

AGENDA

City Council Work Session
Of the City of Saint Charles, Missouri
200 North Second Street, Council Chambers
Tuesday, April 9, 2019
7:00 p.m.

1. Roll Call
2. Invocation and Pledge of Allegiance
3. Presentation of Fire Chief's Review and Evaluation of the Fire Department and Future Recommendations (*referred by Administration/Fire Department*)
4. Presentation on Constitutional Amendment No. 2 (Medical Marijuana) (*referred by Administration/Community Development*)

Closed Session, if requested, relative to:

- A. Legal actions, causes of action, or litigation (RSMo 610.021.1)
- B. Leasing, purchase or sale of real estate where public knowledge of the transaction might adversely affect the legal consideration therefor (RSMo 610.021.2)
- C. Hiring, firing, disciplining or promoting of particular employees when information relating to the performance or merit of individual employees is discussed or recorded (RSMo 610.021.3)
- D. Preparation, including any discussions or work product, on behalf of the Council or Its representatives for negotiations with employee groups (RSMo 610.021.9)
- E. Sealed proposals and related documents or any documents related to a negotiated contract (RSMo 610.021.12)

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RCA FORM (OFFICE USE ONLY)
MEETING/DATE: 4/09/19
Regular() Special() Work Session(X)
ATTACHMENT: YES(X) NO()
Report(X) Resolution() Ordinance()

Bill # N/A

Request for Council Action

Ward: N/A

Sponsor: N/A

Description: Presentation by the Fire Chief of his 180 Day Operation Review

- **Contract Extension/Renewal:** Yes() No(X)
- **Information Paper Attached:** Yes() No(X)

Board/Committee/Commission: Approve() Disapprove()

Summary: Presentation of the Fire Chief's Review and Evaluation of the Fire Department and future recommendations.

STAFF RECOMMENDATION: Staff recommends.

Budget Impact: (revenue generated, estimated cost, CIP item, etc.)

Account #: N/A Fiscal Impact: N/A Project #: N/A

RCA prepared by: Carla Bray Dept. Dir. GWS Finance Dir. N/A Dir. of Admin. 9

#3



March 25, 2019

Honorable Mayor and City Council
200 North Second Street
Saint Charles, Missouri 63301

Dear Honorable Mayor and City Council Members:

We continue to face many obstacles and challenges as we forge ahead with undeterred commitment to our overall mission, our values and a vision for those whom we serve faithfully and diligently. I believe that we should always "Think Forward and Look to the Future" as Mayor Sally Faith commented at our Council/Management retreat.

Since my arrival as Fire Chief, I have undertaken a review and evaluation of several components of the Saint Charles Fire Department. Much of what is in this report is fact, based on observations, reports, conversations with other department members and other sources. Some, on the other hand, is my own observations. As a relatively new employee, I have the advantage of providing an outsiders prospective in looking at procedures and processes that are best management practices as well as identifying new innovative and creative, cost effective and non-traditional methods of deploying the City's precious resources.

In early October 2018, several basic management practices were identified that have not been implemented and caused the City to lose out on recouping over half million dollars annually in fees for service. Within the next few months, Fire Administration will be seeking City Council approval to establish a cost recovery program for responding to automobile accidents (potential revenue \$183,023); increasing emergency medical services fees for service to market driven rates (potential revenue \$130,000, currently Saint Charles' rates are the lowest of the low); charging for disposable emergency medical supplies (potential revenue \$8000); and monitor write-offs from those who fail to pay for ambulance services (potential revenue \$547,800). This is just an example of what has been uncovered in the past nine months of my tenure as Chief. We will continue to look for efficiencies and methods to streamline our overall operation to ensure best practices and be fiscally responsible.

Areas that fire administration have reorganized over the last few months have streamlined our operation and captured new revenue:

- Established a Ground Emergency Medical Transportation ordinance capturing \$300,000 of new revenue
- Realigned the shift Battalion Chiefs in which they have clear lines of increased responsibilities in three areas to assist Fire Administration in the overall management of the department

George Sheets
Fire Chief

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- **Hired an Emergency Medical Services Bureau Chief to administer 75% of the department's activities and \$1.7 million of revenue captured from emergency medical responses**
- **Implemented an Officer Development program for Battalion Chiefs and Company Officers to ensure continuity of leadership practices and succession purposes**
- **Exploring our options of applying for Accreditation through the Commission of Fire Department Accreditation**
- **Established a widely read department newsletter**
- **Established shift meetings to keep personnel informed of events within the City of Saint Charles**

As I reflect on my nine months with the department, I truly believe that we embody Mayor Faith's comments "Think Forward and Look to the Future." With a long list of accomplishments thus far, we are again looking to the future by requesting to add a third ambulance to our overall operation through non-traditional methods to address a weakness in emergency response to a portion of the City.

