REGULAR CITY COUNCIL MEETING AGENDA
Tuesday, July 19, 2022 6:00 PM
City Council Chambers, Elks Civic Building - 107 S. Cascade Ave.

The Montrose City Council is pleased to have residents of the community take time to attend City Council meetings. We encourage your attendance and participation. Individuals wishing to be heard during public hearing proceedings are encouraged to be prepared and will generally be limited to three minutes to allow everyone the opportunity to be heard. Additional written comments are welcome and will be received at any time. The 11:00 p.m. rule will be enforced in accordance with City of Montrose Regulations (Sec. 7-15-2).

Public participation for this meeting will be in person in the City Council Chambers, and the meeting can be viewed via livestream at https://www.cityofmontrose.org/759/Live-Meetings-Viewer. Hearing assistance devices are available for public use. Please let us know if you need accommodation. The City also offers interpretation for Spanish speakers. In order to allow time to book this resource, please email planningmail@ci.montrose.co.us at least three days before the meeting.

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1) City Council meeting called to order by Mayor Dave Frank

2) The Pledge of Allegiance

3) Roll call by the City Clerk

4) Changes to the agenda including additions and deletions

5) Park and Recreation Month Proclamation **3**

6) CALL FOR PUBLIC COMMENT FOR NON-AGENDA ITEMS

The "Call for Public Comment" agenda item is a time when concerned members of the community may publicly voice their concerns and discuss items of interest. Please note that no formal action will be taken on the matters raised during this time.

Comments made during this time should be addressed to the Council and pertain to matters of at least general importance to the City and its operations. Please be aware that neither City Council nor City staff are expected to respond or engage in discussion or debate.

Personal attacks and disagreements, personnel and employment matters, the use of profanity or ethnic, racial or gender-oriented slurs are prohibited, as is any "disorderly conduct" which violates state or local law and shall not be permitted.

**Please note that the times listed are estimates only. Actual times may vary depending upon discussion and public comment received.*

7) APPROVAL OF MINUTES (5 minutes)

City Council consideration of the minutes of the July 5, 2022 regular City Council meeting. *Staff: City Clerk Lisa DelPiccolo* **4-6**

Action: consider making a motion to approve the minutes of the July 5, 2022 regular City Council meeting as presented.

8) ACCEPTANCE OF OPIOID SETTLEMENT FUNDS (15 minutes)

City Council consideration of the acceptance of funds from the national opioid settlement agreement and the authorizing the Mayor's signature on all associated documents. *Staff: City Attorney Ben Morris* **7-19**

Action: Accept public comment. Consider making a motion to approve the acceptance of funds from the national opioid settlement agreement and authorizing the Mayor's signature on all associated documents.

9) FUEL CONTRACT AMENDMENT (15 minutes)

City Council consideration of the amendment of an existing fuel contract with Parish Oil Company. *Staff: Public Works Manager Jim Scheid* **20**

Action: Accept public comment. Consider making a motion to amend the existing file contract with Parish Oil Company as presented.

10) CITY HALL RENOVATION CONTRACT AWARD (15 minutes)

City Council consideration of the authorization of an award of $1,500,000.00 for the renovation of City Hall at 400 E. Main Street (formerly Wells Fargo), including the award of a contract with FCI Constructors, Inc. as the Construction Manager/General Contractor. *Staff: Public Works Manager Jim Scheid* **21-22**

Action: Accept public comment. Consider making a motion to authorize the award of $1,500,000.00 for the renovation of City Hall at 400 E. Main Street, including the award of a contract with FCI Constructors, Inc. as the Construction Manager/General Contractor as presented.

11) STAFF REPORTS

A) Sales, Use, and Excise Tax Report (5 minutes)
Staff: Assistant Finance Director Eric Haynes **23-28**

12) CITY COUNCIL COMMENTS

13) MOTION TO ADJOURN

PROCLAMATION

Park and Recreation Month
July 2022

WHEREAS, parks and recreation programs are an integral part of communities throughout this country, including that served by the Montrose Recreation District and the City of Montrose; and

WHEREAS, parks and recreation are vitally important to establishing and maintaining the quality of life in communities, ensuring the health of all citizens, and contributing to the economic and environmental well-being of a community and region; and

WHEREAS, parks and recreation programs build healthy, active communities that aid in the prevention of chronic disease, provide therapeutic recreation services for those who are mentally or physically disabled, and also improve the mental and emotional health of all citizens; and

WHEREAS, parks and recreation programs increase a community's economic prosperity through increased property values, expansion of the local tax base, increased tourism, the attraction and retention of businesses, and crime reduction; and

WHEREAS, parks and recreation areas are fundamental to the environmental well-being of our community; and

WHEREAS, parks and natural recreation areas improve water quality, protect groundwater, prevent flooding, improve the quality of the air we breathe, provide vegetative buffers to development, and produce habitat for wildlife; and

WHEREAS, our parks and natural recreation areas ensure the ecological beauty of our community and provide a place for children and adults to connect with nature and recreate outdoors; and

WHEREAS, the U.S. House of Representatives has designated July as Park and Recreation Month; and

WHEREAS, the Montrose Recreation District Board of Directors has designated July as Park and Recreation Month; and

WHEREAS, the City of Montrose City Council recognize the benefits derived from parks and recreation resources

NOW THEREFORE, we the City Council of the City of Montrose, Colorado do hereby proclaim the month of July 2022 as **PARK AND RECREATION MONTH** in the City of Montrose.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the official Seal of the City of Montrose, this 19th day of July, 2022.

_____

David Frank, Mayor
City of Montrose

A regular meeting of the Montrose City Council was held on Tuesday, July 5, 2022, at 6:00 p.m. in the City Council Chambers of the Elks Civic Building. Said meeting was posted in accordance with the Sunshine Law.

PRESENT: Dave Frank, Barbara Bynum, Doug Glaspell, J. David Reed, Ed Ulibarri, Bill Bell, Ben Morris, Chris Dowsey, Greg Story, Briceida Ortega, Jim Scheid, David Bries, Scott Murphy, Christine Aslakson, Matthew Magliaro, Blaine Hall, Lisa DelPiccolo

GUESTS: David White

CALL TO ORDER

Mayor Dave Frank called the meeting to order at 6:00 p.m.

PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was recited.

CHANGES TO THE AGENDA

No changes were made to the agenda.

OATH OF OFFICE FOR CITY ATTORNEY

Deputy City Clerk Briceida Ortega administered the Oath of Office to City Attorney Bennet A. Morris.

CALL FOR PUBLIC COMMENT

David White spoke regarding thefts to businesses on the north end of the City. Mr. White requested a work session discussion with affected business owners.

APPROVAL OF MINUTES

City Council considered the minutes of the June 20, 2022, regular City Council meeting.

A motion was made by Barbara Bynum, seconded by Ed Ulibarri, to approve the minutes of the June 20, 2022, regular City Council meeting as presented. Doug Glaspell was not present electronically for the vote. All others voted yes. Motion passed.

PLANNING COMMISSION ALTERNATE APPOINTMENT

City Council considered applicants Terry Ferris, Ronald L. Cairns, and Roy Jerome Dantzman for appointment as an alternate member of the City of Montrose Planning Commission.

