted for 43 of them, affecting 24 participants recruited from houses not interviewed. Houses that were missing recruitment interview data were all members of the Sober Living Network's LA Metro or South Beach chapters and more likely to be affiliated with a treatment program (Fisher's exact test, p=0.003) and smaller (10 or fewer beds; Fisher's exact test, p=0.010).

To gather additional structured information about the houses, we later administered an augmented version of the Social Model Philosophy Scale (SMPS; Kaskutas et al., 1998), which was designed to measure the extent to which substance use programs adhere to a social model approach by assessing aspects of physical environment, staff roles, authority base, views on dealing with substance use problems, governance, and community orientation. The 33-item SMPS has been shown to have high internal reliability ($\alpha = 0.92$), and test-retest analyses have shown high consistency across time, administrators, and respondents (Kaskutas et al. 1998). Items in this measure were summed according to criteria outlined in the scoring manual and converted to a percentage ranging from 0–100, with higher scores indicating greater adherence to the social model philosophy (Room & Kaskutas, 2008). To provide guidance to the field regarding critical levels of adherence to the social model, we created an indicator to reflect scores at the median or higher (≥ 63). We also asked whether residents were administered drug tests at intake, how many days residents needed to have been sober upon intake (used to create an indicator of 30 days or more), and the extent to which the house was run based on the 12-step principles (not at all, a little, somewhat, quite a bit, completely). Because these data were collected later in the study, some houses had closed or had otherwise completed their participation in the study, and these data were only collected on 39 of the 49 houses, affecting 25 participants recruited from houses not interviewed. Houses missing data from this interview were more likely to

be affiliated with a larger group of houses (Fisher's exact test, p=0.045) and members of the LA Metro or West LA chapters of the Sober Living Network (Fisher's exact test, p=0.007).

2.3.2 Resident outcomes and characteristics.—

Across a variety of studies, recovery housing has been found to be associated with improved substance use, criminal justice and employment outcomes (Jason et al., 2007; Reif et al., 2014), so we chose to focus on specifically on these. The Timeline Follow-Back (TLFB) was used to record the participants' self-reported days of alcohol and drug use over the past 6 months (Sobell et al., 1996) at each interview. Because recovery housing is based on abstinence from both alcohol and illicit drug use (Jason et al., 2013), we created an indicator of total abstinence in the past 6 months. However, we also created separate indicators of past 6-month alcohol and drug abstinence, as drug use confers different consequences, particularly for those involved in the criminal justice system. Past 30-day data collected with Addiction Severity Index Lite (ASI; Cacciola, Alterman, McLellan, Lin, & Lynch, 2007; McLellan et al., 1992) regarding criminal justice involvement was augmented to assess whether the participant had any arrests in the past 6 months as well. We used an item from the California Drug and Alcohol Treatment Assessment study (Gerstein et al., 1994) assessing the number of days worked in the past 6 month to create an indicator of whether the participant was employed during that time.

To isolate the effects of housing characteristics, our models adjusted for resident demographic characteristics and length of stay. Demographic characteristics (gender, race/ethnicity, age, educational attainment) were collected at baseline with the ASI. We also collected data on the date the participants entered the house from which they were recruited and the date that they left to calculate length of stay and adjusted outcomes for the amount of exposure to the environment. Length of stay could be calculated for 285 residents and ranged from 1 to 452 days with the average being 149 days and the median being 101 days.

2.4 Statistical analyses

We used descriptive analytic techniques to present how frequently categories of responses were endorsed as well measures of central tendency and dispersion for continuous measures. Differences between groups at various time points were examined using Pearson's chi-square, Fisher's exact, and Student's t-tests. Due to the exploratory nature of this study, separate multilevel/mixed effects models (Laird & Ware, 1982) were used to examine the effects of each house-level characteristic on changes in resident substance use, criminal justice, and employment outcomes over time. Multilevel/mixed effects models are particularly appropriate when data are nested or organized at more than one level (Gibbons, Hedeker, & DuToit, 2010; Raudenbush & Bryk, 2002). In these analyses, observations at various time points are nested within participants, and participants are nested within the houses from which they were recruited, representing a three-level model. All models were run in Stata v15 (StataCorp., 2017) as random intercept models. We examined intraclass correlation coefficients at each level and Likelihood Ratio statistics testing models with and without the random intercepts to confirm the appropriateness of the multilevel/mixed effects approach. All models examining the effects of house-level characteristics on outcomes included a term for time (categorical) and study condition and adjusted for gender, race/

ethnicity, age, educational attainment, and length of stay. Coefficients from multilevel/mixed effects logistic models were expressed as odds ratios.

Missing data at the resident-level was generally minimal, however house managers from only 34 of the 49 houses participated in both the recruitment interview and the later interview to collect data on adherence to the social model approach. In the multilevel framework, missing data in higher levels is problematic because most statistical software packages discard complete records at the lower levels via listwise deletion, resulting in severe loss of information as well as potential bias (van Buuren, 2011). Listwise deletion yields unbiased estimates under the condition that data are missing completely at random, and it may yield valid inference in logistic models under broader assumptions and be more robust than other more sophisticated techniques to violations of assumptions that data are missing at random (Allison, 2001). However, even though simulations studies varying the amount of missing data in multilevel models have demonstrated that listwise deletion can produce estimates that do not differ from models without missing data (Gibson & Olejnik, 2003), this technique is generally not recommended (Grund, Lüdtke, & Robitzsch, 2018).

To check for potential bias in our findings, estimates of missing house-level characteristics were generated with multiple imputation techniques using house-level characteristics without missing data and merging these estimates (N=10) with the individual-level data so that cases missing house-level data could be retained (Gibson & Olejnik, 2003). Because this sort of “flat file” imputation ignores the multilevel structure of the data, we also conducted additional sensitivity analyses by running the models as two-level, random intercept-only latent growth models in M*plus* Version 7.4 (Curran, Obeidat, & Losardo, 2010; Muthén & Asparouhov, 2011; Muthén & Muthén, 1998–2012), which implements a modeling approach to missing data whereby imputations for group-level data can be obtained from conditioning on observed group-level variables and individual-level variables (Asparouhov & Muthen, 2010; Grund et al., 2018). We similarly created 10 imputed datasets for each model using house characteristics without missing data, but also included individual level characteristics in the imputation models as well.

Finally, because examining the effects of house characteristics in separate models could increase Type 1 error rates, we also tested those that were found to be robustly related any outcomes (across imputation approaches) together in a single simultaneous multivariable multilevel models which adjusted for interview time period, condition, time-invariant resident characteristics, and length of stay.

3. Results

Baseline characteristics of residents recruited into the study can be found in Table 1, characteristics of the SLHs from which residents were recruited are listed in Table 2, and unadjusted prevalence of various outcomes at each interview time point are depicted in Figure 1. Results from multilevel models can be found in Tables 3.

3.1 Resident characteristics

As Table 1 displays, the average age of respondents was 39, and the majority of the sample were men (75%). Close to half of the sample (47%) was Caucasian/White, and a little over a third (36%) had at least some college education. No differences were found on these characteristics between residents recruited from houses assigned to the intervention condition.

3.2 Residence characteristics

Table 2 displays characteristics of the SLHs by treatment condition. As this table shows, the majority of houses (74%) were part of a larger group of houses owned/operated by the same entity. Slightly more than a quarter (27%) of houses were affiliated with a treatment program. The majority of the houses had 11 or more beds; nearly a third had 21 or more beds. We primarily recruited houses belonging to one of four Sober Living Network chapters, the largest percentage (37%) belonging to the South Bay/Long Beach Chapter. As mentioned earlier, we specifically recruited houses charging fees less than $1500/month, but 47% charged less than $600/month. While most houses were single-gender (with men's houses accounting for 51% of the sampled houses), 31% of the houses were co-ed. Houses in the intervention condition were more likely to charge less than $600/month and be a member of the LA Metro SLN Chapter but less likely to be affiliated with a treatment program.

Table 2 also displays houses characteristics collected from the house managers. Among houses with these data, nearly half (48%) had some sort of referral arrangements with parole/probation, with an average of 32% of residents estimated to be on parole/probation. The majority of houses (74%) had a manager who lived on site, but less than a third (30%) provided residents with meals. The majority also mandated that residents attend AA/NA meetings (77%) and reported drug testing residents upon intake (77%); the average number of days required to be sober upon entry was 41 (SD=117). Scores on the Social Model Philosophy scale ranged from 48–75. Although the average score was lower than what has been identified as the cut-point for true social model programs (e.g., >=75; Kaskutas et al., 1998; Kaskutas et al., 1999), the majority (69%) were characterized by house managers as being operated quite a bit or completely based on a 12-step orientation. No differences were found between houses assigned to the intervention condition on these characteristics.

3.3 Outcome prevalence by interview time point

Figure 1 displays unadjusted prevalence of various 6-month substance use, arrest, and employment outcomes by interview time point. In general, from one interview to the next, rates of abstinence increase, rates of arrests decrease, and employment rates increase. As mentioned earlier, we found no evidence to suggest differential attrition by characteristics measured at baseline or by treatment condition. Among those completing interviews at each time point, there were no demographic differences by treatment condition, and the only difference in outcomes found by condition pertained to arrests among those participating in the 6-month interview. Significantly fewer of those in the intervention condition compared to those in the control condition reported any arrests in the prior 6 months (12% vs. 25%, $p<0.01$).

3.4 Findings from separate multilevel models

Results from multilevel models testing the effects of various organizational, residence/operational, and programming characteristics adjusting for demographics, length of stay, treatment condition, and time are presented in Table 3.

3.4.1 Organizational characteristics.—Being recruited from a house that was part of an organization or a larger group of houses was associated with increased odds of total abstinence (aOR=3.98, p<0.001), alcohol abstinence (aOR=3.04, p=0.006), and drug abstinence (aOR=3.19, p<0.001); being recruited from a house that was affiliated with a treatment program was associated with increased odds of total abstinence (aOR=2.56, p=0.045) and being employed (aOR=2.92, p=0.003). Referral agreements with parole probation were associated with decreased odds of arrest (aOR=0.55, p=0.025) and increased odds of employment (aOR=2.43, p=0.006). While capacity of 21 or residents was associated with decreased odds of employment (aOR=0.33, p=0.039) relative to houses with 10 or fewer residents, the overall effect of residence capacity was only marginally associated with employment outcomes.

3.4.2 Residence and operational characteristics.—Alcohol abstinence outcomes varied significantly by Sober Living Network chapter, and so did employment outcomes. Relative to being recruited from a house belonging to the LA Metro Chapter, being recruited from a house belonging to the San Fernando Valley/San Gabriel Valley Chapter was associated with increased odds of alcohol abstinence (aOR=4.39, p=0.006), as was being recruited from a house belonging to the West LA Chapter (aOR=8.54, p<0.001). Being recruited from a house belonging to the West LA Chapter was also associated with increased odds of employment (aOR=5.04, p=0.003). Factors pertaining to the type of residents that houses served were associated with increased odds of alcohol abstinence, specifically being recruited from houses that charges monthly fees greater than $600 (aOR=3.18, p=0.036) and being recruited from men's houses (aOR=2.90, p=0.031) relative to co-ed houses. There was also indication that, as the estimated percentage of residents on parole/probation increased, the odds of abstinence decreased and the odds of arrest increased. House rules and policies were also found to be associated with outcomes. Being recruited from a house that required prospective residents to have 30 or more days of sobriety was associated with decreased odds of arrest (aOR=0.43, p=0.003). While drug testing at intake was not associated with outcomes, there was an indication that mandated AA/NA attendance was associated with increased odds of both total and alcohol abstinence as well as arrests.

3.4.3 Program orientation.—SMPS scores were not associated with outcomes. However, there was some indication that houses being more (quite a bit or completely) 12-step oriented was associated with increased odds of total and alcohol abstinence as well as increased odds of employment.

3.5 Missing data sensitivity analyses

To ensure that estimates from models that implemented listwise deletion when house-level data was missing were bias-free, we reran the models with imputed data generated from non-missing house-level data. To reflect the potential effect of resident characteristics on the

imputations, we also created imputed datasets in M*plus* and reanalyzed the data as multilevel, random intercept-only latent growth models. Variables with missing house-level data are denoted with an asterisk (*) in Table 3. Effects that were consistently significant across these analyses are reflected in the table with boldface font. It is important to note that we also reran models without missing house-level data in M*plus* to examine potential changes that might be due to analytic approach. While some variation might be expected, results from the three-level random intercept models and the multilevel growth models were largely the same when analyzing the effect of house characteristics without missing data. In general, estimates from models with imputed data were similar in magnitude and direction, but standard errors increased resulting in fewer findings reaching statistical significance. In fact, the only finding that was robust across imputation models was the finding regarding rules requiring residents to be sober a minimum of 30 days prior to entry.

3.6 Multivariable multilevel findings

House characteristics that were robustly associated with outcomes in separate models (across analytic approach and imputation techniques) were run in multivariable multilevel models. Results from these models are also denoted (†) in Table 3. Some findings that were significantly associated with outcomes in separate models were no longer statistically significant in multivariable models; these were findings that generally would have been considered non-significant had we implemented Bonferroni-type adjustments in the separate models. However, using that approach would have masked the effect of Sober Living Network chapter on employment.

4. Discussion

Despite growing evidence for their effectiveness and manuals and standards guiding operations based on a wealth of experience operating recovery housing, there is still little empirical evidence to guide the field and other stakeholders (including prospective residents and their loved ones) regarding best practices for recovery housing. We found evidence that points to salience of organizational and some operational factors as well.

4.1 Organizational characteristics

Because recovery housing is rooted in the traditions of mutual aid (National Association for Recovery Residences, 2012), it may seem counter-intuitive to apply organizational and other management theories to the understanding of it. However, all Oxford Houses have charters from Oxford House, Inc which currently consists of 2,287 chartered houses in 44 states (Oxford House Inc., 2018). And while most recovery housing operators would be dwarfed in scale in comparison, it is not uncommon for operators to have multiple houses (Mericle et al., 2015). Even operators with just one house must balance revenue and expenses and make decisions about how to maintain the residence and address resident recovery needs. Further, although experiential knowledge is central to recovery housing models and some models are democratically-run (National Association for Recovery Residences, 2012), all recovery housing must be managed in some way, and questions about the background and training of those managing houses and how this is done are still germane. In fact, this may become

increasing relevant as roles and requirements for peers providing recovery support services continue to expand and evolve (Salzer, Schwenk, & Brusilovskiy, 2010; White, 2010).

In this study, hypotheses regarding organization characteristics were largely confirmed, particularly with respect to organizations with multiple houses and relationships with treatment programs being associated with improved outcomes. It is important to note that although we did our best to limit the number of houses that were recruited into study belonging to the same organization, as this could potentially create another level of clustering, we sometimes did have multiple houses from the same organization. To ensure that these houses did not artificially restrict house-level variance, we ran post-hoc sensitivity analyses specifying robust estimation of variance at the house-level. While these analyses did sometimes cause some attenuation in the level of significance (e.g., changing from $p<0.01$ to $p<0.05$), they did not meaningfully change the overall findings. This observed heterogeneity could reflect operators' attempts to use different houses to address different populations, or it may simply reflect how different physical structures and location factors may influence recovery housing characteristics even when houses are operated by the same organization.

Findings pertaining to staffing and house capacity were less clear, but there was some indication that larger capacity may be inversely related to positive employment outcomes. However, this may reflect larger houses being able to charge lower monthly fees, thereby decreasing the necessity of residents to work. These findings, as well as those which were stronger, require more detailed analyses, as the relationships between these characteristics and outcomes are likely quite nuanced and related to a number of other factors. For example, a resident's experience of house capacity is likely not only influenced by things such as resident-to-staff ratio, but also by overall square footage and space configuration.