If you have any questions, please do not hesitate to contact me.

Thank you.

Regards,



George V. Sheets, MA, CFO
Chief of Fire and Emergency Medical Services

INTRODUCTION

The City of Saint Charles Fire Department (SCFD) provides fire, emergency medical services and rescue in an area of 24.03 sq. miles. With a 2018 budget of more than \$11.0 million, 77 firefighter/paramedics, and two civilian administrative staff, SCFD responds to all kinds of hazards and provides services to roughly 70,329 residents, 4,000 Lindenwood University students and countless visitors and tourists. The department responded to roughly 11,000 emergency incidents for the year 2018 alone.

The department currently operates with two 75' aerial apparatus and three front line engines, two fully stocked Advanced Life Support (ALS) ambulances dispatched out of five Fire/EMS facilities. Each aerial/engine company has a staff of three firefighter/paramedics on duty 24 hours a day, seven days a week, along with two fully stocked ambulances with firefighter/paramedics. At any given time, there are at least 20 firefighter/paramedics on duty, including a Shift Commander. The department also employs a full time mechanic who provides preventative maintenance on all fire apparatus and staff vehicles.

With Fire/EMS facilities strategically located throughout the city, a fire apparatus staffed with trained firefighter/paramedics and advanced life support equipment is often the first to arrive on a medical emergency scene. Firefighters provide basic and advanced life support care until an ambulance arrives.

The SCFD began operating its ALS ambulance service in 1974 which was the first of its kind in Missouri. Initially, we only responded to life threatening injuries due to being "too specialized and vital" to be sent on routine medical cases. Before 1974, routine ambulance requests were handled by private ambulance services until the Saint Charles County Ambulance District (SCCAD) was formed in 1976.

Today, the SCFD is at a crossroads as current and emerging trends have implications on the future of our emergency response. These include the following:

- **Aging population (more seniors)** – According to the US Census Bureau, Saint Charles population is considered an aging population. In 2016, the median age was 35.8 years, 34.6 for males and 37.1 years for females. As the population ages, the need for emergency medical services will continue to increase. 15.1% of our population is over the age of 65. The national average is 14.7
- **Movement towards a more urban form** – Since 2008, approximately 3,239 residential building units (apartments, villas, condos and senior housing) have been constructed, with more than \$320,063,434 in new valuation, while not significantly expanding the city limits. In some sections of the city, this creates new challenges for Fire and EMS service delivery because of impacts like increased population density, changes to street size (New Town) and grid, as well as public areas designed for pedestrians, rather than large vehicles.
- **Increase in population** – The City's population has increased approximately 10% over the past 10 years.

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
63,233	64,054	65,164	66,300	66,508	66,879	68,058	68,477	69,022	69,327	70,329

The current population is 70,329 based on the 2017 estimates from the US Census Bureau and is expected to continue to grow. This figure could be higher as Lindenwood University – with an enrollment of nearly 4,000 students continues to create its programs.

In the last ten years, the department has experienced a 25% increase in emergency responses with the

same staffing since the mid 1990's. As indicated above, the number of requests for emergency medical services will continue to grow as our population ages.

In review of a number of options to expand critical emergency medical services to an aging and growing population, the SCFD senior staff engaged in a four hour planning session identifying a number of options to expand our EMS system. Strength, Weakness, Opportunity and Threats (SWOT) analysis was used to evaluate and narrow down the most optimal, efficient and cost effective way of providing EMS services. During our analysis, we identified the area along Muegge and Hackmann Road would be the best location for an additional single EMS station as this area has a poor response time from Station #5, the nearest station. National Registry of Emergency Medical Technicians and the Department of Transportation recommends a 4 minute response to emergency medical incidents. This particular area has an 8-10 minute response or double the National standards (see attached Ward 5 map).

One concern regarding the excessive response time is of a physiological nature. It is extremely important to point out that while a person is experiencing a sudden cardiac arrest for instance, the brain tissue begins to die at approximately 5-minutes after circulation stops. Improved response times can mitigate this and other critical life threatening medical emergencies.