A motion was made by Barbara Bynum, seconded by J. David Reed, to appoint Ronald L. Cairns as an alternate member of the City of Montrose Planning Commission for a term that expires on December 31, 2024. Ed Ulibarri voted no. All others voted yes. Motion passed.

MANHOLE REHABILITATION CONTRACT EXTENSION

City Council considered the extension of a contract with Concrete Conservation, Inc. for an amount not to exceed $100,000.00 for the rehabilitation of manholes with severe H2S corrosion.

Utilities Manager David Bries reported that this year's project will focus on manholes on Townsend Avenue in anticipation of the CDOT mill and overlay. Mr. Bries stated that manholes will be brought to street level and lined to restore structural integrity and extend the life of the manholes and the roadway. The amount of the contract extension is $100,000.00 which is also the budgeted amount for the project. Mr. Bries said the project will be completed by the end of the year with minimal traffic disruption.

Public comment was accepted. No comments were received.

A motion was made by J. David Reed, seconded by Barbara Bynum, to approve the extension of a contract with Concrete Conservation, Inc. for an amount not to exceed $100,000.00 for the rehabilitation of manholes with severe H2S corrosion as presented. All voted yes. Motion passed.

REVISED DEDICATION PLAT

City Council considered the Revised 6700 Road Right of Way, an Official Act of the City of Montrose plat.

City Councilor Ed Ulibarri recused himself stating that he is related to the property owners. Mr. Ulibarri left the meeting at 6:19 p.m.

City Engineer Scott Murphy reported that City Council approved the original plat on June 20 and the project progressed into the design and survey phase. Mr. Murphy stated that during the design phase, it was determined that moving the road eight feet to the east will have multiple advantages. The lots on both sides of the road will be balanced, a major communications cabinet will be avoided, the road will align better with other sections of 6700 Road, and a mature cottonwood tree will remain in place. Mr. Murphy said the new alignment will require the purchase of additional right of way at a cost of $950.00. The scheduled closing date is July 14.

Public Comment was accepted. No comments were received.

A motion was made by Barbara Bynum, seconded by J. David Reed, to approve the Revised 6700 Road Right of Way, an Official Act of the City of Montrose plat as presented. All present voted yes. Motion passed.

Mr. Ulibarri rejoined the meeting at 6:23 p.m.

STAFF REPORTS

No staff reports were provided.

CITY COUNCIL COMMENTS

City Councilor Ed Ulibarri asked whether City Council could discuss board and commission applicants before action is taken at a City Council meeting. City Manager Bill Bell stated that applicants are not discussed publicly, but discussion can take place after the motion is made.

Mayor Dave Frank and City Councilors commended City staff for successful Fourth of July events.

MOTION TO ADJOURN

At 6:28 p.m., a motion made by J. David Reed to adjourn the meeting with no further action taken.

ATTEST:

_____
David Frank, Mayor

_____
Lisa DelPiccolo, City Clerk

Colorado Opioids Settlement Memorandum of Understanding Summary

Below is a brief overview of the key provisions outlined in the Colorado Opioids Settlement Memorandum of Understanding ("Colorado MOU"). The Colorado MOU was signed by Colorado Attorney General Phil Weiser on August 26, 2021. In order to receive the full settlement payments for all of Colorado, strong participation by local governments signing on to the Colorado MOU is necessary.

Local governments and the State prepared the Colorado MOU, which prioritizes regionalism, collaboration, and abatement in the sharing and distribution of opioid settlement funds. The points below summarize the framework laid out in the Colorado MOU for distributing and sharing opioids settlement proceeds throughout Colorado. Please see the full Colorado MOU and exhibits for additional details.

While Colorado's local governments are currently being asked to participate in recent settlements with the "Big 3" Distributors (AmerisourceBergen, Cardinal Health, and McKesson) and Johnson & Johnson, the Colorado MOU is intended to apply to all current and future opioid settlements.

A. Allocation of Settlement Funds

The Colorado MOU provides the framework for fairly dividing and sharing settlement proceeds among the state and local governments in Colorado. Under the Colorado MOU, settlement proceeds will be distributed as follows:

1. **10%** directly to the State ("State Share")
2. **20%** directly to Participating Local Governments ("LG Share")
3. **60%** directly to Regions ("Regional Share")
4. **10%** to specific abatement infrastructure projects ("Statewide Infrastructure Share")

Under the Colorado MOU, all settlement funds must be used only for "Approved Purposes," a long and broad list that focuses on abatement strategies. These strategies emphasize prevention, treatment, and harm reduction. Some examples of these strategies include training health care providers on opioid use disorder ("OUD") treatment and responsible prescribing, expanding telehealth and mobile services for treatment, and increasing naloxone and rescue breathing supplies. The list of Approved Purposes is broad enough to be flexible for local communities, while ensuring that settlement funds are used to combat the opioid epidemic. The list of Approved Purposes is attached as Exhibit A to the MOU, unless the term is otherwise defined in a settlement.

B. General Abatement Fund Council

A General Abatement Fund Council (the "Abatement Council"), consisting of representatives appointed by the State and Participating Local Governments, will ensure that the distribution of opioid funds complies with the terms of any settlement and the terms of the Colorado MOU. The Abatement Council will consist of 13 members, seven appointed by the State and six appointed by the Participating Local Governments.

C. Local Government Share (20%)

Twenty percent of settlement funds will be paid directly to Participating Local Governments. Exhibit D to the Colorado MOU lists the percentage to each County Area (that is, the county government plus the municipalities within that county), and Exhibit E further breaks down those allocations to an intracounty level using a default allocation.

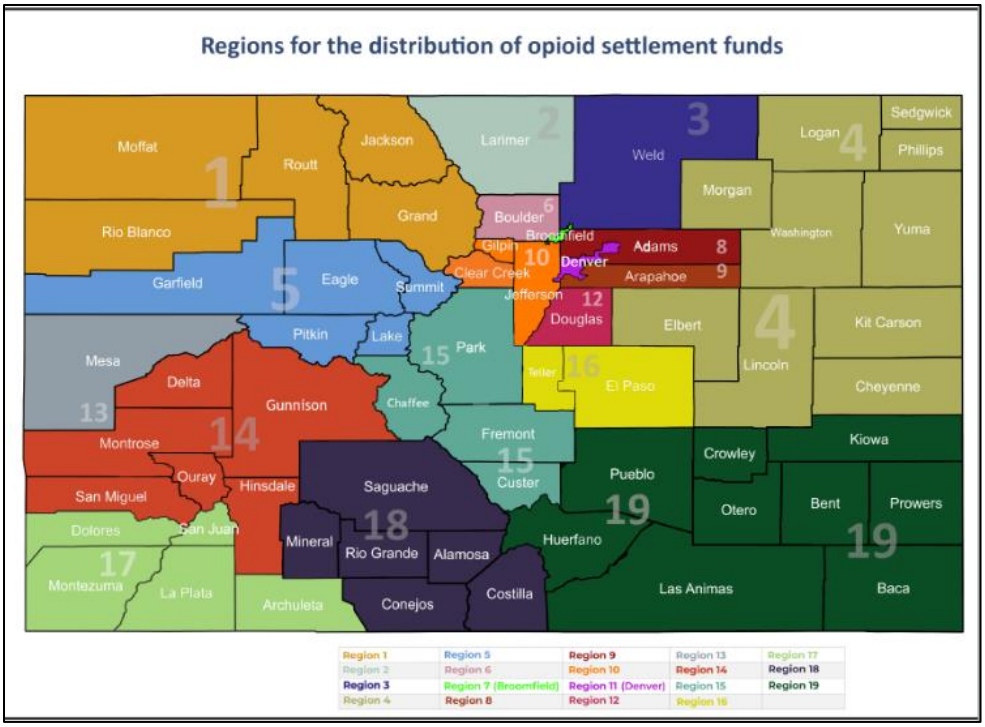
The allocations to each County Area in Exhibit D are based on three factors that address critical causes and effects of the opioid crisis: (1) the number of persons suffering opioid use disorder in the county; (2) the number of opioid overdose deaths that occurred in the county; and (3) the amount of opioids distributed within the county.