The factors behind and the effects of organizational integration, expansion, and linkages also require additional study. It is possible that having multiple houses improves outcomes through increased quality because it forces operators to codify and standardize procedures; it may also allow them to better match residents to environments that might be optimally conductive to recovery. Alternately, it may reflect economies of scale where cost savings can be reinvested into house improvements as well as more or better-trained managers. Further, it is unclear whether having an affiliation with a treatment program simply helps reduce resource scarcity by ensuring referrals to the residence, or whether it does indeed translate into better addressing emergent needs of residents. It may also induce operators to more clearly define the service they provide and operate more similarly to the organizations with whom they are affiliated. This would may be particularly important to study further with respect to linkages with organizations in different service delivery sectors (e.g., criminal justice and mental health) that may operate under different guidelines and mandates.

4.2 Residence, operational, and program orientation factors

SLHs, like most other models of recovery housing, do not provide treatment, so decisions about where they are located, how environments in the house are structured, who they serve, expectations for residents, and their overall orientation to recovery constitute the service provided, as all these characteristics contribute to the therapeutic nature of the residence.

Although we did not find strong evidence supporting program orientation, we did find differences by the geographic region, as indicated by Sober Living Network chapter membership. Although we cannot rule out that there might be something about these chapters contributing to outcomes other than their geographic purview, community-level factors are notably related to substance use and relapse (Boardman, Finch, Ellison, Williams, & Jackson, 2001; Karriker-Jaffe, Au, Frendo, & Mericle, 2017), and it likely that community resources, like proximity to 12-step meetings and other services, could also have a positive influence on recovery outcomes (Jacobson, 2004). Additional research more specifically analyzing these factors is needed.

In terms of other operational factors, requiring that prospective residents be sober for at least 30 days prior to entry was consistently associated with decreased odds of arrest. The relationships between other operational factors and outcomes were less consistent, but it is important to note some important limitations with respect to measuring these characteristics. First, information about many of these factors were collected within the context of a semi-structured interview conducted to determine suitability of houses as recruitment sites rather than to systematically gather data on housing characteristics per se. This has implications for the quality of the data collected and for the type of data collected, as a number of potentially important contributors to the nature house environment, like architectural features (Wittman, Jee, Polcin, & Henderson, 2014), were not assessed during this interview. In an attempt to gather information more systematically about the nature of the environment, an augmented version of the SMPS was administered toward the end of the study. By that time, however, many of the participating houses had closed or were not interested in completing this interview, again compromising the quality of the data collected. Further, despite contributions of measures developed to assess the characteristics of Oxford Houses (Ferrari, Groh, & Jason, 2009; Ferrari, Jason, Davis, Olson, & Alvarez, 2004; Ferrari et al., 2006), substance use treatment programs more generally (Carise, McLellan, & Gifford, 2000; D'Aunno & Price, 2009; Institute of Behavioral Research, 2006), and those based on them (Mericle et al., 2015; Mericle et al., 2017; Miles et al., 2017), the field is lacking a comprehensive assessment tool to adequately capture characteristics of recovery residences across organizational, operational, and programmatic domains which would be needed to more rigorously study recovery housing and how these factors may affect resident outcomes.

4.3 Limitations and directions for research

In addition to aforementioned measurement and missing data issues, other study limitations should also be noted. The generalizability of these findings may be limited because this study focused on SLHs (one type of recovery housing) in southern California (one geographic region). Further, the study did not draw a random sample of these houses, and many houses meeting study eligibility criteria declined participation. Finally, the study recruited only those residents involved in the criminal justice system at high risk for HIV/AIDS and may best generalize to this subpopulation. Despite these limitations, this study is the first to examine a range of recovery residence characteristics in relationship to resident outcomes.

It should also be noted that this work is currently being expanded to focus more specifically on how neighborhood characteristics and resources, architectural features, and the social environment within the SLHs affect resident outcomes in a more diverse sample of SLHs. Future studies are also needed that include a broader range of outcomes, like income from employment and gains health and wellbeing, to better understand how recovery housing can be leveraged to maximize outcomes across of variety of domains. It should also be expanded to examine how these factors may influence outcomes in other types of recovery housing (such as those that provide recovery support and other clinical services) and other housing models, such as Housing First models (Tsemberis, Gulcur, & Nakae, 2004; Watson, Wagner, & Rivers, 2013).

4.4 Conclusions

Recovery housing helps contribute to improved outcomes, but we lack an evidence base on which and how residence characteristics contribute to these outcomes. Drawing from organizational theory and findings from studies examining organizational and management factors in the delivery of substance use treatment, this study used a multilevel analytic framework to explore the effects of organizational, operational, and program orientation on substance use, employment, and criminal justice outcomes among residents recruited from SLHs in California. Findings regarding the salience of being part of larger group of houses and being affiliated with a treatment program, as well as findings regarding differences by geographic location invite future research to investigate what these factors represent and precisely how they may affect recovery outcomes. This work would be facilitated with a comprehensive recovery housing assessment tool to monitor and study recovery housing similar to those developed for substance use treatment programs as well as specific measures characterizing the therapeutic nature of the environment.

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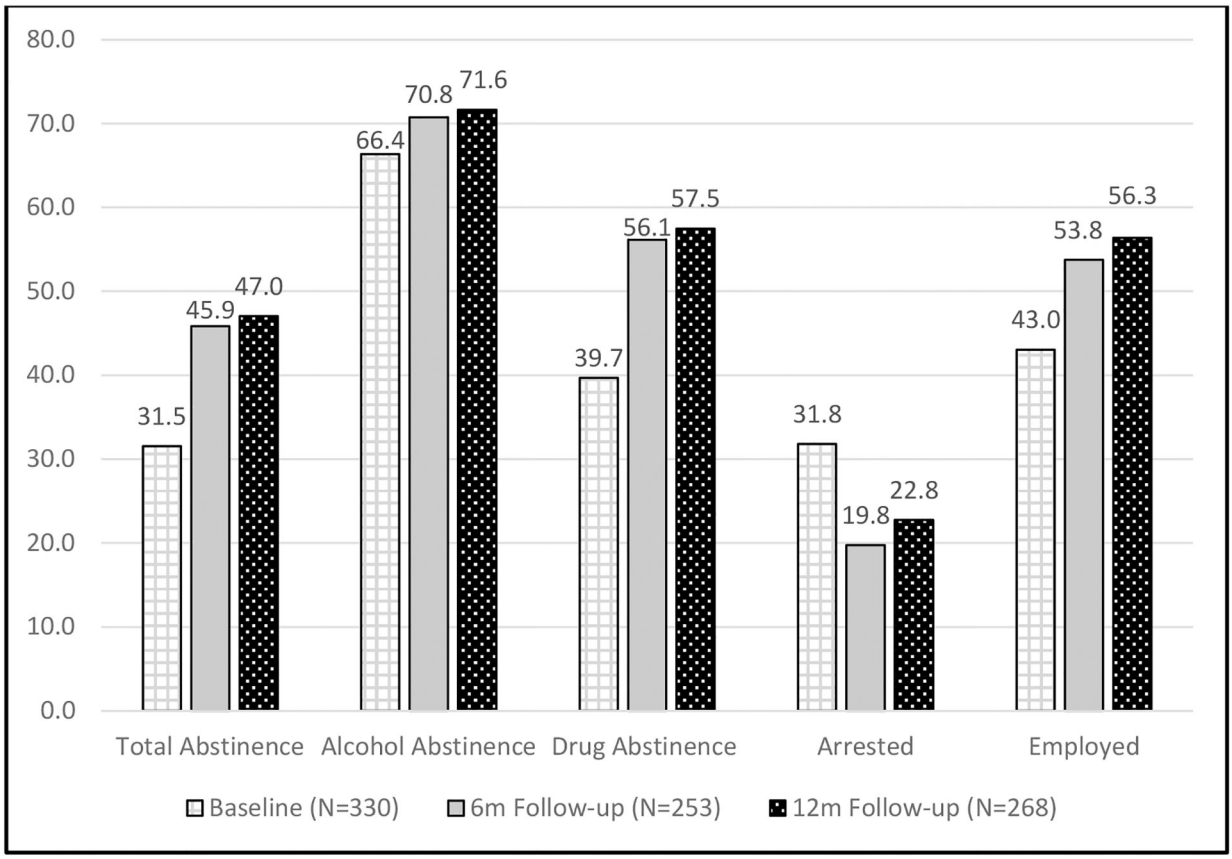


Figure 1.
Unadjusted 6-month Prevalence of Various Outcomes by Interview

Table 1.

Baseline Resident Demographic Characteristics by Condition (N=330)

	Total (N=330)		Control (N=181)		Intervention (N=149)	
	n	%	n	%	n	%
Men	245	74.2	140	77.4	105	70.5
Race/Ethnicity						
Caucasian/White	156	47.3	88	48.6	68	45.6
Black/African American	80	24.2	34	18.8	46	30.9
Latino/Hispanic	63	19.1	40	22.1	23	15.4
Other/Mixed	31	9.4	19	10.5	12	8.1
College/Some College	118	35.8	63	34.8	55	36.9
Age (M, SD)	38.7	11.7	38.0	11.9	39.5	11.5

NOTES. Of the 330 recruited at baseline, a total of 253 participants completed a 6-month follow-up interview and 268 participants completed a 12-month follow-up interview. A total of 290 participants (88%) recruited at baseline completed a 6-month or a 12-month follow-up interview; 231 (70%) completed both follow-ups. The 40 participants lost at follow-up did not vary at baseline on treatment condition, demographics, drug/alcohol use, arrests, employment, or house characteristics from those who completed 1 or more follow-up interviews. There were no demographic differences (e.g., gender, race/ethnicity, education, age) by treatment group among those who completed follow-up interviews.

Table 2.

SLH Characteristics (N=49)

	Total (N=49)		Control (N=28)		Inter-vention (N=21)		
	n	%	n	%	n	%	
Organizational Characteristics							
Part of a Larger Organization[1]	36	73.5	23	82.1	13	61.9	
Affiliated with a Treatment Program[1]	13	26.5	11	39.3	2	9.5	*
Referral Arrangement with Parole/Probation (N=42)[2]	20	47.6	12	52.2	8	42.1	
House Manger Lives Onsite (N=43)[2]	32	74.4	20	83.3	12	63.2	
Capacity (Number of beds; 7–50)[1]							
0–10 beds	10	20.4	6	21.4	4	19.1	
11–20 beds	23	46.9	12	42.9	11	52.4	
21 or more	16	32.7	10	35.7	35.7	28.6	
Residence & Operational Characteristics							
SLN Chapter[1]							*
LA Metro	14	28.6	3	10.7	11	52.4	
San Fernando Valley/San Gabriel Valley	7	14.3	6	21.4	1	4.8	
South Bay/Long Beach	18	36.7	12	42.9	6	28.6	
West LA	9	18.4	6	21.4	3	14.3	
Monthly Fees Charged ($375–1500)[1]							**
$0–599	23	46.9	6	21.4	17	81.0	
$600+	26	53.1	22	78.6	4	19.1	
Meals Provided (N=43)[2]	13	30.2	6	25.0	7	36.8	
House Gender[1]							
Co-ed	15	30.6	9	32.1	6	28.6	
Women	9	18.4	3	10.7	6	28.6	
Men	25	51.0	16	57.1	9	42.9	
% Residents on Parole/Probation (N=37; 0–100; M, SD)[2]	32.4	32.7	37.9	35.8	27.1	29.5	
Required Days Sober (N=39; 0–730; M, SD)[3]	40.9	116.9	49.4	154.3	29.8	31.4	
Drug Testing at Intake (N=39)[3]	30	76.9	16	72.7	14	82.4	
Mandated AA/NA Attendance (N=43)[2]	33	76.7	17	70.8	16	84.2	
Program Orientation							
SMPS Total Score (N=39; 48–75; M, SD)[3]	61.0	7.4	61.3	7.2	60.6	7.9	
12-step Orientation (N=39)[3]							
Not at all	2	5.1	2	9.1	0	0.0	
A little	4	10.3	1	4.6	3	17.7	
Somewhat	6	15.4	2	9.1	4	23.5	
Quite a bit	13	33.3	9	40.9	4	23.5	

	Total (N=49)		Control (N=28)		Inter-vention (N=21)	
	n	%	n	%	n	%
Completely	14	35.9	8	36.4	6	35.3

Notes. Valid summary statistics presented with data source and sample size noted. Differences by study condition were tested with chi-square, Fisher's Exact, and Student's t tests.

*p<0.05;

**p<0.01.

[1]Data were obtained from the Sober Living Network and available for all houses.

[2]House manager interviews were conducted for 43 houses; due to the semi-structured nature of the interview, not all questions were asked of those who participated.

[3]Data collected with the augmented SMPS were only collected on 39 houses.

Table 3.

Multilevel Models Examining the Relationship Between House Characteristics and Resident Outcomes

	Total Abstinence			Alcohol Abstinence			Drug Abstinence			Arrested			Employed		
	aOR	SE	*p*	aOR	SE	*p*	aOR	SE	*p*	aOR	SE	*p*	aOR	SE	*p*
Organizational Characteristics															
Part of a Larger Organization	**3.98**	**1.46**	**0.000**†	**3.04**	**1.22**	**0.006**	**3.19**	**1.02**	**0.000**†	0.59	0.19	0.109	1.11	0.43	0.790
Affiliated with a Treatment Program	**2.56**	**1.20**	**0.045**	1.98	0.94	0.149	1.83	0.78	0.151	0.87	0.30	0.675	**2.92**	**1.06**	**0.003**†
Referral agreement with Parole/Probation	1.52	0.62	0.304	1.13	0.51	0.786	1.62	0.58	0.180	0.55	0.15	0.025	2.43	0.78	0.006
Manager Lives Onsite *	0.94	0.57	0.913	1.21	0.78	0.770	0.63	0.34	0.387	1.85	0.77	0.142	1.70	0.86	0.297
Capacity (Number of beds; 7–50)															
0–10 (reference)															
11–20	0.63	0.40	0.469	0.76	0.50	0.677	0.64	0.37	0.441	0.56	0.25	0.193	0.60	0.31	0.329
21 or more	0.50	0.32	0.275	0.45	0.30	0.236	0.79	0.47	0.695	0.89	0.39	0.796	**0.33**	**0.18**	**0.039**
Wald Test of Capacity			0.547			0.388			0.716			0.253			0.086
Residence & Operational Characteristics															
SLN Chapter															
LA Metro (Reference)															
San Fernando Valley/San Gabriel Valley	1.55	1.05	0.521	**4.39**	**2.39**	**0.006**†	2.23	1.33	0.182	0.84	0.42	0.722	1.95	1.05	0.213
South Bay Long Beach	1.10	0.57	0.858	1.09	0.43	0.829	0.93	0.43	0.871	0.80	0.33	0.579	1.89	0.80	0.133
West LA	2.26	1.50	0.221	**8.54**	**5.04**	**0.000**†	1.60	0.97	0.434	1.08	0.55	0.883	**5.04**	**2.75**	**0.003**
Wald Test of SLN Chapter			0.585			**0.000**†			0.359			0.878			**0.032**†
Monthly Fees of $600 or More	2.63	1.49	0.088	**3.18**	**1.76**	**0.036**	2.65	1.34	0.053	2.09	0.82	0.063	1.96	0.95	0.165
Meals Provided *	1.76	0.73	0.171	1.84	0.78	0.151	1.74	0.66	0.147	1.10	0.33	0.739	0.75	0.27	0.415
House Gender															
Co-ed (Reference)															
Women	1.83	1.29	0.395	1.67	1.20	0.480	1.87	1.21	0.333	1.72	0.94	0.325	2.54	1.58	0.134
Men	2.34	1.19	0.095	**2.90**	**1.42**	**0.031**	2.05	0.94	0.114	1.33	0.49	0.440	1.44	0.62	0.392
Wald Test of Gender			0.219			0.090			0.231			0.525			0.278
15%+ of Residents on Parole/Probation *	0.23	0.11	0.002	0.49	0.26	0.177	0.46	0.18	0.044	1.71	0.57	0.108	1.11	0.46	0.809
30+ Required Days Sober *	1.47	0.72	0.432	0.93	0.45	0.875	1.05	0.45	0.913	**0.43**	**0.12**	**0.003**†	1.36	0.55	0.443

	Total Abstinence			Alcohol Abstinence			Drug Abstinence			Arrested			Employed		
	aOR	**SE**	***p***	**aOR**	**SE**	***p***	**aOR**	**SE**	***p***	**aOR**	**SE**	***p***	**aOR**	**SE**	***p***
Drug Testing at Intake *	1.00	0.60	0.997	2.23	1.37	0.192	1.00	0.51	0.992	0.92	0.35	0.837	2.52	1.20	0.052
Mandated AA/NA Attendance *	2.74	1.40	0.048	3.59	1.86	0.014	2.41	1.10	0.055	2.11	0.78	0.042	1.39	0.63	0.460
Program Orientation															
SMPS Total Score ≥ 63 *	1.07	0.53	0.892	0.72	0.34	0.488	1.29	0.57	0.560	0.86	0.28	0.646	0.98	0.39	0.964
Quite a bit/Completely 12-step Oriented *	2.95	1.50	0.034	2.67	1.32	0.047	2.09	0.94	0.102	0.54	0.17	0.052	2.31	0.96	0.043

Notes. Results from separate multilevel models testing the effect of various housing characteristics on substance use, criminal justice, and employment outcomes parameterize clustering of observations within participants and participants within houses (ICCs ranging from 0.008–0.137). All random intercept models control for time, condition, their interaction, gender, race/ethnicity, age, educational attainment, and number of days in the house. Individual ORs, SEs, and p-values are listed for each category of categorical variables as well as the p-value for Wald test of the overall effect of the categorical variable.