Additionally, the firefighter/paramedics assigned to this ambulance would also be trained not only to save the lives of cardiac arrest patients but reduce the response times to structure fires as well. These firefighter/paramedics would be able to initiate definitive actions that may limit fire spread and increase the chance of survival for any trapped occupants.

After reviewing data from our data management system, it was determined that approximately 1500 additional calls per year would be generated with a third ambulance at the above location. Currently, the Saint Charles County Ambulance District (SCCAD) Base 2 and 3 (two of the busiest Saint Charles County Ambulance units in the county) serve this area of the City, along with SCFD's ambulance. SCCAD response time is slightly less than SCFD Station #5, if those units are in quarters.

Fire Administration proposes to staff a third ambulance that would be located between Hackmann Road and Old Muegge with direct access to Muegge Road. By placing an ambulance, fully staffed with two firefighter/paramedics in this area, this would improve response times and EMS services to residents. It will also address nationally recognized standards for providing both EMS and fire response within the recommended time standard.

There are several alternatives for locating a staffed ambulance. Overviews of a few of the alternatives, in descending priority are:

1. Behind 2310 Muegge Road

The optimal location to place the third ambulance is behind 2310 Muegge Road, First Baptist Church of St. Charles. This location is immediately adjacent to Muegge Road and has a large garage area (see photo) that could accommodate an ambulance with plenty of storage capacity. I have had a brief discussion with Pastor Justin Arender who is extremely supportive of this initiative. A temporary housing unit (photo below) would be located next to the garage for crew living quarters.



2. City Water Tower (off of Abbydale Drive)

The water tower may have sufficient space to house an ambulance on the ground level, and has a garage door of sufficient size for ambulance access. This facility is located approximately .3 mile from Muegge Road at the rear of a subdivision. This would not be the ideal location; however, it may provide the least expensive alternative.

Implementation of either of these alternatives would require the rental, lease or purchase of temporary living quarters.

As a General Fund Department with a majority of our annual appropriation allocated to personnel and fixed expenses, there is little opportunity to expand our existing services. A specific new city revenue source is required for funding the addition of the third ambulance.