The intracounty allocations in Exhibit E are a default allocation that will apply unless the local governments in a County Area enter into a written agreement providing for a different allocation. These allocations are based on a model, developed by health economist experts, which uses data from the State and Local Government Census on past spending relevant to opioid abatement.

Participating Local Governments will provide data on expenditures from the LG Share to the Abatement Council on an annual basis. If a local government wishes, it may forego its LG Share and direct it to the Regional Share. A local government that chooses not to participate or sign onto the Colorado MOU will not receive funds from the LG Share and the portion of the LG Share that it would have received will instead be re-allocated to the Regional Share for the region where that local government is located.

D. Regional Share (60%)

Sixty percent of settlement funds will be allocated to single- or multi-county regions made up of local governments. These regions were drawn by local governments to make use of existing local infrastructure and relationships. The regional map is shown below, as well as in Exhibit C to the Colorado MOU:



Allocations to regions will be calculated according to the percentages in Exhibit F. Each region will create its own "Regional Council" to determine what Approved Purposes to fund with that region's allocation from the Regional Share. Regional governance models are attached to the Colorado MOU as Exhibit G. Each region may draft its own intra-regional agreements, bylaws, or other governing documents to determine how the Regional Council will operate, subject to the terms of the Colorado MOU. Each Regional Council will provide expenditure data to the Abatement Council on an annual basis.

A local government that chooses not to participate or sign onto the Colorado MOU shall not receive any opioid funds from the Regional Share and shall not participate in the Regional Councils.

E. State Share (10%)

Ten percent of settlement funds will be allocated directly to the State for statewide priorities in combating the opioid epidemic. The State maintains full discretion over distribution of the State Share anywhere within the State of Colorado. On an annual basis, the State shall provide all data on expenditures from the State Share, including administrative costs, to the Abatement Council.

F. Statewide Infrastructure Share (10%)

Ten percent of the settlement funds will be allocated to a Statewide Infrastructure Share to promote capital improvements and provide operational assistance for the development or improvement of infrastructure necessary to abate the opioid crisis anywhere in Colorado.

The Abatement Council shall establish and publish policies and procedures for the distribution and oversight of the Statewide Infrastructure Share, including processes for local governments or regions to apply for opioid funds from the Statewide Infrastructure Share.

G. Attorneys' Fees and Expenses Paid Through a Back-Stop Fund

To a large extent, the national opioid settlements occurred because of the pressure that litigating entities and their counsel exerted on defendants through their lawsuits. The attorneys' fee provision equitably allocates the cost of attorneys' fees, while also allowing non-litigating entities to share in the 25% premium for releases by the litigating entities in the "Big 3" Distributor and Johnson & Johnson settlements. The work that was done by the litigating entities and their law firms in the litigation has substantially contributed to achieving the settlements that are currently being offered and those that are anticipated in the future.

The Attorney General and local governments have agreed to a "Back-Stop Fund" for attorneys' fees and costs. Before a law firm can apply to the Back-Stop Fund, it must first apply to any national common benefit fee fund. The Back-Stop Fund will only be used to pay the difference between what law firms are owed and the amount they have received from a national common benefit fee fund.

Attorneys' fees are limited to 8.7% of the total LG Share and 4.35% of the total Regional Share. No funds will be taken from the Statewide Infrastructure Share or State Share.

A committee will be formed to oversee payments from the Back-Stop Fund. The committee will include litigating and non-litigating entities. Importantly, any excess money in the Back-Stop fund, after attorneys' fees and costs are paid, will go back to the local governments.

H. Participation in the Colorado MOU and Expected Timeline

The MOU was designed to ensure that as many local governments as possible would agree to its terms. Strong participation from local governments is needed to receive the full settlement payments for all of Colorado. On August 26, 2021, Colorado Attorney General Phil Weiser signed the MOU. It is projected that settlement funds from the "Big 3" Distributor/Johnson & Johnson settlements could be made available as soon as July 2022 and will be distributed within Colorado according to the MOU.

Along with the MOU, each local government will need to sign a Subdivision Settlement Participation Form for each of the settlements (the "Big 3" Distributor settlement and the Johnson & Johnson settlement) releasing their legal claims and stating they are participating in the settlements. In addition, a Colorado Subdivision Escrow Agreement should be signed to ensure legal claims are released only when 95% participation by certain local governments has been reached. That 95% participation threshold is important because it triggers certain amounts of incentive payments under the settlements and signals to the settling pharmaceutical companies that the settlements have wide acceptance.

A copy of the MOU with signature pages for each local government, the Subdivision Settlement Participation Forms, and the Colorado Subdivision Escrow Agreement will be

provided by the Attorney General's Office. The documents should be executed by the individual or body with authority to do so on behalf of their respective county or municipality and submitted by mail or email to either CCI or CML at the following addresses:

For Counties:	**For Municipalities:**
Colorado Counties, Inc. 800 Grant, Ste 500 Denver, CO 80203 Email: Kyley Burress at KBurress@ccionline.org Katie First at KFirst@ccionline.org	Colorado Municipal League 1144 N. Sherman St. Denver, CO 80203 Email: opioidsettlement@cml.org

If you have any questions, please reach out to Heidi Williams of the Colorado AG's office at Heidi.Williams@coag.gov.

Exhibit A

POTENTIAL OPIOID ABATEMENT APPROVED PURPOSES

I. TREATMENT

A. TREATMENT OF OPIOID USE DISORDER AND ITS EFFECTS

1. Expand availability of treatment, including Medication-Assisted Treatment (MAT), for Opioid Use Disorder (OUD) and any co-occurring substance use or mental health issues.

2. Supportive housing, all forms of FDA-approved MAT, counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it.

3. Treatment of mental health trauma issues that resulted from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking) and for family members (e.g., surviving family members after an overdose or overdose fatality).

4. Expand telehealth to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

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

6. Scholarships for certified addiction counselors.

7. Clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for OUD.

8. Training for health care providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists, including but not limited to training relating to MAT and harm reduction.

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

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

11. Development of a multistate/nationally accessible database whereby health care providers can list currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis.

12. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD.

13. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

B. INTERVENTION

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

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorder.

3. Training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on the late adolescence and young adulthood when transition from misuse to opioid disorder is most common.