*Denotes models with missing data on house characteristics that were subjected to sensitivity analyses employing different multiple imputation techniques. Findings in **bold** typeface reflect those that were robust across these different techniques.

†Reflects findings that remained statistically significant in multivariable multilevel models.

To: City of Waconia, To Whom It May Concern,

From: Gal Peremislov

Owner of 415 W 1st St, Waconia, MN

Subject: Tenant Permission to file Reasonable Accommodation Request with the city.

I am the owner of the property located at 415 W 1st St, Waconia, MN, giving permission to my Tenant (Battlefield Ministries) to make requests with the city of Waconia for Reasonable Accommodation Request.

All expenses associated with filling, approval, or any work associated with this request should be covered by the Tenant (Battlefield Ministries).

Such request should not cause:

- financial burden to the landlord (Owner).
- basic change in the nature of the housing available

Sincerely, May 7, 2024

Gal Peremislov

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024					
Item Name:	Approve May 6th and May 20th, 2024 City Council Minutes					
Originating Department:	Administration					
Presented by:	Sue Schwalbe					
Previous Council Action (if any):						
Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Motion to Approve the May 6th and May 20th, 2024 City Council Minutes

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

Approve the May 6the and May 20th 2024 City Council Minutes

Attachments:

1. May 6, 2024 City Council Minutes
2. May 20, 2024 City Council Minutes

FINANCIAL IMPLICATIONS: Funding Sources & Uses:	***ADVISORY BOARD RECOMMENDATIONS:***	
Budget Information: _____ Budgeted _____ Non Budgeted _____ Amendment Required	Planning Commission	
	Parks and Recreation Board	
	Safari Island Advisory Board	
	Other	

CITY OF WACONIA
MAY 6, 2024

1) CALL MEETING TO ORDER AND ROLL CALL

Pursuant to due call and notice thereof, the regular meeting of the City Council of the City of Waconia was called to order by Mayor Waldron at 6:00 p.m.

The following members were present: Nicole Waldron, Randy Sorensen, Steve Yetzer, Jeff Grengs and Nick Gleason.

The following staff were present: Shane Fineran, Jackie Schulze, Nicole Meyer, Justin Sorensen, Sergeant Taylor Stahn, and City Engineer Jake Saulsbury.

2) PLEDGE OF ALLEGIANCE

3) ADOPT AGENDA

Motion by Yetzer second by Sorensen to adopt the agenda as published.
MOTION CARRIED.

4) VISITOR'S PRESENTATIONS, PETITIONS, CORRESPONDENCE

Waldron presented Roxy Hilgers with the first annual Stewardship Award. The Stewardship Award will be given annually to an individual or group who has dedicated a significant amount of their time and talent to selflessly give back to our community. After reviewing several nominations, the City Council presented this award to Roxane Hilgers. Her nomination wrote: "Roxanne has been a staple in our community for as long as I can remember. Mainly at Southview Elementary. She was there when I attended and there when my children attended. Always welcoming everyone with a smile and a warm greeting". He also wrote, "I nominated Roxy for this award because I consistently see her out walking in town and as she walks, she is always looking for trash to pick up and throw away. I have seen her walk for blocks with garbage in her hands and she does it every time she is out".

The Mayor stated that Roxanne encompasses a positive attitude, a glowing smile, and a care for our community and is excited to present Waconia's first ever Stewardship Award.

Roxanne thanked the Council and stated she will continue to walk and pickup along her way.

5) ADOPT CONSENT AGENDA

5.1 Approve May 6, 2024 Expenditures

Cover Page

Council List - Expenditures 05-06-24

5.2 League of Minnesota Cities Insurance Trust - Tort Liability Waiver - 2024-2025 Policy Renewal

Cover Page

League of Minnesota Cities Liability Coverage Waiver Form

5.3 Approve Lodging Tax Fund Request - Waconia CVB

Cover Page

5.4 Authorize the Solicitation of Pricing for Capital Project #314 - Construction Well #9

Cover Page

Resolution No. 2024-098 Authorizing the Solicitation of Pricing for Capital Project #314 - Construction Well #9

City Engineer Memo Well #9

5.5 Authorizing Solicitation of Bids for Capital Project #129-E, Waconia Parkway N Overlay

Cover Page

Resolution No. 2024-099 Authorizing Bids for Capital Project #129-E, Waconia Parkway N Overlay

2024-04-30 Waconia Parkway North Memo

5.6 Authorization to Solicit Bids & Quotes for the Replacement of Ice Resurfacing Equipment - Waconia Ice Arena - CIP Project #455

Cover Page

Resolution No. 2024-100 Authorization to Obtain Bids and Quotes for Ice Resurfacing Equipment

Zamboni Photo

5.7 Approve Probationary Firefighter to Active Status

Cover Page

Resolution No. 2024-101 Approving Active Firefighter Status

5.8 Right Front Seat Certification - Firefighters

Cover Page

Resolution No. 2024-102 Approving Right Front Seat Certification for Firefighters

Right Front Seat Manual Updated 11-21-2023

5.9 Approve Special Event Permit - United Health Care Children's Foundation (UHCCF) Century Ride

Cover Page

Resolution No. 2024-103 Approving Special Event Permit

Special Event Permit Application

Motion by Sorensen second by Gleason to adopt the Consent Agenda as published. MOTION CARRIED

6) COUNCIL BUSINESS

6.1 Temporary Parking Waiver at 650 Copper Court, Waconia

Cover Page

Photo of Snap On Tool Truck

Map of Subject Property

City Administrator Fineran gave a brief description of agenda item stating the applicant at 650 Copper Court is requesting relief from the City's regulation regarding the parking of commercial vehicles on municipal streets. The applicant requested a temporary parking waiver for the vehicle for up to four months to park on the municipal street between the hours of 5:00 pm to 8:30 am, Monday through Friday. Staff are requesting the Council provide a Motion to approve or deny the request. The applicants were not in attendance.

Council Member Yetzer asked why a four-month waiver request. Fineran replied that the applicant is selling the property within the next four months.

Terry Marholz, 656 Copper Court, stated he understands the dilemma; however, safety is the first concern. Marholz is requesting the Council enforce the City Ordinance as written as the Homeowners Association is also enforcing the restriction.

Motion by Yetzer second by Grengs to DENY the request for temporary Parking Waiver at 650 Copper Court.
MOTION CARRIED

6.2 Consider the Issuance and Sale of $6,080,000 General Obligation Bonds, Series 2024A-2024 Infrastructure Improvement Projects

Cover Page

Resolution No. 2024-104 Sale of Obligation Bonds Series 2024A

2024A Bond Issuance Summary Exhibit A

Sale Day Report 05-06-2024 General Obligation Bonds Series 2024A

Finance Director Nicole Meyer gave a brief description of the agenda item stating the bonds were sold May 6, 202, providing for the sale of $6,080,000 in General Obligation Bonds, Series 2024A. The bonds will be issued to finance the 2024 infrastructure improvement project, the City's portion of the Waconia Parkway North Roundabout, and construction of Well #9 for water sourcing.

Todd Hagen from Ehlers and Associates in attendance to provide the Council with information on the Sale Day Report, the City rate, the premium, and the reason for the reduction in the bond issue.

He summarized the Sale Day Report which includes the summary, bid tabulation, final bond run, rating report, and a bond buyer index graph. Staff provided Standard & Poors the documents required to determine bond rating call. It was determined the City has a AA Plus Stable rating, which is the same as the previous year. Eleven bids were received with the lowest bidder being TD Securities. After the bid opening, the issue was decreased ($390,000) due to the receipt of premium bid. This brings the total to $6,080,000. The call date will be February 2032.

Council thanked staff and Ehlers for all their due diligence.

Motion by Grengs second by Yetzer to Adopt Resolution No. 2024-104 Providing for the Issuance and Sale of $6,080,000 General Obligation Bonds, Series 2024A, Pledging for the Security Thereof Net Revenues, Special assessments, and Levying a Tax for the Payment Thereof.
MOTION CARRED

6.3 Authorizing Hire of Technology Services Technician

Cover Page

Resolution No. 2024-105 Authorizing Appointment of Technology Services Technician

Assistant City Administrator Schulze reviewed the agenda items stating in February of 2024, the Council authorized the recruitment for a new Technology Services Technician Position. Eleven qualified candidates were interviewed and were narrowed to three finalists. After a second round of interviews with two panels, Nevin Waldron was selected for recommendation to the Council. Staff recommends a June 2, 2024, start date.

Motion by Yetzer second by Grengs to Adopt Resolution No. 2024-105 Authorizing Hire of Technology Services Techician.
MOTION CARRIED WITH MAYOR WALDRON ABSTAINING

6.4 Approve Temporary On-Sale Liquor Licenses for the Waconia American Legion Post 150

Cover Page

Resolution No. 2024-106 Temporary On-Sale Liquor License May 9, 2024

Resolution No. 2024-107 Temporary On-Sale Liquor License May 10-12, 2024

Resolution No. 2024-108 Temporary On-Sale Liquor License July 12, 2024

Assistant City Administrator Schulze reported the City has recently received three On-Sale Liquor Licenses from the Waconia American Legion Post 150 and explained the process for approval.

Motion by Gleason second by Yetzer to Adopt Resolution No. 2024-106, Resolution No. 2024-107, and Resolution No. 2024-108 Approving Temporary On-Sale Liquor Licenses for the Waconia American Legion Post 150
MOTION CARRIED WITH COUNCIL MEMBER SORENSEN ABSTAINING

7) ITEMS REMOVED FROM CONSENT AGENDA

NONE

8) STAFF REPORTS

LEAD SERVICE LINE OUTREACH: Staff reported that after numerous updates and work sessions over the past two years, the City is prepared for the public outreach related to the Lead Service Line Outreach. City Administrator Fineran introduced Utility

Maintenance Supervisor Doug Bode who provided Council an update on the mandate. Inventory portion deadline is August 15, 2024, to the Department of Health. As of now, there are 5,498 total number of services in Waconia with a total number of metered services at 4,847. The gap represents lots that are not developed and service stub lines that are put into lots. The City received grant dollars in the amount of $75,000 which is being used for engineering assistance for the lines that are not mapped. Staff provided the Council with a copy of the letter being sent to homeowners requesting information from homeowners.

Council thanked staff for all the time and effort on this project.

LAW ENFORCEMNT UPDATE: Sergeant Tyler Stahn provided a law enforcement update to the Council stating that the number of calls comparison in April 2023 to April 2024 are almost identical. There were 557 calls in the City and only 28 being criminal events. April was the statewide distraction driving enforcement campaign. May 1st through September 2nd will be the speed enforcement campaign.

DOWNTOWN PROJECT UPDATE: Jake Saulsbury stated that the tree removals are completed and utility work will now begin.

9) BOARD REPORTS

Grengs: Nothing to Report
Gleason: Nothing to Report
Yetzer: Attended a Chamber Event at Crown College with non-profits
Sorensen: Nothing to Report
Waldron: Met with Representaitve Tom Emmer to discuss Highway 5 completion

10) ANNOUNCEMENTS

Fineran recognized Doug Bode and Jackie Schulze each receiving awards.

Doug Bode and staff were honored by the Minnesota Department of Health and the Minnesota Rural Water Association for the Large Public Water Supply System Source Water Protection Award. This award recognizes public water systems that have shown a long-term commitment, initiative leadership, sharing of successes, initiation and participation in activities which resulted in the projection of source water.

Jackie Schulze was honored at the Minnesota City/County Management Association Conference. Jackie received the President's Award which gives the recipient the recognition of exceptional accomplishment during the year or a long-term commitment to supporting the profession of local government management.

The Council congratulated both Jackie and Doug

11) ADJOURN REGULAR MEETING

Motion by Sorensen second by Gleason to adjourn the May 6, 2024, Council Meeting at 7:00 pm
MOTION CARRIED

_____
Nicole Waldron, Mayor

ATTEST: _____

Sue Schwalbe, Office Assistant

CITY OF WACONIA
MAY 20, 2024

1) CALL MEETING TO ORDER AND ROLL CALL

Pursuant to due call and notice thereof, the regular meeting of the City Council of the City of Waconia was called to order by Mayor Waldron at 6:00 p.m.

The following Council Members were present: Nicole Waldron, Randy Sorensen, Steve Yetzer, Jeff Grengs and Nick Gleason.

The following staff were present: Shane Fineran, Jackie Schulze, Nicole Meyer, Justin Sorensen, and City Attorney Mike Melchert.

2) PLEDGE OF ALLEGIANCE

3) ADOPT AGENDA

Motion by Sorensen second by Grengs to adopt the agenda as published.
MOTION CARRIED

4) VISITOR'S PRESENTATIONS, PETITIONS, CORRESPONDENCE

Jodi Edstrom & Paul Ericsson – State of the Library

Jodi Edstrom, Carcer County Library Director gave a short recap of 2023. Highlighting Community Learning which included expanded programs from bilingual storytimes to health literacy workshops. Community Gathering, which included neighborhood events. Community Partnership, which included Collaborations with schools and Community Grants used for services and collections.

Paul Ericsson gave a 2024 State of the Library Presentation. Reviewing the achievements, continued growth, collections, updated technology, programs for all ages and partnerships. The presentation ended with a summary of what will be next in 2024.

Council thanked both Jodi and Paul for all the hard work.