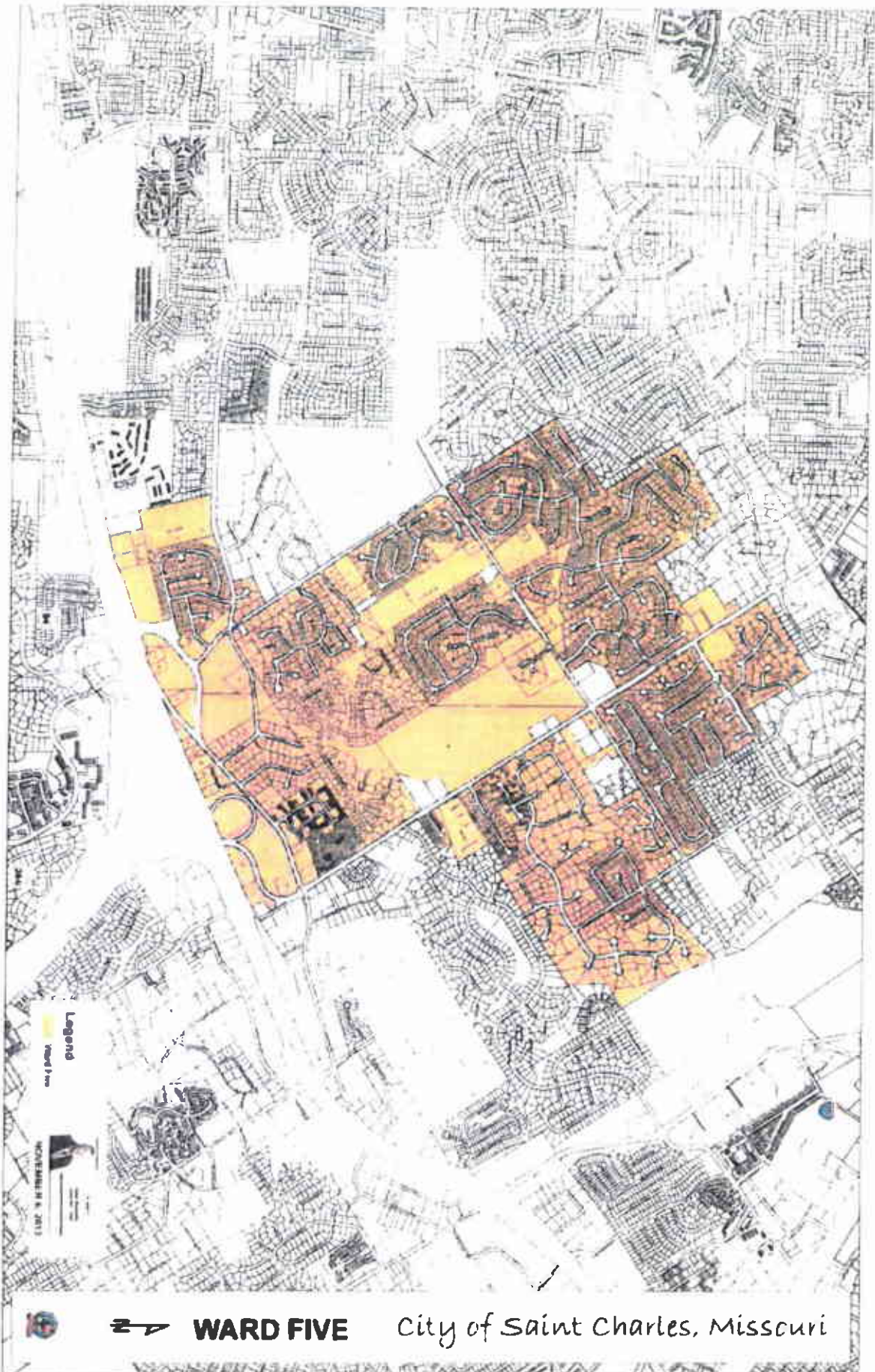
It is our intent, with the establishment of a third ambulance, to deploy that unit in a non-traditional manner. Rather than have a fire station with a suppression unit and ambulance, we are proposing a single ambulance station with one ambulance, staffed with two firefighter/paramedics 24/7/365 by using overtime. With this non-traditional deployment model, we will meet the critical needs of the community and keep costs low, without hiring additional personnel in the short term. In the longer term, it is our intent to apply for a Staffing for Adequate Fire and Emergency Response (SAFER) Grant available through the US Department of Homeland Security's Federal Emergency Management Agency. The SAFER Grant Program provides funding directly to fire department organizations in order to help increase the number of trained "front-line" firefighter/paramedics available in their communities. In my previous position, I was successful in securing \$1.35 million dollars through such a grant in order to hire an additional seven firefighter/paramedics.

Through our projection model from our third party billing company, it was determined that we could expect to see an increase of \$350,000-\$400,000 in revenue for an additional 1500 transports. These are assumptions based on our current performance run and payer mix. The potential to generate higher revenue than projected is a possibility, but we cannot guarantee 100% realization; therefore, our numbers are conservative.

In review of the fire department staffing model for 2017, it was determined that to staff a third ambulance 24/7/365 it is estimated to cost roughly \$718,320 in overtime costs, at the high end, with a

total fixed cost of \$151,300. However, we believe by redeploying personnel, we can bring those overtime costs down in line with the projected revenues received (\$350,000 - \$400,000), therefore, making the third ambulance proposal cost neutral. The fixed cost will be covered through the reallocation of funds in the 2019 CIP.

With the cost neutral implementation model we are presenting, the safety needs of our residents, alongside the projected increased medical service needs of our aging population, we hope the City Council will approve this proposal. If approved, we will implement within the second quarter of 2019. Fire Administration believes we can achieve this aggressive plan and we are already taking a number of steps to prepare ourselves in the event we are able to move this proposal forward.



Legend

Ward Five

2017



WARD FIVE

City of Saint Charles, Missouri

St. Charles City and St. County Ambulance District Rate Comparison

City-County Rate Comparison	County Ambulance Rates	St. Charles City Ambulance Rates	Difference	County vs City Percentage Rate
Resident Rates:				
<i>NON-EMERGENCY:</i>				
Basic Life Support	\$650.00	n/a		
Advanced Life Support	\$650.00	n/a		
Special Care Transport	\$1,008.00	n/a		
EMERGENCY RATES:				
Basic Life Support	\$945.00	\$562.00	\$383.00	41%
Advanced Life Support	\$945.00	\$562.00	\$383.00	41%
Advanced Life Support-Level 2	\$1,008.00	\$598.00	\$410.00	41%
Mileage - per loaded mile	\$15.00	\$10.00	\$5.00	33%
Non-Resident Rates:				
<i>NON-EMERGENCY:</i>				
Basic Life Support	\$813.00	n/a		
Advanced Life Support	\$813.00	n/a		
EMERGENCY:				
Basic Life Support	\$1,181.00	\$803.00	\$378.00	32%
Advanced Life Support	\$1,181.00	\$803.00	\$378.00	32%
Advanced Life Support-Level 2	\$1,260.00	\$854.00	\$406.00	32%
Special Care Transport	\$1,260.00	n/a		
Mileage - per loaded mile	\$15.00	\$14.00	\$1.00	
Other Rates:				
Treat & Release (Diabetic)	\$650.00	\$100.00	\$550.00	550%
Helicopter/Standby	\$200.00	n/a		