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

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

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

7. Create school-based contacts whom parents can engage to seek immediate treatment services for their child.

8. Develop best practices on addressing OUD in the workplace.

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

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

C. CRIMINAL-JUSTICE-INVOLVED PERSONS

1. Address the needs of persons involved in the criminal justice system who have OUD and any co-occurring substance use disorders or mental health (SUD/MH) issues.

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

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

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

   c. "Naloxone Plus" strategies, which work to ensure that individuals who have received Naloxone to reverse the effects of an overdose are then linked to treatment programs;

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

   e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network.

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

4. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment, including MAT.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated, on probation, or on parole.

6. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate re-entry services to individuals with OUD and any co-occurring SUD/MH issues who are leaving jail or prison or who have recently left jail or prison.

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

D. WOMEN WHO ARE OR MAY BECOME PREGNANT

1. Evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women or women who could become pregnant and have OUD.

2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment.

3. Other measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.

4. Child and family supports for parenting women with OUD.

5. Enhanced family supports and child care services for parents receiving treatment for OUD.

E. PEOPLE IN TREATMENT AND RECOVERY

1. The full continuum of care of recovery services for OUD and any co-occurring substance use or mental health issues, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.

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

3. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.

4. Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

5. Engaging non-profits and faith community as a system to support family members in their efforts to help the opioid user in the family.

II. PREVENTION

F. PRESCRIBING PRACTICES

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

2. Academic counter-detailing.

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

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

5. Fund development of a multistate/national prescription drug monitoring program (PDMP) that permits information sharing while providing appropriate safeguards on sharing of private information, including but not limited to:

a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.

6. Educating dispensers on appropriate opioid dispensing.

G. MISUSE OF OPIOIDS

1. Corrective advertising/affirmative public education campaigns.

2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.

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

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

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, or training of coalitions in evidence-informed implementation.

7. School and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

8. Engaging non-profits and faith community as a system to support prevention.

H. OVERDOSE DEATHS AND OTHER HARMS

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.

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

3. Developing data tracking software and applications for overdoses/naloxone revivals.

4. Public education relating to emergency responses to overdoses.

5. Free naloxone for anyone in the community.

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

7. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

8. Syringe service programs, including supplies, staffing, space, peer support services, and the full range of harm reduction and treatment services provided by these programs.

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

III. ADDITIONAL AREAS

I. SERVICES FOR CHILDREN

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

J. FIRST RESPONDERS

1. Law enforcement expenditures relating to the opioid epidemic.

2. Educating first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

3. Increase electronic prescribing to prevent diversion and forgery.

K. COMMUNITY LEADERSHIP

1. Regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.

2. Government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

L. STAFFING AND TRAINING

1. Funding for programs and services regarding staff training and networking to improve staff capability to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD (e.g., health care, primary care, pharmacies, PDMPs, etc.).

M. RESEARCH

1. Funding opioid abatement research.

2. Research improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to OUD.

3. Support research for novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

4. Support for innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

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

6. Research expanded modalities such as prescription methadone that can expand access to MAT.

N. OTHER

1. Administrative costs for any of the approved purposes on this list.

CONTRACT AMENDMENT RECOMMENDATION

TO: Honorable Mayor and Members of the City Council
FROM: Jim Scheid, Public Works Manager
DATE: July 5, 2022
RE: Fuel Contract Amendment Recommendation
CC: William Bell, Ann Morgenthaler, Shani Wittenberg, Shane Brandt

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Action
Consider the amendment of an existing contract with Parish Oil.

Background
The City awarded the current fuel contract to Parish Oil in March of 2020 (bid 19-054). This contract is set to expire in March of 2023. Since the time of award the freight charges and fees associated with Parish Oil receiving and delivering fuel have increased significantly and Parish is requesting that the City consider amending the fees associated with the fuel charges for the remaining contract term. The changes are detailed below:

Fuel	Gasoline	Diesel
Freight Proposed	$0.27591	$0.29785
Freight Bid	$0.16483	$0.18651
Increase	$0.11108	$0.11134

Fuel	Gasoline	Diesel
Fees Proposed	$0.0186	$0.0188
Fees Bid	$0.01543	$0.01654
Increase	$0.00317	$0.00226

With these increases applied, Parish Oil prices are still below the prices proposed by the other bids received in March of 2020.
Staff is recommending authorizing these price increases until the contract completion in March of 2023, then reissuing the fuel contract for bid as planned.

Financial Details
Fuel is charged out to each division within the City as it is used through the Fleet Interfund lease. These increases are not expected to cause any of the budgets associated with Fleet Interfund lease to exceed the budgeted amount.

CONTRACT AWARD RECOMMENDATION

TO: Honorable Mayor and Members of the City Council
FROM: Jim Scheid, Public Works Manager
DATE: **July 5, 2022**
RE: City Hall Renovation CM/GC Contract Award Recommendation
CC: William Bell, Ann Morgenthaler, Shani Wittenberg

Action

Consider the authorization of awarding $1,500,000.00 for the renovation of City Hall at 400 E. Main St (formerly Wells Fargo). Including the award of a contract with FCI Constructors, Inc. as the Construction Manager/General Contractor (CM/GC).

Background

The City of Montrose issued an RFQ/P for the CM/GC services for the Renovation of City Hall in May of 2022 (bid 22-012). The City received 2 qualification proposals – FCI Constructors, Inc from Grand Junction, CO and Stryker and Co from Montrose, CO. The 2 firms were invited to participate in an interview with the City of Montrose selection committee which included Blythe Group as the Architect and Dynamic Program Management as the Owner's Representative on the project. The teams presenting were asked to prepare a mock-OAC meeting to discuss project teams, project approach and to provide general condition costs and fees. After the proposals, GC costs, estimates and interviews were evaluated a leader emerged from the two well-qualified applicants. FCI Constructors, Inc. was chosen by the selection committee.

If this award recommendation is authorized, the City's construction management team will continue forward with the design process while including FCI's pre-con team to establish a baseline of costs associated with the project and to help keep the project design on budget. This will enable the team to establish a Guaranteed Maximum Price (GMP). The proposal that was submitted already includes the General Conditions costs and a percentage for the contractor's mark up (fee) which will be applied at the time of awarding a GMP Construction Contract Amendment. A notice to proceed would be issued with the execution of the GMP contract amendment which would likely be in October of this year.

In preparation for this project, the City has already awarded the asbestos abatement contractor (awarded via City Council Approval in early June of 2022) and has begun the process of procuring a new roof installation contractor on a portion of the building. This small head start to get the project started has allowed for a potential completion date for the project to be set at February 1, 2023.

Contract Administration and Project Financials

Within the total of $1.5 Million to be authorized are the estimated costs for the contractor's scope and the owner provided items. The estimated total for the Contractor's scope (GMP) at this time without any design work completed is about $750,000. The estimated costs for the Owner provided scope is also about $750,000. Owner provided scope includes: Design team (Architect/Engineer), asbestos abatement, lower roof replacement, furniture, IT equipment, Office/Kitchen equipment, moving contractor, and Owner's Representative.

The immediate contract with FCI would be for pre-con only at this time in the amount of $5,062.00 but would be amended at the time of GMP with the overall project budget to remain at $1.5M.