5) ADOPT CONSENT AGENDA

5.1 Approve the April 15, 2024 City Council Minutes

Cover Page

April 15, 2024 Council Minutes.docx

5.2 Approve May 20, 2024 Expenditures

Cover Page

Council List - Expenditures 05-20-2024

Council List - Expenditures 05-20-2024 - Purchasing Card

Council List - Expenditures 05-20-2024

5.3 Approve Rink Management Services Corporation Safari Island Community Center Expenditures Incurred April 2024

Cover Page

Safari Island - Bills Applied Payments 04-2024

5.4 Approve Rink Management Services Corporation Waconia Ice Arena Expenditures Incurred April 2024

Cover Page

Waconia Ice Bills Applied Payments 04-2024

5.5 Approve Kraus-Anderson Contractor Pay Request for the New Fire Station

Cover Page

Fire Station Payment Request from Kraus Anderson 04-20-2024

5.6 Approve Kraus-Anderson Construction Pay Request #20 for the New Fire Station

Cover Page

Fire Station Application for Payment #20 from Kraus-Anderson

5.7 Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru to the National Fire Safety Council

Cover Page

Resolution No. 2024-109 Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru National Fire Safety Council

5.8 Special Event Permit - Lake Waconia Band Festival

Cover Page

Resolution No. 2024-110 Approving Use of Streets, Parade Permit, and Food Trucks for the Lake Waconia Band Festival

Band Festival Special Event Permit Applications

5.9 Comprehensive Plan Amendment for 530 Hartmann Drive

Cover Page

Resolution No. 2024-111 Approving Comprehensive Plan Amendment and Authorizing Submittal to the Metropolitan Council

Location Map 530 Hartmann Drive

Land Use Map With Area Identified

5.10 Resignation of Firefighter

Cover Page

Resolution No. 2024-112 Accepting Resignation of Firefighter Ryan Thayer

5.11 Approving Capital Project for Carpet & Flooring Replacement - Waconia Ice Arena

Cover Page

Resolution No. 2024-113 Approving Capital Project for Carpet and Flooring Replacement at the Waconia Ice Arena

Waconia Ice Arena Flooring Bid Comparison

5.12 Approving Capital Project for Carpet & Flooring Replacement - Safari Island Community Center

Cover Page

Resolution No. 2024-114 Approving Capital Project for Main Level Carpet and Flooring Replacement Safari Island Community Center

Resolution No. 2024-115 Approving Capital Project for Locker Room Flooring Replacement Safari Island Community Center

Safari Island Flooring Bid Comparison

5.13 Approving Bids & Quotes for Replacement of Ice Resurfacing Equipment - Waconia Ice Arena - CIP Project #455

Cover Page

Resolution No. 2024-116 Approving Bids and Quotes for Replacement of Ice Resurfacing Equipment Waconia Ice Arena

Zamboni Photo

Zamboni Quote Comparison

5.14 Approve Temporary On-Sale Liquor Licenses for the Waconia American Lions Club

Cover Page

Resolution No. 2024-119 Adopting a Temporary On Sale Liquor License for the Waconia Lion Club

Motion by Gleason second by Sorensen to Adopt the Consent Agenda as Published. MOTION CARRIED

6) COUNCIL BUSINESS

6.1 Phase 3 & 4 Downtown Reconstruction Preliminary Design Items

Cover Page

Resolution No. 2024-117 Ordering Preparation of Feasibility Study and Assessment Benefit Evaluation for Downtown Reconstruction Phase 3 Project

Phase 3 & 4 Downtown Reconstruction Areas

Preliminary Design Items & Quotes Memo

City Engineer Jake Saulsbury updated the Council on the downtown reconstruction projects.

Phase One is mostly complete and prepping for final paving on the western two blocks of Main Street.

Phase Two is ongoing at this time with the mains installed and moving on to storm sewer. The plan is to pave on Friday, weather permitting.

Phase Three and Four slated for 2025 and 2026. The areas stretch along 1st Street from Maple to Spruce, with portions of Olive Street South, Elm Street South, Pine Street South, and 2nd Street East. Further design components and project limits will be defined through this next requested action.

Staff is requesting four approvals. 1) The geotechnical work—Phase 3 and 4, 2) Property inspections—Phase 3 and 4, 3) Feasibility Study Phase 3 only, and 4) Assessment Evaluation Phase 3 only.

Quotes for geotechnical services including soil borings and property inspections pre-and-post construction in both phase areas were solicited from both Haugo Geotechnical Services and American Engineering and Testing. The low quote for soil boring work was submitted by Haugo Geotechnical Services in the Amount of $10,400 and the low quote for property inspections in both phase areas was submitted by American Engineering and Testing in the amount of $124,775. The next phase of development of this project development is to authorize the completion of a feasibility study and assessment benefit evaluation targeting the Phase 3 project area.

Motion by Yetzer second by Grengs to Adopt Resolution No. 2024-117 Ordering Preparation of Feasibility Study and Assessment Benefit Evaluation for the Phase 3 Downtown Reconstruction Project.
MOTION CARRIED

6.2 Accepting Audited Annual Comprehensive Financial Report as of December 31, 2023

Cover Page

Resolution No. 2024-118 Accepting Audited Annual Comprehensive Financial Report as of December 31, 2023

Waconia, City of - 2023 Legal Compliance Report

Waconia, City of - 2023 Legal Compliance Report - Secured.pdf

Waconia, City of - 2023 Internal Control Report - Secured.pdf

Waconia, City of - 2023 Governance Letter - Secured.pdf

Financial Statements_2023_Statements 1-8.pdf

Finance Director, Nicole Meyer provided the Council with final reports and audit results for 2023. The reports provided by Redpath and Company included Internal Control, Minnesota Legal Compliance, and Communication with Those Charged with Governance. The reports show that the City did not have any internal control of compliance finds in 2023.

Andy Herring representing Redpath and Company is in attendance to review the reports and audit for 2023. There are four reports that are issued as part of the audit. 1) Opinion on the Fair Presentation of the Financial Statements indicating an unmodified audit opinion, 2) Report on Internal Controls over Financial Reporting indicating no findings and no finds in prior year, 3) Minnesota Legal Compliance Report indicating no findings and no findings in prior year, and 4) Communication with Those Charged with Governance indicating standard communications from auditor to government body.

Motion by Grengs second by Sorensen to Adopt Resolution 2024-118 Accepting Audited Annual Comprehensive Financial Report as of December 31, 2023.
MOTION CARRIED

6.3 Amend Section 900.06, Subd. 1. Supplementary Use Regulations related to Accessory Structures

Cover Page

Ordinance for Accessory Structures.docx

Waconia City Code Sections.pdf

Community Development Director Lane Braaten stated that the City Council requested the Planning Commission review and consider possible regulations exempting small residential sheds from permitting and setback and hardcover regulations within the City Limits. Staff provided the draft language to the Planning Commission at their regular meeting on May 2nd, 2024 for consideration and discussion.

At the May 2, 2024, Planning Commission Meeting, the board recommended denial of the proposed ordinance amendment by a 3-2 vote.

Staff have not received any public comments pertaining to the proposed ordinance amendment.

Motion by Sorensen second by Gleason to NOT ADOPT the proposed amendment to Section 900.06, subd 1, which would allow a permit, setback, and hardcover exemption for small shed structures not exceeding 35 square feet.
MOTION CARRIED TO NOT ADOPT

7) ITEMS REMOVED FROM CONSENT AGENDA

NONE

8) STAFF REPORTS

Reminder from Fineran to commemorate Memorial Day this weekend.

9) BOARD REPORTS

Grengs: Nothing to report.
Gleason: Attended the Park Board Meeting and reviewed Sudheimer Park which is a 25-acre open space park area. Numerous concepts were reviewed for the vision of the park
Yetzer: Nothing to report.
Sorensen: Nothing to report.
Waldron: Nothing to report.

10) ANNOUNCEMENTS

11) ADJOURN REGULAR MEETING

Motion by Yetzer second by Grengs to adjourn the May 20, 2024, Council Meeting at 7:00 p.m.
MOTION CARRIED

_____
Nicole Waldron, Mayor

ATTEST: _____

Sue Schwalbe, Office Assistant

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Approve June 3, 2024 Expenditures
Originating Department:	Finance
Presented by:	Nicole Meyer
Previous Council Action (if any):	

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Motion to Approve Payment of June 3, 2024 Expenditures

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

Attached is the claim and disbursements register for the City of Waconia as of June 3, 2024. Payments are made to vendors via check, electric payment, and through the City's purchasing card program.

Attachments:

FINANCIAL IMPLICATIONS:
Funding Sources & Uses:

Budget Information:
_____ Budgeted
_____ Non Budgeted
_____ Amendment Required

ADVISORY BOARD RECOMMENDATIONS:

Planning Commission	
Parks and Recreation Board	
Safari Island Advisory Board	
Other	

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Contractor Pay Request #1 - Waconia Downtown Reconstruction - Phase 2
Originating Department:	Finance
Presented by:	Amanda Ortloff
Previous Council Action (if any):	

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Motion to approve Pay Estimate No. 1 to W.M. Mueller & Sons, Inc. for the Waconia Downtown Reconstruction - Phase 2 Project.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

Staff has reviewed the contractor pay request for the Waconia Downtown Reconstruction - Phase 2 Project and recommends payment of $446,781.28 based on the engineering request for payment. This payment represents approximately 13.0% of the total approved contract for the project.

Attachments:

1. Pay Request #1 Downtown Phase 2 05-29-2024

FINANCIAL IMPLICATIONS:	***ADVISORY BOARD RECOMMENDATIONS:***
Funding Sources & Uses: PIR, Water, Sewer, Storm Water	
Budget Information: X Budgeted _____ Non Budgeted _____ Amendment Required	Planning Commission Parks and Recreation Board Safari Island Advisory Board Other

BOLTON & MENK
Real People. Real Solutions.

2638 Shadow Lane
Suite 200
Chaska, MN 55318-1172

Ph: (952) 448-8838
Fax: (952) 448-8805
Bolton-Menk.com

May 29, 2024

City of Waconia
Attn: Nicole Meyer
201 South Vine St.
Waconia, MN 55387

RE: Waconia Downtown Reconstruction – Phase 2
Pay Request No. 1

Dear Mrs. Meyer:

Enclosed please find Pay Request No. 1 for work completed through 5/24/2024 on the above referenced project. The work completed includes payment for mobilization, traffic control, erosion control, removals, temporary water system, watermain, sanitary sewer, and other miscellaneous items.

We have reviewed the estimate, verified the quantities, and recommend the City make payment in the amount of **$446,781.28** to W.M. Mueller & Sons, Inc. Below is a total for the project as well as the estimated percent of work completed for each funding type.

Funding Group	Total Payment	Street	Storm	Irrigation	Sewer	Watermain	Sidewalk
Recon	$446,781.28	27%	7%	0%	19%	45%	2%
TOTAL	**$446,781.28**						

Please contact me if you have any questions regarding this pay request.

Respectfully Submitted,
Bolton & Menk, Inc.

Jake D. Saulsbury

Jake Saulsbury, P.E.

cc: Shane Fineran, City of Waconia
Ryan Johnson, Bolton & Menk

Enclosure

CONTRACTOR'S PAY REQUEST

DOWNTOWN RECONSTRUCTION, PHASE 2

BOLTON & MENK
Real People. Real Solutions.

CITY OF WACONIA -
BMI PROJECT NO. C14.121688

DISTRIBUTION:
CONTRACTOR (1)
OWNER (1)
ENGINEER (1)

TOTAL AMOUNT OF ORIGINAL BID	$3,372,332.19
TOTAL AMOUNT OF EXTRA WORK AND CHANGE ORDERS	$30,288.20
TOTAL AMOUNT OF BID PLUS EXTRA WORK AND CHANGE ORDERS	$3,402,620.39
TOTAL, COMPLETED WORK TO DATE	$470,296.08
TOTAL, STORED MATERIALS TO DATE	$0.00
DEDUCTION FOR STORED MATERIALS USED IN WORK COMPLETED	$0.00
TOTAL, COMPLETED WORK & STORED MATERIALS	$470,296.08
RETAINED PERCENTAGE (5.0%)	$23,514.80
TOTAL AMOUNT OF OTHER PAYMENTS OR (DEDUCTIONS)	$0.00
NET AMOUNT DUE TO CONTRACTOR TO DATE	$446,781.28
TOTAL AMOUNT PAID ON PREVIOUS ESTIMATES	$0.00
PAY CONTRACTOR AS ESTIMATE NO. 1	$446,781.28

CERTIFICATE FOR PARTIAL PAYMENT

I hereby certify that, to the best of my knowledge and belief, all items quantities and prices of work and material shown on this Estimate are correct and that all work has been performed in full accordance with the terms and conditions of the Contract for this project between the Owner and the undersigned Contractor, and as amended by any authorized changes, and that the foregoing is a true and correct statement of the contract amount for the period covered by this Estimate.

Contractor: Wm. Mueller & Sons, Inc.
831 Park Avenue
Hamburg, MN 55339

By Cory Hoernemann (Name) PM (Title)

Date 5/29/2024

CHECKED AND APPROVED AS TO QUANTITIES AND AMOUNT:
ENGINEER: BOLTON & MENK, INC., 2638 SHADOW LANE, STE 200, CHASKA, MN 55318

By Ryan R Johnson, CONSULTING ENGINEER

Date 5/29/2024

APPROVED FOR PAYMENT:
OWNER:

By June 3, 2024
Nicole Waldron, Mayor

And June 3, 2024
Shane Fineran, City Administrator

Pay Request No.: *1*

DOWNTOWN RECONSTRUCTION, PHASE 2

BOLTON & MENK
Real People. Real Solutions.