RCA FORM (OFFICE USE ONLY)

Bill # N/A

MEETING/DATE: 4/9/19

Regular() Special() Work Session(X)

ATTACHMENT: YES(X) NO()

Report() Resolution() Ordinance()

Request for Council Action

Ward: All

Description: Presentation on Constitutional Amendment No. 2 (Medical Marijuana)

• **Contract Extension/Renewal:** Yes() No(X)

• **Information Paper Attached:** Yes() No(X)

Board/Committee/Commission: Approve() Disapprove()

Summary:

Staff will make a presentation on Missouri Constitutional Amendment No. 2 which was approved by the voters in the general election on November 6, 2018. This amendment will legalize the cultivation, manufacture and dispensing of medical marijuana in the state. The power point presentation will provide a broad overview of the amendment and what it means for municipalities and how they are empowered to regulate this new industry. The work session presentation and discussion will be followed by an amendment to the Code of Ordinances adding medical marijuana to the zoning code that will be presented to the Planning & Zoning Commission on April 22, 2019.

STAFF RECOMMENDATION:

Budget Impact: (revenue generated, estimated cost, CIP item, etc.)

Account #: N/A

Fiscal Impact: N/A

Project #: N/A

RCA prepared by: **Bruce Evans** Dept. Dir. JB Finance Dir. N/A Dir. of Admin. U
Medical Marijuana Work Session 4-9-19 RCA

#4

Medical Marijuana: Implications for Missouri Municipalities

Prepared By:
Williams & Campo, P.C.
Lee's Summit, MO

for the
Missouri Municipal
League

February 21st, 2019

Today's Roadmap

- **General Overview of Amendment 2**
- **Medical Marijuana Facilities**
- **Medical Marijuana Identification Cards**
- **Matters of Local Concern**

Amendment 2 – General Overview

- Purpose – Allow for the cultivation, production, transportation, and administration of marijuana to qualifying patients
- Designates the Department of Health and Senior Services as the regulatory, oversight body.

Amendment 2 - Timelines

- June 4, 2019 – Application forms and instructions for medical marijuana facilities, qualifying patients, and caregivers will be available.
- July 4, 2019 – Applications for identification cards for qualifying patients and caregivers will begin to be accepted.
- Aug. 3, 2019 – Facility applications will begin to be accepted.
- Aug. 4, 2019 – Deadline for approval of applications for identification cards accepted on July 4, 2019.
- December 31, 2019 – Deadline for approval of facility applications accepted on August 3, 2019.

Medical Marijuana Facilities

- Medical Marijuana Cultivation Facilities
- Medical Marijuana Infused Products Facilities
- Medical Marijuana Dispensary Facilities
- Medical Marijuana Testing Facilities

Cultivation Facility

- Facility licensed to “acquire, cultivate, process, store, transport, and sell marijuana” to other medical marijuana facilities. Art. XIV, Section 1.2(7).
- 3 types – Art. XIV, Section 1.3(8).
 - Indoor facility – Maximum of thirty thousand square feet of flowering plant canopy space.
 - Outdoor facility – Maximum of two thousand eight hundred flowering plants.
 - Greenhouse facility – May choose to be limited by either of the above maximum.
- 1 per 100,000 inhabitants minimum. Art. XIV, Section 1.3(15).
- Maximum of three licenses per entity. Art. XIV, Section 1.3(8).



Dispensary Facility

- Facility licensed to “acquire, store, sell, transport, and deliver marijuana, marijuana-infused products, and drug paraphernalia used to administer marijuana.” Art. XIV, Section 1.2(8).
- Twenty-four dispensaries per United States congressional districts minimum. Art. XIV, Section 1.3(17).
- Maximum of five licenses per entity. Art. XIV, Section 1.3(9).