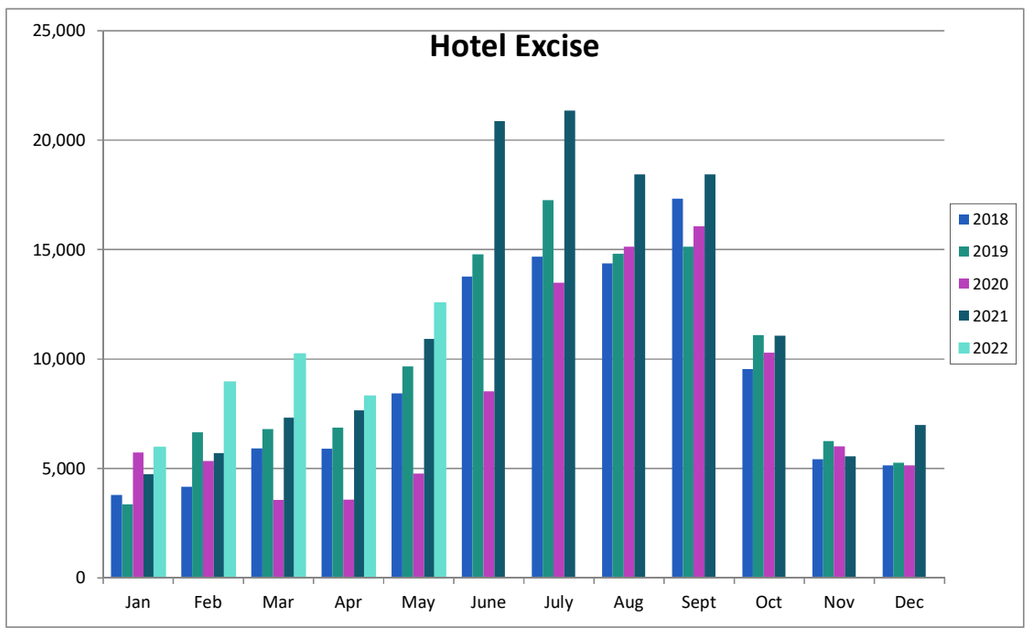
CITY OF MONTROSE
MONTHLY SALES, USE & EXCISE TAX REPORT

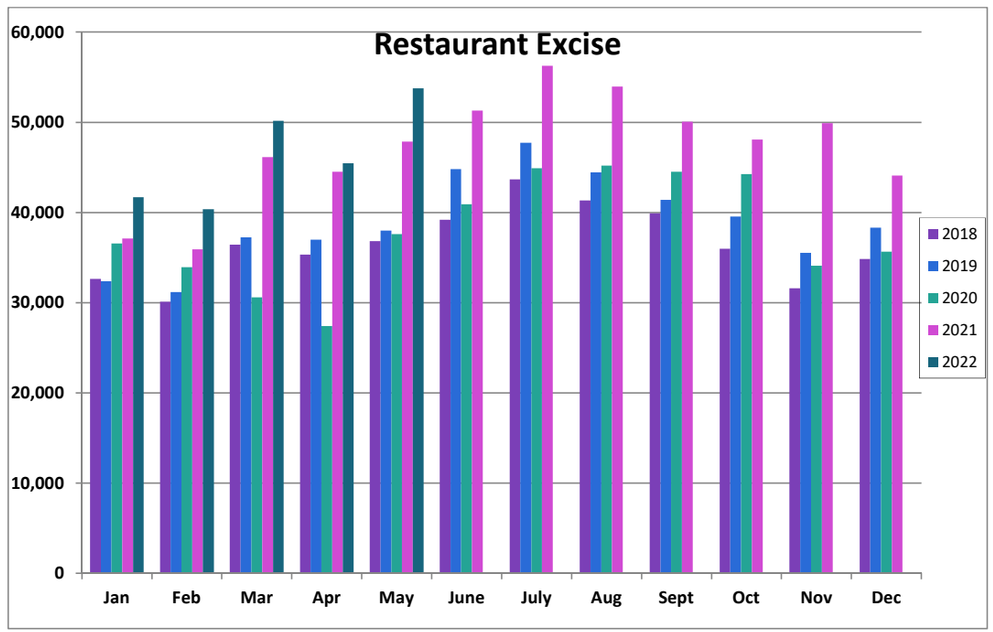
Date: July 12, 2022

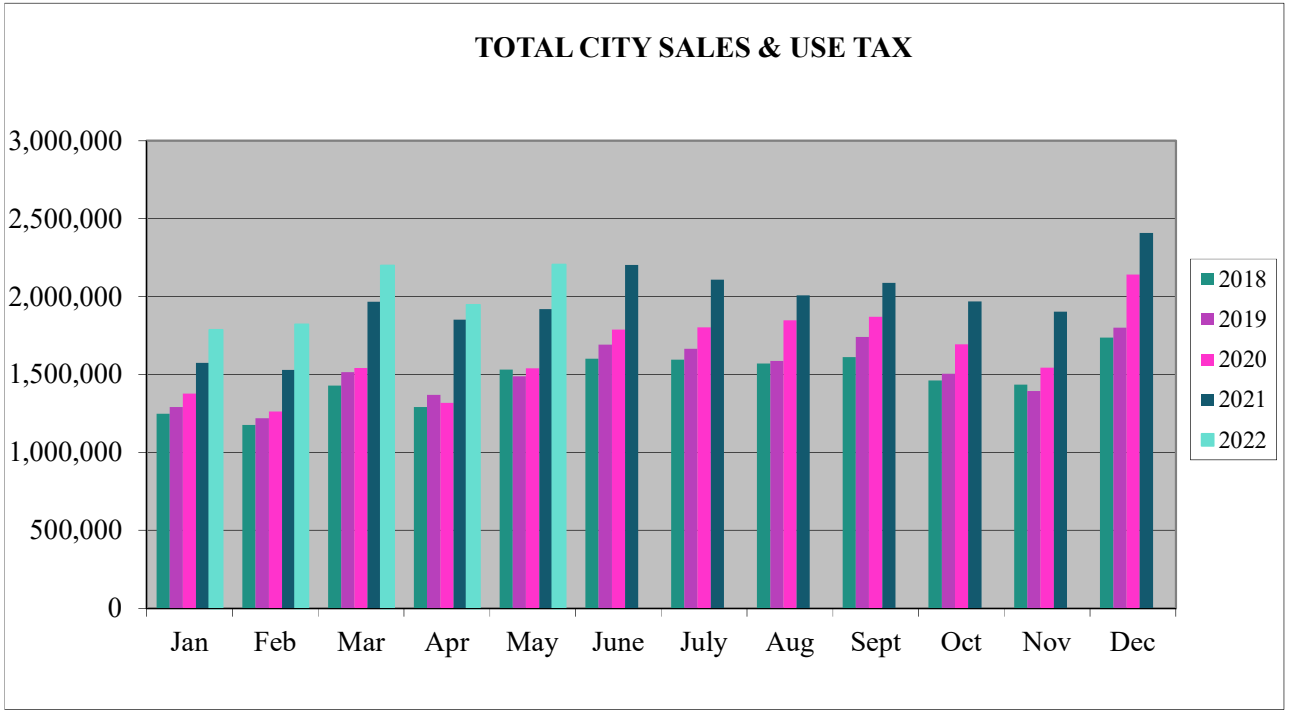
	Retail Sales Tax 3.0%			Construction Use Tax 3.0%			Use & Auto Tax 3.0%			Total Collected Sales and Use Tax			Sales and Use Budget	
Month	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Budget 2022	Budget Variance 2022
Jan	1,577,196	1,411,880	11.7%	105,404	56,829	85.5%	103,384	106,625	-3.0%	1,785,984	1,575,334	13.4%	1,373,456	30.0%
Feb	1,604,527	1,356,512	18.3%	86,060	62,892	36.8%	131,237	111,783	17.4%	1,821,825	1,531,187	19.0%	1,312,954	38.8%
Mar	1,987,512	1,774,652	12.0%	76,046	67,001	13.5%	134,920	124,961	8.0%	2,198,478	1,966,614	11.8%	1,312,954	67.4%
Apr	1,727,419	1,648,303	4.8%	87,996	76,234	15.4%	130,690	127,030	2.9%	1,946,105	1,851,567	5.1%	1,312,954	48.2%
May	1,862,079	1,698,414	9.6%	230,326	79,180	190.9%	111,822	141,859	-21.2%	2,204,227	1,919,453	14.8%	1,312,954	67.9%
June														
July														
Aug														
Sept														
Oct														
Nov														
Dec														
YTD Total	8,758,734	7,889,761	11.0%	585,832	342,136	71.2%	612,053	612,258	0.0%	9,956,619	8,844,155	12.6%	6,625,271	50.3%