CITY OF WACONIA
BMI PROJECT NO. C14.121688
WORK COMPLETED THROUGH FRIDAY, MAY 24, 2024

ITEM NO.	ITEM	UNIT PRICE	AS BID ESTIMATED QUANTITY	AS BID ESTIMATED AMOUNT	PREVIOUS ESTIMATE ESTIMATED QUANTITY	PREVIOUS ESTIMATE ESTIMATED AMOUNT	COMPLETED TO DATE ESTIMATED QUANTITY	COMPLETED TO DATE ESTIMATED AMOUNT
1	MOBILIZATION	$142,300.00	1.00 LUMP SUM	$142,300.00	LUMP SUM	$0.00	0.50 LUMP SUM	$71,150.00
2	TRAFFIC CONTROL	$19,000.00	1.00 LUMP SUM	$19,000.00	LUMP SUM	$0.00	0.50 LUMP SUM	$9,500.00
3	TEMPORARY PEDESTRIAN ACCESS ROUTES	$23,500.00	1.00 LUMP SUM	$23,500.00	LUMP SUM	$0.00	0.30 LUMP SUM	$7,050.00
4	CLEAR & GRUB TREE	$675.00	28.00 EACH	$18,900.00	EACH	$0.00	33.00 EACH	$22,275.00
5	CLEAR & GRUB BUSHES	$200.00	3.00 EACH	$600.00	EACH	$0.00	6.00 EACH	$1,200.00
6	SALVAGE & REINSTALL FLAG POLE	$2,400.00	1.00 EACH	$2,400.00	EACH	$0.00	0.00 EACH	$0.00
7	SALVAGE PAVERS	$7.00	150.00 SQ FT	$1,050.00	SQ FT	$0.00	0.00 SQ FT	$0.00
8	SALVAGE & INSTALL CASTING (STORM)	$985.00	1.00 EACH	$985.00	EACH	$0.00	0.00 EACH	$0.00
9	SALVAGE & INSTALL CASTING (SANITARY)	$1,175.00	2.00 EACH	$2,350.00	EACH	$0.00	0.00 EACH	$0.00
10	SALVAGE & INSTALL METAL PEDESTRIAN RAMP	$1,600.00	1.00 EACH	$1,600.00	EACH	$0.00	0.00 EACH	$0.00
11	SALVAGE & INSTALL MAILBOX	$750.00	1.00 EACH	$750.00	EACH	$0.00	0.00 EACH	$0.00
12	SALVAGE & INSTALL GATE VALVE BOX	$250.00	1.00 EACH	$250.00	EACH	$0.00	0.00 EACH	$0.00
13	SALVAGE SIGN & DELIVER TO CITY	$100.00	36.00 EACH	$3,600.00	EACH	$0.00	0.00 EACH	$0.00
14	SALVAGE & INSTALL SIGN	$550.00	1.00 EACH	$550.00	EACH	$0.00	0.00 EACH	$0.00
15	SALVAGE & INSTALL SIGN SPECIAL	$750.00	1.00 EACH	$750.00	EACH	$0.00	0.00 EACH	$0.00
16	SALVAGE MONUMENT SIGN	$950.00	1.00 EACH	$950.00	EACH	$0.00	0.00 EACH	$0.00
17	SALVAGE & INSTALL RETAINING WALL	$140.00	75.00 LIN FT	$10,500.00	LIN FT	$0.00	0.00 LIN FT	$0.00
18	SALVAGE RETAINING WALL BLOCK	$40.00	50.00 LIN FT	$2,000.00	LIN FT	$0.00	0.00 LIN FT	$0.00
19	REMOVE HYDRANT	$250.00	3.00 EACH	$750.00	EACH	$0.00	1.00 EACH	$250.00
20	CUT DOWN EXISTING CURB STOP	$100.00	5.00 EACH	$500.00	EACH	$0.00	0.00 EACH	$0.00
21	CUT CONCRETE RETAINING WALL	$950.00	1.00 EACH	$950.00	EACH	$0.00	0.00 EACH	$0.00
22	REMOVE DRAINAGE STRUCTURE	$300.00	8.00 EACH	$2,400.00	EACH	$0.00	1.00 EACH	$300.00
23	REMOVE SANITARY SEWER STRUCTURE	$500.00	4.00 EACH	$2,000.00	EACH	$0.00	2.00 EACH	$1,000.00
24	REMOVE WATERMAIN	$3.00	1,017.00 LIN FT	$3,051.00	LIN FT	$0.00	100.00 LIN FT	$300.00
25	REMOVE SEWER PIPE (STORM)	$7.50	608.00 LIN FT	$4,560.00	LIN FT	$0.00	0.00 LIN FT	$0.00
26	REMOVE SEWER PIPE (SANITARY)	$10.00	1,510.00 LIN FT	$15,100.00	LIN FT	$0.00	324.00 LIN FT	$3,240.00
27	REMOVE CURB AND GUTTER	$5.70	4,533.00 LIN FT	$25,838.10	LIN FT	$0.00	2,151.00 LIN FT	$12,260.70
28	REMOVE DRAINTILE	$1.00	50.00 LIN FT	$50.00	LIN FT	$0.00	0.00 LIN FT	$0.00
29	REMOVE SANITARY SERVICE PIPE	$0.50	1,090.00 LIN FT	$545.00	LIN FT	$0.00	140.00 LIN FT	$70.00
30	REMOVE WATER SERVICE PIPE	$0.01	1,070.00 LIN FT	$10.70	LIN FT	$0.00	175.00 LIN FT	$1.75
31	ABANDON WATERMAIN	$5.00	790.00 LIN FT	$3,950.00	LIN FT	$0.00	0.00 LIN FT	$0.00
32	REMOVE CONCRETE STEPS	$5.50	54.00 SQ FT	$297.00	SQ FT	$0.00	48.00 SQ FT	$264.00
33	REMOVE CONCRETE SWALE	$725.00	1.00 EACH	$725.00	EACH	$0.00	0.00 EACH	$0.00
34	REMOVE CONCRETE VALLEY GUTTER	$9.00	34.00 LIN FT	$306.00	LIN FT	$0.00	0.00 LIN FT	$0.00
35	REMOVE RESIDENTIAL RAILING	$12.00	50.00 LIN FT	$600.00	LIN FT	$0.00	0.00 LIN FT	$0.00
36	REMOVE RETAINING WALL	$30.00	35.00 LIN FT	$1,050.00	LIN FT	$0.00	23.00 LIN FT	$690.00
37	REMOVE CONCRETE WALK	$1.80	17,706.00 SQ FT	$31,870.80	SQ FT	$0.00	4,762.00 SQ FT	$8,571.60
38	REMOVE CONCRETE DRIVEWAY PAVEMENT	$1.80	2,978.00 SQ FT	$5,360.40	SQ FT	$0.00	1,430.00 SQ FT	$2,574.00
39	REMOVE BITUMINOUS PAVEMENT	$3.73	14,107.00 SQ YD	$52,619.11	SQ YD	$0.00	7,644.00 SQ YD	$28,512.12
40	REMOVE BITUMINOUS DRIVEWAY PAVEMENT	$1.40	4,938.00 SQ FT	$6,913.20	SQ FT	$0.00	0.00 SQ FT	$0.00
41	MILL OUT BITUMINOUS RAMP CURB EDGE	$3.55	4,409.00 LIN FT	$15,651.95	LIN FT	$0.00	0.00 LIN FT	$0.00
42	GEOTEXTILE FABRIC TYPE V	$2.00	15,343.00 SQ YD	$30,686.00	SQ YD	$0.00	0.00 SQ YD	$0.00
43	SELECT GRANULAR BORROW	$14.80	9,415.00 TON	$139,342.00	TON	$0.00	0.00 TON	$0.00
44	EXCAVATION - COMMON (EV) (P)	$22.23	9,780.00 CU YD	$217,409.40	CU YD	$0.00	0.00 CU YD	$0.00
45	EXCAVATION - SUBGRADE (EV)	$13.00	951.00 CU YD	$12,363.00	CU YD	$0.00	0.00 CU YD	$0.00
46	STABILIZING AGGREGATE - 3 INCH MINUS CRUSHED	$19.90	1,898.00 TON	$37,770.20	TON	$0.00	20.00 TON	$398.00
47	6" AGGREGATE SURFACING	$57.00	32.00 TON	$1,824.00	TON	$0.00	0.00 TON	$0.00
48	EXPLORATORY EXCAVATION	$0.01	40.00 HOUR	$0.40	HOUR	$0.00	0.00 HOUR	$0.00
49	AGGREGATE BASE CLASS 5	$30.80	5,237.00 CU YD	$161,299.60	CU YD	$0.00	0.00 CU YD	$0.00
50	TYPE SP 9.5 WEARING COURSE MIX (3,C)	$82.00	2,494.00 TON	$204,508.00	TON	$0.00	0.00 TON	$0.00
51	TYPE SP 12.5 NON WEAR COURSE MIX (3,B)	$75.00	2,468.00 TON	$185,100.00	TON	$0.00	0.00 TON	$0.00
52	4" PERF PE PIPE DRAIN	$13.00	4,007.00 LIN FT	$52,091.00	LIN FT	$0.00	0.00 LIN FT	$0.00

Pay Request No.: *1*

DOWNTOWN RECONSTRUCTION, PHASE 2

BOLTON & MENK
Real People. Real Solutions.

CITY OF WACONIA
BMI PROJECT NO. C14.121688
WORK COMPLETED THROUGH FRIDAY, MAY 24, 2024

ITEM NO.	ITEM	UNIT PRICE	AS BID ESTIMATED QUANTITY		AS BID ESTIMATED AMOUNT	PREVIOUS ESTIMATE ESTIMATED QUANTITY	PREVIOUS ESTIMATE ESTIMATED AMOUNT	COMPLETED TO DATE ESTIMATED QUANTITY		COMPLETED TO DATE ESTIMATED AMOUNT
53	CONNECT TO EXISTING DRAIN TILE	$200.00	9.00	EACH	$1,800.00	EACH	$0.00	0.00	EACH	$0.00
54	SUMP PUMP SERVICE CONNECTION BOX	$582.00	15.00	EACH	$8,730.00	EACH	$0.00	0.00	EACH	$0.00
55	4" PVC PIPE DRAIN CLEANOUT	$277.00	12.00	EACH	$3,324.00	EACH	$0.00	0.00	EACH	$0.00
56	12" RC PIPE SEWER DESIGN 3006 CLASS V	$86.00	18.00	LIN FT	$1,548.00	LIN FT	$0.00	0.00	LIN FT	$0.00
57	15" RC PIPE SEWER DESIGN 3006 CLASS V	$67.00	1,101.00	LIN FT	$73,767.00	LIN FT	$0.00	248.00	LIN FT	$16,616.00
58	18" RC PIPE SEWER DESIGN 3006 CLASS V	$80.00	400.00	LIN FT	$32,000.00	LIN FT	$0.00	0.00	LIN FT	$0.00
59	CONSTRUCT DRAINAGE STRUCTURE DESIGN 2'X3'	$569.00	30.80	LIN FT	$17,525.20	LIN FT	$0.00	6.40	LIN FT	$3,641.60
60	CONSTRUCT DRAINAGE STRUCTURE DES. 48-4020	$586.00	28.10	LIN FT	$16,466.60	LIN FT	$0.00	3.70	LIN FT	$2,168.20
61	CONSTRUCT DRAINAGE STRUCTURE DESIGN G	$1,743.00	1.70	LIN FT	$2,963.10	LIN FT	$0.00	0.00	LIN FT	$0.00
62	CONSTRUCT DRAINAGE STRUCTURE DES. 48-4022	$586.00	22.80	LIN FT	$13,360.80	LIN FT	$0.00	3.90	LIN FT	$2,285.40
62A	CONSTRUCT DRAINAGE STRUCTURE DES. 60 - 4020	$882.00	14.00	LIN FT	$12,348.00	LIN FT	$0.00	0.00	LIN FT	$0.00
62B	CONSTRUCT DRAINAGE STRUCTURE DES. 60 - 4022	$882.00	9.90	LIN FT	$8,731.80	LIN FT	$0.00	9.50	LIN FT	$8,379.00
62C	STORM BAFFLE	$13,068.00	2.00	EACH	$26,136.00	EACH	$0.00	0.00	EACH	$0.00
63	15" RC PIPE PLUG	$250.00	1.00	EACH	$250.00	EACH	$0.00	0.00	EACH	$0.00
64	CONNECT TO EXISTING STORM SEWER	$1,500.00	6.00	EACH	$9,000.00	EACH	$0.00	1.00	EACH	$1,500.00
65	BULKHEAD EXISTING STORM INVERT	$500.00	1.00	EACH	$500.00	EACH	$0.00	0.00	EACH	$0.00
66	CASTING ASSEMBLY (STORM)	$995.00	19.00	EACH	$18,905.00	EACH	$0.00	0.00	EACH	$0.00
67	DOWNSPOUT DRAIN W/ SPLASH GUARD	$500.00	1.00	EACH	$500.00	EACH	$0.00	0.00	EACH	$0.00
68	TEMP. SANITARY SEWER BYPASS PUMPING	$5,000.00	1.00	LUMP SUM	$5,000.00	LUMP SUM	$0.00	0.00	LUMP SUM	$0.00
69	8" PVC SDR 26 PIPE SEWER	$80.00	553.00	LIN FT	$44,240.00	LIN FT	$0.00	133.00	LIN FT	$10,640.00
70	8" PVC SDR 35 PIPE SEWER	$68.00	964.00	LIN FT	$65,552.00	LIN FT	$0.00	191.00	LIN FT	$12,988.00
71	CONNECT TO EXISTING SAN. SEWER STRUCTURE	$5,000.00	2.00	EACH	$10,000.00	EACH	$0.00	0.00	EACH	$0.00
72	CONNECT TO EXISTING SANITARY SEWER PIPE	$4,000.00	3.00	EACH	$12,000.00	EACH	$0.00	2.00	EACH	$8,000.00
73	CONNECT TO EXISTING SANITARY SEWER SERVICE	$500.00	39.00	EACH	$19,500.00	EACH	$0.00	10.00	EACH	$5,000.00
74	8"X6" PVC WYE	$495.00	44.00	EACH	$21,780.00	EACH	$0.00	10.00	EACH	$4,950.00
75	6" PVC SANITARY SERVICE PIPE	$29.00	1,090.00	LIN FT	$31,610.00	LIN FT	$0.00	196.00	LIN FT	$5,684.00
76	6" SANITARY SEWER - DRILLED	$0.01	75.00	LIN FT	$0.75	LIN FT	$0.00	0.00	LIN FT	$0.00
77	CONSTRUCT SANITARY SEWER MANHOLE (48")	$536.00	57.30	LIN FT	$30,712.80	LIN FT	$0.00	29.70	LIN FT	$15,919.20
78	EXTERNAL CHIMNEY SEAL	$345.00	6.00	EACH	$2,070.00	EACH	$0.00	0.00	EACH	$0.00
79	CASTING ASSEMBLY (SANITARY)	$1,015.00	4.00	EACH	$4,060.00	EACH	$0.00	0.00	EACH	$0.00
80	TEMPORARY WATER SERVICE	$20,000.00	1.00	LUMP SUM	$20,000.00	LUMP SUM	$0.00	0.50	LUMP SUM	$10,000.00
81	CONNECT TO EXISTING WATERMAIN	$3,000.00	6.00	EACH	$18,000.00	EACH	$0.00	3.00	EACH	$9,000.00
82	CONNECT TO EXISTING WATER SERVICE	$500.00	29.00	EACH	$14,500.00	EACH	$0.00	5.00	EACH	$2,500.00
83	BORE FOUNDATION WALL & REPLACE FLOOR	$500.00	12.00	EACH	$6,000.00	EACH	$0.00	0.00	EACH	$0.00
84	RESET WATER METER & ADJUST PIPING	$500.00	12.00	EACH	$6,000.00	EACH	$0.00	0.00	EACH	$0.00
85	MOVE ELECTRI.GROUND FROM WATER SERVICE	$350.00	12.00	EACH	$4,200.00	EACH	$0.00	0.00	EACH	$0.00
86	HAND EXC. TO CONNECT WATER SERVICE (IN BASEMENT)	$300.00	12.00	EACH	$3,600.00	EACH	$0.00	0.00	EACH	$0.00
87	HYDRANT	$7,411.00	3.00	EACH	$22,233.00	EACH	$0.00	2.00	EACH	$14,822.00
88	1.0" CORPORATION STOP	$500.00	29.00	EACH	$14,500.00	EACH	$0.00	5.00	EACH	$2,500.00
89	2.0" CORPORATION STOP	$1,609.00	1.00	EACH	$1,609.00	EACH	$0.00	1.00	EACH	$1,609.00
90	6" GATE VALVE & BOX	$2,447.00	8.00	EACH	$19,576.00	EACH	$0.00	5.00	EACH	$12,235.00
91	8" GATE VALVE & BOX	$3,404.00	10.00	EACH	$34,040.00	EACH	$0.00	6.00	EACH	$20,424.00
92	1.0" CURB STOP & BOX	$647.00	29.00	EACH	$18,763.00	EACH	$0.00	5.00	EACH	$3,235.00
93	2.0" CURB STOP & BOX	$1,890.00	1.00	EACH	$1,890.00	EACH	$0.00	1.00	EACH	$1,890.00
94	CASTING ASSEMBLY - CURB STOP (A-1)	$265.00	11.00	EACH	$2,915.00	EACH	$0.00	0.00	EACH	$0.00
95	CASTING ASSEMBLY - CURB STOP (R-1970)	$370.00	14.00	EACH	$5,180.00	EACH	$0.00	0.00	EACH	$0.00
96	1.0" DIRECTIONALLY DRILLED WATER SERVICE	$0.01	165.00	LIN FT	$1.65	LIN FT	$0.00	0.00	LIN FT	$0.00
97	1.0" PULLED WATER SERVICE PIPE	$117.00	370.00	LIN FT	$43,290.00	LIN FT	$0.00	0.00	LIN FT	$0.00
98	1.0" OPEN CUT WATER SERVICE - TYPE K COPPER	$19.50	1,100.00	LIN FT	$21,450.00	LIN FT	$0.00	0.00	LIN FT	$0.00
99	2.0" OPEN CUT WATER SERVICE - TYPE K COPPER	$54.00	57.00	LIN FT	$3,078.00	LIN FT	$0.00	0.00	LIN FT	$0.00
100	6" WATERMAIN DUCTILE IRON CL 52	$74.00	236.00	LIN FT	$17,464.00	LIN FT	$0.00	83.00	LIN FT	$6,142.00
101	8" PVC C900 DR18 WATERMAIN	$76.00	2,077.00	LIN FT	$157,852.00	LIN FT	$0.00	1,198.00	LIN FT	$91,048.00
102	4" POLYSTYRENE INSULATION	$60.00	50.00	SQ YD	$3,000.00	SQ YD	$0.00	0.00	SQ YD	$0.00

Pay Request No.: *1*

DOWNTOWN RECONSTRUCTION, PHASE 2

BOLTON & MENK
Real People. Real Solutions.