Infused Products Facility

- Facility licensed to “acquire, store, manufacture, transport, and sell marijuana-infused products to a medical marijuana dispensary facility, a medical marijuana testing facility, or to another medical marijuana-infused products manufacturing facility.” Art. XIV, section 1.2(7).
- One license per 70,000 inhabitants minimum. Art. XIV, Section 1.3(16).
- Maximum of three licenses per entity. Art. XIV, Section 1.3(16).



Testing Facility



- Facility certified by DHSS to “acquire, test, certify, and transport marijuana.” Art. XIV, Section 1.2(10).
- May not be owned by an entity that owns another type of medical marijuana facility. Art. XIV, Section 1.3(4).

Medical Marijuana Identification Cards

- Qualifying Patient Identification Card
- Qualifying Patient Cultivation Identification Card
- Primary Caregiver Identification Card

Qualifying Patient Identification Card

- Card issued to persons having a qualifying condition
- Qualifying conditions include:
 - Cancer
 - Epilepsy
 - Glaucoma
 - Chronic medical conditions that cause severe, persistent pain
 - Chronic medical conditions normally treated with prescription medication that could lead to dependence
 - Art. XIV, Section 1.2(15)
- Requires certification by a physician

Qualifying Patient Cultivation Identification Card



- Card for “a qualifying patient or his or her primary caregiver may obtain an identification card from the department to cultivate up to six flowering marijuana plants for the exclusive use of that qualifying patient.” Art. XIV, Section 1.3(12).
- Qualifying patients cultivating marijuana for medical use may possess up to a ninety-day supply, so long as the supply remains on property under their control. Art. XIV, Section 1.3(14).
- Cultivation must be in an enclosed, locked facility equipped with security devices. Art. XIV, Section 1.7(9).

Primary Caregiver Identification Card

- Card for “individual twenty-one years of age or older who has significant responsibility for managing the well-being of a qualifying patient and who is designated as such on the primary caregiver’s application for an identification card under this section or in other written notification to the department.” Art. XIV, Section 1.2(14).
- A primary caregiver may possess a separate legal limit for each qualifying patient under their care and a separate legal limit for themselves if they are a qualifying patient. Art. XIV, Section 1.3(14).
- May not have more than three qualifying patients under their supervision. Art. XIV, Section 1.7(6).

Issues of Municipal Concern

- Regulation of Medical Marijuana Facilities
- Employment
- Policing and revisions to Offense provisions
- Revenue

Regulation - Basics

- Cities may not expressly prohibit or effectively prohibit medical marijuana facilities. Art. XIV, Section 1.7(11).
- Cities may regulate the “time, place, and manner” of the operation of medical marijuana facilities as long as the regulations are not “unduly burdensome on the operation” of the facility. Art. XIV, Section 1.7(11).

Regulations – Spacing and Zoning

- “Unless allowed by the city, medical marijuana facilities may not be originally located within 1,000 feet of a primary or secondary school, day care, facility, or church.” Art. XIV, Section 1.7(11).
- Zoning Classification
 - By Right in certain zoning districts?
 - Special Use Permit?
 - Overlay Zone?

Amendment 2 – Employment Issues

- Amendment 2
 - Prohibits a person from bringing a claim against an employer due to an adverse employment action because the person worked or attempted to work under the influence of marijuana. Art. XIV, Section 1.7(1)(d).
- ADA Applicability
 - Since the use of marijuana is still considered illegal drug use at the federal level, ADA most likely does not protect medical marijuana. *James v. City of Costa Mesa*, 700 F.3d 394 (9th Cir. 2012).
- Personal Policy
 - Continue as a Drug Free Workplace?
 - Specific carve out for certain positions?

Amendment 2 – Changes to Policing and Offenses Chapters

- Possession of Marijuana
 - Required to show identification card or equivalent card from another state. Art. XIV, Section 1.5(1).
 - DHSS may limit the amount of marijuana that may be possessed. Art. XIV, Section 1.3(13) & (14).
- Smoking in public places prohibited. Art. XIV, Section 1.1 and Art. XIV, Section 1.7(7).
- Driving under the influence expressly prohibited. Art. XIV, Section 1.1.

Amendment 2 – Effects of Municipal Revenue

- Additional 4% state sales tax. Art. XIV, Section 1.4(1).
- Local sales tax still applicable. Art. XIV, Section 1.4(4).
- Prohibits additional taxes on the sale of marijuana. Art. XIV, Section 1.4(5).
- Utilities