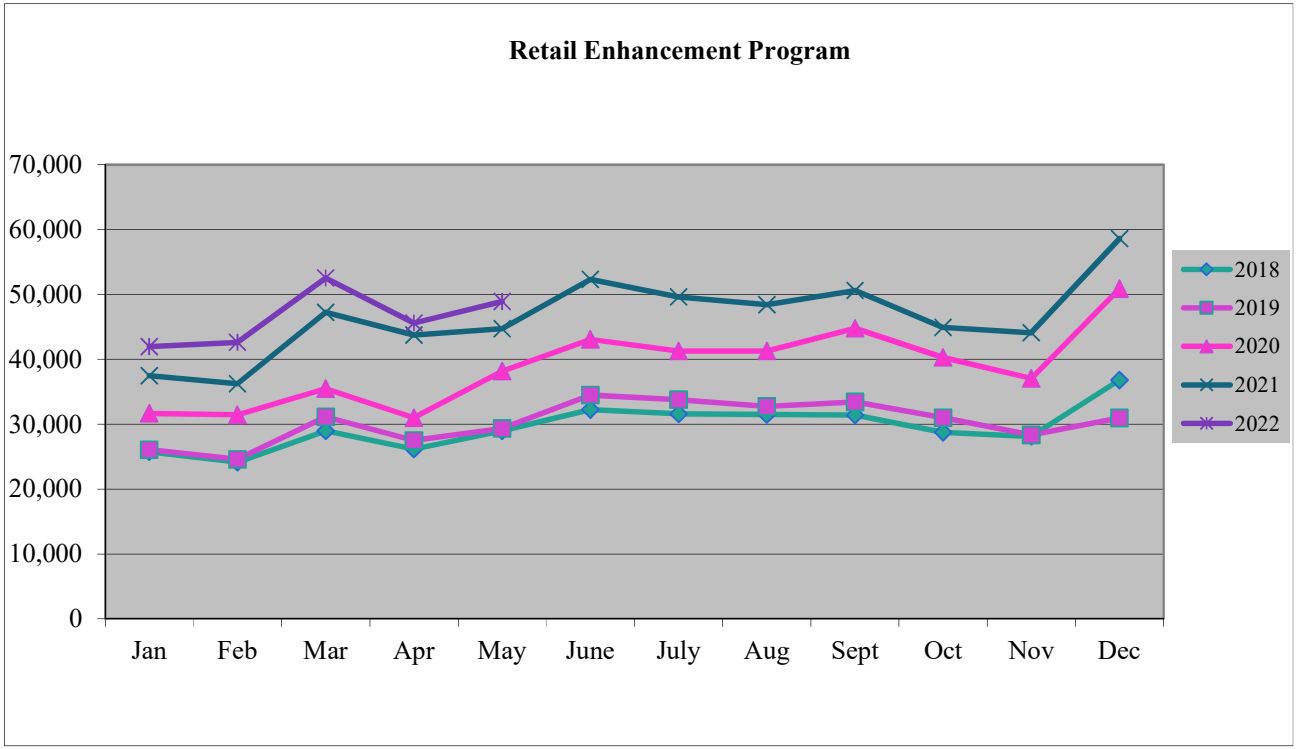
	PSST Retail Sales Tax 0.58%			PSST Construction Use Tax 0.58%			PSST Use & Auto Tax 0.58%			Total Collected PSST Sales and Use Tax			PSST Budget		Montrose Recreation District 0.3%		
Month	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Budget 2022	Budget Variance 2022	Current Year 2022	Prior Year 2021	% of Increase/ Decrease
Jan	306,061	273,697	11.8%	20,501	11,422	79.5%	19,988	20,614	-3.0%	346,550	305,733	13.4%	265,395	30.6%	179,323	158,429	13.2%
Feb	311,225	263,661	18.0%	19,789	12,159	62.7%	25,373	21,611	17.4%	356,387	297,431	19.8%	258,006	38.1%	184,349	153,850	19.8%
Mar	385,493	344,978	11.7%	14,702	18,202	-19.2%	26,085	24,159	8.0%	426,280	387,339	10.1%	335,577	27.0%	220,486	200,342	10.1%
Apr	334,940	319,857	4.7%	17,005	14,739	15.4%	25,267	24,559	2.9%	377,212	359,155	5.0%	311,595	21.1%	195,107	185,847	5.0%
May	360,979	329,666	9.5%	52,447	33,452	56.8%	21,619	27,426	-21.2%	435,045	390,545	11.4%	360,477	20.7%	225,444	202,002	11.6%
June																	
July																	
Aug																	
Sept																	
Oct																	
Nov																	
Dec*																	
YTD Total	1,698,698	1,531,859	10.9%	124,444	89,974	38.3%	118,330	118,370	0.0%	1,941,472	1,740,203	11.6%	1,531,050	26.8%	1,004,709	900,470	11.6%