CITY OF WACONIA
BMI PROJECT NO. C14.121688
WORK COMPLETED THROUGH FRIDAY, MAY 24, 2024

ITEM NO.	ITEM	UNIT PRICE	AS BID ESTIMATED QUANTITY	AS BID ESTIMATED AMOUNT	PREVIOUS ESTIMATE ESTIMATED QUANTITY	PREVIOUS ESTIMATE ESTIMATED AMOUNT	COMPLETED TO DATE ESTIMATED QUANTITY	COMPLETED TO DATE ESTIMATED AMOUNT
103	DUCTILE IRON FITTINGS (WATERMAIN)	$0.01	2,040.00 POUND	$20.40	POUND	$0.00	781.00 POUND	$7.81
104	TRACER WIRE ACCESS BOX	$238.00	3.00 EACH	$714.00	EACH	$0.00	0.00 EACH	$0.00
105	3LB ANODE	$201.00	12.00 EACH	$2,412.00	EACH	$0.00	2.00 EACH	$402.00
106	9LB ANODE	$275.00	11.00 EACH	$3,025.00	EACH	$0.00	5.00 EACH	$1,375.00
107	4" CONDUIT FOR IRRIGATION MAIN	$10.00	2,707.00 LIN FT	$27,070.00	LIN FT	$0.00	0.00 LIN FT	$0.00
108	1" PVC IRRIGATION PIPE	$4.50	2,331.00 LIN FT	$10,489.50	LIN FT	$0.00	0.00 LIN FT	$0.00
109	2" PVC IRRIGATION PIPE	$7.00	378.00 LIN FT	$2,646.00	LIN FT	$0.00	0.00 LIN FT	$0.00
110	4" PVC IRRIGATION MAIN	$33.00	1,336.00 LIN FT	$44,088.00	LIN FT	$0.00	0.00 LIN FT	$0.00
111	ADJUST ACCESS MANHOLE CASTING	$1,340.00	1.00 EACH	$1,340.00	EACH	$0.00	0.00 EACH	$0.00
112	IRRIGATION ACCESS MANHOLE CASTING	$895.00	6.00 EACH	$5,370.00	EACH	$0.00	0.00 EACH	$0.00
113	IRRIGATION BLOWOFF STRUCTURE CASTING	$1,740.00	8.00 EACH	$13,920.00	EACH	$0.00	0.00 EACH	$0.00
114	4" PVC C900 DR18 WATERMAIN	$50.00	10.00 LIN FT	$500.00	LIN FT	$0.00	0.00 LIN FT	$0.00
115	DUCTILE IRON FITTINGS (IRRIGATION SYSTEM)	$0.01	632.00 POUND	$6.32	POUND	$0.00	0.00 POUND	$0.00
116	CONNECT TO IRRIGATION SYSTEM	$1,000.00	1.00 EACH	$1,000.00	EACH	$0.00	0.00 EACH	$0.00
117	IRRIGATION METER BOX	$4,300.00	1.00 EACH	$4,300.00	EACH	$0.00	0.00 EACH	$0.00
118	IRRIG. CONNECTOR IN PRECAST CONC. HANDHOLE	$929.00	15.00 EACH	$13,935.00	EACH	$0.00	0.00 EACH	$0.00
119	IRRIGATION BLOWOFF IN PRECAST CONC. MH	$907.00	8.00 EACH	$7,256.00	EACH	$0.00	0.00 EACH	$0.00
120	ACCESS MANHOLE (60")	$7,685.00	5.00 EACH	$38,425.00	EACH	$0.00	0.00 EACH	$0.00
121	ACCESS MANHOLE WITH BLOWOFF (60")	$7,769.00	1.00 EACH	$7,769.00	EACH	$0.00	0.00 EACH	$0.00
122	4" GATE VALVE & BOX (IRRIGATION SYSTEM)	$1,967.00	1.00 EACH	$1,967.00	EACH	$0.00	0.00 EACH	$0.00
123	4" CONCRETE WALK(W/6" AGG. BASE CL 5)	$6.73	10,052.00 SQ FT	$67,649.96	SQ FT	$0.00	0.00 SQ FT	$0.00
124	4" CONCRETE WALK(W/9" AGG. BASE CL 5)	$8.95	9,679.00 SQ FT	$86,627.05	SQ FT	$0.00	0.00 SQ FT	$0.00
125	6" CONCRETE WALK(W/6" AGG. BASE CL 5)	$15.41	2,238.00 SQ FT	$34,487.58	SQ FT	$0.00	0.00 SQ FT	$0.00
126	CONCRETE CURB & GUTTER DESIGN B618	$21.50	4,429.00 LIN FT	$95,223.50	LIN FT	$0.00	0.00 LIN FT	$0.00
127	6" CONCRETE DW PVMT(W/6" AGG. BASE CL 5)	$9.87	4,216.00 SQ FT	$41,611.92	SQ FT	$0.00	0.00 SQ FT	$0.00
128	CONCRETE STAIRS	$55.00	100.00 SQ FT	$5,500.00	SQ FT	$0.00	0.00 SQ FT	$0.00
129	CONCRETE SWALE	$500.00	1.00 EACH	$500.00	EACH	$0.00	0.00 EACH	$0.00
130	CONCRETE VALLEY GUTTER	$55.00	40.00 LIN FT	$2,200.00	LIN FT	$0.00	0.00 LIN FT	$0.00
131	CONSTRUCT RETAINING WALL	$52.00	386.00 SQ FT	$20,072.00	SQ FT	$0.00	0.00 SQ FT	$0.00
132	INSTALL PAVERS	$30.00	88.00 SQ FT	$2,640.00	SQ FT	$0.00	0.00 SQ FT	$0.00
133	FURNISH & INSTALL RESIDENTIAL RAILING	$326.00	50.00 LIN FT	$16,300.00	LIN FT	$0.00	0.00 LIN FT	$0.00
134	3" BIT. DW PAVEMENT(W/6" AGG. BASE CL 5)	$6.05	3,444.00 SQ FT	$20,836.20	SQ FT	$0.00	0.00 SQ FT	$0.00
135	BITUMINOUS RAMP CURB EDGE	$4.95	4,409.00 LIN FT	$21,824.55	LIN FT	$0.00	0.00 LIN FT	$0.00
136	TRUNCATED DOMES	$60.00	328.00 SQ FT	$19,680.00	SQ FT	$0.00	0.00 SQ FT	$0.00
137	STABILIZED CONSTRUCTION EXIT	$2,000.00	1.00 LUMP SUM	$2,000.00	LUMP SUM	$0.00	0.50 LUMP SUM	$1,000.00
138	EROSION CONTROL SUPERVISOR	$4,000.00	1.00 LUMP SUM	$4,000.00	LUMP SUM	$0.00	0.50 LUMP SUM	$2,000.00
139	STORM DRAIN INLET PROTECTION	$235.00	40.00 EACH	$9,400.00	EACH	$0.00	21.00 EACH	$4,935.00
140	SILT FENCE, TYPE MS	$5.00	239.00 LIN FT	$1,195.00	LIN FT	$0.00	368.00 LIN FT	$1,840.00
141	SEDIMENT CONTROL LOG TYPE STRAW	$3.00	791.00 LIN FT	$2,373.00	LIN FT	$0.00	175.00 LIN FT	$525.00
142	COMMON TOPSOIL BORROW (LV)	$45.10	569.00 CU YD	$25,661.90	CU YD	$0.00	0.00 CU YD	$0.00
143	SODDING TYPE LAWN	$13.75	3,343.00 SQ YD	$45,966.25	SQ YD	$0.00	0.00 SQ YD	$0.00
144	4" DOUBLE SOLID LINE PAINT (YELLOW)	$1.40	2,921.00 LIN FT	$4,089.40	LIN FT	$0.00	0.00 LIN FT	$0.00
145	4" SOLID LINE PAINT (WHITE)	$1.00	5,460.00 LIN FT	$5,460.00	LIN FT	$0.00	0.00 LIN FT	$0.00
146	24" SOLID LINE PAINT (WHITE)	$6.10	12.00 LIN FT	$73.20	LIN FT	$0.00	0.00 LIN FT	$0.00
147	HANDICAP PARKING PAVEMENT MARKING	$140.00	10.00 EACH	$1,400.00	EACH	$0.00	0.00 EACH	$0.00
148	CROSS WALK PAVEMENT MARKING	$3.20	3,492.00 SQ FT	$11,174.40	SQ FT	$0.00	0.00 SQ FT	$0.00
149	CONSTRUCT BANNER POLE BASE	$600.00	6.00 EACH	$3,600.00	EACH	$0.00	0.00 EACH	$0.00
150	FURNISH & INSTALL BANNER POLE	$4,000.00	6.00 EACH	$24,000.00	EACH	$0.00	0.00 EACH	$0.00
151	FIBER CONDUIT	$4.50	1,663.00 LIN FT	$7,483.50	LIN FT	$0.00	0.00 LIN FT	$0.00
152	ELECTRICAL INSTALLATION	$100,000.00	1.00 LUMP SUM	$100,000.00	LUMP SUM	$0.00	0.00 LUMP SUM	$0.00
153	TEMPORARY LIGHTING	$15,000.00	1.00 ALLOWANCE	$15,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
154	REPAIR EXTERIOR BUILDING FAÇADE	$25,000.00	1.00 ALLOWANCE	$25,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
155	LANDSCAPING	$15,000.00	1.00 ALLOWANCE	$15,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00

Pay Request No.: *1*

DOWNTOWN RECONSTRUCTION, PHASE 2

BOLTON & MENK
Real People. Real Solutions.

CITY OF WACONIA
BMI PROJECT NO. C14.121688
WORK COMPLETED THROUGH FRIDAY, MAY 24, 2024

ITEM NO.	ITEM	UNIT PRICE	AS BID ESTIMATED QUANTITY	AS BID ESTIMATED AMOUNT	PREVIOUS ESTIMATE ESTIMATED QUANTITY	PREVIOUS ESTIMATE ESTIMATED AMOUNT	COMPLETED TO DATE ESTIMATED QUANTITY	COMPLETED TO DATE ESTIMATED AMOUNT
156	IRRIGATION REPAIRS	$5,000.00	1.00 ALLOWANCE	$5,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
157	ADDITIONAL TEMP SIGNAGE FOR BUSINESSES	$15,000.00	1.00 ALLOWANCE	$15,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
158	EARLY COMPLETION INCENTIVE (STAGE 1)	$15,000.00	1.00 ALLOWANCE	$15,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
159	EARLY COMPLETION INCENTIVE (STAGE 2)	$30,000.00	1.00 ALLOWANCE	$30,000.00	ALLOWANCE	$0.00	0.00 ALLOWANCE	$0.00
EW1	WET TAP WATERMAIN CONNECTION ON 1ST STREET	$1,500.00	1.00 LUMP SUM	$1,500.00	0.00 LUMP SUM	$0.00	1.00 LUMP SUM	$1,500.00
EW2	TEMPORARY FENCING	$7,845.20	1.00 LUMP SUM	$7,845.20	0.00 LUMP SUM	$0.00	1.00 LUMP SUM	$7,845.20
EW3	1.0" OPEN CUT WATER SERVICE - PE	$16.50	1,100.00 LIN FT	$18,150.00	0.00 LIN FT	$0.00	235.00 LIN FT	$3,877.50
EW4	2.0" OPEN CUT WATER SERVICE - PE	$49.00	57.00 LIN FT	$2,793.00	0.00 LIN FT	$0.00	45.00 LIN FT	$2,205.00
							0	0
	TOTAL AMOUNT:			**$3,372,332.19**		**$0.00**		**$470,296.08**

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Capital Equipment Project #588 - Skidsteer Replacement
Originating Department:	Public Services
Presented by:	Shane Fineran
Previous Council Action (if any):	Approved Resolution #2024-096, Authorizing Solicitation of Pricing for Skidsteer Replacement.

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-120 Approving quotes for Capital Equipment Project #588.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

The Capital Investment Plan identified the replacement of a skid steer model Bobcat A770 Unit #179 and select attachments in 2024 at an estimated cost of $88,000 as project #588. The existing unit is a model year 2019 and is approximately 2,000 hours of use with maintenance and repair costs nearly half of the original purchase price. This unit is utilized across all departments and year round in grounds maintenance, street repairs, and snow removal activities. In addition to the unit replacement staff recommend the replacement of a box broom attachment and push plow at this time. Mechanic staff coordinated the opportunity to demo units the past few months from manufacturers such as Deere, Caterpillar, and Bobcat. Staff then had the opportunity to provide feedback and input on the operating characteristics of the demonstration units and input on the preferred replacement unit. Based on staff feedback, the recommendation of the majority of staff is to acquire a Caterpillar 272D3XE.

Ziegler CAT offered State Cooperative Purchasing pricing on the Caterpillar 272D3XE and box broom with water kit.
Skid Steer Loader w/ Trade $37,118.54
Box Broom - $6,526.00

Midwest Machinery offered State Cooperative Purchasing pricing on the push plow
Kage 9ft Plow - $8,500.00

The total project cost with trade totals $52,144.54.

Attachments:

1. Resolution No. 2024-120 Approving Quotes for Capital Equipment Project #588
2. Ziegler CAT 272D3XE Quote
3. Ziegler CAT BU118 Quote
4. Midwest Machine Kage Plow Quote

FINANCIAL IMPLICATIONS:	***ADVISORY BOARD RECOMMENDATIONS:***
Funding Sources & Uses: PIR Fund>Capital Equipment Cash	
Budget Information: X Budgeted _____ Non Budgeted _____ Amendment Required	Planning Commission Parks and Recreation Board Safari Island Advisory Board Other

CITY OF WACONIA
RESOLUTION NO. 2024-120

RESOLUTION APPROVING QUOTES
FOR CAPITAL EQUIPMENT PROJECT #588

WHEREAS, the Capital Investment Plan Project #588 identified the replacement of skid steer unit #179 with select attachments; and

WHEREAS, staff have reviewed various model selections from three manufacturers; and

WHEREAS, staff are recommending the replacement unit to be a Caterpillar 272DX3E unit and the replacement of a box broom and push plow; and

WHEREAS, projects approved as part of the 2024 budget were finalized and compiled for final approval by the City Council as funding is available in 2024 in the amount of $88,000.

NOW, THEREFORE, BE IT RESOLVED That the City Council of the City of Waconia hereby authorizes the acquisition of equipment from Ziegler CAT and Midwest Machinery.

Adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____
Nicole Waldron, Mayor

Attest: _____
Jackie Schulze, City Clerk

213767-01

CITY OF WACONIA
ATTN ACCOUNTS PAYABLE
201 S VINE ST
WACONIA, MN 55387-1337

Tom,

We would like to thank you for your interest in our company and our products, and are pleased to quote the following for your consideration.

Caterpillar Model: (1) NEW - 272D3XE Skid Steer Loader

We wish to thank you for the opportunity of quoting on your equipment needs. This quotation is valid for 30 days, after which time we reserve the right to re-quote. If there are any questions, please do not hesitate to contact me.