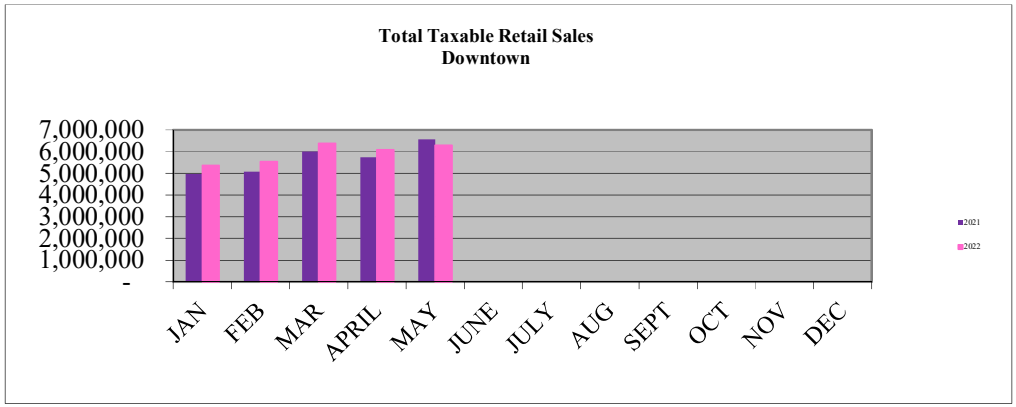
	Hotel Excise Tax 0.90%			Restaurant Excise Tax 0.80%			Total Collected Hotel & Restaurant Tax			Hotel & Restaurant Budget		Retail Enhancement Program		
Month	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Current Year 2022	Prior Year 2021	% of Increase/ Decrease	Budget 2022	Budget Variance 2022	Current Year 2022	Prior Year 2021	%of Increase/ Decrease
Jan	5,955	4,738	25.7%	41,684	37,097	12.4%	47,639	41,835	13.9%	36,187	31.6%	41,956	37,459	12.0%
Feb	8,950	5,708	56.8%	40,341	35,916	12.3%	49,291	41,624	18.4%	36,052	36.7%	42,614	36,231	17.6%
Mar	10,230	7,327	39.6%	50,142	46,125	8.7%	60,372	53,452	12.9%	46,314	30.4%	52,537	47,245	11.2%
Apr	8,308	7,655	8.5%	45,463	44,491	2.2%	53,771	52,146	3.1%	45,304	18.7%	45,597	43,737	4.3%
May	12,554	10,921	15.0%	53,772	47,843	12.4%	66,326	58,764	12.9%	51,214	29.5%	48,922	44,735	9.4%
June														
July														
Aug														
Sept														
Oct														
Nov														
Dec														
YTD	45,997	36,349	26.5%	231,402	211,472	9.4%	277,399	247,821	11.9%	215,071	29.0%	231,626	209,407	10.6%



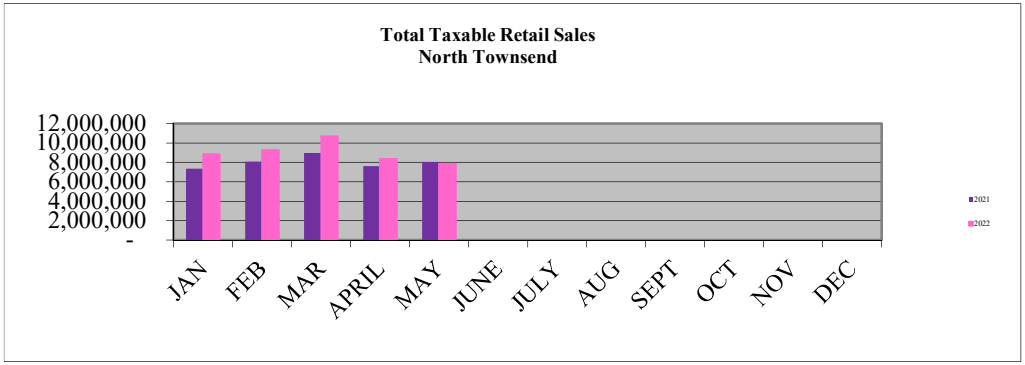



TOTAL CITY SALES & USE TAX
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
0
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
2018
2019
2020
2021
2022

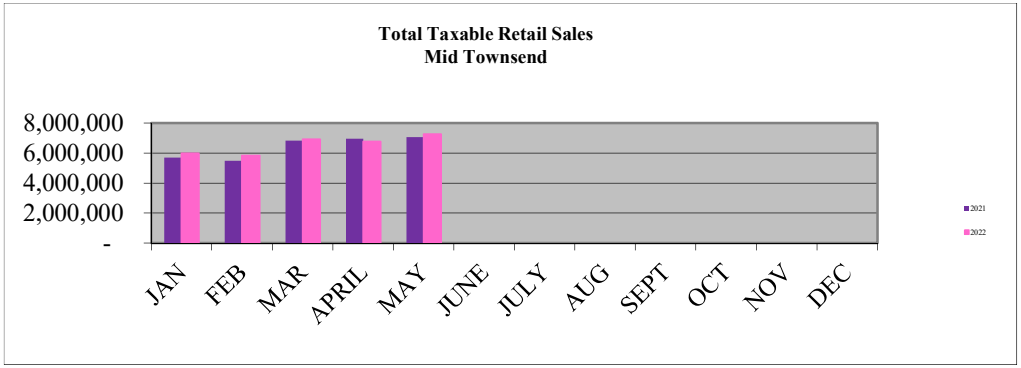

Retail Enhancement Program
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
2018
2019
2020
2021
2022



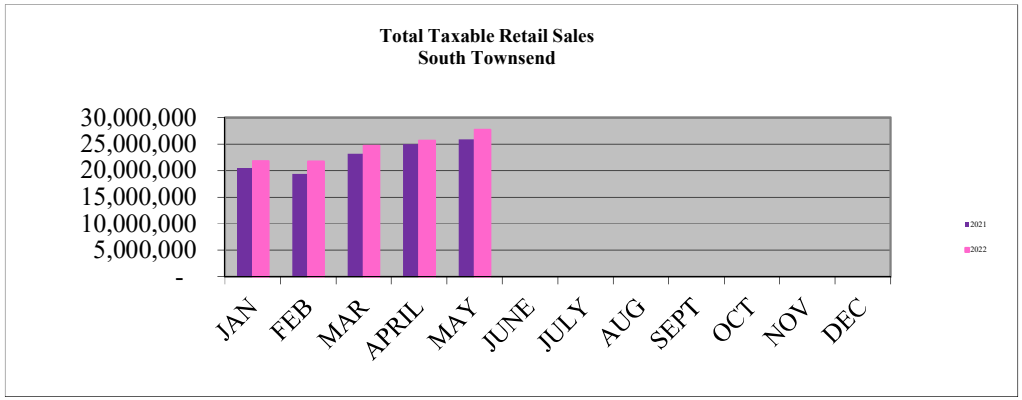
AREA 1: DOWNTOWN BOUNDARY



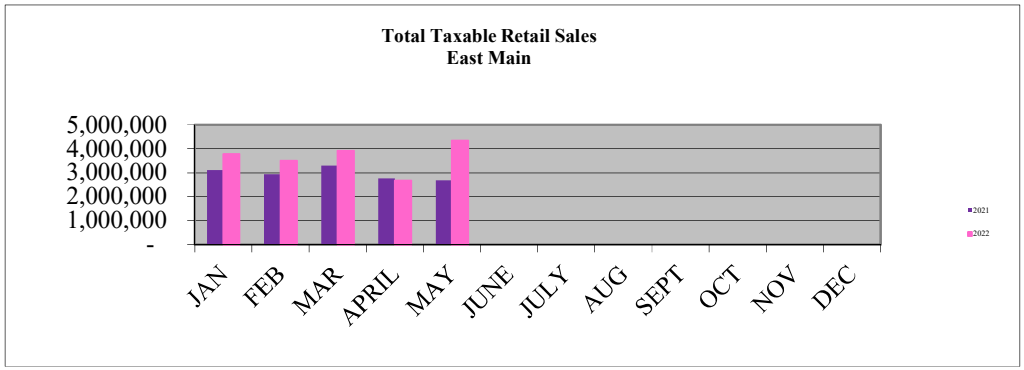
AREA 2: *NORTH CITY LIMIT TO NORTH 2ND STREET