Sincerely,

Corey Knuppel
Territory Manager
612-394-1735

Caterpillar Model: 272D3XE-C Skid Steer Loaders

Standard Equipment

POWERTRAIN

Cat C3.8 turbo aftercooled diesel engine
-Gross horsepower per SAE J1349
110 hp (82 kW) @ 2400 RPM
-Electric fuel priming pump
-Air inlet heater starting aid
-Liquid cooled, direct injection
Two speed travel with ride control
Air cleaner, dual element, radial seal
S-O-S sampling valve, hydraulic oil

HYDRAULICS

HYDRAULICS, XHP
-High flow: 40 gpm (150 lpm) max

OPERATOR ENVIRONMENT

-Engine oil pressure
-Air inlet heater activation

HYDRAULICS

-Hydraulics, proportional
-Worktool harness
Controls:

STARTERS, BATTERIES, & ALTERNATORS

Extra heavy duty battery w/disconnect

ELECTRICAL

12 volt electrical system
100 ampere alternator

OPERATOR ENVIRONMENT

-Armrest raised / operator out of seat

ELECTRICAL

-LED work lights (2 front, 2 rear)

OPERATOR ENVIRONMENT

-Engine coolant temperature

ELECTRICAL

-Gauge backlighting
-Two rear tail lights
-Dome light

OPERATOR ENVIRONMENT

Operator warning system indicators:
-Air filter restriction

HYDRAULICS

28000 kPa max

OPERATOR ENVIRONMENT

-Park brake engages
Interior rear view mirror
12V Electric socket
Horn
-Engine emission system
Gauges: DEF level, fuel level,
hour meter and tachometer
Storage compartment with netting
Seat, comfort, air suspension, cloth,
heat
Filter, cartridge type, hydraulic
Filters, canister type, fuel
and water separator
Radiator/hydraulic oil
cooler (side-by-side)
Spring applied, hydraulically released,
parking brakes
Hydrostatic transmission
Four wheel chain drive

-High flow pressure: 4061 psi
-Continuous flow

-Hydraulic filter restriction
-Hydraulic oil temperature

Electro/hydraulic implement control
Electro/hydraulic hydrostatic
transmission control

Ignition key start / stop / aux switch
Lights:

Backup alarm
Electrical outlet, beacon

-Alternator output

Control interlock system, when operator
leaves seat or armrest raised:
-Hydraulic system disables
-Hydrostatic transmission disables
-Parking brake engages
ROPS Cab, enclosed (C3), tilt up:
-Air conditioner incl heater/defroster
-Side wcndows
-Cup holder
FOPS, Level I

-High back heated seat with recline
-Lumbar support
-Fully adjustable seat mounted controls
Ergonomic contoured armrest

OTHER STANDARD EQUIPMENT

Cat tough guard hose
Heavy duty flat faced quick disconnects with integrated pressure release

OPERATOR ENVIRONMENT

Dual direction electronic self level - (raise and lower)
Work tool return to dig
Work tool positioner
Electronic snubbing (lift)
Advanced LCD display
-Full color 5 inch LCD screen
-Advanced anti-theft security system, with 50 user code capability
-Rear view camera

FRAMES

Lift linkage, vertical path
Chassis, one piece welded
Machine tie down points (6)
Belly pan cleanout
Support, lift arm
Cast rear bumper
Ventilated rear door with integrated sealing

OTHER STANDARD EQUIPMENT

Engine enclosure - lockable
Extended life antifreeze (-37C, -34F)
Coupler, mechanical
Hydraulic oil level sight gauge
Radiator coolant level sight gauge
Radiator expansion bottle
Split D-ring to route work tool hoses along side of left lift arm
Variable speed hydraulic cooling fan
Per SAE J818-2007 and EN 474-3:2006 and ISO 14397-1:2007

MACHINE SPECIFICATIONS

REF #	DESCRIPTION	LIST PRICE
597-4540	272D3 XE SKID STEER LOADER	$105,851.59
	Available for AM-N, Chile, Puerto Rico, Australia & New Zealand only	
	Available for AM-N, Chile, Puerto Rico, Australia & New Zealand.	
	Available for Europe, Turkey, Israel and South Korea.	
	in Lane 3.	
	LANE 2 - AVAILABLE FROM CAMPO LARGO FACTORY	
	LANE 2 - AVAILABLE FROM CAMPO LARGO FACTORY.	
	LANE 3 - AVAILABLE FROM CAMPO LARGO FACTORY	
	LANE 3 - AVAILABLE FROM CAMPO LARGO FACTORY.	
	Meets EU Stage V and U.S. EPA Tier 4 Final emission standards.	
356-6082	REAR LIGHTS	$0.00
542-6994	SEAT BELT, 2"	$0.00
563-1163	CERTIFICATION ARR, P65	$0.00
512-4282	INSTRUCTIONS, ANSI, USA	$0.00
345-3556	HEATER, ENGINE COOLANT, 120V	$257.43
331-2488	TIRES, 14X17.5 CAT 14PR XD	$3,950.50
588-9098	CAB PACKAGE, ULTRA	$2,143.57
422-3445	FILM, RIDE CONTROL, ANSI	$0.00
539-8061	DOOR, CAB, POLYCARBONATE	$281.19
512-3401	QUICK COUPLER, HYDRAULIC	$1,306.93
435-9238	FILM, SELF LEVEL, ANSI	$0.00
573-8121	PRODUCT LINK, CELLULAR PL641	$615.84
571-6876	KIT, WATER TANK, 44 US GAL	$2,386.14
	TOTAL LIST PRICE	**$116,793.19**
	TOTAL CORPORATE DISCOUNT (29% OF LIST)	**($33,870.02)**
	TOTAL CONFIGURED PRICE	**$82,923.16**
421-8926	SERIALIZED TECHNICAL MEDIA KIT	$0.00
0P-9003	LANE 3 ORDER	$0.00
0P-2266	SHIPPING/STORAGE PROTECTION	$271.29
0P-0226	PACKING, ROLL ON - ROLL OFF	$107.92
	TOTAL NET ITEMS	**$379.21**
	PREP & FREIGHT	$1,100.00
	272XE-36 MO/1000 HR PREMIER	$1,420.00
	PARTS KIT ONLY CVA - 1000 HR / 500 HOUR INTERVALS	$776.33
279-5377	BUCKET-GP, 80", BOCE	$1,519.84
	TOTAL POST FACTORY ITEMS	**$4,816.17**
	TOTAL MACHINE SELL PRICE	**$88,118.54**

SELL PRICE	$86,698.54
EXT WARRANTY	$1,420.00
CVA	Included
TRADE BOBCAT A770	($51,000.00)
NET BALANCE DUE	**$37,118.54**
BALANCE	**$37,118.54**

GUARANTEED BUYBACK

12 mo/500 hrs	$73,700
36 mo/1,000 hrs	$58,500
60 mo/1,500 hrs	$52,500

WARRANTY

Standard Warranty:	2 Year / 2,000 Hour Standard Warranty
Extended Warranty:	272XE-36 MO/1000 HR PREMIER
CSA	Parts Kit Only CVA - 1000 hr / 500 hour intervals

F.O.B/TERMS: MINNEAPOLIS

901 WEST 94TH STREET
MINNEAPOLIS, MN 55420-4299
952-888-4121
800-352-2812
www.zieglercat.com

May 22, 2024

City of Waconia
Tom Rauscher
10451 West 10th St.
Waconia, MN. 55387

City of Waconia,

Ziegler proposes the following equipment for your consideration:

EXHIBIT D: PRICE SCHEDULE SWIFT EVENT 15068

626-4232 BROOM, UTILITY, BU118, POLY $7500.00

-22% $5850.00

PDI $190.00

623-4203 KIT, WATER SPRINKLER, BU $486

Total: $6,526.00

Thank you for the opportunity to propose this equipment. Please call me at 612-394-1735 if you have any questions.

Thanks,

Corey Knuppel
612-394-1735
Ziegler Inc.

Quote Id: 30953524

Prepared For:

CITY OF WACONIA

Prepared By: **Schroeder Grant**

Midwest Machinery Co.
4561 Highway 212
Glencoe, MN 55336

Tel: 320-864-5571
Mobile Phone: 612-202-8284
Fax: 320-864-4555
Email: gschroeder@mmcjd.com

Date: 14 May 2024

Offer Expires: 28 May 2024

Quote Summary

Prepared For:

CITY OF WACONIA
201 S VINE ST
WACONIA, MN 55387
Business: 952-442-4265

Prepared By:

Schroeder Grant
Midwest Machinery Co.
4561 Highway 212
Glencoe, MN 55336
Phone: 320-864-5571
Mobile: 612-202-8284
gschroeder@mmcjd.com

Quote Id:	30953524
Created On:	14 May 2024
Last Modified On:	14 May 2024
Expiration Date:	28 May 2024

Equipment Summary	Selling Price		Qty		Extended
2023 KAGE KAGE SBK120 10FT KAGE SYSTEM - SF120-23183	$ 8,200.00	X	1	=	$ 8,200.00
2023 KAGE KAGE SBK108 9FT KAGE SYSTEM - SF108-22240	$ 8,500.00	X	1	=	$ 8,500.00
Equipment Total					**$ 16,700.00**

Quote Summary	
Equipment Total	$ 16,700.00
SubTotal	$ 16,700.00
Total	$ 16,700.00
Down Payment	(0.00)
Rental Applied	(0.00)
Balance Due	**$ 16,700.00**

Salesperson : X _____ **Accepted By : X** _____

Selling Equipment

Quote Id: 30953524 **Customer:** CITY OF WACONIA

2023 KAGE KAGE SBK120 10FT KAGE SYSTEM - SF120-23183

Hours: 1
Stock Number: 564100

Code	Description	Qty	Unit	Selling Price $ 8,200.00 Extended
---	2023 KAGE KAGE SBK120 10FT KAGE SYSTEM	1	$ 9,500.00	$ 9,500.00
	Other Charges			
	Setup	1	$ 300.00	$ 300.00
	Other Charges Total			**$ 300.00**
	Suggested Price			**$ 9,800.00**
	Customer Discounts			
	Customer Discounts Total		**$ -1,600.00**	**$ -1,600.00**
Total Selling Price				**$ 8,200.00**

2023 KAGE KAGE SBK108 9FT KAGE SYSTEM - SF108-22240

Hours: 0
Stock Number: 571023

Code	Description	Qty	Unit	Selling Price $ 8,500.00 Extended
---	2023 KAGE KAGE SBK108 9FT KAGE SYSTEM	1	$ 9,350.00	$ 9,350.00
	Other Charges			
	Setup	1	$ 300.00	$ 300.00
	Other Charges Total			**$ 300.00**
	Suggested Price			**$ 9,650.00**
	Customer Discounts			
	Customer Discounts Total		**$ -1,150.00**	**$ -1,150.00**
Total Selling Price				**$ 8,500.00**

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru to the National Fire Safety Council
Originating Department:	Finance
Presented by:	Nicole Meyer
Previous Council Action (if any):	

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-121 Accepting Cash Donations for Fire Safety and Prevention Efforts and Approving Pass Thru to the National Fire Safety Council

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

The City of Waconia received several cash donations for fire safety and prevention efforts. The following parties donated to the City's fire department for these efforts:

Hudinski Enterprises, Inc. - $70.00

With the Council's acceptance of these donations, staff will recognize the donation as revenue in the fire department's 2024 budget. The City works with the National Fire Safety Council for fire prevention materials and information. The donations received will be passed thru to them so they can assist the department in future efforts.

Attachments:

1. Resolution No. 2024-121 Accepting Cash Donation for Fire Safety and Prevention Efforts and Pass Thru to National Fire Safety Council

FINANCIAL IMPLICATIONS:
Funding Sources & Uses:
General Fund - Fire (101)

Budget Information:

	Budgeted
X	Non Budgeted
	Amendment Required

ADVISORY BOARD RECOMMENDATIONS:

Planning Commission	
Parks and Recreation Board	
Safari Island Advisory Board	
Other	

CITY OF WACONIA
RESOLUTION NO. 2024-121

RESOLUTION ACCEPTING CASH DONATIONS FOR FIRE SAFETY AND PREVENTION EFFORTS AND APPROVING PASS THRU TO THE NATIONAL FIRE SAFETY COUNCIL

WHEREAS, the City of Waconia is generally authorized to accept contributions of real and personal property pursuant to Minnesota Statutes Sections 412.21 and 465.03 for the benefit of its citizens and is specifically authorized to accept gifts and requests for the benefit of facilities, services and the development of programs to benefit residents pursuant to Minnesota Statutes Section 471.17; and

WHEREAS, the following persons and/or entities have offered to contribute the items set forth below to the City:

Name of Donor	Item	Value
Hudinski Enterprises, Inc.	Cash Donation for Fire Safety/Prevention	$70

WHEREAS, these donations have been contributed for the benefit of residents within the City's corporate limits either alone or in cooperation with others, as allowed by law; and

WHEREAS, donations will be passed thru to the National Fire Safety Council for their efforts in providing the City with fire safety and prevention materials; and

WHEREAS, the City Council hereby finds that it is appropriate to accept the contributions offered.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF WACONIA, MINNESOTA, AS FOLLOWS:

1. The contribution described above is hereby accepted and acknowledged with gratitude.

2. Said contribution shall be used for the designated purposes.

3. That the Finance Director is hereby directed to issue receipts to the donor acknowledging the City's receipt of the donor's contribution.

Adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____
Nicole Waldron, Mayor

ATTEST: _____
Jackie Schulze, Assistant City Administrator

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Accepting Cash Donation for Parks Department War Memorial Annual Maintenance Plan
Originating Department:	Finance
Presented by:	Nicole Meyer
Previous Council Action (if any):	

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-122 Accepting Cash Donation for Parks Department War Memorial Annual Maintenance Plan.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

The City received the following donation for the parks department's war memorial annual maintenance plan fees:

- Community Giving Foundation - $975.00

With the Council's acceptance of the donation, staff will recognize the donation as revenue in the General Fund - Parks Department 2024 budget. Offsetting expenditures for the maintenance plan will be recognized in the contract services line item of the budget.

Attachments:

1. Resolution No. 2024-122 Accepting Cash Conation for Parks Department War Memorial Annual Maintenance Plan

FINANCIAL IMPLICATIONS:
Funding Sources & Uses:
General Fund - Parks (101)

ADVISORY BOARD RECOMMENDATIONS:

Budget Information:

	Budgeted
X	Non Budgeted
	Amendment Required

Planning Commission	
Parks and Recreation Board	
Safari Island Advisory Board	
Other	

CITY OF WACONIA
RESOLUTION NO. 2024-122

RESOLUTION ACCEPTING CASH DONATION FOR PARKS DEPARTMENT WAR MEMORIAL ANNUAL MAINTENANCE PLAN

WHEREAS, the City of Waconia is generally authorized to accept contributions of real and personal property pursuant to Minnesota Statutes Sections 412.21 and 465.03 for the benefit of its citizens and is specifically authorized to accept gifts and requests for the benefit of facilities, services and the development of programs to benefit residents pursuant to Minnesota Statutes Section 471.17; and

WHEREAS, the following persons and/or entities have offered to contribute the items set forth below to the City:

Name of Donor	Item	Value
Community Giving Foundation	Cash	$975

WHEREAS, these donations have been contributed for the benefit of residents within the City's corporate limits either alone or in cooperation with others, as allowed by law; and

WHEREAS, the City Council hereby finds that it is appropriate to accept the contributions offered for the City's war memorial annual maintenance plan.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF WACONIA, MINNESOTA, AS FOLLOWS:

1. The contribution described above is hereby accepted and acknowledged with gratitude.

2. Said contribution shall be used for the designated purposes.

3. That the Finance Director is hereby directed to issue receipts to the donor (if identified) acknowledging the City's receipt of the donor's contribution.

Adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____
Nicole Waldron, Mayor

ATTEST: _____
Jackie Schulze, Assistant City Administrator

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Accepting Donation and Approving Pass Thru Recommendation - Waconia Fire Relief Association
Originating Department:	Finance
Presented by:	Nicole Meyer
Previous Council Action (if any):	

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-123 Accepting Donation and Approving Pass Thru Recommendation from Waconia Fire Relief Association.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

The City received a donation from the Waconia Fire Department Gambling Board totaling $10,339.50. The gambling board approved this donation as a pass thru for the following purpose:

- Purchase of 2 Rad-57 CO-Oximeters from EMS Superstore for Operations of the Department

With the Council's acceptance of the donation and recommended purpose for pass thru from the gambling board, City staff will recognize the donation revenue and off-setting expenditures in the General Fund - Fire budget.

Attachments:

1. Resolution No. 2024-123 Accepting Donation and Approving Pass Thru from Waconia Fire Relief Association

FINANCIAL IMPLICATIONS:	***ADVISORY BOARD RECOMMENDATIONS:***
Funding Sources & Uses: General Fund - Fire (101)	
Budget Information: ____ Budgeted X Non Budgeted ____ Amendment Required	Planning Commission Parks and Recreation Board Safari Island Advisory Board Other

CITY OF WACONIA
RESOLUTION NO. 2024-123
RESOLUTION ACCEPTING DONATION AND PASS THRU RECOMMENDATION FROM WACONIA FIRE RELIEF ASSOCIATION

WHEREAS, the City of Waconia is generally authorized to accept contributions of real and personal property pursuant to Minnesota Statutes Sections 412.21 and 465.03 for the benefit of its citizens and is specifically authorized to accept gifts and requests for the benefit of recreational facilities, services and the development of programs to benefit residents pursuant to Minnesota Statutes Section 471.17; and

WHEREAS, the following persons and/or entities have offered to contribute the items set forth below to the City:

Name of Donor	Item	Value	Department/Fund
Waconia Fire Gambling Board	Check	$10,339.50	General Fund - Fire

WHEREAS, these donations have been contributed for the benefit of residents within the City's corporate limits either alone or in cooperation with others, as allowed by law; and

WHEREAS, the City Council hereby finds that it is appropriate to accept the contributions offered.

WHEREAS, the Waconia Fire Department Gambling Board wishes to enhance the donation by passing the funds thru for the following purpose:

- Purchase of 2 Rad-57 CO-Oximeters from EMS Superstore for Operations of the Department

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF WACONIA, MINNESOTA, AS FOLLOWS:

1. The contribution described above is hereby accepted and acknowledged with gratitude.

2. Said contribution shall be deposited to the appropriate funds and used for the designated purposes.

3. That the Finance Director is hereby directed to issue receipts to the donor acknowledging the City's receipt of the donor's contribution.

Adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____
Nicole Waldron, Mayor

ATTEST: _____
Jackie Schulze, Assistant City Administrator

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Performance Measures and Report for 2023
Originating Department:	Administration
Presented by:	Jackie Schulze
Previous Council Action (if any):	Approved on an annual basis

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-124 Approving Performance Measures and Report for Local Results and Innovation

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

In 2010, the State Legislature created the Council on Local Results and Innovation, which consisted of a variety of local elected and appointed officials. In 2011, the Council on Local Results released a standard set of ten performance measures for local governments that will aid residents, taxpayers, and state and local elected officials in determining the efficacy of local government in providing services, and measure residents' opinions of those services. Local units of government that choose to participate in the new standards measure program may be eligible for reimbursement in LGA, up to $.14 per capita, up to $25,000 and an exemption from levy limits, if levy limits are in effect.

In reviewing the performance standards for cities, staff determined that many of the measures were again easy to gather data for Waconia. Much of this data is already being generated, such as law enforcement data and fire service response. The City stands to gain somewhere around $2,000 in additional revenue through the continuation of this program.

Attached is a copy of the measurement report showing data trends for the last several years. If the City wishes to continue it's involvement for 2023, we need to adopt the measures, report on the measures, submit the report to the Office of the State Auditor, and provide a report to our residents. We will often publish this info in the newsletter and post to our website.

Please note that in past years, we have reported on the total number of hours it takes to clear the streets following a snow event. This number has been reported inconsistently over the past years, and we are working with our system on a consistent method of reporting it. We hope to have this measure back for the 2024 report.

Attachments:

1. Resolution No. 2024-124 Approving Performance Measures and Report for Local Results and Innovation
2. Performance Measures 2023

FINANCIAL IMPLICATIONS:	***ADVISORY BOARD RECOMMENDATIONS:***	
Funding Sources & Uses:		
Budget Information: _____ Budgeted _____ Non Budgeted _____ Amendment Required	Planning Commission	
	Parks and Recreation Board	
	Safari Island Advisory Board	
	Other	

CITY OF WACONIA
RESOLUTION NO. 2024-124

RESOLUTION ADOPTING PERFORMANCE MEASURES AND AUTHORIZING REPORTING

WHEREAS, benefits to the City of Waconia for participation in the Minnesota Council on Local Results and Innovation's comprehensive performance measurement program are outlined in MS 6.91 and include eligibility for a reimbursement as set by State statute; and

WHEREAS, any city/county participating in the comprehensive performance measurement program is also exempt from levy limits for taxes, if levy limits are in effect; and

WHEREAS, the City Council of Waconia has adopted and implemented at least 10 of the performance measures, as developed by the Council on Local Results and Innovation, and a system to use this information to help plan, budget, manage and evaluate programs and processes for optimal future outcomes; and

NOW THEREFORE LET IT BE RESOLVED THAT, the City of Waconia will continue to report the results of the performance measures to its citizenry by the end of the year through publication, direct mailing, posting on the city's/county's website, or through a public hearing at which the budget and levy will be discussed and public input allowed.

BE IT FURTHER RESOLVED, the City Council of Waconia will submit to the Office of the State Auditor the actual results of the performance measures adopted by the city.

Adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____
Nicole Waldron, Mayor

ATTEST: _____
Jackie Schulze, City Clerk

Annual Performance Measures Review

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
General													
Percent change in the taxable property value	-6.40%	-7.83%	-9.65%	6.83%	13.01%	7.53%	2.69%	7.45%	6.7%	12.6%	3.42%	4.70%	21.61%
Number of Library Visits per 1,000 population	n/a	n/a	n/a	9,322	8,340	7,727	7,447	7,223	8260	1547	2964	3438	3752
Bond Rating AA AA	AA	AA	AA	AA	AA+	AA+	AA+	AA+	AA+	AA+	AA+	AA+	AA+
Streets													
Average city street pavement condition rating	62	62	73.00	70.71	61.40	61.40	61.82	60.34	59.64	59.19	57.23	57.5	57.71
Police Services*													
A Offenses	204	113	105	78	128	223	264	257	247	298	346	303	246
B Offenses	304	283	198	210	290	146	103	105	86	86	63	84	127
Non-Criminal Activity						2778	2775	2814	2713	2759	2892	3014	3253
Traffic						2798	3135	2946	2627	2261	2281	2576	3095
Total Crimes per 1,000 population	46.73	36.43	26.20	24.35	34.59	29.52	29.19	28.40	26.02	29.45	29.55	26.81	25.15
Fire & EMS Services													
Insurance industry rating of fire services	4	4	4	4	4	4	4	4	3	3	3	3	3
Average fire response time (minutes)**	1	1	1	2	1	2	**	2.43	2.10	2.48	1.43	2.63	2.50
Average fire arrival time (minutes)****										5.33	6.30	5.95	6.05
Fire calls per 1,000 population	31.0	31.6	30.4	31.7	30.6	29.6	31.8	40.1	56.6	40.3	46.0	66.3	69.9
Total Fire Calls	337	344	352	375	370	370	400	511	724	526	636	957	1036
Water													
Operating costs per 1,000,000 Gallons of water pumped/produced	$4,748	$4,748	$3,917	$4,362	$6,156	$6,580	$6,126	$5,176	$5,926	$5,692	$4,575	$5,234	$5,232
Total Population	10,621	10,873	11,563	11,827	12,085	12,500	12,571	12,745	12,797	13,038	13,841	14,433	14,830
per 1,000	10.87	10.87	11.56	11.83	12.09	12.50	12.57	12.75	12.80	13.04	13.84	14.43	14.83
per 100	108.73	108.73	115.63	118.27	120.85	125.00	125.71	127.45	127.97	130.38	138.41	144.33	148.30

*Sheriff's Office Updated their Reporting System in 2016. Numbers reported in 2016 were updated following the Sheriff's Year End Audit and update.
**No Data is Available for 2017, New Fire Chief is working on new data collection system.

***Corrected data from 2018 and 2019 which were reported as total number of calls by the department and not Waconia only
****time it takes to get on scene - only started reporting in 2020

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024
Item Name:	Approve Premises Permit Application and Lease for Lawful Gambling Activity for the Waconia Lions club
Originating Department:	Administration
Presented by:	Sue Schwalbe
Previous Council Action (if any):	Shannon Sweeney on behalf of the Waconia Lions cub has submitted a Premises Permit Application and Lease for Lawful Gambling Activity to conduct lawful gambling activities at the Iron Tap, 140 Main Street West in Waconia. The City's Ordinance allows for this type of activity provided: That 50% or more of the active members of the organization reside within the city of Waconia; or At Least 90% of regularly scheduled meetings of the organization are conducted within the City of Waconia. At least 50% of the profits must be used for lawful purposes within the City of Waconia's city limits. Staff recommends approving this Resolution.

Item Type (X only one):	Consent	X	Regular Session		Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Adopt Resolution No. 2024-125 Approving a Premises Permit Application for the Waconia Lions Club.

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

Attachments:

1. Resolution No. 2024-125 Approving a Premises Permit Application Lawful Gambling Waconia Lions Club

FINANCIAL IMPLICATIONS: Funding Sources & Uses:	***ADVISORY BOARD RECOMMENDATIONS:***
Budget Information: _____Budgeted _____Non Budgeted _____Amendment Required	Planning Commission Parks and Recreation Board Safari Island Advisory Board Other

CITY OF WACONIA

RESOLUTION NO. 2024-125

A RESOLUTION APPROVING PREMISES PERMIT APPLICATION FOR LAWFUL GAMBLING FOR THE LIONS CLUB OF WACONIA

WHEREAS, The City Council of the City of Waconia Minnesota has received a Premises Permit Application for Lawful Gambling Activities from the Lions Club of Waconia; and

WHEREAS, The Lions Club of Waconia has requested this application be approved by the City Council in order to hold and conduct charitable gambling operations at the Ion Tap, 140 Main Street West, Waconia, Minnesota as stated on the application for said permit; and

WHEREAS, The City Council of the City of Waconia has no objection to the said application.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Waconia hereby approves the Premises Permit Application for Lawful Gambling Activity as submitted by the Lions Club of Waconia.

FURTHER, BE IT RESOLVED, That the City Clerk is hereby instructed to provide a copy of this Resolution to be included with the permit application to the Gambling Control Division, State of Minnesota.

Passed and adopted by the City Council of the City of Waconia this 3rd day of June 2024.

_____

Nicole Waldron, Mayor

Attest: _____

Jackie Schulze, City Clerk

REQUEST FOR CITY COUNCIL ACTION

Meeting Date:	June 3, 2024					
Item Name:	Cedar Point Park Pickleball Request					
Originating Department:	Administration					
Presented by:	Shane Fineran					
Previous Council Action (if any):						
Item Type (X only one):	Consent		Regular Session	X	Discussion Session	

RECOMMENDATIONS/COUNCIL ACTION/MOTION REQUESTED *(Include motion in proper format.)*

Discussion & Direction

EXPLANATION OF AGENDA ITEM *(Include a description of background, benefits, and recommendations.)*

Mr. Darel Radde approached staff earlier this year requesting the City to re-surface and re-tripe the courts located at Cedar Point Park to accommodate up to six pickleball courts. Currently the courts are striped for two tennis courts and two pickleball courts. Staff researched this request and received a quote to complete the work for $17,175. The 2024 operating budget did not have adequate resources available to complete this work in 2024.

Mr. Radde is requesting to discuss the possibility of the the work being completed in 2024 by the city with the promise of Mr. Radde and other area pickleball players paying the city back for some or all of the costs of re-surfacing and re-striping the court surfacing. The request also is for the tennis striping to be completely removed from the court surface and used as a pickleball only facility at this location, with nets provided by the group and donation effort to be kept locked and available to the group that has donated funds.

Some policy items related to this that the City Council should consider are:

1. The City has supported other recreation type improvements and partnerships such as the grandstand, ice arena, etc. However, those financial contribution conditions were made between active associations and the city. To date, there is not an active and official "pickleball association" being represented in this request, although this is something Mr. Radde said is being considered.

2. The community has come to expect that tennis is available at this facility. Mr. Radde's request is to remove the availability of tennis facilities at this location to be removed. This maybe something that the city council may wish to have the Park Board provide input on.

3. Mr. Radde has offered to purchase nets to be portable and locked in storage onsite when not in use by area pickleball players. If existing tennis nets are removed from this facility, the city would want to consider providing these either in a permanent or heavier duty portable format. Those costs range from $500 to $1,500 per net system, additional costs would need to be figured for drilling of permanent posts.

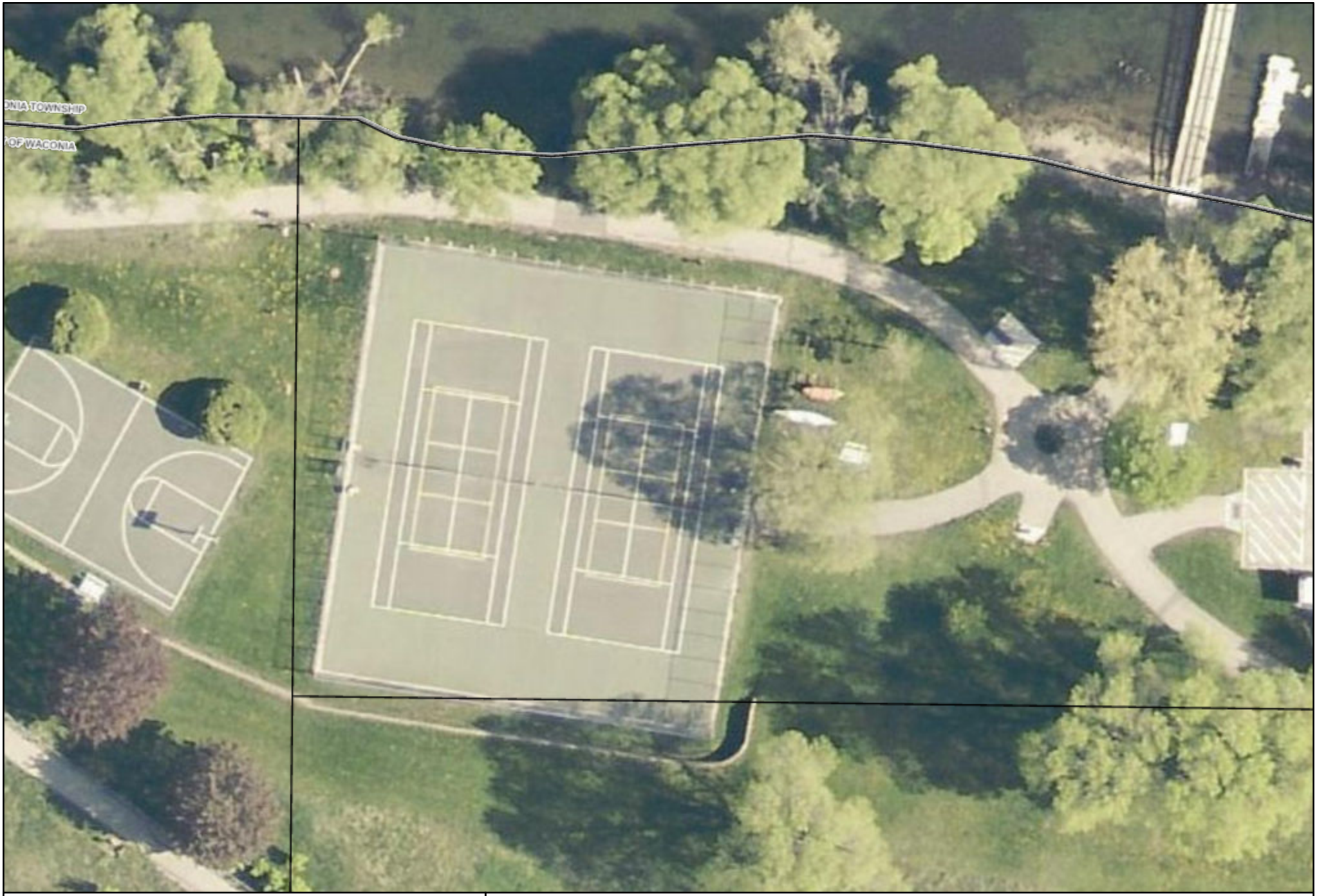
As stated previously, the current 2024 operating budget does not have sufficient funds available in consideration with other priorities identified to be completed in 2024. If the City Council desires to move forward with the request, staff would recommend that the excess fund balance that is available following the completion of year end accounting and audit work be evaluated to fund this request.

Attachments:

1. Cedar Point Park Location Map

FINANCIAL IMPLICATIONS:	***ADVISORY BOARD RECOMMENDATIONS:***
Funding Sources & Uses:	

Budget Information: _____ Budgeted X Non Budgeted _____ Amendment Required	Planning Commission	
	Parks and Recreation Board	
	Safari Island Advisory Board	
	Other	



City of Waconia

201 Vine Street South, Waconia, MN 55387

Landscape_8x11

May 2024

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