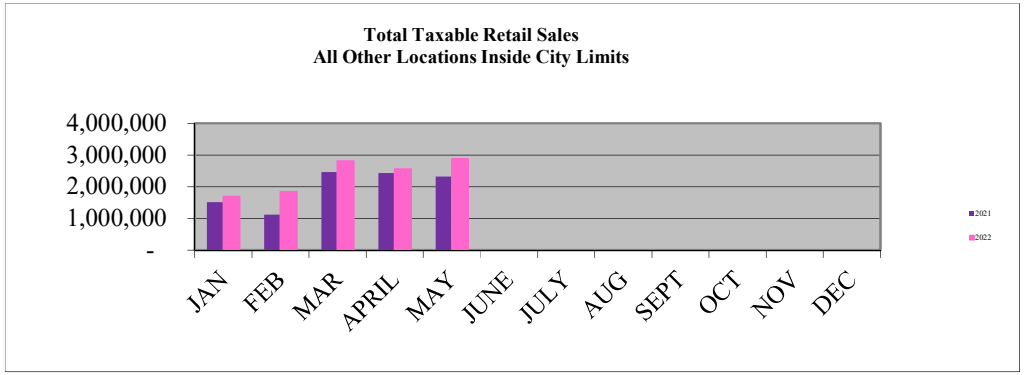
AREA 3: MID TOWNSEND SOUTH 2ND STREET TO E OAK GROVE RD



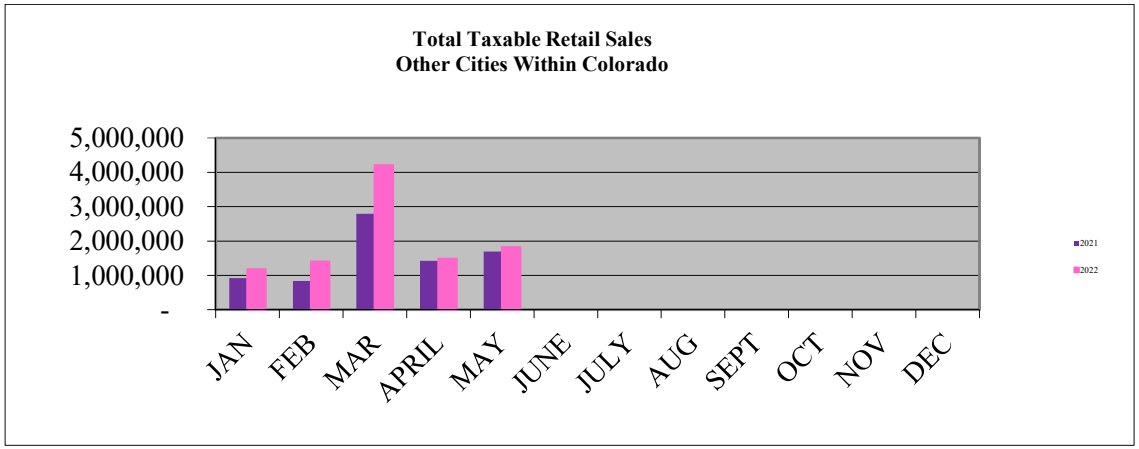
AREA 4: SOUTH TOWNSEND E OAK GROVE RD TO SOUTH CITY LIMIT



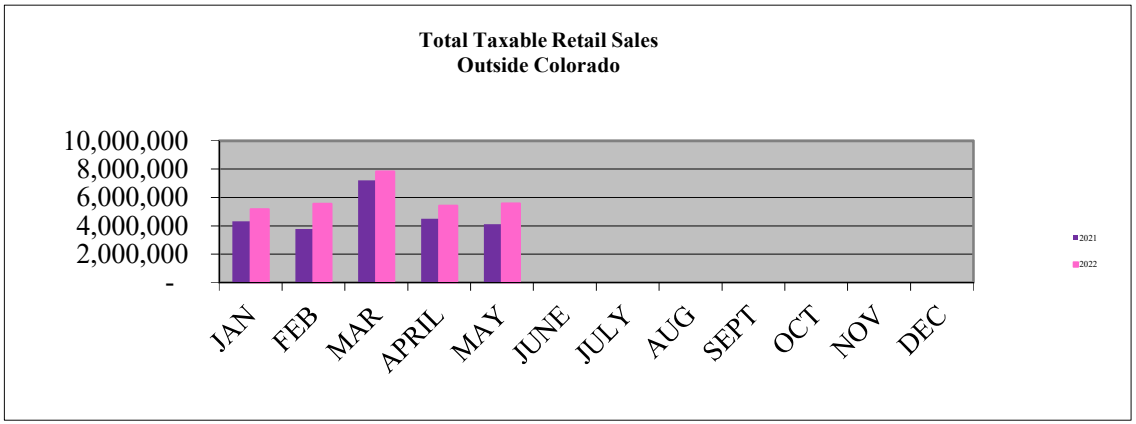
AREA 5: EAST MAIN SAN JUAN AVENUE TO EAST CITY LIMIT



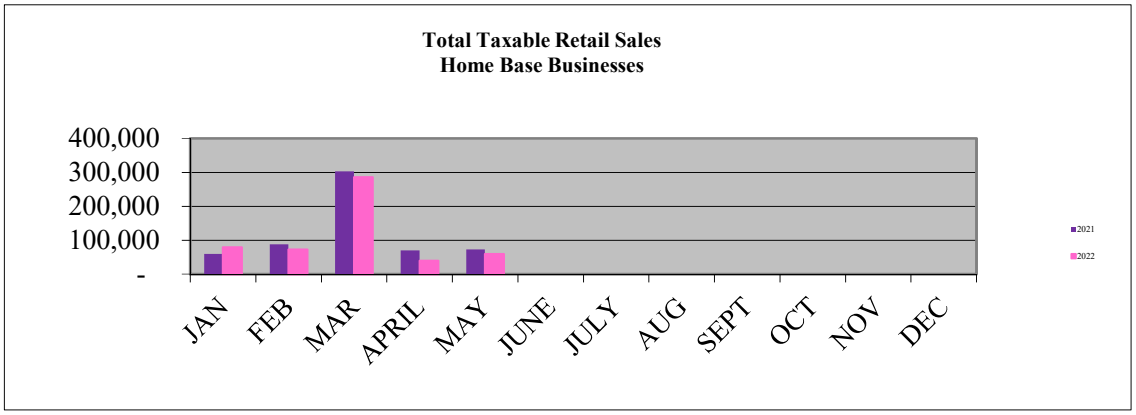
AREA 6: ALL OTHER LOCATIONS INSIDE CITY LIMITS OF MONTROSE



AREA 7: OTHER CITIES WITHIN COLORADO



AREA 8: OUTSIDE COLORADO



AREA 9: HOME BASE BUSINESSES